

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

**Online Meeting: 22 April 2021
6.00 p.m.**

MINUTES

Present: Patrick Connolly (PC, chair), Robert Thompson (minute taker), Janet Thompson, Paul Howell, Louisa Papadouri, Anthony Atherton, Maureen Bishop, Louisa Brown, Bob Blunden, Pat Blunden, Suzy Wilkinson, Pauline Garrod, Dr Judy Chen (Novum). Apologies had been received from Maria Curro, Elaine Curley, Bee Godwin, Ranjan Gimble, Jeanne Mynett, Kate Tong and Lee Walker

1. PC welcomed everyone who had signed in and reminded the meeting of the etiquette for conducting online meetings 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 11 March 2021 were accepted as an accurate record.
3. There were no matters arising.
4. PC then invited Dr Chen to outline the practice's experience of the Covid pandemic over the last year, apologising to anyone present for whom the topic might be especially distressing. Dr Chen explained that to an extent she would be summarising information presented at previous meetings: it was worth repeating it, not only for the benefit of new members but also to put into a wider context.

From the practice's viewpoint, the general course of future events had been apparent in March 2020. Prompt and comprehensive support from One Health Lewisham enabled it to adapt quickly and to provide continuity of care. In particular, the pandemic caused existing plans for online access, which had been held back across the NHS because of concerns about confidentiality, to be rapidly implemented and further developed, so that the practice was able to adapt quickly to remote and online working.

During the first period of lockdown there was a considerable impact on staff availability, particularly amongst reception and administrative staff, due to actual or suspected Covid infection or isolation because of a contact; at the worst period only a quarter of the normal reception staff were available. However, the problems which arose had been anticipated and, in conjunction with One Health Lewisham, were solved: for example, laptops were quickly provided as were licences for staff to obtain remote access to patient information. During the first lockdown there was a significant nationwide drop in general demand on the NHS services, partly driven by fear of infection and partly by a public wish to allow the service to focus on the pandemic, and from the point of view of managing the practice's work this reduction was helpful.

A call diversion system worked satisfactorily during the strict lockdown but proved completely inadequate once the lockdown eased. Reception staff returned to work on site at this time, but the situation could not return to normal: some locum GPs dropped out; some nurses were anxious about returning to face-to-face work and needed support to regain confidence. As it was entirely possible that staff could be taken ill or be forced to isolate at short notice, appointments could only be made on the day and the consultation process began with telephone triage; the practice itself initiated ongoing care reviews, generally by telephone, and reinstated cervical screening and childhood immunisation services.

As in March, the impending second disaster in December was anticipated; this time, however, the reduction in general demand was less marked and it proved impossible to operate with off-site reception even at Baring Road, which is the smaller branch. Clinical staff remained on site, even though most work has been carried out remotely; baby and post-natal checks have continued, and chronic disease reviews are now progressively being reinstated, with a considerable backlog. Telephone triage and same-day only GP appointments continue for the time being.

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In response to questions, Dr Chen explained that it may not be possible to book GP appointments in advance until 2022. We still need to be very cautious; the pandemic is not over, and we need to see how well a programme of booster vaccinations controls the likely winter peak. No staff have been taken ill or forced to isolate in the last six weeks, but the future cannot be guaranteed: telephone triage and on-the-day appointments have worked well in making the best use of staff available, not least because of a reduction in DNAs. The on-the-day only arrangement applies only to initial GP appointments: nurse and HCA appointments can be arranged in advance, as can GP follow-up appointments.

The practice does not have survey data on patients' views about telephone and other remote consultations; the previous survey took place before the current emergency, and since March 2020 there have been more urgent things to do. The sense of the meeting, however, was that remote consultations of different kinds can often have advantages, and such consultations alongside telephone triage are likely to continue in the future. The Ask NHS GP app will provide a further means of access for those confident to use it.

It was noted that patients cannot necessarily speak to a GP in a phone consultation on the day of their first call. Dr Chen made a range of suggestions: patients who believe that their situation is urgent should make that clear; messages can be left by email or otherwise asking for a call back. Extended hours appointments are available elsewhere, as are online consultations through the Ask NHS GP app. This app has considerable potential for improving access: it is disappointing that the relatively young Novum population has been slow to embrace this technology, and Dr Chen encouraged the group to read two documents about the app which had been circulated with the papers for this meeting.

Despite the problems, some positives had emerged. A great deal has been learned about the potential of technology; telephone triage had been successful, though doctors should certainly invite patients for an in-person examination if they call more than once about the same issue. Language problems may be a difficulty and doctors do need contact with patients; they would ideally prefer a balance of remote and in-person ways of working.

5. Practice report.

Dr Chen invited questions on the Practice Report previously circulated.

In response, she explained that Seyhan Yusuf's replacement will not necessarily be responsible for liaising with the Patients' Group, though this task will be assigned to one of the administrative staff. Departing GPs will be replaced: in particular, Dr Holdsworth is to be replaced by a female GP who shares her specialism in the care of the elderly.

Covid vaccination rates are disappointing amongst the younger age groups and the BAME population; in neither case is this due to lack of effort, whether on the part of the practice, the wider NHS, faith groups or Lewisham Council. It was noted that the clinically extremely vulnerable group had only reached 65% uptake; possibly this is because their vulnerability itself makes these patients anxious about side effects or exposure to infection. The overall uptake of around 70% is considered satisfactory.

6. AoB

Dr Chen was asked about access to a named individual GP, whether in person or by a video link; this was considered especially important by patients with complex conditions which needing explaining to each new doctor they encountered. She suggested that a patient could ask for a call back from the named GP, or the one most frequently consulted, for example by sending a message through the website for that doctor's attention.

PC outlined possible topics for future meetings: one meeting could focus on the objectives of the Patients' Group and its relationship with the practice, and another on the organisation and financing of the health service. For the latter, Dr Chen suggested that she could provide written information as a starting point and possibly arrange a speaker. It was also agreed that relevant educational topics would be appropriate, perhaps through occasional longer meetings organised as practice-wide Health Education sessions.

Dr Chen was asked about arrangements for Covid booster vaccinations, and whether self-administration through nasal sprays was a possibility. Dr Chen replied that existing nasal sprays are not self-administered and any new development will need careful monitoring. The booster programme will probably be delivered in the same way as the current vaccinations, through a combination of centres of different types. She reminded the meeting that we do not actually know how well the vaccines work; winter will be the test.

Two members of the group noted difficulties in using NHS apps and other online services, even for those with expertise in this field; the NHS will not reap the benefit of this technology unless it devotes time and effort to helping people to use it. A suggestion that some properly-structured tuition could be provided was welcomed; Dr Chen explained that some of the problems encountered with the Patient Access system are caused by its necessarily high level of security.

PC thanked Dr Chen for her hard work generally and especially for her contribution to this meeting, which was declared closed at 7.14 p.m.

The next meeting will be on Thursday 3 June, again at 6.00 p.m.