

PUBLIC MEETING AND AGM MEETING MINUTES

DATE: 29th September 2026 at 7 PM.

VENUE: UPLYME VILLAGE HALL

Attendance:

48 patient representatives

9 Lyme Bay Medical Practice representatives

3 external speakers

A copy of the presentation slides used during the Public Meeting and AGM are circulated with these meeting notes for reference.

1. WELCOME

The PPG Co-Chair welcomed patients, members of the PPG Steering Group, Practice representatives and invited speakers. The purpose of the evening was to provide an update on the work of the PPG during 2025/26, hear about local health and wellbeing services, provide information about the use of NHS data for healthcare research, give patients an opportunity to ask questions directly of the Practice team and hold the formal PPG Annual General Meeting.

2. PPG ANNUAL REPORT 2025/26

The PPG presented its Annual Report for 2025/26 and explained its role as a link between patients and the Practice. Patients can raise concerns, make suggestions, provide feedback and ask questions through the PPG Steering Group, Virtual PPG and other feedback routes.

During the year, the PPG introduced an action log to improve the way issues are recorded, followed up and reported back. A total of 48 actions had been tracked during the year. The patient feedback had broadly fallen into six themed areas. These were access and triage, medication and pharmacy, parking and accessibility, communication, facilities and comfort, and health and wellbeing.

A significant focus during the year had been working with the Practice to improve the information on the Practice website. More than 50 improvements had been made following a detailed review and patient testing. Changes included clearer routes to appointments, prescriptions, test results and support, simpler language, improved navigation and better information for carers, patients with long-term conditions and people seeking community support. The website now also has an expanded PPG area to make it easier for patients to understand the role of the PPG, find information and get involved. Patients were encouraged to visit and try the updated website.

For 2026/27, the PPG will continue to listen to patient experience, track issues through its action log, support clear and accessible patient information and encourage greater involvement in both the Steering Group and Virtual PPG.

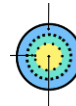
See attached annual report for more information.

3. ACCESS WELLBEING

Representatives from Access Wellbeing gave an overview of the service and explained how it supports people with mental health, emotional wellbeing and wider life difficulties.

Access Wellbeing forms part of Dorset's wider community mental health system. The aim is to make support easier to find and access by linking NHS, voluntary, community and other local services. The service focuses on helping people earlier, before problems become more serious.

The presenters explained that Access Wellbeing is designed around three principles. People should be able to receive the right support, at the right time and in the right way. This includes offering different ways to access help, including face-to-face, telephone and online support, and using a "no wrong door" approach so people are not passed unnecessarily between services.



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The service provides person-centred support. Wellbeing coordinators take time to listen to what matters to the individual and help identify the issues affecting their wellbeing. Support can include mental health and emotional wellbeing, housing, benefits and finances, social isolation, education, training, employment and support for carers.

Where a person needs specialist support, Access Wellbeing can help connect them with the most appropriate service. The presenters explained that the role of the wellbeing coordinator is not to replace specialist clinical services, but to help people understand what support exists and navigate their way through it.

People can receive support over a number of sessions, usually around six to eight where appropriate. This can include developing a personal wellbeing plan, identifying practical goals and helping people build confidence in accessing other services.

The service also described its use of Peer Open Dialogue Dorset. This approach provides a structured space for people to talk about difficulties alongside members of their own support network where appropriate. It focuses on listening, communication and helping everyone involved to understand different perspectives. The presenters explained that this is not a form of therapy, but an approach which can help people discuss difficult issues before they develop into a crisis.

Access Wellbeing has hubs and community drop-in locations across Dorset. The presenters explained that local support is available in Lyme Regis, with sessions held at the Guildhall on Mondays from 10am to 3pm. Support is also available in other parts of West Dorset, including Bridport, Axminster and Maiden Newton, alongside telephone and video support for people who cannot attend in person.

The service has more than 40 wellbeing coordinators working across Dorset, with three main hubs and around 30 community drop-in locations. During 2025/26 there were more than 16,000 visits across the service, including visits to hubs and community drop-in spaces.

The key message from the presentation was that people do not need to wait until they are in crisis before seeking help. Access Wellbeing offers a place to talk, receive practical support and find the most appropriate next step.

4. LIVEWELL DORSET

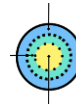
A representative from LiveWell Dorset gave an overview of the free health and lifestyle support available to Dorset residents.

