**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 12 NOVEMBER 2020**

**Date:** Wednesday 12th November 2020

**Meeting Commenced:** 5.00 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 largely been taken up with the surgery's arrangements for this season's flu vaccination programme. It was agreed that this meeting would proceed directly to a report from Dr RP of the current situation.

**Update from previous meeting:** Dr RP said he had explained at the last meeting that the suggestion from HW that Castledown School be approached to see if they would be prepared to allow the surgery to use their school hall as a flu vaccination clinic had been most welcome – as had the positive response from the school. However, practical and technical issues had meant that the offer could not be taken up. Rather, the surgery had managed to fit in more patients for flu vaccination at the surgery in afternoon sessions. Patients appreciated the familiarity of the surgery premises for their vaccinations. Patients had shown great understanding of the Covid precautionary measures which the surgery had had to implement – no more than two patients were allowed in the waiting area at any time (a third could be in the lobby) to maintain social distancing. Masks were to be worn by staff and patients (unless medical reasons dictated otherwise) at all times.

**Covid vaccine:** Dr RP said the important recent news was that a Covid vaccine was awaiting approval and could start being rolled out in December, with the surgery starting to vaccinate patients from late December or early January. As yet, there was uncertainty. Surgeries would soon be told of requirements and a start date. Although the specific vaccine which was currently the frontrunner posed considerable logistical challenges (it had to be kept at -70C), Dr RP was confident that surgeries would cope. He would attend a Primary Care Network (PCN) meeting tomorrow to learn more.

**Flu vaccination programme:** Dr RP reminded the group that this season's national target was to have 75% of those eligible vaccinated by 31 March 2021. In past seasons only those over the age of 65 and those below the age of age 65 with chronic conditions were elegible for vaccination; this season all those in the 50 to 64 year age group, with or without a chronic condition, were elegible. The surgery had been able to make very good progress in vaccinating the over 65 year old age group. Only a few more needed to be vaccinated to meet the 75% target. It had helped that vaccines for the over 65 year age group had been supplied in September. Vaccines for the under 65 year olds had not been available at that time and that had meant that some appointments had had to be cancelled. Priority was being given to those in the under 65 year age group with chronic conditions. Approximately 35% of that group had been vaccinated thus far. The under 65 year age group without underlying conditions would be dealt with after those with chronic conditions. There were about 150 vaccinations which needed to be administered to that group to reach the target. Although the target date was 31 March 2021, Dr RP said it was vital this season that the flu vaccination programme should proceed as quickly as possible in order to free up resources for the hoped for Covid vaccination programme. The 'call and recall' system ('Mjog'), which the surgery was operating to remind eligible patients to book an appointment for their vaccination was working well and helping the programme to run efficiently. Patients would continue to be reminded even when the target figure for their age group had been reached. Some patients were hard to reach or hard to pursuade; the surgery would continue to reach out to them by whatever means were appropriate to emphasise the benefits of vaccination. Pregnant ladies and children in the 2/3 year old age group were elegible for vaccination and effort was being made to contact them.

**Clinical pharmacist:** Dr RP said the PCN for Hastings had managed to appoint two clinical pharmacists. (Previous PPG meetings had noted the difficulty which had been experienced in securing such appointments.) Our surgery would get the services of a clinical pharmacist pro rata to our patient list, which allowed us one session from a pharmacist per week. The pharmacist would focus on reviewing the medication of those patients who were on over ten medications in their repeat prescriptions. The intention, in accordance with NICE guidelines, would be to make sure that patients just got the medecines they actually needed. Once the prescriptions of those patients on over ten medications had been reviewed, the pharmacist would review the prescriptions of those patients with a lower level of repeat medications.

**First Contact Physiotherapist:** Dr RP said the PCN had also managed to appoint a physiotherapist who would act as a 'first contact' in reviewing and triaging patients with physiotherapy needs.The service would start on 1 December. Our 'hub' of surgeries would have an allocation of sessions and our surgery would receive a share of that pro rata to our patient list. The expectation was that that would provide slots for eight or nine patients from our surgery to be referred each fortnight. The physiotherapist would review the patients who had been referred. It was anticipated that most patients could be treated directly, but a minority would need to be further referred to the physiotherapy team at the Conquest Hospital. Part of the reason for the appointment of a first contact physitherapist was to shorten the waiting list for physiotherapy services at the hospital, which were under intense strain.

**Care coordinator:** The surgery had appointed a graduate to act part time as a care coordinator. The appointee was currently under training.The role involved liasing with care homes and residential carers to coordinate the care of very frail patients who were in a care home or receiving support in their own residence. The care coordinator would identify those patients, review their needs and conduct a multi disciplinary team meeting once a month.Initially, the role was for six hours work per week. It was anticipated that there would be scope for the surgery to offer the appointee more hours in other roles which also required communication and liasion skills.

**111 referrals:** NP said that a new matter had arisen. The 111 service had yesterday gone live with a 'GP Connect' procedure whereby they directly booked some patients who had rung 111 or the Covid 19 line into an appointment slot at the surgery. Members asked how this service would operate given the exreme workload with Dr RP and the surgery were already dealing with. NP and Dr RP explained that only the surgery's patients would be booked into a slot at our surgery under this arrangement. A maximum of six slots per day would be available; it was not anticipated that all of those would be used. Out of hours callers might be given a slot the next day.Members asked whether callers might be given a face to face appointment? Dr RP said he would not see anyone face to face, during the Covid emergency, without himself, personally triaging the risks, which included the risk to himself, to surgery staff and to other patients. Many matters could be dealt with by telephone and by patients sending pictures by a secure link. Members very much agreed that during the course of the Covid emergency Dr RP should limit his face to face patient contact to the essential minimum.

**Surgery telephone delays:** Patients had been very supportive of the surgery during the Covid emergency and understood why the much appreciated 'walk in' clinics had had to be suspended for the duration. Necessarily, many more patients had to contact the surgery by telephone. However, there had been complaints about the delay many had experienced in attempting the ring the surgery's contact line. Dr RP said he had spoken to the reception staff many times. They had assured him that they were answering calls promptly. Other surgeries had reported similar issues. Members appreciated that the number of calls to the surgery would have increased substantially, but they had themselves experienced difficulty and could understand the frustration. NP said she was in discussion with a specialist provider (Louiscom) to upgrade the surgery's phone system to incorporate a queuing system for incoming calls. There would be some delay in finalising that due to an existing contract with BT.

**Next meeting:** Members agreed, due to the uncertainty of the Covid emergency, that it would be desirable to hold the next meeting in December. Wednesday 16th December at 5.00 pm was chosen.

**Meeting ended:** Meeting ended at approximately 5.40 pm.