**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON WEDNESDAY 15 JANUARY 2025**

**Date:** Wednesday 2 April 2025

**Meeting Commenced:** 6.15 pm

**Members Present:** BW

HW

GM

Dr RP

**Introduction:** GM chaired the meeting, as LV was unavailable. Apologies were received from LV and JM. It was agreed, that the minutes of the last meeting should be accepted. GM gave a brief resume of the previous meeting.

**Complaint:** Dr RP said nothing furtther had arisen in connection with the compaint mentioned at the previous meeting.

**Building work:** Dr RP had said at the previous meeting that the ICB had now made payment of the grant for the building works. Nothing else had arisen in that connection

However, the privacy curtains in the nurse's room and the nurse practitioner's room had still not been fitted. There had been various issues with the contractor and the materials. Hopefully, all that would be remedied within the week as the curtains were due to be installed the following Monday late afternoon, when the nurse practitioner and nurse had concluded their appointments.

**Surgery telephone system:** There had been no recent complaints or problems. HW said she had had occasiion to use the 'call back / retain place' in queue' feature when calling the surgery recently. She had been told she was number 10 in the queue. As instructed, she keyed '9' and received a call back about 40 minutes later. She couldn't remember whether the '9' needed to be keyed for any position the caller happened to be in queue, or whether that related to her position '10' in the queue. In any event the automated instructions were clear enough and a call back was received.

**Vaccination programme:** Dr RP said the winter vaccination programme had gone well. The important target of 75% vaccination for the over 65's had been met. For the eligible uner 65's the figure was around 50%.

The Spring vaccination programme for Covid had now started. As in previous years, the surgery would not itself be offering Covid vaccinations – those would be provided at the various locations set out on the NHS app.

Dr RP said that Covid was still a risk particularly to the old and clinically vulnerable, but successive vaccine take ups meant for many who contracted the virus that its effects were no more noticeable than a common cold.

Dr RP said anti viral medication was available for those in particular need through the 'Alliance for better care' portal, either by GP referral or self referral if criteria were met..

DR RP said those eligible should take up the opportunity to have shingles and RSV vaccination as vaccination was effective against these conditions, which could be serious for the elderly.

**Cervical smear test:** Dr RP said the surgery was on course to meet the 80% target for cervical smear testing for the over 50's , but a little below that for the under 50's. The PCN had a lead GP for cervical smear testing – they would be visiting the surgery shortly to see what could be done to encourage greater take up among those patients who were reluctant to take the test.

Dr RP said this was important – two patients had tested positive recently and that had meant there was every likelihood that fully effective treatment could be given to them in good time, whereas delay in identification might well have made treatment far more problematic.

**Advice and Guidance service:**  Dr RP said the NHS was providing a new service for GP's. It functioned rather like a triage system. For example, a patient might have a high and fluctuating blood platelet count which was concerning but not considered sufficientlty acute in itself to merit a formal referral to a hospital specialist.The surgery could ask for guidance under the new system. They might be told the matter did not merit specific action, that further tests needed to be done or that the query did merit immediate conversion into a formal referral – which would be done automatically. The objective of the system was to reduce waiting time for referrals, without in itself increasing costs.

Dr RP said it was unclear how all aspects of the system would work in practice, but the guidance had to be signed off by a GP (not a nurse practitioner), patients would be notified and the ICB could cap the amount of gudance sought by a surgery if it became excessive.

**NHS reorganisation**: GM asked if Dr RP had had any indication yet of the heralded abolition of NHS England and reorganisation of administrative bodies in East and West Sussex? Dr RP said he had not, the matters although very likely were still at the political stage – the consequences for local surgeries were as yet unclear.

**Next Meeting:** The next meeting was agreed for Wednesday 9th July at 5.30 pm at the surgery.

The meeting concluded at approximately 6.50