**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON 22nd JUNE 2022**

**Date:** Wednesday 22nd June 2022

**Meeting Commenced:** 5.00 pm

**Members Present:** LV

GM

JM

BW

HW

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 situation:** Dr RP said that the Covid infection rate had been quite stable over the last couple of months [at the time of writing these notes, however, there were recent reports of an upward movement.]. Admissions to hospital and to ITUs within hospitals for Covid related conditions had been falling. However, that could change quickly and Dr RP said even as matters stood there were still significant issues for the NHS, in both primary and secondary care, arising from staff absences due to Covid infection and required self isolation.

The current vaccination priority was the Spring Booster programme to protect those aged over 75 and those of any age who were immuno suppressed. For many of those receiving their Spring Booster, it would be their fourth Covid injection. (Two initial Covid vaccinations, an initial booster and then the Spring Booster.)

The Hastings Centre was no longer in use for Covid vaccinations. The local centre to which those elegible for the Spring Booster would be invited was Hastings Town Hall. (GM said he and JM had appointments there later in the week.)

Dr RP said that arrangements for the 2022/23 winter flu vaccination programme had yet to be decided. It was possible that Covid booster vaccinations (including for the under 75's) would be integrated with the flu vaccination programme which would commence in the autumn.

Dr RP said mask wearing, as part of national Covid precautions, was being phased out. The current advice was that health professionals were entitled to wear masks at any time if they chose. For patients, wearing a mask in a consultation was advised but was only mandatory where the patient was suspected of having a chest infection. Health professionals were entitled to enquire about that at the start of a consultation.

Health care staff were expected to take lateral flow tests if they had any symptoms suggestive of Covid (persistent coughing etc). They should then self isolate for ten days. However, that could be reduced if there was a negative lateral flow result after five days, followed by a further negative result on the following day.

**NHS App**: Dr RP said there were significant changes planned for the NHS app which would allow patients to view a record of their consultations with health professionals, blood test results, X ray results, etc. The intention had been that the upgrade would be effective from 1 July this year. That was no longer so. The current projected start date was 1 November. The app would be automatically upgraded. It would not, however, provide access to information prior to the start date – so, only records of consultations, tests, etc entered after the start date would be accessible. Prescription records would, however, be available.

Members appreciated that the considerably increased access for patients to their clinical data would bring obvious benefits. However members were also conscious of the dangers of information which might cause unecessary or disproportionate worry to patients 'popping up' on the app when (over weekends, for example) there was no available GP or other medical professional to put matters into proper context.

**Clinical Commissioning Groups (CCG's)**: Dr RP said a major re-organisation would shortly take place in primary care provided by NHS (England). CCG's would be dismantled. They would be replaced by a Integrated Care System (ICS). Existing functions of CCG's would transfer into the successor ICS, along with many staff. Each ICS will have an Integrated Care Board (ICB). That will be a statutory organisation intended to bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS. A major intention behind the change is to provide better 'joined up' health and care provision for the population of an area. There will be an Integrated Care Parnership (ICP) within an ICS which will be intended to bring the NHS, the relevant local authority and other providers into a better working arrangement. The areas covered by an ICS would be quite large. Our area would likely be in an ICS which covered the whole of Sussex.

The Primary Care Network (PCN) would remain. Our PCN includes the various GP practices in Hastings and St Leonards. One hoped for outcome of the changes will be that there will be more effective communication between the new ICS and PCN's. Members agreed that time would tell whether the new arrangements would prove beneficial.

**CCG Accelerate programme 2023:** Dr RP said that we had been offered participation in an 'Accelerate' programme funded by the CCG. The objective of the programme was to help combat health inequalities in areas of high deprivation by offering assistance to practices such as ours to maximise efficiency, bring down waiting times, improve the patient experience and so on. The programme was of limited duration – 24 weeks – and would continue despite the replacement of the CCG by the new ICS structure.

**Next Meeting:** There was a discussion on whether the next PPG meeting should be 'face to face'. In light of the current Covid situation it was agreed that we could provisionally revert to a 'face to face' meeting in September. Members welcomed that. Of course, the Covid situation could change very rapidly for the worse and if there were an adverse change we would continue with Zoom.

The date of the next meeting was set for Wednesday 21st September.

The meeting concluded at approximately 5.35