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Minutes of the PPG Public Meeting

Date: 29 January 2025

Time: 18h30 - 19:45

Attendees:

- Dr Rebecca Jarvis (GP Partner)
- Debbie Hill (Reception Manager)
- Robert Brown (Chair of PPG)
- Joanne Smith (Vice Chair)
- Judi Lynn (Secretary)
- Phillip Faithfull (Committee Support Member)

Apologies:

- Julie Manthorpe (Practice Manger)

Agenda:

1. **Welcome, introductions and role responsibilities (*Robert*).**
2. **Agree the Minutes of 18 September 2024 meeting (*Robert*)**
3. **St Peter's Health Centre update. (*Dr Jarvis*)**
4. **a) Framework of the PPG, its aims and terms of reference. (*Robert*)**
b) Confidentiality (*Dr Jarvis*)
5. **Patient Experience Survey – its importance, a draft, methods of engagement & completion (*Robert/Judi*)**
6. **Forming additional Community Support Groups/Projects (*Joanne*)**
7. **Fundraising (*Phillip*)**
8. **Split the attendees into discussion groups to discuss various possible projects and ideas**
 - **The best ways of getting patients to share their experiences using the Patient Experience Survey (*Robert/Judi*)**
 - **Additional Community Groups/Projects (*Joanne*)**
 - **Fundraising (*Phillip*)**
9. **AOB:**
Recruitment for:
 - **Treasurer**
 - **Communications Lead**
 - **Date for next PPG meeting**

NOTE: PowerPoint slides accompanied the meeting.

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 two roles needed filling: an IT Communications & Communications Lead and a Treasurer.

He emphasized that there are now new ways to say what we as patients would like and the PPG wants to work together with the Practitioners to achieve this.

3. St Peter's Health Centre update

Dr Jarvis introduced herself as the Lead Partner of the PPG. Working together means there is a direct link to Dr Jarvis, Debbie Hill and Julie Manthorpe who form the leadership team at the Practice.

Using the slides, Dr Jarvis introduced good news that new people are now working at the Practice (some short term, some permanent). Some are trainees and, in the future, the Practice may get more.

In reply to a query, she said the two new Patient Care Advisors may give some advice but they are not clinicians.

“Hot Topics”:

- Dr Jarvis said the Practice is learning from patients and referred to a Patient Experience Survey to be mentioned later in the meeting.
- The Practice is working more closely with community pharmacies who can prescribe certain medications, which speeds up the process.
- A slide showed a map of the practice boundary being reviewed to include Woodingdean and Upper Bevendean. There was a discussion about how expanding the patient list means the Practice can expand the staff numbers. The increase in boundary size also means if people move out of the current area but into a widened boundary area, then the Practice can keep them.

Under the Integrated Care Board (ICB) Rules, the meeting was asked if there were any objections. All were in favour except for one objection and one abstention.

It was agreed that the PowerPoint Slides would be circulated.

4. a) Framework of the PPG, its aims and terms of reference. (Robert)

Robert said that members of the PPG are all volunteers. It is hoped that at some points funds will be obtained from outside agencies. He elaborated on the slide to say that the PPG is there to help the health centre by giving patients' perspectives – to act as a “critical friend” and he emphasized again the wish to work together, to collaborate with the Practice Team.

All patients have a right to vote.

Each committee then introduced themselves:

Joanne's background is in education; her passion is in Women's Health (she is currently studying for an MSc in this) and has set up a monthly Menopause Café at St Peter's.

Robert had a clinical NHS background for 21 years and has been a patient at the surgery since birth. He has been involved with the NHS as patient representative, inspected hospitals and social services in various places such as Coventry and Kenilworth and been involved in the Sussex.

Community Health Trust. In the past 10 years of his induction talks he stresses the importance of getting the patient's point of view across – how Practitioners need to treat patients with empathy, as if they were a member of the Practitioner's family.

Robert then went through the PowerPoint slides relating to the PPG aims, how it is run, when it meets, what it will and will not do: all this will be voted on at the end of the meeting.

Joanne also mentioned the links with national organisations.

b) Confidentiality (Robert/Dr Jarvis)

Robert mentioned that all personal details revealed during PPG meetings **MUST BE KEPT IN THE ROOM.**

Dr Jarvis mentioned that this is a key principle for the Practice. For those working in it, not keeping confidentiality rules was gross misconduct and staff could be sacked. Going through the slides, some queries were raised as to details about this. Dr Jarvis said if patients wish certain things to be shared, the Practice prefers this to be done in writing with a password and with exact details of what the Patient wishes to be shared.

Dr Jarvis mentioned that the NHS has an amazing Me a database which is anonymized. If Patients do not want to be included, they must OPT OUT.

[Explanatory note re SPINE: "The NHS Spine supports health and social care in England and connects 44,000 healthcare IT systems in 26,000 organisations. In addition to the Electronic Prescription Service (EPS), it holds information about the Personal Demographics Service, the Summary Care Record, and the e-Referral Service."]

Turning to the slide, Chatham House rules, Dr Jarvis explained the staff can talk about themes but without naming patients. Reports are in general terms to avoid such disclosures.

Questions were asked about seeing one's own records: Dr Jarvis emphasized patients have an absolute right to see these but if they are paper records these need to be retrieved from storage and may take some time. Third party information and safeguarding matters are removed. Patients can see their notes online and on the NHS App patients can also see comments from the doctors.

Robert then asked all at the meeting to vote on:

- i) The boundary expansion: all agreed save for 1 against and 1 abstention.
- ii) The PPG framework: the majority agreed; there were 2 abstentions.

5. Patient Experience Survey (Judi)

Draft surveys were handed out. Judi explained the importance of completing these shortly after having had contact with the Practice to help those working in it to improve things. 8 people put comments on the drafts and others made various comments and suggestions.

As time was short, Judi quickly referred to ways as to how to make these forms easily available in a variety of ways.

6. Forming additional Community Support Groups/Projects (Joanne)

Joanne talked about providing community support through various projects to complement the work provided by the Practice. She mentioned that she has started a monthly Menopause Café and has seen other practices set up groups such as a Strollers Group (the Level/Preston Park?), Singing Group, Exercise, Diabetes etc. Acupuncture was mentioned but Dr Jarvis said this needs funding and could be something the PPG could look into. She also referred to Well BN.

Joanne mentioned that protocols need to be put in place e.g. safeguarding and this will be looked at by the PPG Committee.

7. Fundraising (Phillip)

Phillip showed the primary purposes of raising funds for the Practice and its community for certain items that the Practice would like which are not NHS funded as well as funds for certain individuals.

The Practice will be asked for a “wish list”. He then gave some fundraising ideas and talked about the benefits of joining.

He asked for people to leave their details if they would be interested in joining.

8. Discussion Groups & Feedback

As time was short, participants were invited to talk to members of the Committee after the meeting had finished. Robert asked that people leave their details so they can be contacted.

9. AOB and closing remarks

Robert again asked for people interested in either the IT or Treasurer positions to contact a member of the Committee after the meeting.

Copies of the Minutes will be sent out.

A date for the next meeting will be sent out.

He thanked everyone for attending.

The meeting closed at 19h45.

Action Items:

- Circulate the Powerpoint slides and Minutes to attendees.
- PPG to check for forms enabling patients to give written authorization regarding certain information they wish to be given to others involved in their care.
- PPG Committee to discuss the Patient Experience Survey forms – different ways to encourage patients to complete them.
- Obtain a “wish list” of non-NHS items the Practice would like considered for fundraising purposes).