LiveWell Dorset is a Public Health funded service which helps people make practical and sustainable changes to their health and wellbeing. The service provides personalised advice, behaviour-change coaching, self-help resources and links to local activities and services.

The presentation focused on four main areas of support:

Stopping smoking. LiveWell Dorset can provide behavioural support and access to stop-smoking aids. The service also offers support to people who are considering using vaping as a short-term route away from smoking. The presenter stressed that the aim is to help people stop smoking rather than encourage long-term vaping.

Managing weight. Support includes individual coaching, access to weight-management programmes and digital tools. The presenter explained that support is available both for people wishing to lose weight and for those who need help maintaining or increasing weight.



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Moving more. LiveWell Dorset helps people increase their physical activity in a way which reflects their health, mobility and confidence. Support can include signposting to local activities and advice for people with limited mobility or long-term health conditions.

Drinking less. The service can support people who want to reduce their alcohol intake where this has become an unhealthy habit. It does not provide treatment for alcohol dependency, but can signpost people to specialist services where this is required.

The presenter explained that people who register with LiveWell Dorset first speak with an adviser to discuss their goals and what type of support would be most useful. The service can then provide personalised information, resources and coaching.

A key part of the service is its behaviour-change coaching. This is usually offered as a series of telephone sessions and focuses on helping people understand what makes change difficult, identify realistic goals and build habits which can be maintained. Coaching can be accessed during the day and into the evening to make it easier for people who work or have caring responsibilities.

The service keeps in contact with people after the initial programme. Follow-up can take place at around three, six, nine and twelve months, particularly where continued support would help someone maintain a change such as stopping smoking.

LiveWell Dorset also provides access to NHS Health Checks through a separate team. These checks are available free of charge to eligible people and can help identify risks linked to conditions such as heart disease, diabetes and stroke.

The presenter explained that people can refer themselves directly to LiveWell Dorset. Referrals can also be made by GPs, other health and care professionals, social prescribers and, with the person's agreement, family members or friends.

A patient asked whether the service could support people with pre-diabetes. The presenter confirmed that people with pre-diabetes can use LiveWell Dorset and that relevant support is included within its health, nutrition, weight and activity work. The service can also attend local groups to provide information and support where this would be useful.

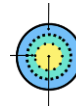
The main message from the presentation was that the service is free, people can contact it directly, and support can be adapted to the individual rather than relying on a single programme or route.

5. NHS DATA FOR FUTURE RESEARCH

A presentation was given by Dr Keith Gomes Pinto and Andy Taylor on the Wessex Secure Data Environment, often referred to as the Wessex SDE.

Before the presentation began, the Chair clarified the purpose of the session. It was being provided for information and discussion only. The presentation did not represent endorsement by the PPG or the Practice, and no decision about Lyme Bay Medical Practice joining the Wessex SDE was being made at the meeting. For transparency, two relevant interests were declared. Andy Taylor is a member of the Lyme Bay Medical Practice PPG Steering Group and also acts as a patient representative for the Wessex SDE. The PPG Secretary works for Optimum Patient Care, an organisation involved in health data research and which operates a research database. The Chair explained that these interests were being recorded so patients were aware of them and the PPG could remain transparent and impartial.

The presenters explained that the Wessex SDE is designed to give approved researchers secure access to NHS data for research which has a clear public benefit. The intention is to allow research to take place without



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researchers receiving copies of patient data to take away. The principle is bringing the researcher to the data rather than sending data to the researcher. Researchers work within a secure digital environment and are only given access to the information required for the approved study.

General practice data is valuable for research. GP records can show a patient's health journey over a long period, including consultations, diagnoses, prescriptions, referrals and follow-up after hospital treatment. Linking this information safely with hospital, community, mental health or genomic data can help researchers understand patterns which are difficult to identify from one part of the NHS alone. Examples were given of research which can use linked data to improve diagnosis, identify people who could benefit from treatment earlier and understand how treatments affect patients over time.

The presentation set out the security and governance safeguards used within the SDE. These include the recognised "Five Safes" framework, NHS-led governance, public involvement, publication of approved uses and ISO 27001 information security arrangements (international standard).

The presenters explained that personally identifiable information can be required at an early stage to link records correctly. Once linking has taken place, identifying details are removed or replaced with coded references before information is made available to researchers. Researchers only receive access to the minimum information needed for their approved study. They work within the secure research environment, and information is not routinely downloaded or removed from it. Outputs from research are checked before they are allowed to leave the environment to reduce the risk of individuals being identified.

