

PRESENT: Jane Gregory (Chair), Emma-Jane Loveridge (Secretary), Andy Taylor, Lynnette Ravenscroft, Penny Duffield, Susan Gale, April Boyle

1. WELCOME

The Chair welcomed everyone to the meeting.

2. APOLOGIES

Apologies were received from Sarah Hill, Caroline Aldridge, Alan Kennard, Colin Bowditch, David Hardman, Elaine Taylor and Shirley Williams.

3. MINUTES of the previous meeting and matters arising

The minutes of the last meeting were accepted as a true record.

The Secretary confirmed the introduction of an action log to support tracking, reporting, and preparation of the annual Chair report. Members supported this approach. The action log is accessible to steering committee members, with a PDF version to be circulated alongside the minutes. The Chair confirmed actions will continue to be tracked through the action log.

(a) e-Consult replacement system

The practice is awaiting a decision from NHS Dorset to progress with the replacement system. Further actions remain open, including member notification and testing once the system progresses to the next stage.

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.

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

Work is ongoing to review relevant website information. This item was deferred to the next meeting.

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.

(c) Car parking

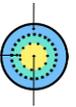
The proposed plan setting out the parking spaces and layout has been submitted and the practice is still awaiting the response from Dorset Council. Recent issues linked to coach turning in and patients continuing to park in the disabled spaces out the front were noted.

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

Training for reception staff continues, including triage processes and consideration of clinical history. The practice will continue to remind reception staff of the criteria and ensure triage considers clinical history.

Action to be closed.



(e) **Communication**

Feedback on the use of informal forms of addressing patients was discussed. The issue will be shared with nursing, admin, and the district nursing teams. A potential approach of asking patient preference was noted for further consideration.

Action to be closed.

(f) **Medication Supply**

Ongoing national medicine supply issues were noted.

The practice continues to experience pressure from patient making urgent requests, despite repeated messaging to patients asking for sufficient notice. It was noted that many patients contact the practice only once they have fully run out of medication. This creates significant pressure on the prescription team and has led to staff raising concerns about workload and sustainability. The practice clinical system records each patient’s next due date for medication, and the patient is responsible for requesting repeat prescriptions unless they are on a managed batch system, in which case requests go directly to the pharmacy. With around 9,000 registered patients and an estimated 75% on regular medication, automatic issuing of prescriptions without a request was deemed not feasible or safe.

PPG members asked whether reminder systems could support patients. The practice confirmed that a large proportion of patients request medication by email or in writing, which limits automation. The NHS App was discussed as a possible tool, but reliability remains a concern. Issues have been reported nationally, including incorrect or delayed notifications and reminders sent for appointments that did not exist or had already passed. These notifications do not always appear in the practice clinical record, which confirms they originate from NHS systems rather than the practice.

The online practice system works well for submitting repeat prescription requests and allows patients to view their last issue date. It does not generate reminder alerts. Patients therefore need to check their medication history and plan requests in advance. Further patient communication is likely to be needed to reinforce expectations around ordering timelines and to explain system limitations clearly.

Action point(s)	The practice to consider further patient messaging on timely medication requests.
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(g) **AGM**

Venue options were discussed. Uplyme Village Hall confirmed availability on either 15th or 29th September. Woodmead had not responded. It was agreed to proceed with booking Uplyme Village Hall as the venue was successful in 2025. Availability of GP attendance will be checked before confirming a date.

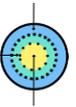
Action point(s)	April to talk to Dr Watson preferred date for the 2026 AGM. Em to book Uplyme Village Hall for the 2026 AGM.
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POST MEETING: HOLD THE DATE - the AGM is being booked for **Tuesday 29th September**.

(h) **PSA testing**

Since the last PPG meeting the National Screening Committee met on 27th November and did not approve a population-wide PSA screening programme. The practice is following the national guidance and patients who are concerned would be supported to book tests in accordance with NICE guidelines.

Action to be closed.



The practice are exploring plans for a wellbeing information event focused health awareness. The wellbeing event would provide health information and perform blood pressure, BMI, and cholesterol checks. Further details following internal practice discussions to be shared at the next PPG meeting.

