**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 10th FEBRUARY 2021**

**Date:** Wednesday 10th February 2021

**Meeting Commenced:** 5.05 pm

**Members Present:** LV

GM

JM

 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. GM said he had received a message from HW. She had been obliged to remain at work due to an emergency. Consequently, she and BW would have to offer their apologies. LV accepted those and proposed that the minutes of the last meeting would be taken as agreed . GM said the last meeting had been taken up with a report from Dr RP on the then Covid situation – this meeting would proceed directly to hear an update from Dr RP.

**Current vaccination criteria:** Dr RP said he had explained at the last meeting that Public Health England (PHE) and the NHS had issued guidance about how the national vaccination programme for Covid 19 was to proceed. The key feature was that the population would be divided into categories based upon age and vunerability. Those in the oldest and most vulnerable categories would be vaccinated first.

 The priority list of categories 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. People under the age of 50, without an underlying health condition, are not currently in any of the categories. That is because the priority is to vaccinate those at most risk.)

 **Progress of vaccination programme:** Dr RP said that the surgery had been working hard to meet the targets which had been set. All of the residents and staff in the care homes (Category 1) for which the surgery has responsibility have now been vaccinated with their first dose. The surgery has 105 patients over the age of 80 (Category 2) on its patient list. Ninety of those had been vaccinated with their first dose by 7 February, and a few more will have been vaccinated since then. The surgery has 84 patients aged 75 to 79 (Category 3). Forty four of those have received their first dose. The surgery has 136 patients aged 70 to 74. Sixty eight of those have received their first dose. The surgery has 188 patients who are clinically vulnerable. One hundred and seven of those had received their first dose. Once people in the initial categories had been invited, vaccinations would be offered progressively to those in lower priority categories - the 65 to 69 age group, vulnerable people in the 18 to 64 age group, and so on. Dr RP said that vulnerable people were identified nationally by an algorithm scanning the patient records – so circumventing what would otherwise be a very time consumingmanual process.

Dr RP said that no-one on the surgery's patient list had yet received a second dose of vaccine. Dr RP said the surgery's results were ahead of other local surgeries. Members thanked Dr RP for the information and for all the hard work which had contributed to these excellent results.

**Vaccination Centre:** Dr RP said that most of the vaccinations for the surgery's patients are carried out at our local Vaccination Centre which is at The Hastings Centre (on The Ridge, opposite the Conquest Hospital). This is a GP led centre run by our and other local surgeries. In addition to care home residents there are also bedbound and housebound patients who cannot attend the Vaccination Centre. Work had started vaccinating these patients in their own homes. About twenty of those registered with our surgery had been vaccinated, so far. The vaccinators are nurses, trained for the task in community work.

**Invitations to attend for vaccination:** GM said that he and JM had received NHS letters inviting them to use the NHS portal to book a vaccination. However, apart from the pharmacy in Ore, the venues which could be accessed by that route were all well outside of Hastings – some a very long way away indeed. The NHS letters had, however, said that invitees could wait to be contacted by their surgeries. GM and JM had waited and were pleased to have done so – subsequently,they had received text messages which provided a link to make bookings at the Hastings Centre. They had been able to do that easily. They had found the Vaccination Centre to be very efficient, with most helpful reassuring staff.

Dr RP confirmed, in addition to the Vaccination Centre, that vaccinations are also being carried out elsewhere. There are, effectively, two parallel systems of inviting members of the public to receive their vaccinations. The Vaccination Centre notifies patients on our surgery's patient list, as they become eligible, to arrange to attend the Centre for their vaccinations. Additionally, the NHS has been sending letters nationally to patients becoming eligible to arrange for their vaccinations at other Vaccination Hubs and pharmacies. The Vaccination Centre was running very efficiently – Dr RP recommended that patients should await an invitation to attend that facility rather than making a booking via the NHS route which involved a long journey.

Dr RP said matters had now developed further – all those aged over 70 or who were clinically vulnerable could contact the surgery on their own initiative to request a vaccination appointment. Any of those who had not yet had an invitation to have a first dose were urged to do so. NP explained that those ringing from a landline would have an appointment made there and then. Those ringing from a mobile would be directed to a link which enabled them to make a booking at the Vaccination Centre at a time to suit the patient.

**Vaccine used:** Dr RP said that both the Astra Zeneca and Pfizer vaccines had been used at the Vaccination Centre. Both were fully approved for use in the UK. There were good supplies of the Astra Zeneca vaccine which was manufactured in the UK. The Astra Zeneca vaccine can be stored for lengthy periods at a normal clinical refrigeration temperature, but the Pfizer vaccine can only be kept refrigerated for a short time – for longer storage special deep freezing facilities are required.

**Second doses:** LV asked about second doses. Dr RP said that those who had had a first injection of the Pfizer vaccine would get a second dose of the same vaccine. Those who had had a first injection of the Astra Zeneca vaccine would get a second dose of that vaccine. There were trials to see if a 'mix and match' of first and second doses of different vaccines was safe and effective, but the outcome of those trials was awaited. Dr RP said the government, after having received advice from their scientific advisers, had decided to stretch the interval between first and second doses to up to twelve weeks. His current understanding was that those who had received their first dose would be invited to receive their second dose after eleven weeks. The Vaccination Centre would contact people with mobile phones by text to invite them to book an appointment for their second dose. The surgery would contact directly those who only had a landline. (Those who had booked through the NHS portal would have booked both their first and second vaccination appointments at the time they made their first booking, so further action by the surgery or Vaccination Centre was not required for that group.)

**Surgery telephone:** NP said the surgery had a dedicated mobile number which people could ring regarding vaccination appointments. (i.e. currently the over 70's.) Details of the telephone connection had been published in The Hastings Observer. NP was aware that there had been general concerns expressed about difficulties some had experienced in contacting the surgery by telephone. (Those had been mentioned at previous PPG meetings.) NP said that an automatic telephone call queuing system would be installed at the surgery within a month which should improve matters. The surgery had had to terminate an existing cotract with BT to enable that to be done. Members welcomed that.

**Current infection levels:** Dr RP said Hastings was now doing better. In December and early January there were a lot of Covid infections and related hospital admissions – at one point there had been around 800 patients with Covid in East Sussex hospitals. Since the onset of the most recent lockdown and vaccination that had decreased to around 500. And at surgery level the number of test results coming back as positive had also decreased. Members welcomed all that.

**Next meeting:** Members agreed that as Covid related arrangements were now firmly in place that there could be a two month interval before the next meeting.

Wednesday 14th April at 5.00pm was agreed.