

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

**Ordinary meeting: 24 February 2022
BRMC 5.00 p.m.**

MINUTES

Present: Patrick Connolly (PC, chair), Robert Thompson (RT, minute taker), Janet Thompson, Elaine Curley (EC), Debbi Gooch (DG), Jan Gimble, Pat Blunden (PB), Bob Blunden (BB), Anthony Atherton and Dr Michael Ho (Novum). Apologies had been received from Lee Walker, Jeanne Mynett, Suzy Wilkinson and Louise Brown.

1. PC welcomed those present and reminded the meeting of the Patients' Group's purpose, especially the requirement to focus on matters of general concern rather than personal complaints. The group should act as a 'critical friend' of the practice, contributing positive feedback as well as negative.
2. The minutes of the Ordinary and Annual General Meetings on 13 January 2022 were accepted as accurate records.
3. Matters arising:
 - i. The difficulty in accessing the practice by phone was raised again, together with the practice's proposals for improving the situation. This issue was to be covered in detail under item 5 (Practice Report) and was therefore deferred until that point.
 - ii. On a point of procedure, DG asked whether the Practice Report was always addressed by a doctor or other representative of Novum. It was confirmed that this is the normal expectation.
 - iii. Other problems with access and the phone system were also raised. BB asked whether appointment availability might be improved by thorough analysis from management consultants, and noted that repetitive and out-of-date messages on the phone system added to the stress experienced by patients who were already worried about medical issues
4. Advance appointments

The practice had received a letter asking for the reintroduction of advance appointments. The sender had asked for the issue to be on the current PG agenda, and for the practice to set out a timeline for making advance appointments available again.

The group agreed that the ability to book appointments in the days or weeks ahead would be highly desirable, and asked Dr Ho to justify the practice's policy of offering 'on the day' appointments only. He explained that the main reason is the sheer unpredictability of staff attendance: for the general public, self-isolation rules have been relaxed, but NHS staff working with patients must still self-isolate after positive individual tests or contacts. This could mean, for example, that a GP's advance appointments had to be cancelled for however

long he or she was unable to see patients, or reallocated with a consequent impact on the availability of other staff. A small number of advance appointments are in fact made when GPs want to be sure of seeing a particular patient within a certain period of time.

The group accepted that this argument is persuasive, and also that it would be unrealistic to set a timeline for a wider reintroduction of advance appointments until the rate of Covid-19 infection has significantly fallen.

Dr Ho also commented on other questions concerning appointments. A range of different approaches are adopted at different practices and have in the past been tried by Novum; the current system of releasing all appointments for each day at 8 a.m. seemed more satisfactory than the alternative of holding later appointments for release at 1.p.m. A duty team of a GP, Physician Associate and Advanced Nurse Practitioner is always available to deal with urgent situations, and this team also deals with issues referred to Novum by other NHS services. Telephone triage is considered the most effective use of clinical time and in the great majority of cases is the least disruptive method for the patient, who will get more contact time with the GP and might avoid a visit to the practice. In addition, initial telephone contact allows GPs to check for possible Covid symptoms, which would require the patient to be directed to a 'hot clinic' elsewhere; the possible consequence for the practice of a clinician becoming a Covid contact needs to be borne in mind. Covid policies are no longer imposed on the practice by NHS England but the same procedures are still encouraged through guidance.

Members of the group acknowledged the many benefits of telephone triage but pointed out possible limitations, such as the impossibility of phone consultation for someone who has lost their voice. Some felt that the stated policy of offering a subsequent face-to-face appointment to anyone who requested one was not in fact followed by all the practice's GPs. In response to the latter point, Dr Ho said that the Patients' Group provided a valuable way of finding out how the practice's policies are perceived. GPs are independent professionals, with individual criteria for determining when to invite patients for in-person consultations, but all will do so when they think it necessary and patients themselves could perhaps be more assertive in asking for an in-person appointment.

Dr Ho was asked about appointments for blood tests. These, in fact, are normally dealt with elsewhere, although Novum has some Health Care Assistants trained to administer them in situations where the general service might not respond quickly enough. He was also asked about missed appointments: surprisingly, there are still occasional missed face-to-face appointments, but many fewer than in pre-pandemic circumstances. Phone calls for consultations are sometimes not answered, in which case the practice will try again later.

5. Practice Report

Dr Ho addressed a range of points raised in response to the Practice Report.

i. BB said that in many places it was inaccurate or unclear; PB added that unexplained abbreviations added to the lack of clarity. Dr Ho accepted that any document leaving the practice should be checked by someone other than the writer for accuracy and clarity, and undertook to ensure this is done in future.

ii. Staffing. The practice is understaffed in terms of receptionists, currently employing 16 either full- or part-time. Recruitment is difficult even though the practice offers pay above the market rate; suitably experienced and qualified people are hard to find, and receptionists must be versatile, alternating between telephone and other duties as the need arises. Retention fluctuates, but in recent months has been good: some staff have worked here for between six and twelve months and this stability seems likely to continue. A reception supervisor for Baring Road has recently been appointed.

iii. EC asked for clarification of procedures regarding test results. These are delivered as follows:

- ‘Normal’: the receptionist is allowed to answer the patient’s enquiry and say that a result is normal, but not generally to give details. No text message is sent, as multiple results could come in at different times and a ‘normal’ result in one message might lead to a different message later being overlooked.
- ‘Abnormal’: the receptionist will answer the enquiry by asking the patient to book an appointment. A text message will also be sent.
- ‘Serious’: the receptionist is asked to contact the patient and book an appointment for a phone call.

