

Meeting Date: Tuesday August 20th 2024

**Meeting Type: PPG** 

Item	Notes	Action
1 Outstanding Actions	None discussed due to length of time since last	
	meeting.	
2 Vaccinations and	Thank you and welcome to our new members.	
Newsletter - Sarah		
	Discussion around the draft newsletter.	
	Respiratory Syncytial Virus Vaccine:	
	Public health information and promotions	
	seems very low key, public not very aware,	
	expected delivery September, an all year round	
	vaccination, will not be instead of the flu	
	vaccine, preference vax given on its own and	
	not at the same time as the flu or covid vaccine,	
	eligible patients aged 75-79 years (consistency	
	needed on stating the age group to avoid	
	confusion), more infections over the winter	
	period.	
	Additional nurse employed to enable this	
	vaccination programme to cover the winter	
	months, weekday clinics will run in September.	
	Query on whether this will be available	
	privately for patients who aren't eligible.	
	Flu Vaccine:	
	No patients (excluding pregnant ladies, 2-3 year	
	olds and children with clinical risk) can be given	
	this before October 3rd as it then gives less	
	protection to cover the whole season,	
	previously an increase in flu incidents and	

deaths towards the end of the season, payment will not be made for vaccinations given before this time, some mis-information stating vaccine will be available in September.

Covid Vaccine – available in October, main clinic Saturday October 5th, home visits will be done end of October/beginning of November though housebound patients attend and clinicians will again vaccinate in the car park, Flu and covid vaccine can be done at the same time.

Less screening questions for covid vaccine now, pharmacist needed to draw up the vaccine. 5-6 stations, vaccinator and admin person, patient seen every 1-2 minutes.

Essential to have someone on the door for clinics as patients can be put off if a queue forms, generally due to a medical emergency or patients arriving earlier than their appointment time, most patients are understanding but if some turn away, they then need to be followed up by the surgery.

Big reduction in payments received by EPCC for vaccination programme, 2-3 years ago £90,000 received, last year £45,000, this income makes a huge difference to the surgery, patients having the vaccine elsewhere really impacts on the business. Surgeries cannot pick and choose who they vaccinate, all home visits are done by the surgery, 50-60 patients can be vaccinated in the surgery in one hour compared to 3 per hour on a home visit, also payment of travel costs for the staff member.

Church Walk Pharmacy are not in partnership with EPCC anymore.

Important to promote the need for patients to have their vaccination at the practice "support your practice" "book your vaccination with us".

Request for help and support with the clinic from the PPG for signposting, car park duties, highlighting patients needing vaccinations in car park.

	Could be promoted with signage and on the phone system while on hold. Link must be sent to patients to book an online appointment to avoid patients who are not eligible booking slots.	
3 Telephone System - Anita	National phone system now in place, in line with NHS England's specific framework offering specific functions, lots of improvements though has failed twice in the past week when internet was lost.	
	Results line opens at 2pm. Direct line to the Prescription Team from 10am- 12pm. Link can be sent to request sick notes. Call back option after 5 minutes of holding, call will continue to move up the queue until it reaches call position 1, staff member hears "this is an appointment call back".	
	Automatically opens patients notes, less room for error, less keystrokes, capacity to process more patients, messages can be changed instantly as opposed to a 2 week wait.  Increase of £1300 costs per month for this	
	system but efficiency gains and better for patients and staff.	
4 Surgery	Post-covid perception of the surgery being lazy as waiting areas look quiet, lots of work behind closed doors, video links continue when appropriate, less face-to-face contacts beneficial when risk of infectious conditions ie Monkey Pox.	
	Patients can call for appointments at any time unlike some surgeries where there are specific time ie 8-10am. Routine appointments can be made, on the day requests are all triaged by phone first.	

599 triage calls made by GPs in 5 days, 119 per day. 145 routine appointments. 275 on the day face to face appointments.

Demand continues to increase, partners regularly review the process.

Eastwood has grown in population, EPCC's list size has decreased.

The practice population has reduced with patients moving out of area, several GP retirements in recent times.

Many GPs are starting to wind down in middle age, with the GP role considered to be too demanding. Dr Mark Dickson is an appraiser and some GP work, Dr Reshmi and Dr Sivan both doing locum work.

EPCC provides more doctor hours per patient, more admin hours per patient, more nurse hours per patient than the national average. EPCC do many enhanced services ie flu vac, minor ops and more than some practices. EPCC has the highest number of elderly patients in Nottinghamshire and a higher prevalence in every disease except depression and mental health.

Raleigh have now moved into the planned Health, Heritage and Community Centre at Durban House, expected to be there for at least 2 years, Durban House charity plan to wind up the organisation.

New build discussed for the surgery for many years.

Two sites discussed, the Eastwood Peacocks/Maxi-save building but minimal car parking available (could increase requests for home visits) and the Walker Street site which is the preferred option. NHS estates expect a new build to be at least 5 years away.

	Would be in the form of a lease agreement usually 25 years, in partnership with a private finance company, agreements need to be fair. NHS provide some financial support towards rents.  Previous Church Walk partners own the CW building.  District Nursing Team are keen to return their base to Eastwood.  Suggestion of community crowd funding, though this isn't known to have been used before for GP practices, would still be ongoing maintenance and running costs.	
4 Any other business	Did Not Attend notice in waiting room B, while good to see this the print was too small and could be placed in a better position. No notice seen in waiting room A. Notices are on the entrance doors but not always seen as they open automatically.	
	Suggestion of positive notices in surgery, what EPCC is doing well.	
	Query raised on an elderly patient who attended QMC with a fracture, no available transport or support. Sadly, seems to be the norm with inadequate provision in place.	
9 Date of next meeting.	Tuesday October 1st 2-3.30pm	