

LYME BAY MEDICAL PRACTICE

MINUTES OF PATIENT PARTICIPATION GROUP MEETING

HELD AT LYME REGIS MEDICAL CENTRE ON TUESDAY 23RD JANUARY 2024 AT 2.30 P.M.

1. Welcome and identification of participants:

Dr. Sue Beckers, April Boyle, David Hardman, Caroline Aldridge, Shirley Williams, Susan Gale, David Gale, Lynnette Ravenscroft, Colin Bowditch, Joanna Scotton.

2. Steering Group Apologies:

Vicci Stocqueler, Sarah Hill, Angela and John Tucker.

Elaine and Charles King have resigned from the PPG as they have moved to Sidmouth. Recognition was given for their contribution to the PPG – Charles was a valued member of the Communication sub-group and his I.T. knowledge has been extremely helpful in improving the Practice website. Joanna will email formal thanks to both from the PPG.

Action – Joanna Scotton

The very sad death of Dave Edwards was also reported. Dave had been an active member of the Patient Participant Group for many years, firstly as Chair of Lyme Regis Medical Centre PPG, then as joint Chair when that practice joined with Kent House Surgery, then continued to be joint Chair when Lyme amalgamated with Charmouth.

His funeral is on 23rd February 2024, 1.00 p.m. at East Devon Crematorium, organised by Wakely's Funeral Directors.

3. Lobbying the Dorset Integrated Care Board (ICB) in support of The Public Health Collaboration's Diet and Lifestyle course for all newly diagnosed diabetics.

At the end of Dr. Sue Becker's talk on Food Guidelines at our Open Meeting on 17th November 2023, (see summary in notes of Open Meeting previously sent out) the PPG offered to lobby the Dorset Integrated Care Board, which commissions services, in support of Dr. Sue's mission to turn round people's diagnoses of pre-diabetes as quickly as possible, while it is still amenable to lifestyle changes. Dr. Sue gave a resume of her talk and we agreed to request that resources available to patients diagnosed as pre-diabetic in other counties be made available in Dorset, e.g.

The Freshwell 2 app : <https://lowcarbfreshwell.com/resources/freshwell-app/>

The New Forest PCN Low Carb website : <https://newforestpcn.co.uk/low-carb/>

The free on line real food lifestyle course from the PHC.org : www.phcuk.org/support

We will also request free access for patients diagnosed with Type 2 Diabetes to on-line courses available from the charity The Public Health Collaboration, which can be found at <https://www.thelifestyleclub.uk/> These courses have proven to be more cost effective and more efficacious than courses on offer in the NHS.

See attachment 2. The Lifestyle Club.

Action – Joanna Scotton on behalf of Vicci Stocqueler

4. Minutes of meeting held on 12th September 2023. Matters arising:

- (a) **Complaint to Care Quality Commission (CQC)** – still no response, despite an email from Chris Loder to the PPG on 27/12/23 saying he had received acknowledgment of his email

from the CQC on 19/12/23 saying they are “acting on escalation”. He will keep us informed when he hears more. Caroline will remain on the case.

(Relates to CQC inspection on 5/5/2022, inspection report on 1/8/2022, PPG complaint to CQC on 18/11/2022 regarding lack of consultation with patients.)

Action – Caroline Aldridge

- (b) Practice texts to patients** – April will text everyone who has not officially given consent (because they have not yet been asked) to enable them to give consent.

Action – April Boyle

- (c) Update on screens in surgery waiting rooms** – Lyme Regis screen installed and up and running. Charmouth screen installed but not working yet.
- (d) Clarification of roles of Steering Group and Virtual Group** – Joanna had sent out an email explaining the two roles. In short: Steering Group members (12) attend the bi-monthly meetings, Virtual Group members (73) can attend if they have a particular question or concern they wish to raise (prior notice via email please), or can ask Joanna via email to raise an issue on their behalf.

The PPG Open Meeting/AGM held on 17th November 2023 at Lyme Regis Football Club was attended by approximately 30 patients who enjoyed very informative talks on Asthma and Food Guidelines. Our new Chair, Vicci Stocqueler was voted in.

5. REGULAR ITEMS.

(a) Practice Report – see attachment 3.

