

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

**Online Meeting: 3 June 2021
6.00 p.m.**

Minutes

Present: Patrick Connolly (PC, chair), Robert Thompson (minute taker), Janet Thompson, Paul Howell, Anthony Atherton, Bob Blunden (BB), Pat Blunden, Suzy Wilkinson, Lee Walker (LW), Bee Godwin and Dr Michael Ho. Apologies had been received from Dr Shashi Arora, Louisa Brown, Pauline Garrod and Jeanne Mynett (JM).

1. PC welcomed everyone who had signed in, especially Bee Godwin who was joining the group for the first time, and Dr Ho, who was attending at short notice on behalf of the practice. The meeting was reminded of etiquette in terms of waiting for cues to speak, minimising background noise, muting devices when not speaking and so on.
2. The minutes of the meeting on 22 April 2021 were accepted as an accurate record.
3. There were no matters arising.
4. Post-Covid GP access

PC invited LW to introduce this topic, which concerned the future balance between virtual consultations of different kinds and those carried out in person.

LW outlined the situation as he saw it. The initial lockdown had forced an immediate turn to remote consultation in most cases, but guidance had changed over time, culminating in a new update issued on 13 May 2021 concerning the 'restoration of GP services' (relevant letter attached). The key points of this guidance are that from 17 May practices must offer face-to-face appointments; in the absence of clinical reasons otherwise, patients must individually have a choice between virtual and face-to-face appointments; practice receptions should be open to patients; and all patients must be offered the same level of service regardless of the way they initially contact the practice. He asked Dr Ho whether this was an accurate account of the situation, and how Novum intends to respond to the new guidance.

Dr Ho confirmed that the guidance was as LW had described it. He pointed out that GP practices, including Novum, offered much more than a purely virtual service throughout the lockdown: face-to-face appointments were offered to patients identified by telephone triage as requiring them. For Lewisham practices, a 'hot hub' was established for consultations with those showing Covid symptoms. While IT infrastructure was rapidly developed to support remote consultations, and many staff did work from home, a team had constantly been on duty at the practice. The letter issued on 13 May caused a backlash from GPs as it appeared, probably inadvertently, to suggest that face-to-face services had

been entirely suspended during the pandemic, which for mainstream GP practices had not been the case.

In the 'new normal' some GP practices are likely to return completely to face-to-face appointments, while others will continue to use telephone triage in all cases; some, indeed, had adopted this procedure before the pandemic. At Novum, the online booking system has been reinstated, but only for the initial telephone contact: consultations will still begin with a telephone call, but doctors will book a subsequent in-person appointment if one is considered necessary by either doctor or patient. The intention is for most staff to work on site and for more face-to-face appointments to be made available.

Dr Ho felt that a combination of telephone triage and in-person consultation offers the best solution all round: the alternative of initial ten-minute appointment slots is inefficient, typically causing patients to have to spend a long time in the waiting room and perhaps unnecessarily disrupting their normal activities. In some cases the telephone call might avoid a visit to the practice altogether, but any patient who wishes to make a subsequent in-person appointment will be able to do so.

A range of points emerged in the following discussion. It was noted that the new system would take some time to bed in, but was likely to reduce the number of missed appointments. The general sense was that telephone triage and the availability of video consultations were good things: people appreciate the ability to speak to a doctor relatively quickly, and would like to retain a multi-channel approach in future. Dr Ho said that from the GP's viewpoint video consultation has advantages and disadvantages: it could, for example, be very helpful to observe children in their home environment, but image quality was sometimes poor. LW asked whether the practice could use the AccuRx platform; Dr Ho replied that it already does so.

There continue to be concerns about the difficulty of getting through on the phone, which became particularly severe once the initial strict lockdown had been relaxed. Dr Ho explained that a phone software package for all Lewisham practices had been quickly developed at the start of the pandemic; he apologised for the long waits that had occurred and hoped they would not be repeated, but believed that the platform, which is still in use, was essentially sound. LW said that the PG would wish to be involved in discussions about future telephone arrangements; Dr Ho replied that the decision comes down to a balance between cost, reliability and functionality, and that most systems available do more or less the same things.

Dr Ho was asked whether patients could ask to see a particular doctor. He explained that Novum does not run personalised lists: patients are patients of the practice rather than of an individual GP. NHS England requires patients to have a 'named GP', who will be one of the practice partners, but this does not mean that patients are assigned to that doctor's individual list. Any patient is entitled to ask to see any Novum GP, subject to availability. Initial contact may be with a different doctor, but patients can then discuss arranging an appointment with their preferred GP.

Concerns were raised about accessibility for those unable or reluctant to use ICT. Dr Ho shared these concerns: however, online channels such as Ask NHS GP and the online booking system are being promoted precisely so that phone lines can be more readily available for those who have no alternative. A number of appointment slots are reserved for those booking by phone rather than online. Ideally, everyone who can use an online channel should do so, whether for making appointments or for sending queries: options for the latter include the messaging facility on the website.

BB pointed out that Ask NHS GP – the app specifically designed for Lewisham – does not appear in the App Store. Dr Ho explained that it is a derivative of the main Ask NHS app; users should download this from the store, and will then be redirected automatically in response to their personal details.

AA raised a general issue about access, and whether one should be able to request an administrative letter, such as agreement from the practice for treatment to continue at a hospital, simply by asking at reception. He had been told to telephone to arrange an appointment, which had taken some time. Dr Ho agreed that a clinical appointment was unnecessary for this purpose and was a poor use of time for patient and GP alike; the matter was an administrative one, however, which should be taken up with the practice manager. AA said that he had done so, but that his complaint had not as yet even been acknowledged.

6. NHS pooled database

Concern was expressed about the lack of publicity given to the most recent plan for collecting patient data, and especially about the fact that patients have not been informed about the imminent deadline for opting out. The information is available on NHS websites, but will only be found by those looking for it. While the sense of the meeting was that the sharing of anonymised data is essential to the NHS, it was felt that the rushed timescale and apparent secrecy surrounding the proposals caused genuine anxiety and invited suspicion, much of which was now becoming apparent in the press. There was particular concern about the sharing of data beyond the NHS, control over its future use and the quality of safeguards to ensure that it could not be linked back to identifiable people.

Dr Ho explained that the NHS already holds an immense amount of data which it uses to deliver care; the new plan is to extract data automatically for research, which is also critically important. Data collected will not include personal information such as names and dates of birth, images or the free text added to records by clinicians. The NHS does not sell data: obviously no-one can predict the future, but he was confident that the project is being implemented for good reasons and wished to urge people to have faith in the NHS.

AA pointed out that two different levels of individual opt-out are available: a form for opting out from the new GP data sharing arrangements is available on the Save Lewisham Hospital website and would need to be delivered to the patient's GP before 23 June.

7. Practice report

As Dr Ho attended the meeting at short notice with no time to consider the Practice Report, it will be circulated by email and discussed at the next meeting.

8. AoB

PC read an email received from JM about the planned takeover of a group of Lambeth GP practices by a US company, which thus appeared to be acquiring part of the NHS through a British subsidiary. This is a matter for concern, but as it does not affect Novum it is outside the PG's remit; the CCG could be approached directly, and the issue raised with the local MP.

Before closing the meeting PC thanked Dr Ho on the group's behalf both for his informative contributions and for attending at very short notice. The meeting was declared closed at 7.10 p.m.

Future meetings will be on Thursdays 15 July, 26 August and 7 October at 6.00 p.m.