**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 15th APRIL 2021**

**Date:** Wednesday 15th April 2021

**Meeting Commenced:** 5.00 pm

**Members Present:** LV

HW

BW

GM

JM

Dr RP

**Introduction:** To comply with the restrictions on social contact necessitated by the Covid emergency, this was again a 'virtual' meeting conducted via Zoom.

LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. As had been the case recently, the last meeting had largely been taken up with a report from Dr RP on the then Covid situation. GM outlined what had been said – this meeting would proceed directly to hear an update from Dr RP.

**Current situation:** Dr RP had explained at the last meeting, for Covid vaccination purposes, that the population had been divided into categories based upon age and vunerability. The initial nine categories (set out in the minutes of the February meeting) covered those aged over fifty and groups with particular vulnerabilities. The national srategy was that those in the oldest and most vulnerable categories would be vaccinated first, younger groups would be vaccinated subsequently.

All of the vaccines currently deployed in the UK require that recipients should be given two doses of vaccine.

Dr RP said that the vaccine rollout in our Primary Care Network (PCN) area was proceeding very well. As of the start of the week, first doses had been offered to all those in the over fifty years age group categories. Take up had been good. Over 80% of all those in the over fifty year age group categories had received their first dose. For the over sixty five years age group categories – who are particularly vulnerable to serious illness as a consequence of Covid infection – 90% had received their first dose. Dr RP gave further detail of the take up percentages of vaccination for the various categories. Particularly important was that 97% of staff and residents of all care homes in our PCN area had received a first dose. Members welcomed those very considerable achievements.

Dr RP explained that the figures he had given related both to vaccinations given at the Vaccination Centre on The Ridge (administered by our PCN's GP's) and those patients of our PCN who had been vaccinated at other centres (such as Laycocks Pharmacy in Ore) accessed through the NHS portal. All vaccinations, however accessed, were linked up on a national database.

**Second doses:** Dr RP said that second dose vaccinations were now well underway. For example, some 80% of care home residents and staff in our area had already received their second doses. However, there were some logistical issues. As matters stood, all those due a second dose should be given the same make of vaccine as they had been given in their first dose. Also, second dose vaccinations needed to be given in the period between ten and twelve weeks after the first dose vaccination. Most of those in the highest priority tranches, who had received their first dose vaccinations in December and January, would have been given the Pfizer vaccine (as the Astra Zeneca vaccine had not been deployed until a little later). They were now due to receive their second doses, which needed to be given at the correct time. Availability of the Pfizer vaccine was, however, constrained both by supply and storage issues. (Taken out of deep freeze the Pfizer vaccine remains viable for only one week.) Dr RP said that those eligible for their second dose of Pfizer vaccine were being contacted urgently to attend the Vaccination Centre as a consignment of that vaccine was due at the Centre this coming Saturday. Dr RP said there was a direct telephone link to the Vaccination Centre – 01424 236260 – and that all those who had received a first dose of Pfizer vaccine should ring the Centre, if they had not already been contacted, to arrange an appointment for their second dose who have completed 10 weeks from first dose. There were no availability or special storage issues for the Astra Zeneca vaccine; those due a second dose of that vaccine could expect to be contacted by the Vaccination Centre routinely. Dr RP said that administering the second doses of vaccine to all those who had received a first dose was the current priority. (Taking togther all those in all the fifty plus age group categories in our area, only around 6% had received their second dose thus far.) The expectation remained firm, however, that all those due a second dose would be offered one at the right time.

**Vaccine issues:** Dr RP said that members would be aware of reports of a potential link between the Astra Zeneca vaccine and an occurence of blood clots in a very small number of recipients. Those reports needed to be put in perspective. The incidence of adverse side effects from the Astra Zeneca vaccine was very low indeed – and reports of clotting were of the order of only fourteen to fifteen incidents per million people vaccinated. Also, causality had yet to be proven - blood clots can occur for a variety of reasons whether people are vaccinated or not. However, since younger people seemed to be somewhat more susceptible to blood clotting issues, the decision had been taken nationally, as the vaccination rollout proceeds to under fifty year age groups, that those in the sixteen to thirty year age group would be offered an alternative vaccine to Astra Zeneca. Presently, the Pfizer vaccine is an available alternative, but the Moderna vaccine has now also been approved and is being rolled out.

**Later stages of the vaccination rollout:** The current expectation remains that all over sixteen year olds in the UK will have been offered a first dose of vaccine by the end of July 2021. It is not yet clear how matters will go forward beyond that date. There is concern about new variants of Covid emerging against which existing vaccines might prove less effective. It is possible that a third 'booster' vaccination dose will be required to protect against such naturally emerging variants. It is also possible that a vaccine could be produced by this autumn which would function both as a booster for protection against Covid variants and as a protection against seasonal flu. Members appreciated that a combined vaccine – avoiding the necessity for a seperate seasonal flu vaccination programme - would be of considerable assistance to hard pressed surgeries.

**Consequences for our surgery:** Members asked if it was yet possible to consider when the surgery might be able to function more as it did pre Covid? Dr RP said it was still too early to be specific, but he hoped that within three to four months or so 80% of all over 16 year olds would have received two doses of vaccine. It might then be possible for something more like a normal surgery to resume. Personal Protective Equipment (PPE) protocols would need to remain and to be complied with strictly. There would not be an early reistatement of 'walk in' clinics. Rather, there would be a mixture of telephone consultations (as now) and some face to face meetings with the doctor by appointment. Patient and staff safety was crucial as was the general need to do all that could sensibly be done to avoid a 'third wave' of infection.

**Physiotherapist:** Dr RP said the PCN had now appointed a physiotherapist who would be available, by arrangement, at our surgery on Mondays for half an hour sessions. The intention was that the physiotherapist would offer advice where appropriate and refer to the Conquest Hospital those with more complex needs.

**Health Coach:** Dr RP said the PCN had also appointed a 'health coach' who would be available to patients at our surgery. The intention was that the appointee would work with those who were overweight, those at risk of diabetes, those who wished to give up smoking, etc. Members who had experienced past initiatives of this sort said they were often effective in the short to mid term but that sustaining improvement once the programme had ceased could be an issue. Dr RP appreciated that – he said that due to Covid restrictions referrals to gyms, which had proved effective, were not currently available.

**Occupational therapist:** Dr RP said, additionally, that the PCN had appointed an occupational therapist who would be available to our surgery. He would be seeing the lady who had been appointed the next day and would discuss her role and how her services might best help our patients.Members welcomed this and the other appointments by the PCN.

**Surgery telephone:** As had been mentioned at the last meeting, the surgery had agreed to appoint a new telephone services provider. The new provider – Louiscom – had yet to start operating, although they had started charging. LV asked about that. Dr RP said the existing BT contract had some time to run and the change over was expected to take place in the next couple of weeks or so. A smooth transition would be sought. Dr RP said Louiscom was used by several surgeries and he had received good reports.

**Next meeting:** Taking stock of the current situation, members agreed that there could be a two month interval before the next meeting.

Wednesday 30th of June at 5.00pm was agreed.

The meeting concluded at around 5.40 pm