

**Novum Health Partnership  
Baring Road Branch Patients' Group**

**Meeting: 21 October 2021  
Baring Road Medical Centre 6.00 p.m.**

**Minutes**

Present: Patrick Connolly (PC, chair), Robert Thompson (RT, minute taker), Paul Howell (PH), Anthony Atherton (AA), Bob Blunden (BB), Pat Blunden Lee Walker (LW), Marsia Stewart (MS, Novum), Jeanne Mynett (JM), Louise Brown. Apologies had been received from Janet Thompson, Jan Gimble and Suzy Wilkinson.

- 1 PC welcomed those present and reminded the meeting of the Patients' Group's terms of reference: it should focus on general rather than individual issues, and its members should be respectful to and about each other and the practice's staff. He felt that these principles had not always been strictly observed in recent online meetings.
2. Agnieszka Daldorph, of Age Exchange Blackheath, gave an informative presentation on dementia and on the services provided by Age Exchange. The main content of her presentation was summarised in slide printouts which were distributed at the meeting. A handout of the slides accompanies these minutes.

Several further points arose in response to questions. Self-diagnosis of dementia should be avoided; as with any other medical concern, the patient's GP should initially be consulted. Age Concern would welcome more referrals from GPs, and Agnieszka will send a checklist of ways in which GP services could support dementia patients. The Alzheimer's Society also provides useful information about communication as well as the use of appropriate colours and colour contrasts to make the environment easier for patients to manage; it is helpful, for example, if walls and fittings in toilets are not all white, contrasting colours are used in signage and not too much information is given in one place. Above all, listening and responding to individual patients' needs—which will not be the same in all cases—is extremely important; they may, for example, find it difficult to use online services or to communicate without lip-reading.

Agnieszka was asked whether BRMC's premises and signage could be assessed for their accessibility to dementia patients. She suggested approaching Lewisham Dementia Support, and will make enquiries.

PC formally thanked Agnieszka for an interesting and informative presentation, and the meeting as a whole warmly agreed.

3. Before moving on to the rest of the agenda, PC repeated his opening points about respect and the role of the PG, pointing out in particular that critical remarks had been made about a Novum staff member who had been present at the last meeting as well as those who were not. LW asked why a letter from JM summarising a discussion with Dr Chen about test results and other issues had been circulated with the papers for the present meeting.

PC explained that the letter had been addressed to the PG as a whole and covered issues we intend to discuss in this and future meetings. It was accepted that individual experiences must be raised if they point to matters of general concern, but PC felt that notice should be given so that the general issue can be separated from the personal and, perhaps, some of the friction taken out of the discussion. PG members possibly did not appreciate that Novum staff attend

meetings outside their paid hours of work; they cannot be given 'time off in lieu' because that would add to already critical staff shortages.

Some discussion followed. RT said that the issue was one of tone rather than content; JM's letter raised an important point about a potential flaw in procedure, and it was right that the PG should address it. He had, however, found the last meeting difficult to minute and entirely agreed with PC's comments; no one person was necessarily to blame, but perhaps because online meetings create their own tension, some exchanges had become extremely heated. It is clearly unfair to criticise NHS staff for problems caused by governmental decisions. The concerns raised by members about unsatisfactory service are not being ignored: two of them are reflected in items 5 and 7 of the current agenda and the others will be dealt with in future meetings.

The minutes of the meeting on 9 September 2021 were then accepted as an accurate record.

4. Matters arising:

PH suggested that meetings needed to be longer and therefore ought to start earlier. The former time of 4.00 p.m. was considered too early and it was agreed that the next meeting at least should begin at 5.00 p.m.

JM asked about face-to-face appointments, and a wider general discussion about access followed. Concern was expressed about a range of issues: patients often encountered unfamiliar receptionists and doctors, which apart from being unsettling could lead to lengthy repeated explanations or mistakes of one kind or another; patients who had tried to assist the practice by using the messaging system instead of telephoning had not always received timely or appropriate answers. There was a sense that too many people handled patient information, which could be lost or was not shared when it should have been, and that recently-appointed receptionists were sometimes unfamiliar with the practice's IT system and other procedures; for example, one PG member had been advised to direct a complaint about the Baring Road branch to the overall practice manager rather than to the senior administrator at Baring Road, who would have been in a better position to deal with it.

