

**NOVUM HEALTH PARTNERSHIP
PATIENTS' GROUP**

**Annual General Meeting: 10 January 2024
Baring Road Medical Centre 6.00 p.m.**

MINUTES

Present: Cerys Smye-Rumsby (CS), Robert Thompson (RT, secretary), Janet Thompson (JT), Jan Gimble (JG), Elaine Curley (EC), Gillian Griggs (GG), Satwant Satee (SS), Sue Hodge (SH), Suzy Wilkinson (SW) and Dr Michael Ho. Apologies had been received from Paul Howell and Anthony Atherton.

1. CS welcomed those attending and passed on apologies received.
2. By general consent, CS was appointed chair for items 1–6 of the agenda.
3. The minutes of the 2023 AGM were accepted as an accurate record.
4. Matters arising from the previous AGM minutes not covered later in the agenda:

- i. Dr Ho was asked whether there had been enquiries about holding PPG meetings online. There had been at least one; however, the practice's experience of online communication in other kinds of meeting had had not been good. Members observed that the practice representative had sometimes joined meetings via speaker phone, which had been successful.

The general feeling was that holding meetings wholly or partially online was undesirable; anyone wishing to be involved in the PPG but unable to attend in person could perhaps be contacted individually.

- ii. Dr Ho was asked if there was a member of Novum staff responsible for liaising with the PPG. He confirmed that it is Mythily Mahatharan.
- iii. JT proposed thanks to SW for her chairing of meetings at the start of the year, including the previous AGM, and the group agreed.

5. Chair's Report:

There had not been a single 'permanent' Chair for 2023, and so there was no formal Chair's report. CS explained how she had become involved in the PPG and had agreed to chair each of the last few meetings on a one-off basis; she extended thanks to the other members who had previously acted as interim chairs. RT pointed out that the year had seen some solid achievements, including the proper integration of the two Novum branches in a single PPG.

6. Election of Chair, Vice-Chair, Secretary and other committee members for 2024:

Chair

Cerys Smye-Rumsby was elected Chair for the year: proposed Suzy Wilkinson, seconded Elaine Curley

Vice-Chair

Suzy Wilkinson was elected Vice-Chair for the year: proposed Janet Thompson, seconded Cerys Smye-Rumsby

Secretary

Satwant Satee and Gillian Griggs were jointly elected as Secretary for the year: proposed Janet Thompson, seconded Sue Hodge.

Other committee members:

There was some discussion of the desirability of a committee or steering group as outlined in the Terms of Reference. RT pointed out that the ToR document had been agreed after prolonged negotiation and that a small steering group is a standard element in draft templates for PPG terms of reference. In our case, a special reason for its existence is to ensure that the 'officers' of the group always represent both branches.

It was agreed that the issue of a committee should be put on hold for now, to be considered alongside other, more flexible, possible arrangements in future. The Terms of Reference, however, will be left as they are for the time being.

RT and JT were thanked for their contributions to the group over the last few years.

7. The minutes of the last Ordinary meeting were accepted as an accurate record.
8. Matters arising from the minutes of the last Ordinary meeting:
 - i. Dr Ho confirmed that the practice has access to Social Prescribers and hopes to gain a dedicated specialist in this field in due course.
 - ii. Dr Ho was asked whether it might be possible for a PPG representative to attend Primary Care Group meetings as an observer. He explained that these meetings are normally between professional representatives of each practice, but he will make enquiries. CS suggested that patient representatives might leave for any part of the meeting involving confidential matters.
 - iii. EC asked whether any arrangements exist for the Chairs of different PPGs to meet. Dr Ho thought this had never happened, at least formally. CS suggested that Trevor Pybus might be approached to see whether such a meeting could be arranged through the PCN.
 - iv. CS expanded on the suggestion that members might bring forward areas of special concern or interest to themselves. Several possibilities were identified:

Cancer support (SH)

Community groups and health promotion (EC)

Weight management and diabetes (SW)

Mental health (GG)

Families and children (CS)

Non English speakers (CS)

Carers, whether of children or of elderly parents (SS)

JT suggested that many problems could be addressed by promoting social outdoor and physical activities such as Parkrun. SS explained that a new organisation to support unpaid carers, 'IMAGO' has been set up in Lewisham but is still at an early stage of development.

- v. There was extended discussion of the ways the PPG might address these issues. It was agreed that they were all potential topics for future meetings: CS suggested that members might begin by establishing what help and support is already available. We could then consider how the group could publicise what already exists and promote new developments.

