**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 9th FEBRUARY 2022**

**Date:** Wednesday 9th February 2022

**Meeting Commenced:** 5.00 pm

**Members Present:** LV

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 passed on apologies from HW and BW. 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 Covid vaccination programme nationally and locally had been very successful and had undoubtedly mitigated the effects – for individuals and for the NHS – of the pandemic.

In that context, it was concerning that there had been attempts by protesters to interrupt the work of vaccination centres. At the Hastings Centre, protesters had tried to stop the vaccinations and had shouted and had been abusive to the vaccinators and doctors who had been present. Police had been called to respond. Dr RP said, although he had not personally been present at the time of the incident, that staff had felt intimidated. A further incident had occurred on the seafront where a bus being used as a 'pop up' vaccination centre had been targetted by protesters. Members appreciated that there were those who genuinely held opinions opposing vaccination for Covid, but they were shocked to hear that aggressive protest íncidents had occurred locally.

Turning to the current situation, Dr RP said that current focus was on the vaccination of eligible children.Vaccination was not being offered to all children. In the 5 to 11 year old age group, those eligible were those regarded as 'clinically extremely vulnerable', in the 12 to 15 year old age group those eligible were those in the 'vulnerable' category. Only relatively small numbers of children were in these categories.The vaccine offered was a Pfizer dose, suitable for children.

Dr RP said that vaccination of groups which had started earlier in the programme had achieved a very high level of completion in our 'hub' area. In care homes, 98.9% had received a vaccine dose and 91% a second dose – a remarkable acchievement. For the general adult population of our area, in the over 65 year old age group, 94% had received two vaccine doses, inr the 50 to 65 year age group 85%, in the 40 to 49 year old age group 79%, and in the 18 to 40 year age group 70%. Effort was being made to reach the immuno suppressed and housebound in our area. Over 50% of the relatively small number in these groups (who could not readily attend a vaccination centre) had now received two vaccine doses.

Dr RP said the total adult population of our area was 63,509 and of those 52,910 - some 82% - had now received a booster dose of vaccine in addition to their two primary doses. (Individuals who were immuno suppressed were elegible for three primary doses and a booster dose on top of that.) Dr RP said our surgery had performed well – often better – in comparison to other surgeries in our hub. Members were very pleased to hear of these achievements.

Dr RP said, although there were encouraging indications that the currently prevalent Omicron variant of Covid was less likely than previously thought to make people seriously ill, that the rate of Covid infection was still worryingly high and (until very recently) still rising. Three members of our surgery's staff had had Covid recently and consequently had had to have time off work. Although vaccination had been a tremendous succes, fully vaccinated people could still become infected. Continuing vigilance remained important.

Anti viral treatments for those who who developed Covid were becoming available. They were effective but were expensive. They could only be prescribed in specific circumstances – to patients with existing serious conditions or who were otherwise at risk, etc.

**Vaccination of health care professionals:** Dr RP said members would likely be aware from media reports that it had been government policy to de-employ on 1 April 2022 those health professionals who had not been double vaccinated. In order to allow time for the second dose, individuals would have needed to have had their first dose before now. The government had now decided to suspend the 1 April deadline. Whatever the views might be on compulsory vaccination for health professionals, members felt it would have been very adverse for patients had tens of thousands of health professionals been de-empoyed on 1 April. Dr RP said the matter was not an immediate issue for our surgery – all staff were fully vaccinated.

**Administrative matters regarding Covid vaccinations:** At the last meeting, Dr RP had said there had been reports of some people experiencing difficulties because their vaccination status had not been fully or correctly updated on to their NHS records. There had been a particular problem for those who had had vaccinations abroad. Dr RP said that that problem had now been rectified. Individuals should call 119 and choose when prompted 'option 4' -vaccination recording services. Alternatively, the NHS on line services app now had capacity for information about foreign vaccination to be added to an individual's record.

**Flu vaccination:** Dr RP said this year's flu vaccination programme at our surgery was nearing completion. Over 70% of the surgery's patients in the over 65 year old age group had now received their flu vaccination, as had 60% of those in the 50 to 64 year old age group. These results were above the average for local surgeries.

**Nurse prescriber:** Dr RP said that Sarah Birch had been appointed to work at the surgery four days per week. Members were very pleased to hear that.

**PPG meeting format:** GM asked if it could yet be anticipated when PPG meetings might be able to resume face to face in the surgery? Dr RP hoped that it might be possible within six months or so.

GM asked, while 'Zoom' meetings had to continue, if NP could send out the e-mail reminder notifications a little earlier. Also, recent notications had not provided a direct link to Zoom. GM had found it necessary to go to to the Zoom app and input the meeting code and password manually. NP would look at that.

**Post Covid:** It was still too early to see fully what the 'post Covid' world would look like. Members agreed with LV that matters would not go back to exactly as they were pre Covid. There would be major changes in health care arrangements and practices, as Covid – hopefully in a weaker form – remained endemic and because there was continuing pressure to make the very best use of available resources.

Dr RP said our surgery had, throughout the Covid emergency seen patients face to face where that was clinically necessary. (For example, where a physical examination was essential.) But, where that was not the case, telephone consultations had proven effective and time efficient for both doctor and patient. That would continue.

Dr RP said that A&E departments at hospitals remained under significant pressure. New arrangements were being trialled to allow those pressures to be better dealt with. Doctors and nurses would work together more closely. Patients attending A&E were already routinely triaged. Where appropriate, patients assessed with conditions which were not seen as immediately serious could now be directly booked into their GP's appointment system. Early indications were that a considerable amount of A&E time could be saved.

Dr RP said that the rules for self isolation and testing in relation to Covid were under continuing review.

**Next meeting:** Wednesday 13th April 2022 at 5.00pm was agreed.

The meeting concluded at around 5.40 pm