**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 13th OCTOBER 2021**

**Date:** Wednesday 13th October 2021

**Meeting Commenced:** 5.00 pm

**Members Present:** LV

HW

BW

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 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 said the Covid vaccination programme in Hastings and St. Leonards had now reached the stage where 'booster' doses of vaccine were being offered to those who had already received two vaccine doses.In accordance with NHS guidance, the booster rollout was following the same pattern of giving priority to individuals in the oldest and most vulnerable categories. Care home residents and other people in the over 80 age group were already receiving their booster doses. The rollout would then work progressively through the initial nine cohorts (set out in the minutes of the February PPG meeting). Booster doses would be given at The Hastings Centre on The Ridge. The Hastings Centre would contact individuals to attend for their booster vaccinations in the same way as it had for the first two vaccine rounds. The intention was that individuals should receceive their booster dose six months after they had receceived their second vaccine dose. The decision had been made nationally that only the Pfizer or Moderna vaccine would be used as a 'booster'; and for this rollout only Pfizer would be used. Dr RP said the expectatation was the booster programme would run strongly for the next couple of months and that it would be concluded by March / April next year. The Hastings Centre would be available until the end of March. It was not yet clear whether The Hastings Centre would be used for subsequent 'booster' rollouts.

Dr RP said Children over the age of 15 were eligible now for a 'one dose' Covid vaccination using the Pfizer vaccine. Children in the 12 to 15 year age group were also eligible if they were in a 'high risk' category. Only a small number of children were in that category. Matters were advancing well.

**Flu vaccination:** Dr RP said there had been discussion at the previous PPG meeting about whether the Covid 'booster' and the annual flu jab could be administered at the same time. Practicalities had meant that that would not happen this time around. Surgeries had already bought stocks of the annual flu vaccine and had geared up to administer that, as in previous years, at the surgeries. Pharmacies had also started administering flu vaccinations. Constraints of space and staffing at surgeries meant, for this rollout, the Covid 'booster' vaccinations needed to be administered at The Hastings Centre. This season's flu vaccination programme was more extensive than in previous years. All those over the age of 50 would be offered a flu vaccination, as would children up to the age of 16. Children aged two to three could receive a nasal flu vaccination. HW said, at the school where she worked, there had been a flu vaccination day. However, consent forms had not been completed by some parents so only 50% or so of children had been vaccinated on the day. Parents were then querying how those who had missed out could get vaccinated. Dr RP said that was an important point which had been discussed at a CCG meeting. He said parents should not try to book an appointment at the surgery. The vaccination team would make sweep up visits to schools to vaccinate those children who had missed out the first time round.

Dr RP said the surgery had held two open clinics for flu vaccinations on Saturday 2nd and Saturday 9th October. There had been a good uptake with some 80 to 90 people attending on each day. There was currently a good supply of flu vaccine for those in the age 65 and over categories. Supplies were a little tighter for those in younger age categories, but no significant problems were anticipated. Careful ordering of flu vaccine was necessary to minimise wasteage. This season's flu vaccine would be viable until 31 March 2022. A new flu vaccine had to be created each year to provide the best protection against whatever flu variant was expected to be present in the upcoming winter flu season.

**Complaint:** Dr RP said the surgery had receceived a complaint. A patient had been booked in to attend surgery for an appointment with the nurse prescriber as a follow up to X rays and blood tests. The nurse prescriber had subsequently received notice to attend a training course at the time of the patient's appointment. The nurse presciber said she had asked surgery reception staff to cancel /rearrange her appointments. However, the patient's appointment had not been cancelled; he attended surgery at the appointment time and was very unhappy that no clinical staff were available to see him face to face. Dr RP said the practice manager had apologised and offered that the doctor (who was not present at the surgery at the time) would call him. That was not accepted. The doctor phoned the patient later that day anyway. He left a message, as there was no pick up, to apologise and to invite the patient to book another appointment. The patent didn't book another appointment and subsequently wrote to the surgery to complain. Dr RP said he was composing a response. He would also discuss the matter at a regular staff meeting to be held tomorrow.

Members discussed. Clearly there was an administrative error. The patient was entitled to an apology and an explanation (which the doctor was composing) . He should be told what his options were if he remained dissatisfied.

It was good that prompt and reasonable action had been taken to provide the patient with an opportunity for a consultation to discuss his test results. But there were evident issues with surgery administration. HW said her recent experience of the sugery had been poor – chaotic even - with reception staff saying there were no nurses and / or no available appointments when that was not so. Dr RP said he was aware of issues.He would make sure that staff understood the priority which could and should be given to urgent matters and the way in which appointments could be re-arranged when necessary. Dr RP said it was unclear where responsibility for the error which had led to the complaint lay. On that point, members suggested it would be helpful if reception staff when speaking over the telephone would, as a matter of procedure, provide their names (first names only) so that if there were subsequent issues the surgery could be clearer on 'who said what to who'.

**Surgery arrangements:** Dr RP repeated what he had said previously: through the pandemic and consequent lockdowns, patients had 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. The time was not yet ready for a return to open clinics. Dr RP thought it would be at least six months before that could be considered.

**Physiotherapist:** Dr RP confirmed that the physiotherapist appointed through the PCN was now attending at the surgery every Monday – alternate mornings and afternoons.

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**Surgery telephone system:** Dr RP said the new telephone system at the surgery, which had a call queing facility, was working well. Members agreed. Dr RP said there was also an Engage / Consult facility on the surgery's website; where, after registering, patients could report symptoms seek advice etc. Members appreciated that these innovations helped reduce pressure on the surgery and saved vital GP time. Members appreciated that.

**Next meeting:** Wednesday December 8th 2021 at 5.00pm was agreed.

The meeting concluded at around 5.40 pm