

**NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP**

**Meeting: 22 September 2022
BRMC 5.00 p.m.**

MINUTES

Present: Bob Blunden (BB, chair), Pat Blunden (PB), Patrick Connolly (PC), Anthony Atherton (AA), Robert Thompson (RT, minute taker), Janet Thompson, Paul Howell (PH), Jeanne Mynett (JM), Vincent Yip (VY) and Dr Alberto Febles (Novum).
Apologies had been received from Suzy Wilkinson, Jan Gimble and Elaine Curley

- 1 BB welcomed those attending and thanked PC for chairing the previous meeting.
2. The minutes of the meeting on 11 August 2022 were accepted as an accurate record with one minor correction.

The group was then pleased to welcome Trudy Lok, one of Novum's Advanced Nurse Practitioners. At a previous meeting we had asked whether representatives of different roles within the practice could from time to time join PG meetings to outline their responsibilities within the professional team, and this was the first such presentation.

Trudy explained that she works three nine-hour days, mainly at Baring Road, during which her role is a mixture of general nurse activities, such as inoculations, and more specialised ANP duties including prescribing within her areas of expertise as well as initial telephone triaging. After the first patient contact she will make follow-up appointments as appropriate, liaising with the duty GP if necessary; in general, nurses tend to carry out a large number of fact-to-face appointments because of the nature of the work they do. Other responsibilities include follow-up appointments for patients with ongoing conditions.

BB asked how patients could make the nurses' role easier or more effective. Trudy said that short-notice requests for urgent attention, such as dressing changes, made it difficult to plan work effectively, and asked for appointment requests to be made in advance when possible.

There was some discussion about ways of booking nurse appointments. Apart from appointments for inoculations and routine tests, which are available online, nurse appointments can only be made over the telephone, and are thus subject to the difficulties in telephone contact noted under Matters Arising below. It was also observed that while the practice website lists staff under

their job titles, it gives no detail of the nature of the different roles, some of which are likely to be unfamiliar to many patients.

BB warmly thanked Trudy on behalf of the group for her extremely informative presentation.

3. Matters arising from the minutes of the previous meeting

A range of ongoing issues arose concerning access and the complaints procedure.

- i. An overriding concern was that requests and suggestions from the PG, some very minor, are not acted upon. BB proposed that clear statements about the action we would like the practice to take should be incorporated in future minutes, and this was agreed.

Action: RT to include these requests in future minutes.

- ii. There continues to be concern that information about the complaints procedure is not prominently displayed in waiting rooms and that reception staff appeared reluctant to produce when requested a form for making a written complaint. RT pointed out that dissatisfaction expressed informally was unlikely to achieve a positive result, whereas a formal complaint could well prove helpful in the long run.

Requested action: please could the practice ensure that the information given in the 'Complaints Policy' is both clearly displayed in waiting rooms and readily available to patients in paper copies, along with complaint forms.

- iii. JM felt that contact with GPs is unsatisfactory. Face-to-face consultations are much less available than they should be and phone appointments are often with different GPs on each occasion. Dr Febles replied that although GPs do usually begin with phone consultations, 70% of his appointments are in fact face-to-face. Continuity of appointments with the same GP, however, is difficult to achieve.
- iv. There was discussion of problems with access. VY expressed surprise that only same-day GP appointments are currently available; it was explained that the ongoing possibility of either clinical staff or patients having to self-isolate at short notice means that advance appointments could well be disrupted, and appointments are therefore made only when staff availability is confirmed. Dr Febles also noted a high number of DNAs at the time when advance GP appointments were offered.

AA reported an alarming instance in which an elderly patient had problems with the Ask NHS app when trying to arrange a repeat prescription, and subsequently found it impossible to get through on the telephone for several days. It was suggested that a dedicated phone line might be made available for repeat prescriptions and general enquiries, perhaps at specified times of day; this could be provided either through a separate phone number or through an option system. JM mentioned an incident in which the phone systems at the two branches appeared not to have been linked as they should have been, so that responses were fast at one and impossibly slow at the other; this was presumably an oversight on the part of an individual receptionist.

BB suggested that the practice might set a realistic minimum service level for waiting time on the telephone, unsuccessful calls etc., bearing in mind that patients failing to get through to the GP may well go to A&E instead or suffer serious personal consequences.

Requested actions: please could the practice look in to the possibility of separating general and repeat-prescription phone calls from the appointment queue, and let the PG know either what options exist or why the present system is the best available.

