

PRESENT: Caroline Aldridge (Chair), Jane Gregory, Emma-Jane Loveridge (Secretary), Colin Bowditch, David Hardman, Lynnette Ravenscroft, Penny Duffield, Susan Gale, April Boyle, Sarah Hill

In Attendance: John McCallum (Lyme Regis Rotary Club)

1. WELCOME

The Chair welcomed everyone to the meeting. The group noted the strong turnout and positive feedback from the AGM. Members praised the practice presentation and the support provided by those who helped with preparation and materials. The Chair welcomed Em Loveridge as the new PPG Secretary and acknowledged the effective handover from Joanna Scotton.

2. APOLOGIES

Andy Taylor, Elaine Taylor, Shirley Williams and Alan Kennard.

3. MINUTES of the previous meeting and matters arising

The minutes of the last meeting were accepted as a true record. Proposed: Jane Gregory; Seconded: Peggy Duffield. No further comments were raised.

(a) Package of advice on all relevant sources of help to give to those newly diagnosed

Sarah outlined the support given to patients with pre-diabetes and diabetes. The social prescribing team have put together a resource package for patients with pre-diabetes and newly diagnosed patients.

- Pre-diabetes referrals go to the LiveWell Taking Control team for a six week course run on site each Tuesday afternoon.
- Newly diagnosed type-2 patients have a face-to-face appointment with a diabetes nurse then attend a two to three hour education session run by healthcare professionals.
- Nurses refer patients who want wider support to social prescribers who use the new resource package, which covers exercise options, recipes, local groups and other support.
- The practice can also refer patients to remission pathways that use structured diets or meal supplements and a twelve-week diabetes exercise programme.

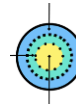
Sarah confirmed access to resources is on the Jurassic Coast PCN website ([Social Prescribing Resource Sheets](#)) and is being added to the Lyme Bay Medical Practice website. It includes a wide range of resource sheets and it is regularly updated.

Action point(s)	Sarah will ensure the resource sheet for newly diagnosed patients continues to link with the support options listed on the website. Sarah will confirm the visibility of resource links on both websites.
------------------------	--

(b) Car Parking update

There is ongoing progress with Dorset Council. The practice sent the required plan setting out the parking spaces and layout. Dorset Council have agreed the proposals in principle and will issue a licence. The practice will then arrange for the work to be carried out.

Action point(s)	Sarah to prepare for works once approval arrives.
------------------------	---

**(c) PPG Noticeboard**

Previous work completed on updated content. Members noted the need to add Emma's name following the Secretary role handover in November 2025. Members also observed that extra items had been placed on the board. These items contain useful information, although some content lacks clarity. The physiotherapy notice in particular needs clearer wording. The group supported keeping helpful material on the board while improving layout and clarity.

Action to be closed.

(d) E-Consult replacement update

The practice is waiting for formal approval from NHS Dorset. It must pass safety approval before release. The new system will create a single route for phone or online access. It uses structured questions to direct patients to the right pathway. The group discussed the likely need for communication for the launch and simple guidance once the system goes live. Members supported testing the system once available. The practice will adjust the appointment system to ensure capacity aligns with the new process.

Action point(s)	April will notify the group when the new system becomes available.
	Members will review the new system once released to identify guidance for patients.
	The practice will prepare appointment system changes needed to support the new platform.

4. STANDING ITEMS:**(a) Practice Report (attached)**

The practice report was presented. The full report is attached.

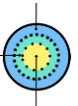
The practice discussed recent staffing updates. The newly qualified practice nurse has settled into her role working Wednesdays, Thursdays, Fridays. The first contact physiotherapist now covers a full day on Mondays. April Boyle will retire at the end of March and recruitment for an assistant practice manager is underway. The post will support succession planning and strengthen management capacity. One of the GPs is progressing toward becoming a GP trainer. A trainee is expected next February and will be supervised by the clinical team on duty.

Vaccination activity continues, including **Covid** appointments run until **19 December** and **Flu** appointment until **31 March**. Catch up clinics for HPV, RSV, Shingles and Pneumococcal will follow.

Car parking was raised. The disabled parking sign has been displayed and monitoring is ongoing to establish if it is deterring parking. It was confirmed that there is only 1 disabled parking space. It was noted that usage varies by weather and vehicle size. The positioning of disabled bays was discussed due to space constraints. The practice awaits formal approval from Dorset County Council for the proposed disabled bay and double yellow lines.

