**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 8th DECEMBER 2021**

**Date:** Wednesday 8th December 2021

**Meeting Commenced:** 5.00 pm

**Members Present:** LV

 HW

 BW

 GM

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 said that JM was ill and unable to attend the meeting. GM gave a brief resume of the previous meeting; matters then proceeded to hear an update on Covid related issues from Dr RP.

**Current Covid situation:** Dr RP said the matter of current concern was the emergence of the Omicron variant of Covid and the as yet unclear consequences which that might have for public health.

The East Sussex situation was that the Covid infection rate (all types of Covid) was high, at 722 cases per one hundred thousand, in comparison to the national rate for England of 461 cases per 100k. Particularly concerning was that the East Sussex rate had doubled from the end of October when it had been at 362 cases per 100k. There was evidence that Covid infection was particularly prevalent amongst young people and school children. Vaccination of school children was being progressively addressed – there was a recognised danger that infected school children who themselves were asymptomatic or who had only mild symptoms could 'bring infection home' and infect parents and older relatives with more serious consequences.

DR RP said that at present hospital Covid related admissions were less than in previous times of high infection, while CCU occupation was no higher. Much of that success was due to the vaccination programme – which had now been running for a year. The uptake had been good. The 'booster' rollout was now proceeding apace. Those who had had two doses of vaccine and who were in the over 50 year old or vulnerable categories were being offered the booster injection first. The booster injection would be of either the Pfizer or Moderna vaccine – the Astra Zeneca vaccine would only be offered as a booster to those with particular allergies. The booster programme had recently been extended to all those in 18 to 49 year old age groups. This added millions more people and created a significant work load for vaccinators.

Dr RP said, in Hastings and St. Leonards, the current number of care home residents and staff was 729. Of those 74% had now received a booster injection. For all those locally in the over 80 year old age group the figure was 82%, for the 75 to 79 age group 85%, for the 70 to 74 age group and those in vulnerable groups 81%, for the 65 to 69 age group 68%, with progressive reductions in the percentages for yet younger age groups. That reflected the fact that younger age groups had been eligible for a shorter time.

Dr RP explained that the government had earlier advised that children in the 12 to 16 year age group should receive a single dose of vaccine. That had now been revised to two doses for that group. Those vaccinations were being carried out at the same time as booster injections for older age groups. Some 56% of eligible children had now had a first vaccine dose, 46% two doses. There was clearly still a lot of work to do to ensure the continuing success of the vaccine programme. Some pursuasion of younger adults was necessary to maintain take up – opening up more evening and weekend vaccination slots for the younger working age groups should help in that regard.

**Flu vaccination:** Dr RP said the flu vaccination programme at our surgery was proceeding well. At the end of November, 69% of the surgery's patients in the over 65 year old age group had received their flu vaccination, as had 47% of those in the 50 to 64 year old age group. Children aged two and three years were eligible to receive a nasal anti flu infusion. Around 40% of those had received one.

Flu vaccinations were still active – around 10 to 15 were being administered at the surgery each working day. The surgery's figures for flu vaccinations were broadly comparable to other local surgeries.

**Administrative matters regarding Covid vaccinations:** DR RP said there had been reports of some people having experienced difficulties because their vaccination status had not been fully or correctly updated on to their NHS records. Digital data had not always been translated onto records as it should have been. There was different software in use which needed to be integrated. There was ongoing work to facilitate that. Unfortunately, the matter was more complicated for those who had had an injection abroad. Information about that could not currently be imported onto digital NHS records.

Dr RP said that for people who wished to travel abroad the matter could be very important. They were urged to check their status sufficiently in advance to allow time for correction. There was a national Resolution Service which the general public could access by telephoning 119 (i.e. the same as for Covid assistance more generally).

**Complaint:** GM said that Dr RP had mentioned at the last meeting that the surgery had receceived a complaint. GM asked if there had been any developments? Dr RP said the patient concerned had spoken to him personally and had accepted the apology which had previously been offered. The patient acknowledged that he had been under stress and might have overeacted. Members were pleased to hear that the complaint had been amicably resolved. LV asked if a record of that had been made? DR RP said a record of complaint or of patient behaviour would not be entered on a patient's clinical records unless foul language or violent behaviour had been present – which was not at all the case in this instance. LV understood that, but said, as the complaint had been a written one, that it was appropriate to make a record, other than on the patient's clinical record, that it had been resolved. Members agreed. NP said a record of complaints and their resolution was maintained by the surgery and a report was made to NHS England about that annually. General issues arising from the particular complaint had been discussed at staff meetings and improvement would be monitored. Members were pleased to hear that.

**Conclusion:** Dr RP emphasised the need for continuing vigliance and 'safety first' behaviour going forward. The Covid emergency was not yet over. The indications were that the Omicron variant was significantly more infectious than earlier strains of Covid. It was as yet unclear how serious the symptoms for those infected might be. Matters should be clearer quite soon.

**Next meeting:** Wednesday February 9th 2022 at 5.00pm was agreed.

The meeting concluded at around 5.40 pm