

LYME BAY MEDICAL PRACTICE

MINUTES OF PATIENT PARTICIPATION GROUP MEETING

HELD AT LYME REGIS MEDICAL CENTRE ON TUESDAY 10TH SEPTEMBER 2024 AT 2.30 P.M.

1. Welcome and identification of participants:

Sarah Hill, April Boyle – Practice Managers, Colin Bowditch, Alan Kennard, Jane Mansergh, Shirley Williams, Penny Duffield, Susan Gale, Andy Taylor, Joanna Scotton – Secretary/Chair of meeting.

2. Steering Group apologies:

Elaine Taylor, David Hardman, Angela and John Tucker, Peter Hodges, Lynnette Ravenscroft, Caroline Aldridge, Vicci Stocqueler.

3. Minutes of last meeting and matters arising:

Correction to minutes – **Peter LOIZOU** is the Jurassic Coast Digital Care Co-ordinator (not Peter Lloyd).

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

Vicci has not yet liaised with Dr. Sue. She is aware that Living Well Taking Control (LWTC) runs the NHS Diabetes Prevention Programme and will liaise with them and Dr. Sue.

Action – Vicci Stocqueler

(b) Emma Dunn, Diabetic Dietician, was unable to attend the meeting, but sent the following information:

“All patients with a new diagnosis of Type 2 diabetes (in the last year) will be invited to structured group education ‘New to Type 2’. Patients can opt for face to face or virtual groups, run by a diabetes specialist nurse and dietitian. Local face to face sessions are at Bridport Community Hospital. Peer support is valuable for patients and we have great feedback.”

The PPG will invite Emma to speak to a future PPG meeting, probably March as we have a speaker lined up for January.

For patients diagnosed with Type 2 diabetes within the last 6 years, please see attachment ‘The NHS Type 2 Diabetes Path to Remission Programme’

(c) Complaint to Care Quality Commission (CQC). Caroline's draft response to the CQC was read out at the meeting and agreed.

(d) Car parking concerns at Lyme Regis Medical Centre. Having contacted Highways, Sarah was told that any recommendations need to come from the local town council. As Caroline is a member of the Council, it was proposed (in her absence) that she takes up our concerns with the Council. Joanna to pass this request on to Caroline.

Action – Joanna Scotton/Caroline Aldridge

Sarah and April offered to take photographic evidence of the dangerous and illegal ways in which people park to support our concerns. **Action – Sarah Hill/April Boyle**

A patient had contacted Caroline saying that “Blue Badge holders can park on double yellow lines, providing they are not causing an obstruction”. Surgery staff and the PPG are aware of this, but problems frequently arise when Blue Badge holders are parked on the double yellow lines opposite the surgery entrance, and other patients park immediately outside the entrance (no double yellow lines), leaving little space for cars to drive between the two.

(e) Prevalence of autism and resources available. In response to the PPG question asking what help is available at Woodroffe School, Sarah received the following reply from Angharad Thomas, Children and Young Persons Social Prescriber:

“I understand that for both autism and ADHD the referral for a developmental assessment can come directly from the school or GP. If the GP is making the referral, it is often useful for the child’s school to also send in information to support the referral. The school is usually best placed to make the referral as they will have the biggest collection of evidence (behaviours, interventions and provision provided thus far). All Woodroffe’s SEN information and policies are available on their website: [Inclusion – The Woodroffe School](#)”

(f) Digital training for surgery staff – Andy has completed this training for surgery staff, enabling them to help patients use the NHS App.

(g) Clarification of role of ‘First Contact Physiotherapist’. The correct title is ‘First Contact Practitioner’ (FCP) **See attachment explaining this role.**

Sarah has spoken to the FCP at the surgery, asking him to clarify his role when he sees patients.

Sarah and April explained that people need to have a medical referral to the FCP, but **anyone can refer themselves to the Community Physios** who work out of Lyme Regis surgery and Bridport Hospital. The service can be accessed online via the following link: [Self Referral Submission | Musculoskeletal Matters \(mskdorset.nhs.uk\)](#)

Note – a paper copy of the self referral to physio form is available from both Lyme Regis and Charmouth surgeries for patients who prefer this method.

Sarah suggested inviting the First Contact Practitioner/Physio to a future meeting. It was agreed this was a good idea (we currently have speakers lined up for the next two meetings).

Susan Gale raised an issue on behalf of a patient who had had an unsatisfactory physiotherapy appointment – the experience was echoed by other members of the group. Sarah agreed to look into the individual case.

