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Minutes of the PPG Public Meeting

Date: 11 June 2025

Time: 18h30 - 19:45

Attendees:

- Dr Rebecca Jarvis (GP Partner)
- Julie Manthorpe (Practice Manager)
- Debbie Hill (Reception Manager)
- Robert Brown (Chair of PPG)
- Joanne Smith (Vice Chair)
- Judi Lynn (Secretary)
- Several patients in person

Apologies:

- Phillip Faithfull (Committee Support Member)

Agenda:

1. Welcome and introductions (Robert)
2. What is the PPG – brief summary (Joanne)
3. Agree the Minutes of 19.2.2025. (Robert)
4. St Peter's Update (Dr Rebecca Jarvis)
5. PPG Update
6. Introduction to PPG areas of interest:
 - *Patient Experience & Encouragement (Judi/Robert)*
 - *Education & Community projects (Joanne)*
 - *Fundraising (Judi – in Phillip's absence)*
7. Discussion Groups – split attendees into 3 groups to encourage help on various PPG activities (20-minute break)
8. Feedback
9. AOB:
10. Date of next Public Meeting:

NOTE: The meeting was accompanied by Powerpoint slides.

Key Discussions:

1. Welcome, introductions and role responsibilities

Robert welcomed everyone to the meeting and introduced each committee member and their roles. He mentioned that there was a need to fill the role of an IT Communications & Communications Lead.

2. What is the PPG?

Using the slides now available on the St Peter's website, Robert and Joanne explained the various aspects of the PPG – including its aims, its terms of reference, how to make contact and where to find the Agendas, Minutes and associated documents.

4. St Peter's Health Centre update

Dr Jarvis used slides she had prepared. The good news was that the Practice came first for booking same day appointments (59%) and came second for booking the largest number of appointments. St Peter's is the second busiest practice.

The annual complaints survey showed there were 101 complaints over the past year: all were successfully resolved – 5% partially; 13% were upheld - over 50% were directed at the specific form. Joanne mentioned all the positive comments.

Dr Jarvis said the Friends & Family Feedback was really useful.

Re Google reviews – these tended to be anonymous and until now the Practice hadn't "owned" them. However, now that there is a PPG email account, the Practice can now comment/respond. Julie said the Practice will now ask patients to put feedback on Google.

Training Update: Dr Jarvis said there are new medical and nursing students who bring new ideas and positive energy. Dr Carlie Grindley is a new partner. Dr Zoe Ng is an FY2 trainee but she can consult and prescribe.

The end of the financial year is approaching and funding is under pressure.

Rewards for quality of care are gained via points from the Quality & Outcomes Framework (QOF): the Practice achieved 515/560.

The aim is to reduce the 20% "exceptional reporting".

There are also new clinical targets e.g. for blood pressure.

There is a new task force to look at controlling diabetes and to make the necessary changes.

Another example of change is when looking at asthma, it may be there will be a different way of dealing with it this year compared to last year e.g. there is a new FeNo machine (see "Fundraising").

The Group Room is being used for a wide range of activities to support patient wellbeing and education. Joanna highly recommended the NHS App session and hoped there will be further sessions for people to go to.

Dr Jarvis then shared various documents (all available on the PPG tab on the website) comparing health measures in similar neighbourhoods.

She mentioned Robert Lodge which is open to all. In reply to a question, one can go if one isn't yet registered with a doctor but RL wouldn't have access to one's notes. However, one can register with a practice at RL.

Medication reviews: Dr Jarvis felt the Practice wasn't good at following patients and Dr Rachel Cottam is looking at bringing about continuity. Debbie mentioned that she had visited the Charter practice to look at their triage system – but their ways of working might not be suitable for St Peter's. Dr Jarvis said she will share Dr Cottam's ideas at the next PPG meeting.

Debbie reported that continuity relating to seeing the same doctor was getting better. She said receptionists check to see who the patient saw the last time. Rachel has suggested that the patient be asked who they would like to see.

There was a question about neurodivergent patients and Debbie said there are markers on patients' records. Dr Jarvis added that the whole Practice has specific training in this. She added that the patient should be asked whether they wish this to be noted on their record.