Dr Ho explained the difficulty of advertising through notice boards in waiting rooms; if too many notices are displayed, people simply do not read them and consequently miss important information. EC suggested an outdoor notice board facing the street; Dr Ho said that such displays are time-consuming to maintain, but the PPG could possibly help with community notice boards both outside and inside the buildings.

- vi. SS asked whether patients visiting the practice could be approached individually to enquire about their interests and concerns. After discussion, it was felt that anyone who has come for an in-person appointment probably has immediate worries which mean that this is not the best time to ask them. On the other hand, an open day for patients with diabetes is already planned, and the PPG might have a possible role on that occasion and at similar events in the future.
- vii. The availability of blood tests required by GPs was discussed. The general feeling was that tests are available at several local centres and booking is fairly straightforward, with the option of making appointments by phone.
- viii. The group's reservations about sympathy cards had been fed back to Dr Morris.

9. Practice report

Dr Ho answered questions about the Practice Report already circulated.

- i. EC asked whether there had been an issue about recording the results of hospital blood tests. Dr Ho explained that different NHS IT systems do not always communicate automatically; thus a GP requiring a blood test result before prescribing repeat medication might need to ask for a further test or

check with the hospital. While the necessary checks were always carried out, they had not always been recorded; this element of record keeping has now been improved.

- ii. Dr Ho explained that the number of locums employed by Novum is due partly to maternity cover and partly to the amount of GP time invested in Chatdoc, which is nevertheless thoroughly worthwhile. There was some discussion of the difficulty of consistently seeing the same doctor; Chatdoc allows requests to see particular GPs as well as future appointments, but individual doctors will not necessarily be available on the day required.
- iii. SH had been told by a receptionist that only the GP requesting a hospital test could communicate the result. Dr Ho explained that this information is incorrect and should not have been given; however, the practice constantly works on receptionist training, and he believed that their standard has improved. More broadly, patients are often misled by being told results will be available from GPs when this is only true for tests requested by GPs themselves.

There was evident dissatisfaction with some aspects of the practice's administration, and CS suggested that feedback about individual difficulties could be given outside the meeting, through the normal channels. Dr Ho said that a patient with serious concerns could make an appointment with a clinician, who would be best placed to find a solution. On the other hand, members reported good experiences both with Chatdoc and with some hospital online services.

- iv. There was extended discussion of Chatdoc. While some members felt that the questionnaire element is clumsy and obtrusive, Dr Ho explained that it is the simplest of the options available; overall, the system has the great merit of allowing GPs to prioritise according to need rather than to work on a 'first come, first served' basis. There was some concern about the 'medical emergency' question, and Dr Ho said that this is simply a prompt to call 999 if there is immediate danger. The NHS website gives advice on the circumstances in which a 999 call is appropriate.

Dr Ho also explained that the triage team now includes two GPs to increase the level of expertise available at that stage; this sometimes allows in-person appointments to be replaced by remote consultations, which are often the patient's preference. In emergencies, members of this team can be called upon for in-person work at Rushey Green, where it is based. He reassured members that Chatdoc messages are fully encrypted and secure; conversations are securely stored for future reference, but not as part of a patient's medical record. Any messages sent previously through the website which had appeared in medical records had been placed there by staff rather than saved there automatically.

Overall, Dr Ho considered Chatdoc to be a great asset to the practice, and believed that Novum had made the right choice from the various platforms available. Patients who are uncomfortable about using it, or for whom it is inaccessible, can still call in for a receptionist to put their information into Chatdoc. JT pointed out that this information had been included in a text message receivable by any form of mobile phone on 2 October last year; if

anyone with a mobile phone had not received it, either the practice does not have their number or the text-message system is not functioning as well as it should.

10. Meetings in 2024

The meeting schedule proposed by RT was broadly accepted. However, Dr Ho suggested an additional social event during February, to take place on one of the practice's closed training days. Details will be confirmed later, but it was decided to move the proposed ordinary meeting on 26 February to 4 March. Dr Ho's proposal was warmly welcomed.

11. AoB

CS undertook to find out more information about the Government's 'Community Health Champions' programme and bring it to a future meeting.

Dr Ho was thanked for his extensive contribution and the meeting was declared closed at 7.40 p.m.

Dates and locations of future meetings (all 6.00 p.m.–7.30 p.m.)

Monday 4 March	Rushey Green
Wednesday 10 April	Baring Road
Monday 27 May	Rushey Green
Wednesday 10 July	Baring Road
Monday 9 September	Rushey Green
Wednesday 23 October	Baring Road
Monday 9 December	Rushey Green

Date, time and other details of the social event in February to be confirmed.