Action – Sarah Hill

(h) Clarification of role of PPG to wider Practice users on website.

There is now a new tab on the front page of the Practice website which takes patients straight to information about the PPG.

It was agreed that the PPG video developed by the communication group (link to video was in agenda) be put on the television screen in the surgery waiting room and also added to the PPG page of the Practice website. **Action – Sarah Hill**

Caroline had emailed in saying that the Lyme Regis surgery PPG notice board had out of date information on it, and wondered if a Steering Group member could volunteer to keep it up-to-date. Susan Gale kindly offered to take on this role.

Action – Susan Gale

As Joanna has taken over the role of checking on the PPG box at Charmouth, she will also keep an eye on the Charmouth noticeboard. **Action – Joanna Scotton**

(i) Information leaflet about The Hub Community Cafe. Lynnette had produced information about the Cafe which Joanna had circulated to the PPG membership.

4 (a) Practice Report – attached to agenda. In October and November the Practice will be holding a number of vaccination sessions for flu and flu + covid at Lyme Regis Medical Centre to save patients having to travel further afield. Those patients eligible will be notified nearer the time.

In response to the question “why is the RSV (Respiratory Syncytial Virus) vaccination only given to people aged between 75 and 79?”, April explained that (1) clinical trials have shown it not to be efficacious in people over 80 years, and (2) it is given to the same age group as the shingles vaccination.

Reference the last item on the Practice Report regarding purchase of new equipment by the League of Friends, Colin said that the Rotary Club has funds and could help fund equipment if asked.

4 (b) Issues raised by members – Colin expressed concern that letters from consultants at Dorset County Hospital were not only still being addressed to Dr. Sue Beckers who retired a few years ago, but were also addressed to Kent House Surgery.

April and Sarah reassured him that all mail was collected from Kent House, and all correspondence (which is usually sent from hospitals to the surgery via email) is directed to the correct G.P.

5.Unavailability of prescribed medication – Alan expressed his worry that Jhoots Pharmacy is not stocking enough medication to meet prescription needs. He has met other patients having the same problem with Jhoots, though Charmouth Pharmacy seems to have supplies. Is Jhoots up to supporting the Practice in this respect?

Sarah and April confirmed it causes huge issues for the Practice, which has no control over the pharmacy. Jhoots is particularly having a problem obtaining antibiotics, and this is mainly because they do not have a contract with same day suppliers. They suggest patients complain directly to Jhoots head office; it is not the fault of the local branch, who will willingly give patients the head office email address, or it can be found online.

Shirley said that the pharmacy at Seaton Tesco is very helpful and open long hours. Andy recommended Pharmacy2U, which he says is an efficient online service offering free NHS prescription delivery.

6. November Open Meeting and AGM

Joanna has booked St. Andrews Community Hall, Charmouth, for the evening of Wednesday 20th November 2024. Needs to confirm availability of presentation facilities i.e. projector, screen, microphone. **Action – Joanna Scotton**

Lynnette to confirm if Lyme Regis Hub Community Cafe wish to offer refreshments and give a brief talk about the role of the cafe. **Action – Lynnette Ravenscroft**

Andy will give a presentation on “Accessing your personal medical details” and will also invite the Digital Champion for Charmouth area. He also suggested showing the PPG video at the start of the meeting. **Action – Andy Taylor**

Sarah has invited Pauline Chart (Adults) and Angharad Thomas (Children and Young Persons) from the Social Prescribing Team to talk about their work.

Vicci has offered to compile a poster to advertise the event. **Action – Vicci Stocqueler**

Jane offered to distribute the poster in Lyme Regis. **Joanna** will distribute in Charmouth and Morcombelake. **Action – Jane Mansergh/Joanna Scotton**

Vicci as Chair to write a Review of PPG activities 2024. **Action – Vicci Stocqueler**

7. Any Other Business

(a) New Chair or Co-Chair needed. Due to escalating caring responsibilities for elderly parents, whilst continuing to work as a podiatrist, Vicci has reluctantly decided she is unable to continue as Chair of the PPG. We therefore need a replacement Chair, or someone to be a Co-Chair alongside Vicci. Joanna to email all members of the Steering Group to ask if anyone is willing to stand, or support Vicci as Co-Chair. **Action – Joanna Scotton**

