

**DEVONSHIRE LODGE PPG.
DRAFT MINUTES OF MEETING HELD AT SURGERY
29 JANUARY 2025. **WEB SITE VERSION****

1. Present

10 members of the PPG and 3 members of practice staff.

2. Apologies

Apologies were received from 3 members of the PPG..

3. Welcome to New Members.

3 new members were welcomed to the PPG.

4. Approval of the Minutes of the PPG Meeting of 20 November 2024.

The minutes of the previous meeting were approved without correction. It was agreed that any acronyms or abbreviations in the minutes should normally be given in full at the first occurrence to make it easier for members to understand.

5. Matters Arising

5.1 Update on Practice web site.

Further to discussions at the previous meeting, ZH investigated how to improve the pictorial representation of the PPG group on the web site but had found that it was not simple to change the picture so it was agreed that it would stay as is. Joining the PPG is now promoted by a moving banner on the front page and ZH was thanked for this by the PPG.

5.2 NHS Digital

Despite the availability of online systems for patients to use ZH noted that a large proportion of patients do not use any digital services. ZH will check to estimate the proportion of patients who use Patches. **ACTION ZH.**

One problem discussed was that patient test results may be spread across different systems and there is a need to integrate the back ends of the various digital systems to make them easier for patients to use in a more

consistent way. There appears to be no overarching strategy for the way digital systems are being implemented. The Chairs of local PPGs plan to engage with the North West London Integrated Care Board (ICB) to provide patient input to support our Primary Care Network (PCN) to improve the way digital systems are used at GP practices.

5.3 Update on Primary Care Network (PCN) including web site.

There was nothing to report on this but this would continue to be monitored via PCN meetings.

6. Practice Update

6.1 Staffing

There continues to be a significant turnover of some staff and the reception team is currently a little light on staff but another member of staff has recently been recruited. Potentially higher earnings for staff at companies such as supermarkets continues to present a problems for recruitment and retention of staff, such as those working on reception, and the recent national insurance increase has impacted staffing costs. The PPG suggested that recruitment processes for staff at surgeries might benefit if they could be carried out across the PCN, rather than at individual practices.

Dr Tom Dewhurst, an existing GP at Devonshire Lodge, has been appointed as a Partner of the practice. Another GP may be leaving to move to a different job and the job of recruiting is in hand. As MH moves towards retirement, he is reducing his workload but he does not expect this to have a noticeable impact on patients.

6.2 Liaising with Central North West London NHS Foundation Trust (CNWL) and space issues.

As the number of patients at Devonshire Lodge has increased over the years (now about 8,500) problems with lack of space continue. All the space used is rented by the practice. There has been no progress with getting a larger Portakabin, but in any case, this would also add to the rent expense. Some patients now have appointments at the Confederation's Pembroke House building in Ruislip Manor, but this will not solve the space problem. In the future, perhaps Partners might consider buying a property for the practice rather than renting. JS wondered if the increasing availability of online platforms for raising money for small businesses could be helpful in this regard and will make a preliminary internet investigation to see if any other practices have used this route to buy properties/expand. **ACTION JGS.**

There has also been consideration of merging with Abbotsbury Practice which operates from the same building as Devonshire Lodge, but there are no plans to take this further.

6.3. Other Practice Matters.

The North West London Integrated Care Board (ICB) is looking widely at ways of using technology to improve general practice. One of the problems with Patchs described by MH is that it may not get enough information from the patient and it is not popular with GPs or patients. There is another software system for communicating with patients which called the RapidHealth Smart Triage system which, based on patient inputs, can itself determine the urgency, routineness or even the need for an appointment, depending how it is set-up. This system has been around for a few years and is widely used. MH mentioned that practices using the Smart Triage system have reported shorter average waiting times for appointments. The PPG asked if Smart Triage will link into the NHS App, but it will not. The practice has looked at another software system, produced by Blinx Healthcare, which could be used for actually making appointments and also for patient recalls. It is planned that the practice will change from using Patchs to use these other systems. The PPG was interested in what patient input had been obtained in the design of these latest systems and how patients will be told about them, where needed. The PPG would like to find out more about them. The practice mentioned a podcast produced by RapidHealth and TD will investigate whether it would be possible for PPG reps to have an online meeting with RapidHealth. **ACTION TD.**