The presentation also covered patient choice. The national data opt-outs and relevant research opt-outs are respected. Practices can also decide whether to take part in particular studies. Approved studies are published through a Data Use Register so patients and the public can see how information is being used.

The process for approving research was explained. Researchers must submit a detailed application describing the purpose of the study, the information required and the safeguards proposed. The request is reviewed for its purpose, legality, privacy implications and feasibility. It is then considered by a Data Access Committee before any access is granted. It was noted that both speakers sit on this Data Access Committee. Where approval is given, legal agreements and technical access controls are put in place. Researchers then work within the secure environment. Any output they want to remove from the environment is checked before release.

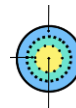
The studies are expected to demonstrate clear public benefit, a lawful and ethical purpose, appropriate researchers, use of only the information genuinely required and strong privacy and security safeguards. They also stated that where research creates financial value, the SDE aims to ensure fair value is returned to the NHS and participating practices.

The presentation also outlined potential benefits for GP practices. These included reducing the administrative burden of dealing separately with research requests, providing central governance and feasibility checks, retaining the ability to opt out of studies, helping shape research priorities and supporting research intended to improve treatment, prevention and local services.

A number of questions were raised by patients.

One question asked whether secure data environments operate only within Wessex or form part of a wider national system. The presenters explained that there are secure data environments in other parts of the country and that they can work together for research which requires data across larger populations.

Patients also asked about commercial organisations and whether NHS data is sold. The presenters stated that the SDE does not sell patient data. Commercial organisations can fund research projects, but researchers access approved data within the secure environment rather than receiving a copy of the underlying patient information.



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Questions were also raised about the costs of operating the SDE. The presenters explained that researchers and organisations using the environment can be charged to cover work such as governance, data preparation, feasibility assessment, technical infrastructure, information governance and security. They explained that the aim is for the SDE to be financially sustainable.

Several questions focused on cyber security, artificial intelligence and the wider risks associated with health data. The presenters acknowledged that health information is valuable and needs strong protection. They explained that the SDE separates data preparation and research environments, restricts who can move information between them, uses multiple checks and controls what information can leave the environment.

The discussion also recognised that artificial intelligence brings both opportunities and risks. Examples were given of AI tools supporting research and helping clinicians identify useful information within complex medical records, while stressing the importance of governance and assurance.

A patient raised the wider issue of poor communication between hospital and general practice systems. This led to discussion about the difficulty GPs can face when important information is contained within lengthy hospital correspondence rather than being transferred in a clear, structured way.

The Practice was asked directly whether Lyme Bay Medical Practice had already joined the Wessex SDE. The Practice confirmed that it had not signed up and that no decision had been made. The Practice explained that it supported the principle of using health information responsibly to improve patient care, but also recognised the need for strong safeguards and careful consideration before any decision.

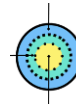
The Chair closed the discussion by recognising that this is a complex subject which patients will continue to have questions about. The PPG confirmed that it would continue to follow the issue and support further discussion as the Practice considers the subject in future.

6. PRACTICE PHARMACIST ROLE

The Practice Pharmacist gave an overview of the role of pharmacists working within general practice and explained how this supports both patients and the wider clinical team. She explained that pharmacists working in GP practices have undertaken additional training to work within primary care and to take on clinical and medicines-related responsibilities which would previously have required GP time. Her role includes reviewing medicines, supporting patients with long-term conditions, checking treatment effectiveness and side effects, arranging or reviewing monitoring, and prescribing where appropriate.

Patients with long-term conditions are generally recalled each year, often around the month of their birthday. They usually first see a healthcare assistant for checks such as blood pressure, weight and blood tests. The pharmacist then reviews the results, discusses symptoms and medication with the patient, and decides whether treatment can continue unchanged or whether medication or dosage needs to be adjusted. Where changes are made, further follow-up is arranged. The pharmacist explained that this approach is used for a range of long-term conditions, including cardiovascular disease, diabetes, asthma and other conditions requiring regular medication review and monitoring. The aim is to make sure medicines remain safe, effective and appropriate for the individual patient.

The meeting also heard about the role of Primary Care Network pharmacists. These pharmacists carry out work across practices, including reviewing prescribing data, checking patients who take higher-risk medicines and carrying out audits. One example discussed was anticoagulation treatment for patients with atrial fibrillation. Practice staff arrange the necessary blood tests and clinical checks, while pharmacists review medication and symptoms. Primary Care Network pharmacists can also review data to identify patients who need additional monitoring or whose dosage could require review. The pharmacist explained that these different roles provide an additional safety check. A patient can receive their routine annual medication review through the Practice,



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while wider searches and audits across the Primary Care Network can identify patients who require earlier or additional reviews.