(b) Volunteers needed – Sarah asked for volunteers to help direct patients at the forthcoming vaccination clinics. Joanna to email out dates to members of the Steering Group in the first instance. **Action – Joanna Scotton**

(c) Steering Group membership. Due to Angela’s ill health, John and Angela Tucker have stepped down from their role on the Steering Group. John will remain on the Virtual Group. Thanks and appreciation were expressed for their longstanding support for firstly the Charmouth Patient Group, then the amalgamated Lyme Bay Patient Group. Two regular attendees agreed to join the Steering Group, so we still have 14 members out of a possible 15, as follows:

Vicci Stocqueler, David Hardman, Caroline Aldridge, Colin Bowditch, Andy and Elaine Taylor, Susan Gale, Jane Mansergh, Shirley Williams, Lynnette Ravenscroft, Peter Hodges, Alan Kennard, Penny Duffield, Joanna Scotton (Secretary).

Date of next meeting: Open Meeting and A.G.M. Wednesday 20th November, 2024

**7.00 p.m. St. Andrews Community Hall
Lower Sea Lane, Charmouth DT6 6LH**

The NHS Type 2 Diabetes Path to Remission Programme*



A **FREE** new one year programme to support you to:

Worth approx. **£1,200****

- Lose weight - approx. 2 stone / 14kg on average in 3 months
- Stop or reduce your diabetes medications on Day 1 of the programme
- Feel fitter, healthier and happier
- Potentially put your diabetes into remission.

Type 2 diabetes remission

This means your blood sugar levels are no longer in the range for diabetes and you don't need to take any diabetes medications! Some people call this reversing but we prefer the term remission because your diabetes can come back so you still need regular reviews.

Research tells us that you're more likely to achieve remission if you:

- Have been recently diagnosed
- Take fewer or no diabetes medications
- Lose more weight and keep it off

Although not everyone can achieve remission there are many other health benefits to losing weight and adopting an active and healthy lifestyle.

Am I eligible?

You need to be:

- Registered with a GP practice in Dorset
- Aged 18-65
- Diagnosed with Type 2 diabetes within the last 6 years
- Above a healthy weight
- Able to commit to a 12-month programme
- Willing to be coached individually either at 22 in-person appointments or using an app
- Comfortable with just soups and shakes for the first 12 weeks.

You also need to meet various other eligibility criteria, including:

Not on insulin, not pregnant / planning pregnancy in the next 12 months, and not had bariatric surgery.

If you're eligible and interested ask your GP practice for more details.

*Formerly known as the NHS Low Calorie Diet or 'soups and shakes' programme

**Based on DIRECT research, including sessions and ALL required meal replacement products.



What is the programme?

The NHS Type 2 Diabetes Path to Remission has three-phases over one year – all at no cost to you:

1. You'll follow a low calorie diet for 12 weeks – your choice of soups and shakes totalling 800-900 calories per day
2. You'll gradually replace these products with healthy, tasty meals over 6 weeks
3. You'll receive ongoing support for the next 8 months to help you maintain your weight loss.

Our trained Coaches will support you with easy-to-use tools and techniques to lose weight and keep it off. Each of the 21 in-person or app-based 'sessions' focuses on a new topic about nutrition, physical activity or lifestyle change.



You'll be given the meal replacement products and a range of high-quality resources including Workbooks, a Lifestyle logbook, recipes, a pedometer and a year's access to the EXi physical activity app premium version for - **ALL FREE**. If you choose the digital service you'll also get access to our app.

How will it help me?

Participants have told us how they've lost weight and reduced their diabetes and blood pressure medications. Some have even put their Type 2 diabetes into remission.



Many participants have become fitter, healthier and happier, seeing improvements in their mental and physical health and a range of other conditions.

“Overall, my quality of life has improved so much” *Waqas, 36*

“I'm caring more for myself and feel more energetic. It's changed my life” *Joanna, 60*

“If I was feeling low or demotivated, I came out of the meetings feeling positive” *Michelle, 49*

“At last, I've been offered something to help me” *Justin, 46*



Visit momentanewcastle.com/case-studies for participant videos and for more detailed stories.

What next?

The NHS has funded only 500 places on the NHS Type 2 Diabetes Path to Remission Programme in the area. If you're interested don't delay as places are limited. You can find out more here:

momentanewcastle.com/t2dr-dorset



If you decide this is the right programme for you then you'll need to be referred by your practice. This will include getting advice about any medications you might be taking, potential side-effects and ongoing monitoring.