Action point(s)	Em to feedback the outcome to the Rotary Club who raised the discussion point.
	Practice to provide an update on the Wellbeing event at the next meeting.

(i) **Website**

Members were asked to review website pages, with particular focus on the PPG page. Ongoing incremental updates will continue.

An issue was raised about the waiting room video and the display timing to be slowed down to make it easier to read the information being made available to patients.

Action point(s)	The practice to review the website.
	PPG members to review and feedback required changes.
	Em to feedback to Omnisector who create the practice video to make the necessary changes.

(j) **Practice roles to attend PPG meetings**

The proposal to invite staff to discuss current and future practice roles remains outstanding. Practical challenges in arranging attendance were noted. This will be progressed outside the meeting.

Action point(s)	The practice to invite a pharmacist to a future meeting to give a short introduction to their role.
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4. STANDING ITEMS:

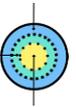
(a) **Practice Report**

Due to unplanned absence, no written practice report was available to be presented at the meeting.

The practice provided a verbal update on the GP training arrangements and whether the proposed arrangements will proceed. The practice continues with the current F2 structure and Dr Gilcarey has completed training to become a GP trainer. Registrars continue to seek placements in GP practices as part of their pathway to becoming GPs. Securing a GP registrar remains an objective.

The main challenge relates to trainer presence across both sites. Training requirements expect the named trainer to be physically present with the trainee. Current proposals involve a trainer based in one location while the trainee is based in another, which prompted the need for further clarification and submission of additional information. A possible solution discussed involved the trainer delivering sessions on site and recognition of supervision support from other clinicians. This approach would strengthen training exposure by involving more than one supervisor.

The latest update suggests progress, though there has been no formal confirmation. The group acknowledged the uncertainty and agreed to await further information.



- (b) PPG Red comments boxes in surgery waiting rooms
None submitted since the previous meeting.

The group discussed the location and management of PPG comment boxes across sites. A box is present in both the Charmouth and Lyme site. Responsibility for checking and securing the boxes usually sits with the PPG Chairs who have access keys.

Action point(s)	Jane to review and confirm locations, access keys, and checking responsibility. Findings will be reported back to the group.
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5. MEMBER REQUESTED ITEMS

a) Compliments and complaints

(i) Waiting Room Music

A patient raised a concern about the volume of the music in the waiting room. The volume caused discomfort. The practice acknowledged the issue. The team agreed reception will reduce the music volume and monitor levels during busy periods to keep the environment calm and patient focused.

(ii) Emergency Diagnostic Procedure Timing and Triage Coordination

A complaint had been raised via the PPG regarding the timing and triage of an emergency diagnostic procedure. The practice asked for a copy of the complaint to ensure that it can investigate the incident fully and discuss the findings with the relevant teams.

Action point(s)	Em to seek permission to share the patient complaint. Patient to share complaint with the practice.
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(iii) Thank you

A thank you was forwarded to the practice for the care and attention received over the Christmas period.

b) Pharmacy Update

It has been reported in the media that ‘Allied Pharmacies’ has taken over a large number of the Jhoots Pharmacy locations, including the Lyme Regis site collocated with the Lyme Bay Medical Practice. This is backed up by the change in name on the NHS site ([link here](#)). The practice is awaiting that it may be soon as early February.

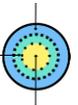
POST MEETING: Bridport News reporting that the pharmacy is opening Monday 2nd February.

Action point(s)	To invite Allied Pharmacy to a future PPG meeting.
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c) NHS Dorset 5 Year Plan

NHS Dorset held a webinar in January to provide details on the NHS Dorset 5 Year Plan. Chris Skinner, Senior Engagement Officer and Jim Gammans, Community Engagement Officer shared key themes from NHS Dorset’s 5-Year Plan, and how listening to the views and experiences of local people over many years including reviewing 38 engagement reports they stated helped inform the plan. The aim is to improve the lives of the people in Dorset by focusing on prevention, early help, and community well-being. NHS Dorset commissioning priority areas 2026 – 2031 are set out as followed and more detail can be found in the recorded webinar. A link to the webinar recording can be found here: [NHS Dorset 5 Year Plan webinar – NHS Dorset](#)