The pharmacist also described the importance of following national clinical guidance when reviewing medicines. This includes balancing the benefits of treatment with side effects, monitoring requirements and individual patient circumstances.

The key message was that pharmacists are now an integral part of the general practice clinical team. Their work supports safer prescribing, gives patients more opportunity to discuss their medicines with a qualified medicines specialist and releases GP capacity for other clinical work.

Information was also provided about Pharmacy First. This NHS service allows community pharmacists to assess and, where appropriate, treat a number of common conditions without patients needing to see a GP first.

7. PRACTICE Q&A

Patients were invited to ask questions directly of the Practice team.

Vaccinations

Questions were raised about cancelled vaccination appointments and eligibility for shingles vaccination.

The Practice explained that vaccination clinics run regularly and that, where an appointment has to be cancelled, the team aims to rearrange it as quickly as possible.

The Practice also explained that shingles vaccination eligibility is being expanded nationally through a phased programme. This means eligibility can depend on age and date of birth rather than applying immediately to everyone above a single age threshold.

Minor injuries

A patient asked whether the Practice still provides a minor injuries service.

The Practice confirmed that the service continues to operate. Patients are asked to contact the Practice so they can be assessed and booked appropriately. Where an injury requires services the Practice cannot provide, such as an X-ray or certain procedures, the patient will be directed to the appropriate service.

Communication between NHS services

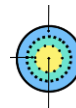
A question was raised about delays in information reaching the Practice from other NHS services, particularly where urgent blood tests or medication changes are required.

The Practice explained that it relies on information being received from the organisation requesting the test or change. Once information is received, urgent requests are assessed and managed appropriately. The discussion recognised the wider challenge of different NHS IT systems communicating effectively with each other.

Appointments and access

The Practice discussed the different routes available to patients, including routine appointments, urgent clinical triage and online consultation. The team explained that clinical triage helps direct patients to the most appropriate professional or service. Depending on the patient's needs, this could include a GP, another member of the clinical team, Pharmacy First or another NHS service.

The Practice encouraged patients who are able to use the NHS App to do so, particularly as more information and services are becoming available digitally. The Practice recognised that patients have different needs and that face-to-face and other access routes remain important.



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Future service development

The Practice explained that it will continue to develop its clinical team and look at how services can focus support on patients with the greatest needs. The Practice highlighted the importance of prevention and proactive care, with the aim of supporting people earlier and reducing avoidable deterioration or hospital admission where possible.

Questions collected by the PPG which could not be covered during the available time will be followed up separately.

The public meeting was closed. The Co-Chair thanked the speakers and for the patients for their time.

8. PPG ANNUAL GENERAL MEETING

PPG PRESENT: Caroline Aldridge (Chair), Jane Gregory (Chair), Emma-Jane Loveridge (Secretary), Andy Taylor, David Hardman, Elaine Taylor, Penny Duffield, Susan Gale, Sarah Hill, Dr Forbes Watson

Apologies: Lynnette Ravenscroft and Shirley Williams

Annual Report 2025/26

The PPG Annual Report for 2025/26 was formally presented to the AGM. Members present formally accepted the Annual Report.

Election of PPG Officers

The existing officers stood down in accordance with the election process. Jane and Caroline confirmed that they would not be standing again as Co-Chairs. Elaine and Lynette had offered to take on the role as new Co-Chairs. No other nominations were received. Their appointment was proposed, seconded and approved by those present. Elaine and Lynnette were elected as PPG Co-Chairs.

Em confirmed that she was willing to continue as PPG Secretary. Her appointment was proposed, seconded and approved by those present. Em was re-elected as PPG Secretary.

Steering Group membership

The AGM discussed membership of the PPG Steering Group. In accordance with the terms of reference it was confirmed that the group can have up to 15 members and that 5 vacancies remained available.

Tara Smith and Claire Humphreys had expressed an interest in joining the Steering Group. Both were welcomed and accepted as new members.

Patients interested in becoming involved in the PPG are encouraged to make contact.

9. 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 planned as follows:

- 24th November 2026
- 26th January 2027
- 23rd March 2027
- 25th May 2027
- 27th July 2027