Ask your GP practice for more details.

Service provided by



MOMENTA NEWCASTLE

Primary Care Physio

FCP

Presented by
Georgie Clark – Regional Service Manager



What is an FCP?

- An FCP assesses patients and diagnoses issues
- They will give expert advice on how best to manage conditions
- They can refer to specialist services if necessary.
- An FCP could be called either a First Contact Practitioner or Musculoskeletal Specialist. Patient can sometimes get confused with the service that is provided when they are called physiotherapists.

Inclusion Criteria	Exclusion criteria
<ul style="list-style-type: none"> • All soft tissue injuries, sprains, strains or sports injuries. • Arthritis – any joint • Possible problems with muscles, ligaments, tendons or bones (eg tennis elbow, carpal tunnel syndromes, ankle sprains). • Spinal pain including lower back pain, mid back pain and neck pain. • Spinal-related pain in arms or legs, including nerve symptoms (e.g. pins and needles or numbness). • Post orthopaedic surgery. 	<ul style="list-style-type: none"> • Acutely unwell • Children under 16 • Medical management of rheumatoid conditions • Womens health, antenatal and postnatal problems. • House bound patients • Medication reviews for non-MSK conditions • Neurological / respiratory conditions. • Headaches • Acute mental health crisis • Patients who do not want to see an FCP.

What else can an FCP do:

- Steroid Injections**
- Prescriptions**
- Fit Notes
- Arrange investigations such as X-rays, USS and blood tests
- Signpost
- Provide bespoke home exercise plans via Physitrack

** Not all FCPs are injection therapist or prescribers. So please check with your FCP first

What an FCP is not / can't do:

- A replacement for Physiotherapy
- Will not provide ongoing rehab
- Cannot provide an assessment for patients under 16
- Cannot provide an assessment for patients who are pregnant



Case Study: Knee OA

Patient Y

- 61 year old male
- 3 month history of left medial knee pain
- No history of trauma
- Intermittent medial knee swelling
- Pain wakes every night
- No constant pain but aggravated with walking >10min, stairs/inclines
- Not able to take NSAIDs due to BP medication
- Not tried exercises or knee support as doesn't want to do the wrong thing or cause further injury

FCP input

- Initial subjective assessment by phone clarifies symptoms of OA
- Provide initial education and reassurance that pain doesn't indicate damage to the knee
- Advised on graded exercise programme
- Review call after 2 months
- Review clarified swelling has reduced, improved mobility but still pain at night
- Booked F2F appointment and given steroid injection combined with education on how to progress afterwards
- Follow up call 2 weeks after steroid injection; no pain at night
- Agreed progression with new exercises and advice on how to pace and manage flare ups

