

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

**Meeting: 30 June 2022
BRMC 5.00 p.m.**

MINUTES

Present: Bob Blunden (BB, chair), Pat Blunden (PB), Anthony Atherton (AA), Robert Thompson (RT, minute taker), Janet Thompson (JT), Jeanne Mynett (JM) and Dr Michael Ho (Novum). Apologies had been received from Suzy Wilkinson, Patrick Connolly, Paul Howell and Louisa Brown.

- 1 BB welcomed those present.
2. The minutes of the meeting on 26 May 2022 were accepted as an accurate record.
3. Matters arising:
 - i. Management structure, roles and responsibilities

JM asked whether the practice could provide a list of staff and their various responsibilities, as well as an outline of the management hierarchy. Dr Ho explained that many tasks are shared rather than allocated to specific employees; however, there is an overall structure for which the partners are ultimately responsible.

Non-medical staff work under the Practice Manager and Assistant Practice Manager: admin staff work on contacts initiated by the practice, liaise with other NHS services, check referrals and feedback, and process hospital letters. Reception staff deal with the different interfaces with patients. Medical staff are the practice nurses, whose responsibilities include immunisations, changing dressings, and conducting long-term reviews, and Health Care Assistants (HCAs), who are trained for specific tasks such as conducting blood tests. The clinical team consists of fully-qualified GPs, GP registrars (who are GPs in training), Advanced Nurse Practitioners (ANPs) and Physician Associates (PAs), who carry out consultations, diagnose, and decide upon treatments under GP supervision.

BB asked whether this complex information about the various roles within the practice could be presented visually or in writing. It was agreed that a poster in the waiting room, as well as information on the website and the waiting room TV screen, would be very helpful; patients need to understand the different roles in the modern NHS in GP practices as well as in hospitals. Many older patients do not understand why they do not see a GP at each appointment, and the reasons need to be explained. Photographs of individual staff members, however, would not be appropriate, partly for reasons of privacy and partly because staff turnover means that the display would need frequent changes.

Dr Ho agreed that a list of different roles is desirable, but had some reservations about the complexity and purpose of a chart displaying the hierarchy within the practice. He added that not every problem needs attention from a GP; in addition to the various roles within Novum, some practices also employ pharmacists and

paramedics. Many PAs, ANPs and nurses are highly competent professionals whose expertise might be more up-to-date than a GP's; a GP must always be available to support other colleagues and to see patients who require a GP consultation, but it is simply not possible to recruit enough GPs to do everything. The allocation of certain tasks to other staff is NHS policy, subject to ongoing NHS evaluation.

PB asked about the qualifications of GP registrars and Physician Associates. Dr Ho explained that GP registrars are in the final stage of a five-year post-medical school training, at the end of which they will be qualified as independent GPs. Physician Associates qualify through a two-year postgraduate degree and always work under supervision. Although it is not at present a legal requirement for PAs to belong to the relevant professional body, the Faculty of Physician Associates, Novum insists that its PAs be members. Dr Ho believed that in due course PAs will come under the supervision of the General Medical Council, and will be allowed to prescribe.

BB suggested that we should invite a representative of a different role within the practice to each PG meeting in the near future, to help the group understand the work they do. The meeting agreed with this proposal.

ii. Access

JM asked about the practice's procedures for recalling patients with chronic conditions.

Dr Ho explained that Novum aims to have a proactive system for contacting and recalling patients with conditions such as hypertension, COPD, diabetes and asthma. As well as helping to ensure that patients attend periodic check-ups, this system also separates these routine appointments from the general appointment system. Patients who feel they have not been contacted when they should have been can of course approach the practice themselves and, if necessary, make a complaint.

AA commented that the recall system worked well, though in his case the online monitoring system had not taken account of information from his in-person review.