Patients are no longer told that hearing nothing means that their tests are normal. It is important that patients actively enquire about their text results: the practice cannot phone everybody, and the sheer number of tests being processed makes it essential to ensure that nothing is lost in the system.

Members who had experienced the procedures outlined above confirmed that they had worked well.

iv. EC asked whether nurse appointments are bookable in advance. They are, and will usually be face-to-face.

v. PB raised the issue of text messages asking whether a patient wished a review appointment to be arranged; a neighbour had replied ‘yes’ to at least three such texts, but received no further response.

Dr Ho explained that this proactive approach by text message is a response to the Quality Assurance Framework (QAF), which sets new targets for many aspects of the practice’s work including the control of chronic conditions as well as other ongoing tasks such as immunisations. Too many invitations were sent out, and not every positive response has yet resulted in an appointment.

PB replied that this does not really explain the number of messages received and ‘yes’ responses apparently ignored. Dr Ho suggested that in these circumstances anyone who can use the internet, or ask someone else to do so on their behalf, might contact the practice by the online messaging system; all messages of a clinical nature are passed to a GP, who will take appropriate action.

vi. Online access. There was some discussion of the practice's emphasis, and indeed the emphasis of the NHS as a whole, on online access. EC suggested that this approach was inequitable, disadvantaging people who for whatever reason could not use the internet to contact the practice. Even phone access was effectively unavailable to anyone without a phone contract, as pay-as-you-go users could not possibly risk staying on hold for an hour without a satisfactory outcome. The option of making an appointment in person at reception should be made available.

Dr Ho replied that receptionists do make appointments on patients' behalf if it is clear the patient genuinely cannot use other methods. They would not do so at busy times, however, as this would create two competing queuing systems; it is obviously fairer to use one system only. EC was not convinced: she felt that a standardised system should accommodate the most vulnerable, however that vulnerability was caused. It could, for example, be due to temporary but real stress and anxiety about a sick child as much as by permanent disability or some other ongoing medical or social factor. Dr Ho said that in such situations the receptionist should call upon the duty team, so that the duty GP could decide what to do.

vii. NHS 111, apps, Patient Access etc.. Dr Ho explained that NHS England requires the practice to reserve some appointments for NHS 111 referrals, which could mean that a patient told that Novum had no appointments available could still be sent there by NHS 111. While apps and systems like Patient Access are very useful, the number of competing (and different) channels can cause problems: Patient Access describes appointment slots in specific ways, which should steer patients towards the most suitable arrangements, but other channels may be less clear. All available booking slots are released at 8 a.m. daily, regardless of which system is used.

viii. Telephone access. The group was appreciative of the graphical analyses of phone calls provided in the Practice Report but raised a number of issues about them: the vertical axis numbers appeared to be examples from a template rather than specific to the subject of the charts, and some terms used, such as 'overflowed off', required explanation. The charts nevertheless indicated that a very high proportion of incoming calls were not answered.

Dr Ho acknowledged that the analysis revealed problems. The practice had considered employing a call centre, but on balance it was far better to keep the system 'in house' so that callers would be answered by someone familiar with the practice; also, the costs of using a call centre would be better spent on employing more receptionists.

PB drew attention to the sheer stress caused by attempting to phone the practice. Dr Ho acknowledged this, but said the system itself is not at fault: the issue is the sheer volume of calls, caused in part by the post-lockdown backlog, in relation to the number of receptionists the practice is able to employ. The same firm controls the NHS internal IT system, and provides a good service. The message to patients is that everyone who is able to use IT access methods must do so, to free the phone system for those who cannot. It was agreed that the presentation of the phone call statistics needs more care and explanation, but the group looks forward to seeing improved future versions of these obviously helpful analyses.

6. AoB

Dr Ho referred to a question raised at the last meeting about reviews conducted by Doctaly and the requirement for patients to use an app. He has checked, and been assured that those who would prefer not to use an app can be enrolled as phone-based clients.

EC said that she had received some confusing messages from Doctaly. Dr Ho suggested that any apparent error in these messages should be followed up, just in case some new medical concern had arisen; patients could send a message via the practice website to ask for clarification.

The group warmly thanked Dr Ho for his helpful and detailed input to a long and complex meeting.

7a and b. Election of Chair and Vice-chair; arrangements if no member is willing to take on these roles.

No-one immediately came forward, but there was a request for job descriptions. RT will provide these; the next meeting will take place as scheduled on 7 April, provisionally chaired by RT, with an agenda limited to standard items and resolving the issue of the Chair and Vice-chair.

8. Date of next meeting:

Thursday 7 April 2022 at 5.00 p.m, at BRMC.

The meeting was declared closed at 7.10 p.m.