FCP service benefits: The GP Practice

MSK conditions account for 20-30%
of all GP appointments

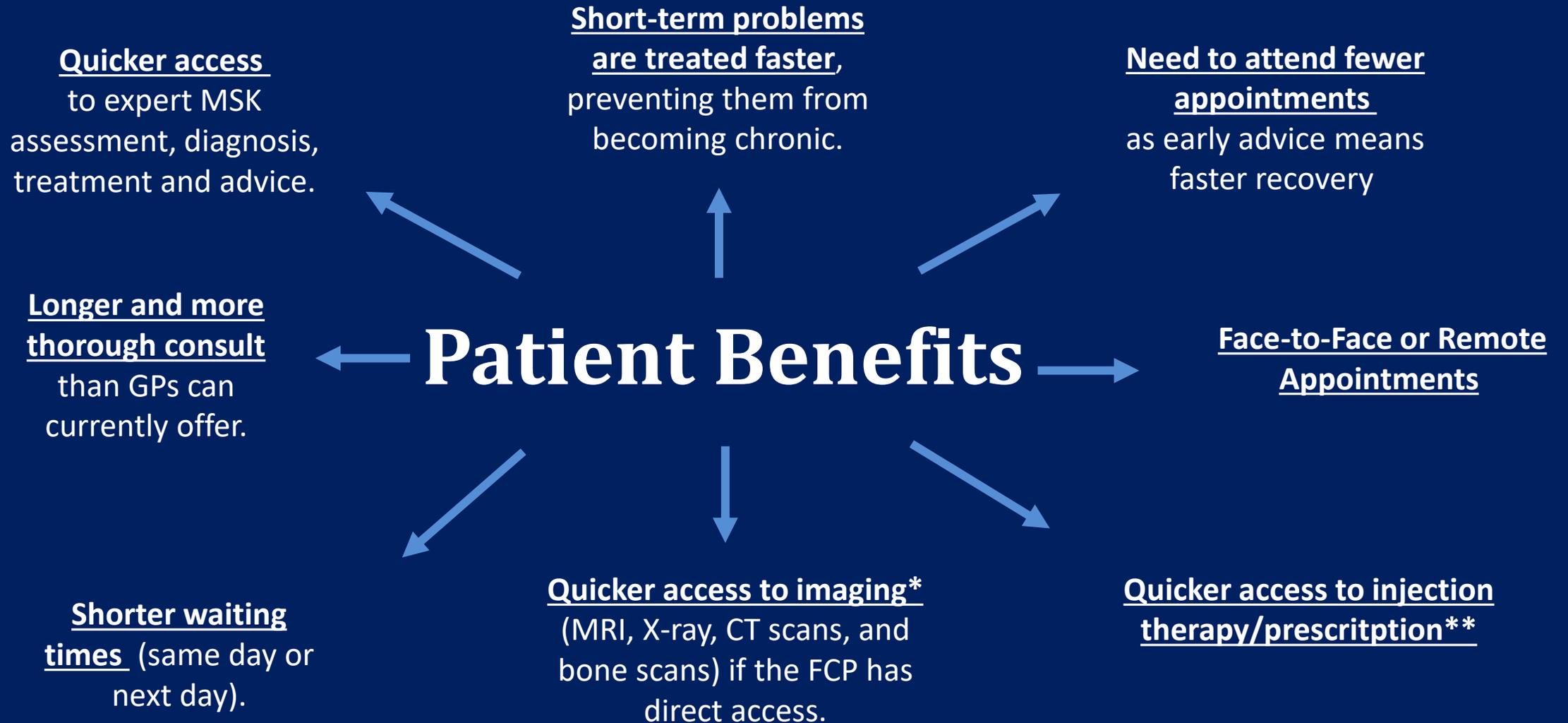
Reduce GP workload

Patients get quick access to MSK
assessment, diagnosis and advise

FCPs are proven to reduce demand
into primary care, reduce
prescription costs, increase service
development capacity and reduce
referrals into secondary care

On average, 95% of patients do not
require a GP follow up

FCP service benefits: The Patient



* Where applications for permission from local radiology department has been granted.

** Where additional training has been undertaken and Qualification achieved

FCP Service: Evidence

Over 40 pilot studies across the UK have providing a positive understanding of how FCPs can integrate into primary care and highlighted multiple benefits:

- **99% of MSK patients were managed independently** by the FCPs *(98% inner city).
- **71% were discharged** after two appointments, 54% after the first.
- **Only 6% were onward referred** (2% to GP, 3% for diagnostics and 1% to orthopaedics). This reduction from 12% to 1% in referral to orthopaedics resulted in savings of £3,085 per patient.
- **70% of patients reported continuous improvement** after 6 months.
- **80% of the patients reported being satisfied** with the service, the information provided and their confidence in practitioners.

Case Study: Back Pain

Patient X

- 54 year old female
- Over 10 year history of general lower back pain
- Much worse in the last month
- Constant pain but worse with bending over, getting up from sitting
- Back pain wakes every couple hours at night
- Very stiff first 30 minutes in the morning then frees up
- Shooting pain down the right leg started in the last 2 weeks
- No sensory or motor changes
- No CES symptoms
- Paracetamol doesn't help at all
- Ibuprofen helps a bit, takes it before bed

What FCP Can Do

- Thorough objective and subjective assessment
- Differential diagnosis
- Provide education and reassurance on what to do
- Liaise with GP if prescription of analgesia/NSAIDs indicated
- Offer follow up appointment
- If FCP input not successful after 3 sessions, refer to MSK service
- Ensure referral sent to most appropriate professional

How can you promote the service?

- FCP Posters
- Videos for display in GP Practice
- Patient SMS informing them of the service.
- Providing FCP information on your telephone intro
- Discuss the role with the MDT.
- Updating social media and websites
- Intergration days
- Utilising FCP non-clinical time to attend PCN, practice or PPG meetings

Bone, joint or muscle pain?

See the physiotherapist here!



**First
Contact**
Physiotherapy

The physio will:

- *Assess you and diagnose what's happening*
- *Give expert advice on how best to manage your condition*
- *Refer you on to specialist services if necessary.*