April was asked if the practice still advertised for G.P.s – yes, there is a constant advert out to recruit, but there is a national shortage of G.P.s. This is why the practice employs a variety of skilled staff, including a Pharmacist, physiotherapist, Social Prescriber, 3 Nurse Practitioners and an Advanced Practitioner with similar skills to a doctor. Concern was expressed about waiting times to see a doctor – April explained that demand has increased dramatically. However, not everyone needs to see a doctor which is why the practice has expanded their staff skills, and urgent requests are triaged (preliminary assessment to decide best way forward).

- (b) Issues raised by members** – Only comment received was a very complimentary note about a fast and efficient response to a patient’s urgent problem.

- 6. E-Consult** – David stated again that some patients are still struggling with E-Consult. April said they continue to look at other systems, but all seem to have their problems. An ex-PPG member who has moved to another area has reported that the PATCHS system used at his new practice is more user-friendly. April also said that the surgeries are trying to arrange for patients to be contacted within 24 hours of using E-Consult.

- 7. Update on Pharmacy situation in Lyme Regis and Charmouth** – April explained that the practice is not involved in the pharmacy situation and has no further information. JHOOTS is renting the pharmacy premises attached to the Lyme Medical Centre. Prescriptions can still be sent to Boots Pharmacy in Lyme Regis. No changes are in the pipeline for Charmouth Pharmacy, which is another option – all patients can choose to have their prescriptions sent to Charmouth.

- 8. Situation regarding Boots Pharmacy in Lyme Regis.** A PPG member of the virtual group recently wrote to both Boots and NHS Dorset expressing his concern about the sale of Boots in Lyme Regis and has given permission for the replies he received to be attached to these minutes. **See attachments 4 and 5. - Note option to sign up to Boots Online Prescriptions .**

9. **Situation regarding Kent House dental service.** – April explained that the practice does not have anything to do with the provision of dental services and has no information regarding the closure of Lyme Bay Dental Practice on 31st March 2024. Unfortunately there is currently no other local Dental Practice taking NHS adult patients. **See letter attachment 6.** which is in the process of being sent out to all patients of the Lyme Bay Dental Practice.
10. **Provision of local community beds** – David Hardman has continued to pursue this issue with Dorset Healthcare – having received no response since meeting with Damien Kendrick last September, David emailed Damien and received the **reply attached to these minutes.** We have still not received a satisfactory answer to ‘What has happened to the £200,000 - £50,000 funding for each of 4 local beds - that we were told would be ring-fenced for local provision?’ (Answer in PPG minutes of 12/9/23 was “it is technically there but in the general pot”.) David asked if the money could be used to fund beds in the unused Langdon Ward at Bridport Hospital – **see explanation why this is not possible in attachment 7.**

David is not giving up and intends to ask how the ‘technically there’ money is being used within the community services, as was previously indicated.

Action David Hardman

11. Any Other Business:

- (i) **Flu vaccinations** – the Practice Report states that the flu vaccine uptake was low. However, a PPG member of the Virtual Group suggested this may be due to computer and/or communication errors, as they know of patients who either did not receive an invitation, or received a reminder for an invitation they had not received (records showing they had), or discovered they had been taken off the list. April took these concerns on board. She said the Admin. team had phoned many patients to encourage uptake, but a large portion had chosen not to have the recent vaccination, particularly those in the under 65 age group.
- (ii) **Wearing of masks in surgery waiting rooms.** The same member of the Virtual PPG group asked if mask wearing could be reinstated in the surgery waiting areas to protect those who are clinically vulnerable. April replied that this is not a requirement in hospitals, and as surgeries follow hospital policy, they are unable to insist on patients wearing masks. However, if any patient feels vulnerable in this respect they should wear their own mask, or masks are available at the surgery. In answer to a further question about ventilation and air filtration measures at the surgery, April explained that no special filtration systems are installed – ventilation comes from skylight windows in the waiting room and reception area at Lyme Regis.
- (iii) **Reporting of test results** – Shirley Williams raised the issue of test results as she knows of patients who had been told they had been informed of test results when they had not. April replied that the problem was due to how things are filed – test results go to different members of staff who then deal with them differently – she will look into the problem.

Action – April Boyle

Date of next meeting – 19th MARCH 2024.