MS said that a balance between in-person and remote appointments has to be maintained; both are necessary in different circumstances and demand is too high for every issue to be dealt with by an in-person appointment. The balance between different kinds of appointment is under constant review. With regard to initial contacts, the practice receives over 500 phone calls every day. The current contract with the service provider ends very soon and a new system is being set up which should be more efficient; it will, for example, let callers know where they are in the queue. Everyone accepts that patients prefer to speak to doctors and receptionists they know, but Novum, like other parts of the NHS, is struggling to fill vacancies and for that reason reception staff have sometimes to be transferred from one branch to the other at short notice; new receptionists have to be supervised by mentors, which means that sometimes an experienced staff member has to move from their usual branch.

PH raised the issue of the website, which many members find difficult to navigate; in particular, its 'login' button (unnecessary for general purposes) seems to default to Patient Access, which is not necessarily the platform patients use. MS undertook to try to find out why this happens.

5. Novum's procedure for monitoring test results.

Deferred to the next meeting due to lack of time.

6. Practice Report.

MS answered questions on the Practice Report already circulated. There will still be one GP vacancy when the current round of recruitment is complete; GPs often prefer to work as locums rather than as salaried GPs within a practice, as the role involves less paperwork and pays better. The practice is using every means possible to try to recruit more receptionists, but still has a considerable shortfall which is amplified by the continuing pandemic and the need to self-isolate after positive tests. Similar, though less severe, problems affect other administrative staff.

BB asked about receptionist training. MS explained that apart from basic procedures, receptionists need to be learning all the time as the information they handle is constantly changing; essentially, new employees learn on the job with the supervision of a mentor.

MS was asked about the possibility of employing volunteers in some roles. This would not be considered, due to the amount of training required for what might be a short-term commitment and considerations of patient confidentiality.

AA asked whether the practice conducts exit interviews for staff who are leaving. It does for those who leave Novum's employment, but not for those who remain within the practice in a different role.

Some questions arose about flu and Covid inoculations. The practice uses text messaging rather than telephone contact to avoid delaying incoming calls; the automated system means that patients will receive duplicate invitations, but it is better to err in this direction than the opposite. Unacceptably long queues at the Downham centre had a range of causes, which included people arriving without appointments and an attempt to manage walk-in flu vaccinations at the same time; MS believes that these problems, which have arisen in other places as well, have now been resolved.

7. Possible PG letter to MP, Councillors, CCG etc.

Deferred until the next meeting

8. AoB

- i. BB asked how much work GPs are required to do which does not call for their medical training; he had been told that doctors at the practice were unhappy at the way their time was used and felt unable to raise their concerns. In particular, the practice does not employ a medical secretary to review test results and write clinical letters.

MS replied that it is entirely appropriate for GPs to review the results of tests they have requested; referral letters are automatically filled in with patient details from the computer system, and the doctor is only required to complete the clinical information he or she would in the past have had to dictate to a secretary. Employing a secretary would entail losing another post in the practice. The practice holds both a general and a clinical meeting for GPs every week; attendance at the general meeting is not compulsory, but doctors can always email with individual concerns.

MS's view was that the comments BB had heard reflected generally low GP morale, which has a range of causes mostly beyond any individual practice's control and is certainly not a localised issue. Government targets linked to performance indicators, personal abuse and widespread press, public and governmental criticism all contribute to a vicious spiral of pressure and dissatisfaction. It is true that doctors have to carry out a great deal of

administration, but this includes tasks such as checking prescription requests and organising referrals; both require clinical expertise and the ability to take appropriate decisions if the initially-chosen course of action proves impossible.

There was an opposing argument that receptionists direct patients to GPs, physician associates or nurses without themselves being medically qualified, and therefore administrative staff should be able to take on more of the doctors' paperwork, but MS replied that the situations are not comparable: receptionists are aiming to make the best and quickest use of resources in an initially uncertain situation whereas doctors are seeking specific information or advice based upon their examination of the patient.

- ii. Dr Chen had promised JM a staffing plan to help the Patients' Group and patients generally understand the different roles within the practice. MS will remind Dr Chen about it.
- iii. There was a suggestion that patients should be told about the practice's staffing difficulties, for example after long waits to speak to a receptionist. After discussion it was agreed that this would only make the situation worse.
- iv. PC thanked MS for attending the meeting and for her contributions, especially her detailed explanation about doctors' workloads.

Date of next meeting

Thursday 2 December at 5.00 p.m. (note earlier time); at BRMC unless decided otherwise.

The meeting was declared closed at 7.52 p.m.