

LYME BAY MEDICAL PRACTICE

MINUTES OF PATIENT PARTICIPATION GROUP MEETING

HELD AT LYME REGIS MEDICAL CENTRE ON TUESDAY, 19TH MARCH 2024 AT 2.30 P.M.

1. Welcome and identification of participants:

Vicci Stoqueler (Chair), April Boyle (Practice Manager), Alan Kennard, Penny Duffield, Shirley Williams, Susan Gale, John Tucker, David Hardman, Colin Bowditch, Peter Hodges, Maurice Dunster, Lynette Ravenscroft, Jane Mansergh, Joanna Scotton (Secretary).

2. Steering Group Apologies:

Sarah Hill, Nick Chandler (Lead Social Prescriber, Jurassic Coast Primary Care Network, Ammonite Health Partnership), Angela Tucker, Caroline Aldridge.

3. Minutes of previous meeting and matters arising:

(a) Joanna had emailed formal thanks to Elaine and Charles King who have moved away from the area.

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

On behalf of Vicci Stocqueler, Joanna had emailed Sharon Rust, the Programme Lead on the NHS Type 2 Diabetes Path to Remission Programme from 1st April 2024. A positive response had been received from Sharon Rust, asking how we would like to go forward. She will discuss our proposals with her Senior Programme Lead of the Diabetes Programme.

Vicci has met with Dr. Sue Beckers to discuss the way forward and it was agreed that Vicci will respond to Sharon Rust, requesting free access for patients diagnosed with Type 2 Diabetes to on-line courses available from the charity The Public Health Collaboration - £150 per person for a course, but saving £+++ in the long run. Advice and support also needs to be given to people who are diagnosed as pre-diabetic, to prevent them rolling over into Type 2 Diabetes.

Action – Vicci Stocqueler

(c) Complaint to Care Quality Commission (CQC)

The PPG (and Chris Loder M.P. who has intervened on our behalf) finally had an email from Matthew Hughes, Senior Parliamentary and Stakeholder Engagement Adviser, attaching a letter from Roger James (CQC Deputy Director, South Network) offering a call (zoom?) with himself and his external engagement team to address our concerns. Caroline Aldridge is taking the lead on this and will formulate questions, but since the meeting has asked if another member of the Steering Group could join her in the discussion so two people can compare notes and ensure the meeting is captured properly.

Action – Caroline Aldridge

(d) **Provision of local community beds.**

David Hardman has pursued this matter with Damien Kendrick, Locality Manager for Mid and West Dorset. As we know, no local nursing home wants to contract for the provision of local beds for local patients to be discharged to from hospital, and Damien has been unable to spend any of this money on a similar local service, e.g. investing in beds at Bridport Hospital, solely for Lyme/Charmouth residents. Neither has the money been used to increase local community services. In answer to the question “Where is the money that the PPG was previously informed was ring fenced for local services?”, Damien said he had been informed that this ring fenced money is now sitting in the Dorset Integrated Care Board budget.

David is determined to pursue the matter, and April will give him the name of an alternative person to contact.

Action – David Hardman/April Boyle

(e) **Reporting of test results.**

April has looked into this, but unfortunately cannot do much about the confusions that have arisen. Some results are filed before they are reviewed by a clinician and she also thinks it is partly due to the NHS App, where patients can see results before they have been seen by a clinician to comment on.

4. REGULAR ITEMS

(a) **Practice Report** – no Practice Report (Sarah away for 4 weeks)

(b) **Issues raised by members:**

A patient who has multiple medications was unhappy that after specifically discussing with her G.P. what she should have, had had her medication changed further down the line. She had also had meds. suspended, then removed from script and not restarted. The patient feels there are too many people involved in the prescription process – G.P., Practice Manager, two types of Pharmacist – wasting a lot of professional time, lacking consideration of specific needs and potentially leading to confidentiality issues. The complaint had been passed to the Practice before the meeting, but as comments/complaints into the red boxes are anonymous, April had been unable to investigate.