THE LIFESTYLE CLUB

A new model of healthcare



Diabetes is the leading cause of blindness for people of working age in the UK and type 2 diabetes complications cause more than 180 leg, foot and toe amputations each week (1). An HbA1c greater than 58mmol/mol has been shown to reduce life expectancy by 100 days each year, which represents one third of an individual's remaining lifespan (2). Yet sadly, one in three people with diabetes fail to control their blood glucose levels to these targets, despite increasing medication (3).

The Lifestyle Club (TLC) developed by charity Public Health Collaboration (PHC) provides an 8-week diet and lifestyle course and on-going support. Each class is led by an experienced health coach who works with participants to help them feel empowered to make sustainable diet and lifestyle changes. The course introduces carbohydrate restriction as a powerful tool for addressing metabolic issues, often reversing these conditions altogether (4).

448 participants were part of the TLC pilot, with 87% completing the programme. After 6 months, mean weight loss was 4.5kg (95%CI -5.2 to -3.8) and waist circumference was reduced by 9.4cm (95%CI -9.9 to -8.9). Glycaemic control was also improved, with HbA1c improving by 10.4mmol/mol (95%CI -11.1 to -9.7). This significant reduction was despite 89% of participants who were taking diabetes medication reducing the amount they needed (n=101); eleven of whom were able to omit their diabetes medication altogether!

"The whole of my life is lifted by the way I feel now"

Jon Burgess, TLC Participant

"TLC understood the problem and which information would be most useful"

Gordon Dixon, TLC Participant

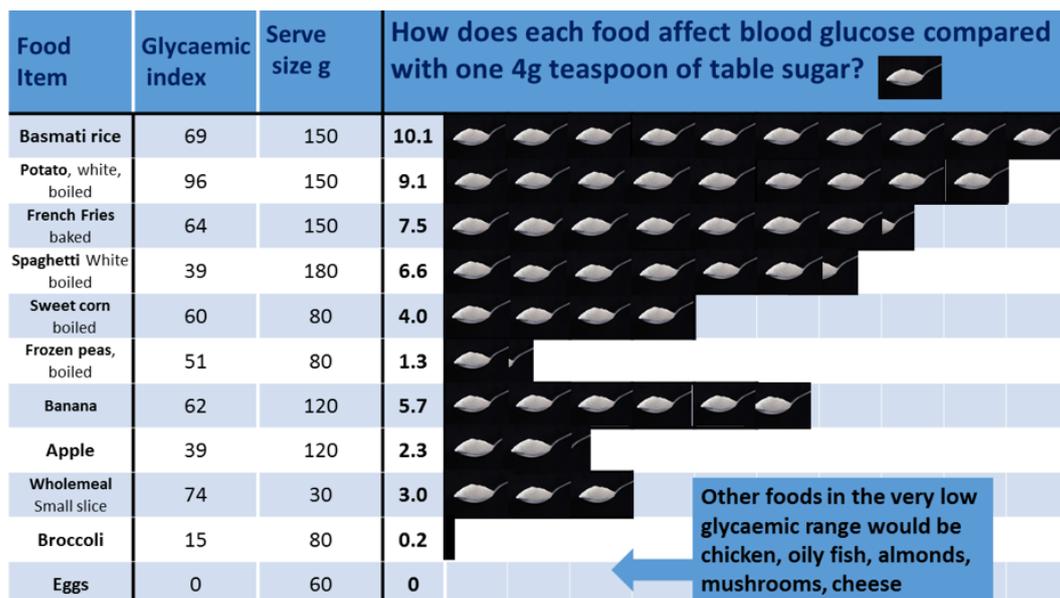
GP Dr David Unwin founding member of the PHC charity, has embraced the low carbohydrate approach at his practice following a 9-fold increase in prevalence of type 2 diabetes since 1986. Since doing so, 126 of his patients with diabetes have achieved remission. In a recent paper, he reported 51% overall remission rate in patients choosing this approach, 77% in those diagnosed with type 2 diabetes within the previous year. (5)(6).

"If all practices in England prescribed as we do, the NHS would save £270 million per year" Dr David Unwin GP (7)

A report commissioned by the British Dietetic Association and Diabetes UK concluded that "low carbohydrate diets, if appropriately supported, are considered safe and should not be avoided in suitable individuals who find these approaches acceptable." (8)

How a low carbohydrate diet helps

Dietary carbohydrate directly impacts blood sugar levels by quickly turning into glucose. Quality protein including meat, fish, eggs, dairy and nuts and healthy fats found in butter and olive oil have a low glycaemic index. Eating this type of food lowers insulin levels resulting in reduced hunger, less snacking and accelerated weight loss (4).



