**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 30th JUNE 2021**

**Date:** Wednesday 30th June 2021

**Meeting Commenced:** 5.00 pm

**Members Present:** LV

 GM

JM

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 HW and BW had been obliged to offer their apologies, those were accepted. 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 vaccination situation:** Dr RP gave an update on the progress of the Covid vaccination programme in Hastings and St. Leonards. At previous meetings, Dr RP had explained 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 phase 1 of the vaccination programme had addressed the initial nine age and vulnerability categories. The rollout was now proceeding to phase 2, which would offer vaccination to all those in the eighteen to fifty year age categories who had not previously been offered a vaccine.

Dr RP – referring to the two highest priority categories - said the latest figures were that 98% of local care home residents had now received both doses of vaccine. 93% of all those over eighty years had received at least one dose of vaccine and 89% of that group had received two doses. Generally, second doses had followed within twelve weeks of the first, as had initially been planned; but, where that had not happened, priority was being given to catching up which should be completed within a couple of weeks.

Dr RP gave further detail on the progress of the local vaccination programme. 94% of the seventy five to eighty year age group, 92% of the seventy to seventy five year age group, and 91% of the sixty five to seventy year age group had received at least one vaccine dose; and only a slightly smaller number of those groups had received two doses. For the category of adults with vulnerability through chronic conditions such as diabetes, heart failure, etc, 81% had received a first dose and 72% a second. In the fifty to sixty five year age group, around 85% had had a first dose and 80% a second.

Dr RP explained that phase 2 was at an earlier stage, but considerable progress had already been made. 73% of the forty to fifty year age group, 59% of the thirty to forty year age group and 37 % of the eighteen to thirty year age group had received their first doses. Necessarily, second dose percentages for these groups were significantly lower, because - although the minimum interval between doses had been reduced to eight weeks – insufficient time had yet elapsed for many in these groups to become eligible for their second doses. Dr RP confirmed that all of the results he had given related to the whole Hastings and St. Leonards area and included those who had received their vaccinations through the NHS national programme (accessing such vaccination centres as Laycocks Pharmacy in Ore), as well as those who had been vaccinated at GP led vaccination centres such as the Hastings Centre on The Ridge. Dr RP said that text invitations and reminders would continue to be sent to ensure the maximum possible take up of doses now that all adults were eligible.

Members welcomed all of these very considerable achievements.

**Booster vaccination doses:** Dr RP said that the NHS was now considering whether and how Covid 'booster' vaccinations might be administered to those who had already received two doses of vaccine. It had yet to be decided after what interval from a second dose a booster dose should be given and whether it should be given to individuals at the same time as those eligible received their annual flu vaccination. It was also not yet clear whether booster doses would be given in GP surgeries or in vaccination centres, or in some combination of the two. These matters were of obvious importance for public health, but also for the administraion of the surgery; in that the surgery had already ordered (as it needed to have done) the flu doses for this autumn's flu vaccination programme. Dr RP said it was anticipated that matters would soon be clarified.

LV asked whether it had yet been decided that a booster dose should be of the same type of vaccine as an individual had received in their first and second vaccinations? Dr RP said that there is a probability that over 65s would be offered the Pfizer vaccine – that should become clearer by mid August, when firm decisions would have had to be made.

**Surgery telephone system:** Dr RP and NP reminded the meeting of what had been said at previous meetings regarding the surgery's telephone system. There had been complaints about the time taken and amount of re-dialling required to get through to reception. The new system – provided by Louiscom – featured a queing system which obviated the need for repeated re-dialling. Also, the system allowed for automated audio messages to be given to callers. This was an important feature as it allowed callers to be told not to come in person to the surgery without an appointment due to Covid restrictions, to access the surgery web site for additional information about particular matters, and so on. Such messages helped reduce pressure on the surgery and save vital GP time. Members appreciated that.

**Surgery arrangements:** Dr RP said, although the vaccination programme was having a most welcome benficial effect, the progress of the Delta variant was still uncertain and hence there could not yet be an immediate or full return to the pre-Covid operating arrangements for the surgery. Advice from NHS England was awaited.

Although some matters might be able to return to 'near normal' within six months, Dr RP said it would not be possible for a 'walk in surgery' to be re-introduced in anything like that timescale. Very careful consideration would have to be given to that. A 'walk in' surgery presented an obvious risk of infection which a triage system helped mitigate. Dr RP explained that a Covid contamination of the surgery premises inevitably created huge disruption for patients and staff and considerable expense. When there had been infection incident last year, over £1,000 had had to be spent on deep cleaning.

All the way through the pandemic and consequent lockdowns, patients had, however, been able to have face to face meetings with the GP. But it had been essential to make sure that those meetings were restricted to those which were neccesary, after triage and a telephone or video consultation. Hopefully, as matters progressed it would be possible for a greater number of patients to be seen face to face. (Most children were already.) Members appreciated the need for continuing caution.

**Annual reviews:** Dr RP said one matter which had been compromised by the Covid emergency was the programme of annual reviews for those registered as having chronic conditions (diabetes, for example). Reviews had re-started. Face to face meetings would take place by appointment as required.

**Physiotherapist:** Dr RP confirmed that the physiotherapist appointed through the PCN was now attending for half a day at our surgery on Mondays (alternating mornings and afternoons).

**Health Coach:** Dr RP said the 'health coach', also appointed through the PCN, was starting to receive referrals from the surgery for matters such as stopping smoking, dealing with obesity, and so on.

**Occupational therapist:** Dr RP said the occupational therapist, again appointed through the PCN, was also starting to receive referrals. The focus would be on the frail elderly, those coping with difficulty in meeting domestic needs at home, etc. The therapist would work either with individuals or with groups of individuals with similar issues as was most appropriate and efficient.

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

Wednesday 15th September 2021 at 5.00pm was agreed.

The meeting concluded at around 5.40 pm