Could a response also be given on the practicality of setting and monitoring realistic but transparent telephone service levels.

- v. BB and others noted that PG information on the website is long out of date, despite past requests for it to be updated, and asked whether anyone is individually responsible for the website. Dr Febles confirmed that Seyhan Yusuf is the practice's IT specialist. PC commented that when he took over as chair he had a specific contact for updating the website, but this arrangement subsequently lapsed.

On more general questions about the difficulty of navigating the website, Dr Febles responded that Seyhan would need to agree any substantial changes with the partners.

Requested action: please could the practice designate a colleague with whom the PG can liaise about PG information on the website. Please could it also nominate someone (not necessarily the same person) with whom the PG can explore more fundamental concerns about the website from a patient perspective.

- vi. VY asked Dr Febles what he saw as the main challenge facing GP practices. In response, Dr Febles identified the access bottleneck caused by limitations both in capacity to provide appointments and in the technology for booking them; different phone systems have been tried, and none has solved the

problem. The GP partners wish to provide easy access, but they are not trained as IT specialists and, in any case, there are difficulties in recruiting enough clinicians; many qualified GPs are reluctant to sign on for permanent salaried positions, preferring to work as locums on a temporary basis. This impacts upon continuity, and is also expensive for the practice. All GPs are entitled to negotiate individual contracts, which may be for less than a full working week.

- vii. There was some discussion of the relationship between the PG and the practice, and of the perception that PG views and suggestions were ignored. Dr Febles assured the group that this is not the case; the partners may well agree with the PG's suggestions but lack the resources to implement them, at least in the short term. RT suggested that the group should avoid repeating criticisms of which the practice is well aware, accept the realities of overall NHS funding, and seek to work as a Patients' Group towards improvements achievable within current constraints. Dr Febles observed that repeated complaint and criticism about problems they cannot resolve is a major discouragement to reception staff in particular.

The group unanimously wished to record that complaints had always been about systems rather than individuals. They had no intention of criticising the practice's administrative staff, whom they know to be committed to their difficult and often challenging work. In particular, both AA and PB said they had been very impressed by the supportive, sensitive and capable help they had received recently from receptionists; PB described her experiences as 'first rate'.

4. Communications from the practice

RT suggested that one way the PG could assist the practice could be by reviewing written and online communications for clarity from a lay perspective. PC said that he was involved in a similar scheme through a hospital, and it had proved useful. It was agreed that we should ask the practice whether it would like to take up this offer.

Requested action: please could the practice let us know what it would like us to review.

5. Practice Report

The Practice Report had already been circulated. Dr Febles focused on the new arrangements for Extended Access, which will now be offered at different PCN practices rather than at Lewisham Hospital. Saturday appointments will be available between 9 a.m. and 5 p.m. at Downham; evening appointments between 6.30 and 8.00 p.m. at Rushey Green on Mondays and Baring Road

on Wednesdays. Other evenings will be covered elsewhere in the PCN. Appointments are to be made through reception at the individual GP practices.

AA commented that social prescribing is not mentioned in the Practice Report and asked that the practice's approach to this initiative should be covered in the next one. Dr Febles explained that social prescribers are not employed by the practice but by the PCN, so that Novum does not have an individual named social prescriber.

Requested action: please could a brief note about social prescribing be included in the next and subsequent Practice Reports.

6. 2023 meetings

The question whether meetings should be divided between the two centres was discussed. It was agreed in principle that these should be held alternately at Baring Road and Rushey Green (proposed AA, seconded RT); these meetings will take place from 6.00 p.m. to 7.30 p.m. on the evenings when the buildings are open late (Mondays and Wednesdays respectively). The interval between meetings will remain as present at roughly six weeks, but no meeting will be held in August. RT will produce an outline schedule to be agreed by the practice and finalised at the next meeting.

This decision was not unanimous, and it was accepted that not everyone would attend every meeting.

There was general assent that new Terms of Reference should be agreed for a practice-wide Patients' Group, taking an existing model document as a starting point.

7. AoB

JM expressed regret at the increasing lack of personal contact in many areas of life, including GP services. It was accepted that no-one wants this to happen, and that there are some compensating advantages in telephone and video appointments.

Dr Febles was thanked most warmly for his contribution, and the meeting was declared closed at 6.40 p.m.

Future meetings to the end of 2022:

Thursdays 3 November, 15 December, all at 5.00 p.m. at BRMC.