*[Subsequent to the meeting JGS has found YouTube videos (including random adverts I'm afraid) produced by RapidHealth for those who are interested. There is a brief introduction at:
<https://www.youtube.com/watch?v=7Rz02XeVwo8>
and a much longer online presentation at:
https://www.youtube.com/watch?v=Q0oft_e22nA.
This information is aimed at prospective customers for the software but includes demonstrations of the Smart Triage system about 20 minutes into the latter video].*

If the use of Patchs is being discontinued, CE will not need to speak to Rob Hurd, CEO of the Integrated Care Board, about this matter as previously planned.

The practice was asked how recently the Care Quality Commission (CQC) had inspected, the last visit of the CQC to the practice was January 2023.

MH described plans for more healthcare hubs to provide community based care for patients. The old Northwood and Pinner Cottage Hospital is planned to be re-developed for use as one such hub.

7. Communications with patients.

Potential use of social media should be kept on the agenda. LS can put information about the PPG on residents association Facebook pages and JGS will provide some text for this. **ACTION JGS & LS.**

8. PPG Member Recruitment.

8.1 Recruitment Banner

Ruby at the Confederation was going to help get the banner produced and CE will follow this up. **ACTION CE**

8.2 Screen in Waiting Area

There is now a message about the PPG on the screen in the surgery and ZH was thanked by the PPG for arranging this.

8.3 Insertion of Article in Local Publications

An email is ready to send to Hillingdon Herald asking them about running an article about PPGs in Hillingdon, including the potential initiative for PPG Chairs to support the PCN in its interactions with the ICB. It was agreed to hold fire on sending this in light of a possible meeting between CE and the ICB CEO, Tom Hurd.

8.4 PPG Leaflet.

The PPG was pleased to hear that the leaflet about the PPG is now being distributed to patients visiting the surgery.

9. Training in use of NHS App

There is currently no training on the use of the NHS App specifically for Devonshire Lodge patients. JS has been involved in this type of training at another local practice where IT specialist volunteers help patients to use the App. Many patients do not know how to use this App despite its increasing importance in their interactions with the NHS so there is a need for patient education. It may be possible to learn from other local practices, such as Elliott Hall Medical Centre, who help their patients use the App. TL offered to set up a working group to investigate the use of volunteers to help our patients enrol and use the NHS App and other NHS online systems. **ACTION TL.** MH will be attending a relevant educational meeting where he can raise this issue. **ACTION MH.**

10. PPG Bank Account.

GH is helping with this but was unable to attend the meeting so we can discuss this further at the next meeting.

11. Any Other Business

It was noted that CNWL staff are relocating to the Hillingdon Civic Centre in Uxbridge now that some areas have been vacated by the council so worth re-checking their contact details if we need to contact them again.

12. Date of Next Meeting

It was agreed to hold the next PPG meeting at Devonshire Lodge Surgery on 30th April at 10.30am.

Background Information for New Members. (In case Useful)

The current online system at Devonshire Lodge for communicating with patients is Patches and this replaced eConsult. Patches can be used for a variety of communications with the surgery, including reporting symptoms where an appointment may be needed but appointments can not normally be booked directly by Patches. At our practice and some others, Patches is switched off regularly (typically after midday at Devonshire Lodge) because of the workload caused by patient requests arriving via this system. Additional staff time is also needed to monitor the system for potential emergencies inappropriately reported via Patches. The Primary Care Network (PCN), North West London Integrated Care Board (ICB) and individual practices are all involved in implementing/supporting digital systems such as Patches. Our PCN (North Connect) is a group of 6 local surgeries/practices. The PCN reports to the ICB and The Confederation, Hillingdon. In addition to our own PPG, there is a wider NW London PPG Group which holds well-attended online meetings.