As the patient was raising a general point about the process and preferred to remain anonymous, April’s general response was that yes, several people are involved in the prescribing process: the G.P., the Pharmacist attached to the Practice who reviews patients’ medications, and the Pharmacist dispensing the medication who may change the medication to a generic version which is exactly the same but cheaper.

April also informed the meeting that soon patients will have to pay for medications that can be bought over the counter e.g. paracetamol, or ibuprofen gel. Anything only available on prescription will remain on prescription.

During the meeting it came to light that several patients had had a telephone medication review twice, despite saying they had already had one. April apologised for this, explaining that the ‘search’ is not set up by the Practice but by the Clinical Provider, and currently they cannot do anything about this.

5. Car parking concerns at the Medical Centre.

Alan Kennard expressed serious concerns about parking problems at Lyme Bay surgery:

There is no designated drop-off point for the disabled.

There are no designated spaces for disabled people.

Woodroffe parents park in the car park whilst waiting to collect their children.

People park on the double yellow lines.

People park illegally on either side of the main road junction.

There is no designated space for deliveries.

The problem is exacerbated by people using the gym.

Alan said we are powerless to deal with people who do not observe the highway code, and break the law regarding parking on corners and double yellow lines.

His frustrations were exacerbated on the morning of the meeting when he was nearly involved in a collision with another car outside the surgery where the driver was driving negligently.

April said the Practice had repeatedly asked Woodroffe School to tell parents they should not park in the surgery car park; the practice have also previously asked Dorset Council to provide protected parking for disabled people, to no avail. Illegal parking needs to be enforced, but this does not happen.

It was agreed that Vicci will write to the Highways Department at Dorset Council on behalf of the Patient Participation Group, expressing our concerns and asking what can be done to improve the safety of the situation. She will also involve Chris Loder, M.P.

Action – Vicci Stocqueler

6. Discharges from Royal Devon & Exeter Hospital.

Maurice Dunster gave his background, including being a Non-Executive Director of Yeovil Hospital for 9 years. He is currently an Elected Governor of the Royal Devon University Healthcare Trust and has professional and personal experience of the complicated discharge problems for Uplyme/Lyme Regis/Charmouth residents created by the county border i.e. the Devon hospital will not arrange follow-up care for patients with a Dorset postcode and there is poor communication.

Maurice is therefore seeking the views of patients about the discharge process and/or delayed discharges from the RD&E Hospital back to our local area so he can utilise his position to try and improve the situation.

Please email Maurice direct at mo.dunster@gmail.com

7. Advice to patients to 'go private' – details had been attached to the agenda.

Lesley Moss had expressed her concerns about patients being advised to go private as the NHS is increasingly struggling, with long waiting times and some services no longer available. How do people access private care if they choose to go this route?

April had spoken to Dr. Watson and Admin. staff and, as an NHS Practice, the strong message was that they do not promote or advocate private care. Neither are they able to advise on where to obtain private care.

General discussion ensued about where private care is available locally: the Winterbourne Hospital is in Dorchester, and the Nuffield Hospital is in Exeter. Exeter Medical is another hospital in Exeter offering different treatments to the Nuffield. People can contact them direct to find out what they offer.

If people have private health insurance, then that company will advise them where to access private care.

The G.P. will do a letter of referral if it is required.

8. JHOOTS PHARMACY

Dave Milligan has sent several emails to JHoots, including to the C.E.O. He finally received a reply saying "Thank you for your email. We are in the process of a number of acquisitions at the moment. I will reach out to the relevant people and provide you with an update within the next 5 working days. Kind Regards ". That was early March, with nothing since.

It was noted at the meeting that the lease is for sale/rent, and ex-Boots staff had indicated that the building was possibly not going to be leased to another pharmacy. No further information currently available.

9. Any Other Business - none.

10. Date of next meeting: TUESDAY 30th APRIL 2024, 2.30 p.m.

Minutes: Joanna Scotton, Secretary,