Autism was raised as the questioner felt that his blunt way of speaking had not been understood as the receptionist ended the call. Julie said that it sounded as if there had been a communication breakdown but that the Practice tries to ensure that patients have a voice, have a safe space and make things more comfortable. It is possible to put an alert system on the home screen (e.g. "Please be aware that this patient has autism – needs a quiet space") but this can be missed. It is best if the patient mentions this either on the phone call or in person.

Jo Tompkins mentioned the NHS passport for "social prescribing" which should then be logged onto the patient's notes.

Dr Jarvis said the PCN team is across 9 practices – they are all linked and can access the patient's notes.

The Council also has a system but with no access to notes.

Questions were raised about long-term meds and a "holistic approach" if taking several different ones. Dr Jarvis mentioned that they have no idea how meds are packaged i.e. whether they are for 28 or 30 days but if a patient prefers a 30-day packet, they should tell the doctor so the packet is changed.

There was then a discussion about getting an appointment – both by phone and in person. Debbie pointed out that it is a clinical decision as to when a patient is given an urgent or non-urgent appointment. It was also pointed out that there is a ring back system.

As this meeting was not about individual situations, Dr Jarvis asked that any queries should be mentioned to Julie privately and she added that there are 2 clinicians constantly in the room behind reception assessing/ looking at each possible appointment booking.

Due to the very personal nature of some of the issues raised, Robert intervened and explained that this was not the correct forum to do this (the aims of which are set out in the "About the PPG" tab on the PPG/St Peter's website) and emphasized that these matters should be raised directly with the clinician or staff member concerned.

In reply to a question, Dr Jarvis said the Practice boundary size has been increased as voted for at the previous meeting.

5. PPG Update

Joanne and Robert explained the purpose of the PPG which is to help and improve the Practice Using slides, Joanne led the meeting through the various tabs on the PPG page on the St Peter's website.

She talked about the Community Room and suggested a pharmacist be invited to give a talk.

She also has lined up a well-known professor to talk about how to prepare for the menopause. She urged people to put forward ideas.

6, 7 & 8. PPG Areas of Interest, Discussion Groups & Feedback

Patient Engagement (*Robert*):

- some felt more time was needed with the doctor;
- the phone communication wasn't always good – need to make sure the patient understands what has been said: Julie said a patient can ask the doctor if they can record the conversation on their phone;
- there should be staff training on how to communicate with patients better;
- could there be an independent scrutiny body for the whole of Brighton (despite Healthwatch);
- want shorter waiting times.

Dr Jarvis said she would take this feedback away and put a response on the website.

Community & Education (*Joanne*):

Here were some ideas:

- Someone from Robert Lodge to talk about social prescribing and general information about the help and access that is available;
- Ask a pharmacist explain what they do and how they can help patients to perhaps not need to go to the doctor;
- Talks to deal with men's health (prostate etc);
- Age concern
- Mind

Other suggestions written down included holistic support, diet & nutrition – links to cooking classes, drop-in coffee mornings, local NHS Services and updates.

In the longer term:

- set up a walking group
- organise a choir

Fundraising (*Judi in Phillip's absence*):

Judi felt it was better to raise funds for specific items.

Dr Jarvis mentioned:

- the FeNo machine (mentioned in her update - p2 of these Minutes). What would be helpful would be if we could raise funds for the machine tubes - £1,000-£1,500 a year plus the maintenance cost of £200 a year.
- 2 small bags for trainee doctors containing necessary equipment (£200-£300 per bag);
- Debbie mentioned an ear irrigation machine – cost to be advised.

Fundraising ideas:

- Quiz Night with a raffle. Judi suggested asking local businesses to support this
- If a choir is formed, have an event where people can join in – good to think about this at Christmas?
- Car boot sale
- Organise a table at The Emergency Services Open Day held at The Level with information and a tombola
- Organise a Family Day (such as Preston Manor held in May) with simple outdoor activities e.g. outdoor chess, Twister, hula hoops, bowls etc.

9. There being no other business Robert thanked everyone for coming and their contributions and asked people to let us know their thoughts.

10. Next Meeting: Wed 24 Sept 2025 18:00 – 19:30 at SPHC

Actions:

- Dr Jarvis to report on Dr Cottam's ideas re medication reviews at the next meeting
- Dr Jarvis to respond on the website to the matters raised in the Patient Engagement feedback above