**PRIORY ROAD SURGERY**

**PATIENT PARTICIPATION GROUP (PPG)**

**MEETING ON WEDNESDAY 11 SEPTEMBER 2024**

**Date:** Wednesday 11 September 2024

**Meeting Commenced:** 5.30 pm

**Members Present:** LV

HW

BW

GM

Dr RP

**Introduction:** LV chaired the meeting. He asked, and it was agreed, that the minutes of the last meeting should be accepted. GM gave apologies from JM and then gave a brief resume of the previous meeting.

**Surgery telephone system:** GM said, at the last meeting, HW had said that her experience had been that when a caller was in the surgery's call waiting queue, that notifications were no longer being given that the call was moving up the queue. The meeting had suggested that needed to be corrected.

GM said, as of the morning of the current meeting, his experience was that while the system gave a notification of the caller's place in the queue initially, it was still not giving notifications of the call moving up the queue.

GM said, however, that was working well was the 'dial 9 for a call back' feature'. He had a call back within 10 minutes.

The meeting agreed that the system needed to notify callers – as it once had – of how their call was moving up the queue. Dr RP said he would contact Louiscom – the system providers – to see if that could be put right.

**Building work:** Dr RP had reported at the last meeting that he had thought that the buliding work to create the additional ground floor rooms was 90% complete – there were just some minor works required to finish matters off.

He said there were still some minor matters which had not been done, although the rooms were in use and everyone was pleased. Perhaps, the work was now 95% complete.

Unfortunately, although the contractors had done a good job and worked at odd hours to cause minimum disruption to the working of the surgery, they had been unresponsive to messages to finish the final minor works – of which installation of privacy screens in the rooms was perhaps the most pressing.

Dr RP said that matter could not be left and so he had arranged for other contractors to install the screens.

GM asked whether the financial side of matters was now complete? Dr RP said it was still not. Although the surgery had done as the ICB had requested and raised an invoice for the total cost of the works, the ICB had yet to make payment. The surgery had been in contact with the ICB, who had said the matter had been passed to their financial person for payment. However, that was some six weeks ago. The surgery would press for the matter to be expedited.

**Vaccination programme:** Dr RP said the autumn / winter vaccination programme had begun. The season runs from 1 September to 31 March the following year.

This season, NHS England had stipulated that the **flu vaccine** should only be made available to pregnant women and children in the weeks before 3 October. After 3 October, the over 65's, the clinically vulnerable and carers would become elegible.

There would also be, as in past years, a seperate nasal spray school based programme for school age children.

Our surgery would offer a 'walk in' flu clinic on certain Saturday mornings. Dates presently arranged are the 5th and 12th of October. Appointments could be booked for other days. On 3rd and 4th October a limited number of time slots would be kept open between 8.30 and 12.00 for those who 'walked in'.

Dr RP said the **Covid vaccine**  autumn /winter programme would be organised this year by the local PCN at a centralised location – probably Marlborough House in central St. Leonards. Our surgery would not be offering Covid vaccinations.Some local pharmacies would, however, offer Covid vaccination on a walk in basis or by appointment. GM said, for those with limited mobility, that parking could be an issue at many potential venues – like the Town Hall last year or Marlborough House proposed for this year. The same applied to several pharmacies. Also, with the spring Covid vaccination programme, one local pharmacy – Malvern Way, which did have easy adjacent parking - had run out of vaccine very quickly and had not been re supplied. Members agreed that accessibility was a serious issue – paricularly for those who might well be in most need of continuing full vaccination cover. Dr RP said the matter would be brought to the attention of the PCN.

Dr RP said that this season vaccination against **Respiratory syncytial virus (RSV)** would be offered to those who were elegible. RSV can cause serious lung infections in babies and older people. Those elegible for vaccination were the 75 to 79 age group, babies under a year old and pregnant women over 28 weeks (to give immunity to the unborn child.). The vaccine would be available at our surgery but could not be given at the same time as flu vaccination.

Also on offer was a **pneumonococcal vaccine** which gave a lifetime protection against bacterial pneumonia. The eligible were the over 65's and those with kidney or heart issues. This vaccine was available at our surgery.

Additionally, **shingles vaccination** was available for those in the 70 to 79 age group – and for some aged 80 requiring a second dose.(One version of the vaccine requires two doses to be administered six months apart.)

**New receptionist:** Dr RP said a new receptionist would start on 16 September, they would have induction training from the start. The current reception staff had been under pressure by increased demand and absences through illness.

Members wanted very much to emphasise the excellent work the reception staff did. They were a great asset to the surgery.

**Next Meeting:** The next meeting was agreed for Wednesday 11th of Decemberat 5.30 pm at the surgery.

The meeting concluded at approximately 6.30