Infographics by D Unwin available from www.phcuk.org/sugar

Educating patients on how different foods impact blood sugar helps them to make healthier choices. This infographic designed by Dr Unwin shows why basing meals on vegetables, protein and healthy fats instead of rice potatoes and pasta can stabilise blood glucose levels.

At £150 per participant for the 8-week course, handbook and lifetime support this approach represents excellent value for money. All participants are offered on-going support comprising class WhatsApp groups, monthly catchup Zoom sessions and, in some areas, local support hubs. It is possible to offer The Lifestyle Club using the Additional Roles Reimbursement Scheme funding. Contact Director of TLC, Helen Gowers on helen.gowers@phcuk.org to find out more.

Let us help you to support your patients living with prediabetes and type 2 diabetes. Commission The Lifestyle Club and help them feel empowered to improve their health today!

- 1) Diabetes UK www.diabetes.org.uk/professionals/position-statements-reports/statistics (accessed May 2022)
- 2) Heald AH, Stedman M, Davies M, Livingston M, Alshames R, Lunt M, et al. Estimating life years lost to diabetes: outcomes from analysis of National Diabetes Audit and Office of National Statistics data. *Cardiovascular Endocrinology & Metabolism*. 2020;9(4):183-5.
- 3) National Diabetes Audit 2018–19: Care Processes and Treatment Targets Report Published February 2021 available from <https://www.diabetes.org.uk/professionals/resources/national-diabetes-audit/nda-reports>
- 4) Wheatley SD, Deakin TA, Arjomandkhah NC, Hollinrake PB and Reeves TE (2021) Low Carbohydrate Dietary Approaches for People With Type 2 Diabetes—A Narrative Review. *Front. Nutr.* 8:687658
- 5) Unwin D, Delon C, Unwin J, et al What predicts drug-free type 2 diabetes remission? Insights from an 8-year general practice service evaluation of a lower carbohydrate diet with weight loss *BMJ Nutrition, Prevention & Health* 2023:e000544. doi: 10.1136/bmjnp-2022-000544
- 6) Matthew C Riddle, William T Cefalu, Philip H Evans, Hertzal C Gerstein, Michael A Nauck, William K Oh, Amy E Rothberg, Carel W le Roux, Francesco Rubino, Philip Schauer, Roy Taylor, Douglas Twenefour, Consensus Report: definition and Interpretation of Remission in Type 2 Diabetes, *The Journal of Clinical Endocrinology & Metabolism*, Volume 107, Issue 1, January 2022, Pages 1–9
- 7) Unwin D, Khalid AA, Unwin J, Crocombe D, Delon C, Martyn K, et al. Insights from a general practice service evaluation supporting a lower carbohydrate diet in patients with type 2 diabetes mellitus and prediabetes: a secondary analysis of routine clinic data including HbA1c, weight and prescribing over 6 years. *BMJ Nutrition, Prevention & Health*. 2020 Nov 2;3(2):285-294
- 8) Brown A, McArdle P, Taplin J, Unwin D, Unwin J, Deakin T, Wheatley S, Murdoch C, Malhotra A, Mellor D. Dietary strategies for remission of type 2 diabetes: A narrative review. *J Hum Nutr Diet*. 2022 Feb;35(1):165-178

Practice Report – January 2024

Staffing

New Practice Nurse, Beth started in January. She will be working 3 days a week. This will allow other Nurses to concentrate more on long term condition management.

First Contact Physio sessions. We now have appointments available with a first contact physio. Patients are able to book appointments directly or be referred from other clinicians. There are remote appointments on Mondays and face to face on Wednesdays. Hopefully these will increase as other staff are recruited.

GP Assistant – New role in GP Practices. Mixed admin and clinical role to assist clinical staff

Social Prescribing

Yoga - The Social Prescribing team are running a new pilot scheme in collaboration with LED, offering soothing yoga for those with fibromyalgia, classes will be Tuesday afternoons in Uplyme and will be at a subsidised cost.