(b) PPG Red comments boxes in surgery waiting rooms

The group discussed reports from patients with multiple conditions who contacted the practice with a concern and were directed to a pharmacist. Several examples involved people with complex conditions who needed clinical assessment rather than pharmacy advice. Specific cases included deteriorating skin and foot problems linked to underlying conditions. Concerns were raised that some pharmacists had not reviewed medication histories or examined the affected area before issuing treatment. This created risks for people with vulnerabilities



or those taking medicines that required careful review. The practice confirmed there is a defined list of conditions that can be directed to the pharmacy first service and the examples raised are not included. It was noted that foot problems or injuries are normally seen by the minor injury unit or by the practice. The importance of gathering brief background details when people phone the practice was recognised, to ensure safe signposting for those who may not raise their own concerns confidently.

Action point(s)	The practice will remind reception staff of the criteria and ensure triage considers clinical history.
------------------------	--

The discussion moved to medicine supply delays reported locally. Some patients experienced delays of up to ten days at external pharmacies. This affected people who might struggle with multiple journeys. The group acknowledged wider supply pressures but noted this could create challenges for vulnerable patients.

Action point(s)	The practice will continue to monitor issues flagged by patients.
------------------------	---

The group also heard a report that some patients had been advised by reception to attend A&E in Dorchester when this was deemed not clinically appropriate. The practice stated that such signposting is not in line with their processes. Minor injuries are assessed on site, even when sessions are full. If any case of incorrect signposting occurs it is raised through the incident reporting route so the practice can respond. The practice to feedback to the reception team.

A final point concerned the way some healthcare professionals address patients. Two examples were raised where patients felt uncomfortable being called pet names or informal terms. The group agreed there is a wide range of personal preference and that professionals should use people's names and confirm how they would like to be addressed.

Action point(s)	The practice will share this feedback and reinforce expected standards of communication.
------------------------	--

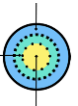
5. MEMBER REQUESTED ITEMS

a) AGM 2026

The group reviewed the success of the recent AGM and agreed that early planning and a strong venue choice supported attendance. Members valued hearing directly from Dr Watson and the clinical team because it provided clear answers to ongoing service questions. The open discussion on pharmacy issues drew significant interest and helped address concerns. The straightforward explanations from Dr Watson gave context to service pressures and reduced the volume of unresolved questions. Attendees responded well to seeing the team in person and appreciated the chance for two way discussion.

There was support for asking Dr Watson and the team to attend annually. The group agreed that the format does not need complex presentations. A structured question and answer session would allow the team to respond to issues raised through the year. The timing worked well, although it was noted that team members sat waiting for long periods with limited speaking time. The group felt the topics should remain broad to ensure relevance across different patient groups. Presentations delivered by other staff were also valued, and future attendance could depend on emerging issues and clinician availability. It was noted that the nurses had been nervous beforehand although they found the strong turnout encouraging. The PPG Chairs advised that Dr Watson had offered continued dialogue and the group agreed to follow this up.

Sarah will confirm support from Dr Watson for the 2026 AGM. A Tuesday is usually workable. The group acknowledged the challenge for clinicians with part time patterns. The aim is to build a culture where attending the AGM and occasional PPG meetings feels normal for the clinical team.



Members agreed to begin looking for a suitable venue and date. A central location is needed although availability can be difficult. Refreshments remain unrealistic due to unpredictable numbers.

Action point(s)	Em to research venues and date availability. Sarah to talk to Dr Watson regarding attendance and presentation at the 2026 AGM.
------------------------	---

b) Pharmacy Services update

The group briefly discussed pharmacy services because updates at the AGM had generated strong reactions. There is ongoing uncertainty about the contract situation with Jhoots. Information shared at the meeting indicates that Allied Pharmacy has taken over several Jhoots branches nationally. The Bridport and Weymouth sites appear included although Lyme Regis has not been listed as part of the takeover and remains without a pharmacy. Members agreed that clarity is limited. Some sites have reopened, others have not, and it is unclear why contract changes have progressed in some areas but not locally.

The group will ask the local MP to seek further information on why progress elsewhere has not translated to Lyme Regis and what options exist to restore local pharmacy services. Members will also check with the practice team for any new updates and continue gathering information from trusted sources.

Action point(s)	Caroline and Em to send a request to Edward Morello for an update. Sarah to follow up with Fiona (NHS Dorset).
------------------------	---

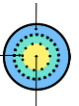
c) PSA Testing and feasibility of a local programme with the Lyme Regis Rotary Club

The group discussed whether a local PSA testing event could be developed in partnership with the Rotary Club. John McCullum attended on behalf of the Rotary Club and described strong interest in offering a community PSA testing session due to the high number of prostate cancer cases. Experiences were shared showing how PSA tests had led to early detection in men with no symptoms. The discussion noted ongoing concerns about the accuracy of the test and that currently the UK does not have a national screening programme for prostate cancer. The NHS recommends GPs to not proactively discuss PSA screening with patients who are asymptomatic. The practice operates a work around in the form of a 'test on request' system.

