**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 21st SEPTEMBER 2022**

**Date:** Wednesday 21st September 2022

**Meeting Commenced:** 5.30 pm

**Members Present:** LV

 GM

 JM

 BW

 HW

NP

 Dr RP

**Introduction:** To comply with the restrictions on social contact necessitated by the Covid emergency, this was once 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. GM gave a brief resume of the previous meeting; matters then proceeded to hear an update on Covid related issues and other matters from Dr RP.

**Current Covid and Flu vaccination situation:** Dr RP said that Covid and flu vaccinations are now being administered to those who are eligible. Covid vaccinations are not being given at the surgery. (As had been advised at the last meeting, the Hastings Centre was no longer in use for Covid vaccinations. However, an appointment for a Covid vaccination could be made at the local GP run clinic at Hastings Town Hall, or at a participating local pharmacy, by calling 119.)

Flu vacinnations are being given at the surgery. The flu and Covid vaccinations could be taken together where that was administratively possible – at the Town Hall clinic, for example – and it was desirable that both should be taken by those eligible as soon as possible. There was no medical reason dictating which vaccination should be taken first.

Those currently eligible for additional Covid vaccination are the over 75's, the immuno suppressed, care home residents and health care professionals. The over 65's would become elegible shortly. The current Covid vaccination being offered is an Autumn booster – recipients would likely already have received three or four previous Covid vaccinations, but it was important to appreciate that the immunity conferred by vaccination waned and that boosters should be taken by those eligible as soon as they were offered to maintain the best possible immunity.

LV asked if there was a choice of Covid vaccine? Dr RP said there was not. It was a matter of what was available; although the medical staff administering the vaccine would have access to information concerning the vaccine the recipient had previously been given.

Flu vaccination at the surgery was underway. Invitations by text and phone message had been sent to patients in the over 65 age group. There had been a successful Saturday clinic which had been attended by over 130 patients.

**Patient Satisfaction Survey:** Dr RP said that the results of this year's Patient Satisfaction Survey had now been made available to the surgery. (The survey was conducted nationally. A sample of patients of all surgeries up and down the country received an extensive survey by post. A reminder was sent if they failed to complete it.)

Last year's survey had shown that patients had had difficulty in contacting our surgery by telephone to make an appointment. This year's survey showed a considerable improvement in that area. Members commented that the automated telephone call handling syttem which had recently been installed at the surgery was generally working well and doubless that had been a factor in improving patient satisfaction in this area. Dr RP said the call handling system had certainly helped. There had though been one complaint that the system had kept a patient waiting for some 27 minutes. So there was a need for continuing improvement.

Dr RP said the survey had shown some areas where the surgery was doing particularly well in comparison to the national average. One of those was that 69% found it easy to get through to our surgery by phone – against 53% nationally. Another was that 69% were satisfied with appointment times - against 55% nationally. Also, 90% found our reception staff helpful - against 82% nationally. Additionally, 86% at our surgery found they could speak to their preferred GP – against 28% nationally. (Of course, with Dr RP as the sole practice GP, members found it amusing that evidently 14% of those surveyed thought they could speak to a different practice GP!)

In other areas – confidence in health care professionals, involvement in decision making, etc – our surgery was at or very close to the national average. Members welcomed all that and the surgery's commitment to continue to respond positively to complaints and maintain a culture of continuous improvement.

**CQC inspection and monitoring**: Dr RP had reported at the June meeting that a major re-organisation was underway in primary care provided by NHS (England). Clinical Commissioning Groups (CCG's ) would be dismantled. They would be replaced by a Integrated Care System (ICS).The role of the Care Quality Commission (CQC) to regulate health and social care in England would continue.

However the nature of the inspections undertaken by the CQC would change from one of 'routine' annual face to face inspections to one of more remote monitoring, identification of problem areas and failing providers, webinar advice and more targetted interventions. This change was driven by the need to reduce face to face contacts among health providers (to inhibit the spread of Covid), the need to make cost savings and the need to increase efficiecy where ever possible.

To assist that change an ICS representative (i.e. a member of the successor organisation to the CCG) had visited the surgery on 9 August, spent time with the GP and staff and indicated areas where the CQC would be monitoring performance.

The CQC perform monthly on line searches of surgeries to check that they are meeting their obligations in specific areas. For example, those patients who are on blood thinning medication need to have regular blood tests to confirm their medication is at the correct level. The surgery should record when a blood test has been taken. The CQC can access the data on line and will intervene if a surgery is persistently failing to do what it should. Other areas which the CQC monitor remotely are how well surgeries perform in meeting targets for arranging cervical smear testing, bowel cancer testing, thyroid medication checks, diabetes control / prevention, child immunisation and so forth. Complaints received and registered by a surgery are monitored. Prescriptions are also monitored. Areas of potential concern include the extent of anti depressant prescription and the extent of prescription of opioids.

The concept is that regular monitoring of the on line data of all these matters will allow the CQC to make a better objective assessment of a surgery's performance, pick up issues more quickly and respond more quickly and effectively when a performance shortfall is detected.

As matters stood, there were no areas where our surgery was falling short. There would not be a CQC 'face to face' inspection next year.

HW said she remembered that there had been, some time back, a plan for a health professional to come to the surgery to review the prescriptions of those patients who had been on long term medication. Was that still live? Dr RP said that it was not. One of the consequences of Covid (and the improved integration of clinical records on line) was that reviews of hard copy data had given way to more remote monitoring.

**Other matters:** Dr RP said he had become aware that a past member of the group – MN – had recently died. Members were sadenned to hear that and recalled the valuable contribution he and his wife had made whilst members of the group.

**Next Meeting:** The next meeting was set for 23 November at 5.30 pm. This would again be a 'Zoom' meeting. Meetings would continue to be held in that way until the Spring of next year in order to minimise infection risk in the surgery waiting room.

The meeting concluded at approximately 6.10 pm.