

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

**Meeting: 26 May 2022
BRMC 5.00 p.m.**

MINUTES

Present: Suzy Wilkinson (SW, chair), Keith Wilkinson (KW), Robert Thompson (RT, minute taker), Patrick Connolly and Dr Judy Chen (Novum; by telephone). Apologies had been received from Janet Thompson, Anthony Atherton, Lee Walker, Jeanne Mynett (JM), Pat Blunden and Bob Blunden.

- 1 SW welcomed those present.
2. The minutes of the meeting on 7 April 2022 were accepted as an accurate record.
3. Matters arising

There were no matters arising other than those already covered by the agenda.

4. Practice report

Dr Chen expanded upon the practice report which had been previously circulated, with particular reference to the following points:

- i. Reception staff

There continue to be problems in recruiting receptionists, despite the competitive salary on offer and constant advertising on NHS and other websites. Current conditions favour applicants over employers to the extent that occasionally applicants fail to turn up for interviews which have recently been confirmed by telephone. Good receptionists sometimes wish to advance their careers by taking other roles within the practice, which should of course be encouraged.

SW asked whether the practice was coping with its current staffing level; Dr Chen said that it was, but would like to appoint more receptionists to improve telephone pickup rates. At the same time, the practice is using the new phone system's capacity to monitor individual performance;

receptionists are aware that this is happening, and are being trained to improve their efficiency. Improved performance across the board to the level of the best would have the same effect as employing another 1.5 full time reception staff.

ii. Managers and supervisors

SW asked for clarification of the practice's administrative management structure. Dr Chen explained that Marsia Stewart is manager for the practice as a whole and Mythily Mahatharan has the main responsibility for Baring Road; both branches have their own on-site reception supervisors responsible for the performance of their teams.

iii. Access

Dr Chen confirmed that all staff who normally worked on site before the pandemic are again doing so. Routine recalls for chronic conditions are under control: patients are actively contacted by text and phone to make appointments. The long-term intention is to improve patients' trust in the recall system to the point where they do not need to call in to make an appointment themselves; recalls would thus be separated from general appointment requests, as the PG had suggested at its last meeting. Annual checks for historical problems are included in this process.

SW asked whether any patients failed to attend recall appointments; Dr Chen said there were a few, but not many; administrative staff were handling the recall process well.

SW asked whether the practice had actively advertised the recently reintroduced 1 p.m. slot for booking appointments. So far, patients have only been invited to call back at that time if all 8 a.m. appointments have been taken, but the practice will now advertise it. The two-slot system is working well, but Dr Chen reminded the meeting that when it was used in the past there had been complaints about it. Nurse hours have been increased, meaning that more nurse appointments are now available.

iv. Website

Dr Chen was asked about access through the website. She said that the messaging facility on the website was working very well and had received positive feedback; email communications are handled in the same way. Many enquiries can be dealt with quickly and easily; every

evening an administrator extracts the day's clinical enquiries to be answered by the clinical team the next day. Vague questions are followed up by requests for more information. The meeting agreed that this system had proved successful.

v. AskFirst

SW enquired about AskFirst: is this app separate from the NHS App? Dr Chen explained that AskFirst is specific to Lewisham and allows direct access to different kinds of support; its symptom checker carries out triage, and can direct patients to protected GP appointments. Even if no GP appointment is currently available, a summary of the information given to AskFirst will be available to the practice, and the patient could then message the practice through the website to seek advice. The practice advises that everyone who can download and use AskFirst should do so; at present, take-up amongst Novum patients is about 23%. KW asked whether the app works on a PC; Dr Chen thought it did, but will try to find out for certain.

vi. Extended Access

SW asked about the final paragraph of the practice report, concerning an Extended Access clinic at Marvels Lane. Dr Chen explained that EA is intended to provide GP services for twelve hours every day; receptionists can refer patients to EA services when no practice appointment is available.

SW pointed out that she has never been offered an EA appointment; this could of course be because none was available, but it should not be the patient's responsibility to ask for one. Dr Chen said she would check what instructions had been given to receptionists. Extended Access is offering an increased range of services, including counselling: this is a pilot project, and the practice will text patients who might benefit from it.

vii. CQC Inspection

Dr Chen reported on the recent CQC inspection, which had taken the form of a telephone call after a patient survey. Novum had been on a CQC watchlist as a routine procedure after the merger, but nothing had been done during the pandemic.

There had been nineteen responses to the survey, and CQC's enquiries focused on negative comments. Issues raised were rates of childhood immunisation and cervical smear tests; long waits on the telephone; a slight fall in cancer detection rates which reflects a national trend; and slow responses to complaints. CQC was satisfied with the practice's answers, so that Novum is no longer on the watchlist.

Dr Chen explained to the meeting that the new phone system limits the queue to fifteen callers, after which an engaged tone is given. The complaints issue has been addressed by producing a standard holding answer which includes a time scale for a more detailed reply. All clinical complaints are referred to a GP.

viii. Other matters

KW asked about the role of Doctaly. Dr Chen explained that Doctaly provide monitoring equipment and monitor Covid patients as well as those with chronic conditions. RT noted his appreciation of Doctaly's Covid monitoring and the loan of a SATS probe, which had been very reassuring.

Dr Chen reported that equipment for monitoring blood pressure, weight and height, and for conducting blood tests, has been installed at both branches, meaning that all elements of a chronic disease review can be carried out in a single visit. Appointments have been lengthened accordingly.

PC commended the large-print layout of this month's Practice Report, and the meeting agreed.

5. Improved communication with patients: a possible role for the PG

This item had been suggested by JM, who was unable to be present, and can be revisited at a later meeting.

Possibilities suggested included a PG 'Open Evening', which could feature an introduction to online access and NHS apps. Dr Chen said that the practice would be happy to advertise such an event by text message, though it might be necessary to ask patients to book in view of the potential numbers involved. KW asked about Rushey Green patients: SW confirmed that the PG now serves both branches, and has members

from both, although the constitution has not yet been changed accordingly; this was another casualty of the pandemic.

Another suggestion was a series of 'Key messages' for patients, short enough to be communicated by text alongside other means, giving key points from PG minutes which have an immediate bearing on patients. These might include the availability of messaging through the website, explanation of the need for preliminary phone appointments, and the use of NHS apps. The possibility of including photographs of staff was considered but rejected, on grounds of privacy.

RT undertook to produce a draft based upon the next set of minutes. The whole point of this document is to be brief and simple.

6. Appointment of Chair and Vice-chair

The meeting confirmed Bob Blunden's appointment as Chair for the rest of the year. SW will act as Vice-chair on the understanding that she cannot always be available and other members may need to step up at times. RT said he is not unwilling to chair meetings but really needs to concentrate on the minutes if possible.

6. AoB

i. PC commented that PG minutes have been posted on the practice website as soon as they are distributed to the group, but not updated when errors and omissions have been pointed out. In principle, minutes should not be posted until they have been approved by the next meeting, and if necessary revised. This was agreed.

ii. SW noted that PG information is not displayed in the waiting room. Dr Chen undertook to ensure that it is provided there.

iii. SW asked how far Covid had affected the practice. Dr Chen said that one or two clinicians had been absent almost every day in March and April, but the situation was now improving; restrictions have been somewhat eased, and staff still wear full PPE, meaning that they no longer have to self-isolate after contact with a positive patient.

iv. The meeting thanked Dr Chen for her contribution and noted that telephone communication had worked far better than expected.

7. Dates of next meetings:

Thursdays 30 June, 11 August, 22 September, 3 November, 15 December, all at 5.00 p.m. at BRMC.

The meeting was declared closed at 5.57 p.m.