

NOVUM HEALTH PARTNERSHIP
BARING ROAD BRANCH PATIENTS' GROUP

Meeting: 28 November 2019
Baring Road Medical Centre: 4.00 p.m.

MINUTES

Present: Lee Walker (LW: chair), Robert Thompson (minute taker), Janet Thompson, Bob Blunden, Pat Blunden, Nina Pearson (Health Innovation Network). From about 4.30: Marsia Stewart (MS), Jane Dolega-Ossowski (JDO: both Novum Health Partnership). Apologies had been received from Patrick Connolly, Paul Howell, Jan Gimble and Mike Gordon.

1. The chair welcomed members of the group and our visiting speaker Nina Pearson. Agenda items 4 and 5 were taken immediately.

4. Nina Pearson (Health Innovation Network): Diabetes and Healthy Ageing

a) Nina explained the nature and purpose of the Health Innovation Network, which is the Academic Health Science Network (AHSN) for South London. 'You & Type 2' is a project in which a number of GP practices are to be involved, with the aim of encouraging patient self-management of Type 2 Diabetes.

Type 2 Diabetes patients normally have annual tests leading to a possible review of medication. 'You & Type 2' introduces structured reflection upon lifestyle choices, by helping patients to focus on personal priorities and the setting of achievable lifestyle goals for the coming year. The process will be linked to social prescribing, whereby patients might be directed towards socially or physically beneficial activities.

b) The group was shown a document which would be used to present patients' test results in relation to the previous year and to invite them to think about lifestyle changes before an appointment to discuss the way forward. A brief video illustrated an online equivalent available through an app which also includes useful contact details and advice.

c) The group generally welcomed the initiative. A number of questions arose and were answered as follows:

- How is the project's success to be measured?

When the project is fully established, it will be possible to measure success through a variety of indicators, such as patients' perception of distress before and after beginning the project, their general health, and the level of uptake. Thus far, there has only been verbal feedback from medical practitioners, though this has been very positive.

- When will the project begin in the Novum practice?

It is to be established in the immediate future.

- Will all Type 2 Diabetes patients automatically be invited to join the programme?

Practices will need to consider whether it is appropriate for patients with multiple conditions, housebound patients, or those who are not fluent in English. Non-native speakers could, however, be directed to specialist agencies for advice in their own languages.

- How does the 'You & Type 2' project accommodate individual diversity, e.g. in intestinal flora?

All medical initiatives involve processes of data collection and learning, following procedures determined by NICE. Gut testing may well become a possibility in future, but current procedures already involve a great deal of individualised advice and reflection on diet.

- What are the next steps to be taken?

Individual practices will determine how printed and online material is distributed to clinicians and patients. The programme is likely to be introduced during patients' annual reviews.

5. Novum Health Partnership perspective on diabetes services provided in the practice

JDO then described existing arrangements. Diabetic services are well established, with several hundred patients across the practice as a whole; all receive comprehensive annual tests, with a medication review at least annually. Lifestyle advice is not, of course, new, but patients may need support in accepting the project's requirements for completing quite a long questionnaire and possibly attending an extra appointment; the project is aimed at encouraging patient self-management and requires behavioural change. Nevertheless, it has the potential to improve quality of life and is applicable to many other long-term conditions.

She asked whether the Patients' Group was organised in a way that might help communication with patients generally; regrettably, we felt that it is not, and that other approaches could be considered, such as a mailing list or an online forum. Any option will of course create work for somebody.

In subsequent discussion, it was suggested that patients might be introduced to the project through a diabetes support group, which would be a worthwhile initiative in any case and could possibly lead to group consultations. The support group would need to be led by clinical staff, at least initially.

In conclusion, the group warmly welcomed the 'You & Type 2' project, recognising the importance of greater self-management of long term conditions. We would like to record our gratitude to Nina for her presentation about the project and to Jane for her explanation of current provision.

Items 2, 3 and 6 then followed.

2. The minutes of the last meeting were accepted as an accurate record.
3. Matters arising not covered elsewhere in the agenda:

MS undertook to check that the text-messaging system had been updated to allow patients to opt out of repeat invitations for vaccinations. It was noted that walk-in vaccination clinics have become a major activity, with vaccination for shingles and MMR being offered in this way as well as for flu.

Perceived problems in the appointment system were also discussed. Some technical issues with the online system appear to remain, and the practice might reconsider the way follow-up appointments are arranged. However, the group accepted that receptionists do their best, sometimes in the face of challenging behaviour, and that the quality, training and number of receptionists is improving all the time.

It was accepted that the website needs updating and could be easier to use. LW offered to advise and help in this area.

6. AoB

It was suggested that one way in which the Patients' Group could help might be by conducting a very simple survey amongst patients waiting for appointments, aimed at finding out if they know about online booking and other issues. A similar survey could also be emailed to patients. These possibilities will be discussed in more detail at a future meeting.

The special item for the January meeting, to be led by Dr Alexandra Holdsworth, will be the end of life pathway.

MS will ask Dr Arora to suggest a date convenient to herself for the PG annual lunch.

Future meetings:

9th January 2020 (AGM)

20th February 2020

2nd April 2020

The meeting was declared closed at 5.45 p.m.