- Neighbourhood health



- Mental Health, learning disabilities, autism and neurodiversity
- Planned care and cancer
- Maternity, women and children and young people
- Urgent and intermediate care services
- Better use of technology

Action point(s)	To share FAQs once NHS Dorset circulate them.
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6. Any Other Business

(a) Health Check advertising

Members have reported being sent adverts for Health Checks by LiveWell Dorset. The organisation has set up a new mobile service offering these checks direct to local communities and workplaces, targeting people who are most at risk of developing these health conditions. The NHS Health Check is a free check-up of your cardiovascular health to test if you may be at risk of heart disease, stroke, kidney disease, diabetes or dementia. You may be eligible for a check if:

- you live in Dorset and are registered with a GP in the UK
- you are registered with a GP in Dorset
- not being treated for an existing diagnosed cardiovascular condition
- aged between 40 – 74
- haven't had an NHS Health Check in the last five years
- not on any blood thinning medication (except for DVT)
- not taking anticoagulants including warfarin, apixaban, rivaroxban, dabigatran (except for DVT)

The link for more information and booking can be found at <https://www.livewelldorset.co.uk/healthcare-professionals/nhs-health-checks/>.

(b) MOD veterans

April confirmed that Lyme Bay Medical Practice are a 'Veteran accreditation' practice and record veteran status on patient records. This information appears on referral letters where relevant and supports access to priority treatment for specific specialties such as orthopaedics and mental health. This process has operated for many years and the discussion clarified the purpose of asking about military service during patient registration to primarily support the retrieval of military medical records. Practices must request the records directly because military medical records do not transfer automatically to NHS practices.

The discussion highlighted hospital arrangements which allow eligible veterans to receive priority care, including treatment by military surgeons in specific circumstances. However, for this to work, veteran status and related conditions must be clearly recorded in the patient record and flagged on referrals.

Members agreed patients should be encouraged to inform the practice of veteran status and any service related health issues. The practice staff will record this as in the clinical notes so relevant information appears on future referrals and supports appropriate prioritisation.

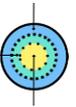
It was confirmed that there is a notice in the waiting room for further information.

(c) April Boyle (Practice Manager) retirement date

It has been confirmed that April's retirement date is 31st March 2026. A deputy practice manager has been appointed to support Sarah and the practice.

(d) QR code banner for waiting rooms

An action from the review of the practice waiting room video identified a need to improve how QR codes are displayed for patients. The current approach does not provide clear access to specific information. The



DATE: 27th JANUARY 2026 at 2.30 PM.

VENUE: LYME REGIS MEDICAL CENTRE

practice have been developing an information banner for each waiting room. The banner will display QR codes patients can scan to access specific practice information.

(e) Support for patients with dyslexia using online tools

It was noted that the practice reception team were asking patients to complete the e-consult online and a questions raised, asking how this works for people who struggle with written communication, including dyslexia, hearing loss, or low literacy.

April explained that e-Consult is intended for non-urgent issues. Urgent requests go straight to same day triage with a call back. Patients who inform the practice that they cannot use e-Consult are not refused care. Staff record the reason on the system and arrange a call back to complete the consultation form on the patient's behalf, often later in the day when demand eases.

The practice has implemented approaches to adapt and support access, including for older patients, digital illiteracy and those who mask difficulties. The practice records access needs on the front screen so staff can respond appropriately. This approach supports confidentiality and consistency. The triage team prefers structured questions because free text emails often miss key clinical details. The aim of the e-consult replacement system (coming soon) is to standardise the questions asked of patients, whether online or by phone.

(f) Hospice care funding

In March 2025 the Dorset Integrated Care Board ceased funding for Weldmar and Marie Curie. Both are charities providing End of Life services. April confirmed that a Weldmar nurse attends patients registered with the practice and night care is provided by Marie Curie. Both can arrange a bed in a hospice if one is available.

7. Date of next meetings

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:

24th March 2026 (Chair – Caroline Aldridge)

26th May 2026 (Chair – Jane Gregory)

28th July 2026 (Chair – Caroline Aldridge)

29th September 2026 (Chair – Jane Gregory)