Chronic Pain Exercises - Following the recent pilot with LED at the Hangar in Axminster, they will now be running a regular gentle exercise class which will be suitable for those with chronic pain conditions, every Thursday at 2:30pm, pay as you go, no membership required, £4.50 a session.

Flu Vaccinations

Despite our best efforts, the flu vaccination uptake has been lower in some patient groups this year. Mainly 2-3 year olds and 18-64 year olds in 'at risk' categories. The flu campaign continues until 31st March 2024

Dental Practice at Kent House

Notice has been given to NHS England to terminate the contract from 31st March 2024. This is due to the remaining dentist retiring. We have been in discussions with NHS England and dental patients will be notified once the letter/ patient information has been agreed by the NHS and the date confirmed.

This is a corporate reply From Boots CEO to my questions for your info.

66255760

Dear Mr

Sebastian James has asked me to thank you for writing to him personally and to respond to you on his behalf.

I was sorry to hear of your disappointment with the closure of our Lyme Regis store and we appreciate you taking the time to bring this to our attention. I would like to assure you that the decision to close a store is never one that we take lightly and every store has been reviewed individually, taking into account a wide variety of factors before a decision is made.

As we continue to evolve our store estate, our aim is to ensure that our customers have a consistently excellent experience when they visit a Boots store. To do that, we must balance both the investment and resource requirements (particularly of in-demand pharmacists) of our total estate with local considerations.

The vast majority of stores that are closing are within a few miles of other Boots stores, which are being supported to ensure they can provide an excellent service to additional customers that are joining them.

There are also many ways that our customers can access support from their homes. You can access a wealth of healthcare information and advice via the [Boots Health Hub](#), and if you get your repeat prescriptions with us, you can get free delivery to your home if you sign up to [Boots Online Prescriptions](#).

We appreciate that the closure of your local Boots store will still be disappointing, but we hope you can understand that we need to take certain actions to future proof our business. We also hope that you can find new and convenient ways to shop with Boots going forwards. Thank you once again for taking the time to contact us.

From: **Care Team, Customer (NHS Dorset)** <Customer.CareTeam@nhsdorset.nhs.uk>
Date: Fri, 19 Jan 2024 at 12:43
Subject: P-77-Q4-23
To:

Dear Mr

Thank you for contacting NHS Dorset Integrated Care Board (NHS Dorset) about the closures of some Boots Pharmacy locations in Dorset and for bringing your concerns about the impact of the loss of this Pharmacy to our attention, we recognise that it is disappointing to lose the Pharmacies in question.

NHS Dorset has been responsible for the commissioning of Pharmacy services since April 2023 and we want to assure you that your feedback is of utmost importance to us. Your concerns were shared with our Primary Care team responsible for contractual matters relating to Community Pharmacy practices. The team has advised me that Community Pharmacy Contractors are entitled to provide notice (3 months for a 40hr contract and 6 months for a 100hr contract) and there is not a formal process for approving closures or consultation regarding the closure set out in the pharmaceutical regulations.

Upon receipt of a closure notice, the team undertake a local exercise to ensure we understand any concerns being raised by local Pharmacy providers, GP Practices, the Health & Wellbeing Board (HWB), Healthwatch and Local Authority Public Health Teams.

There is also a process to ensure the Pharmacy is taking the appropriate action to manage the transition of patients to new providers and close down the Pharmacy, this includes patient nomination changes.

Opening a new Community Pharmacy is a highly regulated area with applications to open new Pharmacies made and determined with reference to the Pharmaceutical Needs Assessment (PNA), which is produced by the HWB; HWB's exist in each local council area. The PNA evaluates whether there is adequate Pharmacy provision for the local population. The HWB's responsibility is to consider the findings of the PNA and decide what action it needs to take with regard to it.

Any Pharmacy contractor can apply to open a new Community Pharmacy and any such applications are considered by the ICB with reference to the PNA. It's to note that applications to open a new Community Pharmacy does not automatically mean that the closure of a Pharmacy will result in a new Pharmacy application being granted, if indeed any Pharmacy businesses come forward wishing to open a store.

