**Sunbury Health Centre Group Practice (SHCGP)**

**Patient Participation Group (PPG)**

**Minutes of the Core Group Meeting held on**

**Tuesday 30 March 2021, 3.30 pm**

**Agenda**

**Present:**

**SHC:** Richard Fryer (RF), Dave Gill (DG) and Sasha Thurgood (ST).

**PPG Core Group:** Jenny Downes (JD), Tom Fidler (TF), Polly Healey (PH), Neil Huntingford (NH Chair), Diana Huntingford (DH), Alison Richardson (AR) and Paul Thompson (PT).

1. **Welcome** and **apologies** for absence

NH welcomed everyone to another online meeting of the Core Group. He explained that again this meeting was going to be short and the purpose was for RF & DG to update the group on how the Practice was working in the pandemic.

Dorothy Linder and David Butler sent their apologies.

**2. Update from the Practice DG & RF**

DG began the update by informing the meeting that the Practice continues to operate well and is maintaining a focus on the roll-out of the Covid vaccinations. He explained that NICS (North West Surrey Integrated Care Services, the GP Federation that includes SHCGP) are organising the vaccinations and that they are not being taking place at SHC. The main Centres for SHCGP patients to receive their vaccination remain as Walton upon Thames, Egham, Staines and Chertsey.

DG confirmed that there continues to be a good uptake of the vaccine in the local area. To-date 95% of patients aged 80 years+, 99.5% 75-79 years, 93% aged 70-74 years and 84% aged 65-69 years have all had at least one dose of the vaccination. The current priority is Group 6 – patients aged 60-64 and those with underlying health issues. All Centres are using both the Pfizer and Astra–Zeneca vaccines. Patients are now being called for their second vaccination.

DG explained that the Phase 2 of the national roll-out, for everyone not already vaccinated, is now being planned for. This will again be organised locally by NICS.

DG added that ‘top-up’ vaccinations are likely to be needed in the autumn, it is expected that these will be offered to the Groups 1-6 being used in the current programme – although this has yet to be confirmed.

DG explained that the Practice is busy due to patients coming forward with issues that they have had for many months, but due to the pandemic have avoided discussing them with a Doctor. Unfortunately for a number of patients this has led to emergency treatment being required. In addition there is a focus on the end of year targets for patients with Chronic Health conditions.

DG updated the staffing – Dr Sahdia Choudryjoined the Practice in February and a second Pharmacist, Eklin Khurana has significantly added to capacity since her appointment in January. The two trainee doctors, Amy Baker and

Priyanka Shaunak, will complete their placements at the end of July. It is hoped that at least one new trainee doctor will join the Practice once the current trainees have left.

PT asked if the backlog of conditions is representative of the national picture and if this is adding to the existing pressure on operations that hospitals are experiencing.

DG replied that unfortunately there is now approximately a 1.5 year backlog of operations nationally and that sadly 15k more deaths are predicted to occur this year due to patients not presenting at the time of initial concern.

PT asked if urgent cases are able to ‘leapfrog’ the waiting list.

DG explained that such decisions are made by Secondary Health Care professionals; however he is confident that urgent matters are usually dealt with promptly. He added that the Chronic Disease burden is due to patients not having had their regular checks during the last year.

PT asked if the situation was going to get worse before it gets better.

DG explained that whilst the number of patients with Covid-19 will decrease the Chronic Disease burden will be present for the next two years.

Action *RF to check if patients have to return to the same location for the second vaccination.*

This is in response to a concern raised by PT that elderly patients may again experience difficulties getting to Epsom Racecourse.

TF asked if DG/RF are confident that the Practice’s triage system has the capacity to deal with this upsurge in demand.

DG explained that Footfall and the triage system have been extremely valuable and enabled the Practice to remain effective during the pandemic. At the same time the insistence of patients seeing their named Doctor and/or the reluctance of patients to see a Nurse Practitioner or Paramedic has disappeared. Without these systems and practitioners DG stressed that the Practice would not have been able to cope. In addition DG explained that the Receptionists are very proactive and prevent the need for many patients to have a face:face appointment with a GP. Technology is also providing effective ways of dealing with the upsurge in demand. As a consequence of these developments patients are now able to get an appointment within three to five days – and gone are the days of having to wait up to three weeks for an appointment to see a Doctor.

RF added that the systems implemented to deal with the pandemic – e.g. the Hot entrance and the one way system continue to work well and will remain in place for the immediate future. The Practice is getting in excess of 1,600 telephone calls a week, a large proportion of which are about Covid 19 vaccinations and approximately 1,500 Footfall enquiries each week. Thank fully the Practice is managing to respond efficiently to all enquiries.

The only question submitted in advance of the meeting was from PT and was with regard to the SHC building and if there has been any news from the CCG on the proposed improvements and what changes the Practice would like to see if the funding is available. RF responded by reminding the meeting that CSH Surrey had moved out of the building shortly before the pandemic which enabled the Practice to create a Covid secure building. RF reported that there is just enough space in the building to accommodate all of the staff who now work at SHCGP. He added that there have been helpful conversations with NHS Property Services and the CCG with regard to refreshing/upgrading the building. The CCG has also very recently made a bid to Spelthorne Council, on behalf of SHCGP, for CIL funding. Community Infrastructure Levy (CIL) is a charge that local authorities can set on new developments in order to raise funds to for infrastructure, facilities and services.

PT added that civic expenditure has to be approved by the Cabinet and such meetings only occur twice a year, therefore due to the timing of the meetings there could be a five month wait for the outcome of the bid.

NH stated that he was pleased that everything was going well at the Practice and reiterated his offer of support from the PPG if ever RF/DG could see an opportunity for them to do so.

RF reminded the meeting that feedback on the use of services is always useful and that he will continue to use FaceBook and the texting service to share important messages with patients.

**The date of the next PPG Core Meeting is Tuesday 4 May 2021.**

**The date of the next PPG Open Meeting is to be confirmed*.***