**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 16th DECEMBER 2020**

**Date:** Wednesday 16th December 2020

**Meeting Commenced:** 5.10 pm

**Members Present:** LV

GM

JM

BW

HW

Dr RP

NP

**Introduction:** To comply with the restrictions on social contact necessitated by the Covid emergency, this was again a 'virtual' meeting conducted via Zoom.

LV chaired the meeting. LV proposed and it was agreed that the minutes of the last meeting would be taken as accepted. GM said the last meeting had been taken up with a report from Dr RP on the then situation – this meeting would proceed directly to hear an update from Dr RP.

**Current situation:** Dr RP said that the national vaccination programme for Covid 19 was just getting underway. The first vaccine to be approved for use in the UK was the Pfizer vaccine. This vaccine, although highly effective, has to be stored and administered in a particular way. When held in storage, it has to be kept at -75 degrees C. When it is taken out of storage it has to kept at 2-8 degrees C. (i.e. clinical fridge temperature.) and used within five days. The vaccine comes in a tray holding muliple phials. The tray cannot be divided, before being taken out for use. Each phial contains five doses. The vaccine for use in our area will be stored at the Brighton & Sussex University Hospital Trust, who have the appropriate facilties. Trays will then be delivered to a centre in each Primary Care Network (PCN) for vaccinations to be administered. The probable centre to be used by our PCN is the King's Church (on the Ridge, opposite the Conquest Hospital). Inspectors had viewed the King's Church's facilities and had some queries; which, it was expected, would be resolved. (If they could not be resolved, another venue would be chosen.) It was anticipated that vaccinations would commence by the end of the week beginning 21st December.

Dr RP said that members would be aware that the number of Covid 19 infections in Hastings had increased dramatically in recent weeks. Hastings had gone from having one of the lowest rates of infection nationally to one of the highest. Dr RP said, through the first lockdown, none of his patients had tested positive for Covid 19, but currently 21 patients had had a positive test albeit none of them have attended at our surgery to date.

**Vaccination Priorities:** The population had been divided into tiers so as to prioritise the most vulnerable groups for early vaccination.The priority list of tiers is:

1. Residents in a care home for older adults and their carers.
2. All those 80 years of age and older and frontline health and social care workers.
3. All those 75 years of age and over.
4. All those 70 years of age and over and clinically extremely vulnerable individuals.
5. All those 65 years of age and over.
6. All individuals aged 16 to 64 years with underlying health conditions which put them at risk.
7. All those 60 years of age and over.
8. All those 55 years of age and over.
9. All those 50 years of age and over.

The authorities believe that these categories taken together represent some 99% of the preventable mortality from Covid 19. Dr RP explained that people under the age of 50, without an underlying health condition, are not currently in any of the tiers. That is because the priority is to vaccinate those at most risk. Children under the age of 16, even if they have underlying health conditions, are also outside the current tiers. That is because the vaccine currently deployed is not suitable for them. Also excluded, for similar reasons, are any individuals with fevers, significant reactions to vaccines, or recent (within four weeks) Covid infections.

**Progress of vaccination programme:** Dr RP said care home residents in tier 1 would be vaccinated in their care home. They and their carers would be vaccinated first. Most other people would be vaccinated at the designated vaccination centre (i.e. the King's Church, or an alternative should that venue not be approved.) by health care professionals. The PCN would make transport arrangements to take those housebound individuals who could be transported, with their carers to the vaccination centre. Those housebound individuals who could not be transported would be vaccinated at home by the GP. After tier 1, successive tiers would be dealt with in order.

**Administrative arrangements for vaccinations:** Dr RP said it fell to the surgery to allocate individuals on the patient list to a tier and notify the PCN /vaccination centre accordingly. The vaccination centre would then contact individuals in the tier currently being vaccinated with a reference number. It would be up to the individual to then contact the vaccination centre to agree a time and date for their vaccination. Members queried whether some individuals might be difficult to reach or reluctant to take up the offer of vaccination. Dr RP said it was undersood that some individuals – especially perhaps the more elderly and most vulnerable – might prove difficult to contact and get to the vaccination centre. Repeat calls would be made. Individuals would not be 'given up on'. Because the vaccine has a limited life, once it is out of deep freeze storage, a situation might arise where there was a danger that part of a tray of vaccine might be wasted because of insufficient take up and missed appointments. In such a situation, to minimise wasteage, the vaccination centre would be prepared to reach down to individuals in lower priority tiers. Members suggested it might be useful for the centre to hold a 'reserve list' of individuals who were able and willing to attend the centre at short notice.

**At the vaccination centre:** Dr RP said it was anticipated that the vaccination centre would be open weekdays from 8.30 am to 5.30 pm. Also, it would be open for a half day on Saturday. That might be increased to a full day. Currently, it was not anticipated that there would be Sunday opening. Four vaccinators would be working together. Doses (a half millilitre) would be drawn from a phial by a health professional noting the serial number, a different professional would perform the vaccination, as a security check. There would be an audit trail to show which individual had been vaccinated with which precise unit of vaccine, by which vaccinator, at what time. After vaccination, individuals would have to wait at the vaccination centre for 15 minutes to allow for any adverse reaction to be addressed. Individuals who had driven to the centre would have to wait for 30 minutes to ensure they were safe to drive.

**Other Covid matters:** Dr RP said the PCN was taking other measures to adress the Covid emergency. Patients who tested positive for Covid who developed a bad cough would be supplied with a pulse oxymeter. That would allow them to self test their blood oxygen level. If it read below the safe level they would need to make an emergency call for urgent medical attention.

**General:** Members were concerned about the huge amount of work which was to fall upon the surgery and the PCN. They wished to register their great appreciation.

**Next meeting:** Because of the pressure of events, members felt the next meeting should be in mid-January. Wednesday 20th January at 5.00 was agreed.

Meeting concluded at 5.40 pm