There are several reasons why we would need to consider an application carefully (if one were received) but one of the most important is the nature of provision that is left behind. We often find that when a Pharmacy closes in an area, the remaining Pharmacy providers take a variety of different steps to be able to support patients who are seeking an alternative Pharmacy, including expanding their own stores or offering online, text or distance selling services. For these services, Pharmacies

must deliver to patients free of charge, these work well for some patients though we appreciate this is not an answer for everyone.

Where this happens, we would be looking to consider whether the new provision makes up for the loss of the service that has closed, without the need for an additional or replacement Pharmacy. Of course, it also means that we would be more likely approve any applications received if there was still a gap in provision even after the other Pharmacies have adjusted their provision.

We hope that this clarifies the process of 'market exit' of a Community Pharmacy and how we work with relevant parties to consider how we can ensure both a smooth transition for patients when there is a closure and to consider the benefits of any new applications, should they be received.

In closing, we would like to thank you for bringing this matter to our attention. NHS Dorset is strongly committed to learning from feedback and complaints, and recognises whatever the circumstances, and however regrettable these may be, such feedback often provides opportunities for learning to occur and helps us to improve our service for the benefit of others.

Thank you for taking the time to share your concerns. The opinions of those who use NHS services give us valuable insight and an opportunity to review services and working practice.

Kind Regards
Abi

Vespasian
House
Barrack Road
Dorchester
DT1 1TG

Customer Care Team

Nursing and Quality Directorate

Tel: 01305 368926

Email: customer.careteam@nhsdorset.nhs.uk

Email: doicb.customer.careteam@nhs.net

Web: www.nhsdorset.nhs.uk

Lyme Bay Dental Practice

Kent House Health Centre
Silver Street
Lyme Regis
Dorset
DT7 3HT
Tel: 01297 443399

Date

Dear Patient,

RE: Closure of Lyme Bay NHS Dental Services

We are writing to you to inform you that the decision has been made to end the provision of NHS dental services at Lyme Bay Dental Practice in Lyme Regis on 31st March 2024.

How will this affect you as patients?

Patients who are currently undergoing an open course of treatment will continue until it is completed at the Lyme Bay Dental Practice. We will be contacting you shortly to arrange appointments to ensure your course of treatment is completed on or before the 31 March 2024.

If you have an appointment booked with us after this date it will, unfortunately, be cancelled unless you contact us to discuss alternative access to care.

Should you wish to attend another NHS dental practice, details of these can be found by visiting the NHS Website on www.nhs.uk or by calling NHS111 for any urgent dental needs.

We have been happy to serve the local community over the past 20 years and would like to thank all our NHS patients for their consideration during this period of change and apologise for any inconvenience caused.

Yours sincerely

Lyme Bay Dental Practice

Provision of Local Community Beds.

23rd January 2023 Questions from David Hardman to Damien Kendrick in blue, regarding provision of community beds in Lyme Regis, followed by Damien's answers in black.

Damien is Locality Manager for Mid and West Dorset, Dorset Healthcare University NHS Foundation Trust.

1. Could we use the money to open some dedicated Lyme patient beds for step up and down on the currently closed Langdon ward at Bridport?

I was told this wouldn't be possible. There are extra costs and considerations to opening a ward, and they couldn't do this for a small number of beds. Trying to run a ward with so few patients would lead to potential patient safety issues as we wouldn't have the resilience of staffing to run a stand alone ward.

2. If Bridport doesn't have a step down or step up bed for a Lyme patient, where would they be sent? The decisions for patients being discharged are made by the system, but we will try to place patients as close to home as possible. Aside from Bridport, Westhaven hospital in Weymouth is the next closest community hospital. Our main focus is for people to recover in their own homes with the right support. We are setting up virtual wards. We use our integrated rehabilitation teams and district nurses to support people more at home.

3. What happens to patients in surrounding areas - ie who live in Devon? If the person lives in Devon with a Devon GP, the Devon health system supports these people. If they live in Devon with a Dorset GP, our health system has responsibility for the health needs of these patients, and they can access our community hospitals.

4. Sandy Harris, Advanced Clinical Practitioner, will make every effort to admit Lyme patients into Bridport hospital beds as a '**Step Up**' when needed and Jon Kimber, Cluster Co-ordinator will make every effort to admit Lyme patients into Bridport hospital, coming out of Dorset County (or any acute hospital), when a '**Step Down**' is needed.

Kind regards,

Damien