It was noted that the new availability of appointment slots released at 1.00 p.m. is still not being advertised; patients are informed about it only if they are unable to book an appointment in the morning. JM also pointed out that the practice's messages about AskFirst do not give a link to the web-based version, which many patients might prefer to use. Dr Ho agreed that better information about both issues should be provided. Patients are strongly encouraged to use AskFirst (23% of Novum patients are now signed up to it); however, it will not be suitable in all circumstances and does not link to every service that might be helpful, so other ways of contacting the practice remain important.

4. Practice report

Both Dr Ho and BB commented that the content of the current practice report (previously circulated) is very similar to that of the last one. Dr Ho expanded upon the report with particular reference to the following points:

i. Staffing

There continue to be problems in recruiting receptionists, despite the competitive salary on offer; Dr Ho did not know whether this problem is national, but for Novum the pandemic had worsened an already difficult situation.

ii. Access.

Dr Ho clarified that a small number of staff do work remotely, for example conducting telephone consultations; however, the practice is hoping to bring back face-to-face initial appointments in the near future. It was reported that the afternoon booking slot had been helpful, but the group was concerned to hear that one member had been unable to get through on the telephone on two successive working days. The system is set up to give an engaged tone, without explanation, if there are more than 15 callers in the queue.

AA said that his complaints about this and other issues had not been answered. Dr Ho replied that complaints are handled efficiently; the difficulties which have been experienced with phone contact underline the need for everyone who can use other channels to do so. PB commented that Patient Access had worked extremely well for her.

BB asked whether some detail about complaints could be given at the next meeting, including the number received, response rates and the overall procedure for handling complaints. JM observed that there are still no notices in waiting rooms outlining the complaints procedure.

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

JM reported on a meeting she had with Marsia Stewart, the Practice Manager, in which it had been agreed that information does not reach patients in a timely manner. One way of improving matters might be to re-introduce a Patients' Newsletter, as had been produced in the past.

It was felt that wider consultation was needed, both within the Patients' Group and amongst practice staff. Dr Ho said that the group would have to decide whether it wished to take on this quite demanding task; PB noted that funding which had once covered the costs of production was no longer available.

PB also asked Dr Ho what the practice saw as the purpose of the Patients' Group. He replied that the group is a useful channel for patient perspectives and a source of ideas for improvement. JT pointed out that the current procedure of texting appointment reminders to patients originated from the Patients' Group. Dr Ho said that changes will often be incremental: the fact that PG proposals may not be acted upon at once or in full does not imply any disrespect, or that the ideas are not good in themselves. PG suggestions are unlikely to be unique; more probably, they reflect wider national concerns to which NHS services have to respond in the context of overall priorities and constraints. Patients' Groups help services to arrive at and then to explain their decisions, and for this reason the practice considers the Patients' Group a valuable asset.

In response, PB said that the group has constantly raised issues about communication and access, without feeling that much had been achieved.

Dr Ho replied that the pressure on the NHS meant that a completely satisfactory outcome is impossible: the key priorities are to ensure that the right patients are able to see a clinician at the time of need and to communicate effectively with patients to ensure they know how to make the best use of the resources available.

AA said that the Patients' Group concept is less effective than it could be because its discussions are not communicated beyond the group itself. Ideas put forward in response included better advertisement of the group in waiting rooms and a more proactive recruitment campaign to increase the group's size. It was observed that the Rushey Green waiting room in particular displays a great deal of information, much of which is not relevant to the majority of patients, and that the sheer quantity of material on display is an obstacle to communication.

6. AoB

- i. There was a brief discussion of the danger posed by monkeypox. Dr Ho said that the government is considering vaccinating vulnerable groups; thus far there has been no impact on Novum.
- ii. AA asked whether some meetings could take place at Rushey Green and whether an alternative time could be considered, to avoid the rush hour. BB undertook to put these issues on a future agenda; timing, however, will not be altered until the end of 2022 because the dates and times are already in GP's diaries.

Dr Ho was thanked most warmly for his contribution, and the meeting was declared closed at 6.48 p.m.

Future meetings:

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