It was noted that other Rotary groups elsewhere have funded and delivered similar events with good community take up. The UK National Steering Committee is meeting on Thursday 27th November to review current clinical evidence and to review the national guidance for PSA testing.

The discussion explored the practical points. PSA samples need timely processing, though this could be managed with next day transport to Dorchester. The key challenge would be creating a safe and manageable model for large community events. Funding remains an issue, although the Rotary Club can contribute £500 towards an event and will explore further funding options. The PPG members felt supportive in principle and would review the guidance to be released after Thursday 27th November. The practice agreed to consider the level of involvement and logistics.

Action point(s)	The practice will review feasibility and report back. A further discussion will follow once the practice has provided feedback.
------------------------	---



	Rotary will explore additional funding sources.
--	---

d) Website Review update

The website has been updated, although several sections still display placeholder text stating that areas remain under development. Some pages include outdated information, including references to past roles such as Health Care champions. The group noted that sections linked to old patient support initiatives need removal or revision. Members agreed to review specific areas and flag required changes so the site can be fully updated. It was noted that some content is difficult to edit and may need technical support. The group confirmed continued monitoring would help keep the content accurate.

Action point(s)	The practice to review the website. PPG members to review and feedback required changes.
------------------------	---

[Homepage - Lyme Bay Medical Practice](#)

Noted John McCullum and Colin Bowditch left the meeting.

e) The role of the Practice Pharmacist

The practice provided an explanation of the pharmacy team and their responsibilities. The 'Practice Pharmacists' provide direct support on safe and effective use of medicines. They review medicines to check they suit each person's health needs, explain how to take them, adjust treatment with GPs, handle long term condition reviews linked to medicines, support safe prescribing through routine checks, manage medicine related queries from patients and clinicians, and resolve supply problems by identifying suitable alternatives. This gives patients faster access to expert medicine advice and frees GP time for the more complex clinical issues

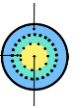
The discussion highlighted confusion from patients who receive calls from pharmacists and are unsure who they are speaking to. The practice confirmed it has two pharmacists who manage long term conditions. A further remote clinical pharmacist works on Fridays to complete medication reviews, initiate treatments and adjust prescriptions following requests from secondary care. The practice also uses a company that provides pharmacists for structured medication reviews. These reviews focus on people taking multiple medicines and ensure treatments remain safe and effective. The pharmacists have access to the patient medical health record. The group acknowledged the system is complex and that patients do not always recognise that pharmacists undertake clinical review work previously carried out by GPs.

Action point(s)	The practice to inviting a pharmacist to a future meeting to give a short introduction to their role.
------------------------	---

6. Any Other Business

None raised.

7. Date of next meetings



DATE: 25th November 2025 at 2.30 PM.

VENUE: LYME REGIS MEDICAL CENTRE

Steering Group meetings will continue to be held bi-monthly on the fourth Tuesday afternoon in the month at Lyme Regis surgery, dates as follows:

- **27th January 2026 (Chair - Jane Gregory)**
 - **26th May 2026 (Chair – Jane Gregory)**
 - **22nd September 2026 (Chair – Jane Gregory)**
- 24th March 2026 (Chair – Caroline Aldridge)**
 - 28th July 2026 (Chair – Caroline Aldridge)**

PPG Practice Report – November 2025

Staff Changes

Sarah Male, newly qualified Practice Nurse has started. She will be working Wednesday, Thursday and Fridays.

Maxi, our new First Contact Physio has replaced Rana and is working in Lyme all day on Mondays.

April is retiring at the end of March 2026. We are currently advertising for a replacement. We have had lots of interest and will be interviewing next month.

From February 2026 Lyme Bay Medical Practice will become a training practice and we will have a GP trainee working in the Practice 4 days a week. These GP's will be supervised by other GP's working in the Practice. We will continue to have F2 trainees as well.

Vaccinations

We are continuing to offer Flu and Covid vaccinations in Lyme Regis for all eligible patients. We encourage anyone who hasn't booked an appointment to book asap. Covid vaccinations are available until 19th December and flu until 31st March.

We will be running catch up vaccination clinics for HPV, RSV, Shingles and Pneumococcal over the next few months as the flu and covid demand reduces.

Disable Parking Bay

This is ongoing with Dorset County Council. We have submitted a plan and awaiting confirmation to go ahead. We have asked for a disabled bay with double yellow lines to the junction and patient car park. It sounds as though this has been agreed in principle but just awaiting formal approval.