**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 23rd NOVEMBER 2022**

**Date:** Wednesday 23rd November 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, 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 Autumn Booster jabs were continuing to be given at the Town Hall and at those local pharmacies which were participating. Currently, anyone over the age of fifty and anyone of any age who was immuno-suppressed (or who lived in a household where someone was immuno-suppressed) was eligible for the Autumn Booster. Appointments could be made by telephoning 119. Alternatively, the Town Hall facility was open for eligible 'walk in' patients on Saturdays between 9.00 am and 4. 00 pm. The facility was not usually over busy, patients would be dealt with quickly.

Dr RP said the surgery's flu vaccination programme was going well. Some 78% of the over 65's had been vaccinated so far and 60% of the eligible under 65's. Some 50% of 2-3 year old children had been given flu inhibiting nasal spray.

**Patient List:** Dr RP said that the patient list of the surgery was now in excess of 3300 patients, having grown recently from 3000. That was putting pressure on the surgery. Dr RP said, consequently, the surgery had requested permission of the Integrated Care Board (ICB – successor to the CCG) to close the patient list for six months in order to bring matters under better control. The ICB were questioning the surgery about their request.

PPG members were surprised the list had grown to 3300 plus. They recalled that historically it had been around 2,750 – 3,000 and concerns had been expressed then about the workload falling on Dr RP. Members appreciated that the surgery currently had the valued contribution of the nurse practitioners and other medical and support staff. However, the surgery remained a single GP practice and while such functions which could be delegated to colleagues were being delegated, the burden falling on Dr RP as a single practitioner was excessive.

There was discussion about the background to the current situation. Dr RP said that the list had grown in the lockdown. Some of it was due to families moving into the area, but there was again evidence of individuals and famililies seeking to transfer from other local surgeries. People could look up the published statistics for surgeries and note that our surgery compared well – it was unsurprising that our surgery should be the 'first choice' of many. It was also understandable that the ICB would wish that patients should wherever possible get their 'first choice', particularly as there were only a limited number of immediately available local alernatives – Beaconsfield Road and Station Plaza. Dr RP said that there was a considerable amount of work required by the surgery every time a new patient was accepted – medical records needed to be reviewed, clinical tests carried out where necessary and so on.

LV said that the important point was that if the number on the patient list at our surgery kept rising the ability of the surgery to deliver the quality of service which made it attractive to prospective patients would decline. Members very much agreed. It was important that Dr RP and his staff were protected from an unsustainable workload and potential 'burn out'.

HW said that the PPG had in the past written to the then CCG about the ballooning patient list. It was agreed that the PPG would write again. HW would draft the letter to go to the ICB.

**Improvement to surgery premises:** DR RP said that plans were underway to convert the room at the back of the surgery, adjacent to the nurses' room, into an additional consultation room with direct access from the waiting room. The room had been used in the past, in Dr Daz's time, for minor surgery. That no longer took place and the room was currently under used.

There is an existing consulting room upstairs and that is currently used for various purposes, including by the visiting physiotherapists. However, there is an obvious problem – many of those with an appointment to see a physiotherapist have mobility issues and the stairs to the first floor are particularly steep and narrow. (GM endorsed this from his own experience – getting up the stairs to see the physitherapist for anyone with leg joint issues was time consuming and potentially hazardous.)

Dr RP said that a building grant to create the new ground floor consultation room had been agreed in principle. Three quotes from builders were being sought.

**Winter Access Fund etc:** Dr RP said the surgery had put in a bid to the ICB for winter access funding (a national scheme). That would provide funding for a nurse prescriber to take 'out of hours' appointments on a weekday evening or Saturday morning. Seperately, arrangements were in place under the 'Extended Access' initiative for Dr RP and the nurse prescriber to to take appointments of a Monday evening between 6.30 and 8.00 pm. Members appreciated that that would give those who had work or care commitments during working hours better access to the surgery's services.

**Mental Health Nurse:** DR RP said a specialist mental health nurse would be available for two hours weekly on a Monday to hold appointments with those with serious mental health issues.

**Physiotherapist:** Physiotherapy services – funded by the PCN – had been provided at our and other local surgeries (Beaconsfield Road and Harold Road) for a while. An important aspect of the physiotherapists' role is to triage patients presenting with muscular / skeletal issues – some would be given an exercise regime to follow at home, some would be referred to the GP, some directly to specialists at the Conquest, some for X ray and so on. Currently a male physiotherapist is available to take appointments at our surgery on a Tuesday between 2.00 and 5.00 pm. A female physiotherapist is available on a Thursday for a half a day period between 9.00 and 5.00 pm.

**Practice Nurse:** Dr RP said our previous practice nurse left in April / May. A health care assistant had provided continuity, but the surgery had now appointed a new practice nurse with effect from early December. To allow her to perform the range of services required, additional on job training for cervical smear testing and child immunisation was required. The former would take nine months, the latter two months.

**Next meeting:** Dr RP said Covid remained a concern. Hence the next meeting would still be via 'Zoom', but it was hoped that in the Spring meetings could revert to 'face to face'. The date of the next meeting was agreed as Wednesday 8 February 2023 at 5.30.

The meeting concluded at 6.10 pm.

**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.