

	<p>- Patient Group Link on Website: The point was raised at the last meeting that the link to the patient group on the Leaside website should be more prominent, similar to the Dartmouth Medical Practice's top banner.MR agreed to see if this could be done easily.</p> <p>- Patient Feedback: It was agreed to defer the discussion on methods to get more patient feedback to the next meeting. A member had spoken to a sixth-form student who thought there was scope for engagement with the school. It was also noted that previous surveys were limited as they were conducted during vaccination clinics, thereby surveying only a fraction of the patient population. The need to engage with patients who do not attend the surgery regularly was recognised. It was suggested to share best practice with other local patient groups, such as those at St Catherine's and Dartmouth. The Dawlish patient group was highlighted as exceptional. Contact with Catherine House has been initiated. This will be an agenda item for the next meeting.</p> <p>- LPG Volunteer Time: MR confirmed that feedback regarding the efficient use of volunteer time had been taken on board for the current vaccine programme. Only one volunteer is being used per clinic, which is felt to be a better experience.KP said the group was providing two and that seemed to be working OK.</p> <p>- Appointment Reminders: An issue where a member was not receiving text reminders for appointments was raised. MR confirmed he would investigate this, as reminders should be sent both at the time of booking and the day before the appointment.</p>	<p>MR</p> <p>KP, JP</p> <p>MR</p>
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<p>Changes in operation of committee.</p>	<p>Discussions were held regarding the vacant secretary and chair roles following the AGM.</p> <p>- Secretary Role: No nominations were received for the secretary post. A proposal was made to split the role into an 'Admin Secretary' and a 'Minute Secretary'. It was suggested that the minute-taking could be rotated among the committee. MR proposed using an AI transcription service, which the practice uses for its own meetings, to significantly reduce the minute-taking burden. A demo will be provided during this session.</p> <p>JB kindly offered to continue fielding emails for the secretary. JB agreed to take on the agenda distribution (prepared by the Co-Chairs) and agreed to manage the list of LPG committee members and email addresses of attendees. MR will take responsibility for sending transcribed minutes to the practice.</p> <p>- Chair's Role: Two members (KP and JP) proposed to act as Co-chairs until the next AGM. This was accepted by the committee. MM agreed to forward any emails received for the chair, to the Co-Chairs.</p> <p>- Meeting Frequency: It was proposed to change the committee meetings from bi-monthly to quarterly. The terms of reference state meetings will 'normally' meet every two months, which was felt to provide enough flexibility to move to quarterly meetings without a formal change at a general meeting. It was also agreed to hold one general meeting a year (the AGM), rather than two.</p> <p>-The 'Leat' Newsletter</p> <p>SD indicated she was prepared to take over 'The Leat' subject to the fact she was away a lot. It was agreed to continue its quarterly publication, with the release timed for approximately a fortnight after each committee meeting. MM volunteered to meet SD to explain procedure and layout. Prospective articles for the June edition include a piece on cardiovascular health by Dr Berryman, a piece from Professor Balch, an update on the NHS app changes, and updates from</p>	<p>Action</p> <p>JB, MR</p> <p>All</p> <p>JB, KP, JP, MR</p> <p>MM</p> <p>JB, MM</p> <p>MM, SD-B</p>
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	the practice manager. MR will bring items to future meetings for the group's input on content and tone.	
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Practice Manager's report	Practice Manager's Report (MR)	Action
	<p>- Hope Course: The practice will be hosting a free, six-week HOPE course at Leaside starting in July. The course is for patients with chronic pain and chronic fatigue and aims to help with self-management skills. It will run on Saturday mornings for 2.5 hours per session. This is a self-referral course open to patients from a network of local practices (Leaside, Ashburton, Buckfastleigh, South Brent, and Catherine House). It is being run through the enhanced access service to improve accessibility for those who cannot attend during normal working hours. MR will share the flyer for distribution and possible inclusion in the Leat.</p>	MR
	<p>- Infection Control: A nurse was scheduled to present to the committee on infection control but was unable to attend. The practice is undertaking a significant amount of work to update infection control and prevention standards, including education for the whole team on topics like handwashing. The practice has recently changed its cleaning company to ensure higher standards, including regular monthly deep cleans alongside daily cleaning. The presentation will be rescheduled for the next meeting.</p>	MR, KP
	<p>- Sustainability: In response to a query about the NHS carbon footprint, MR confirmed the practice is signed up to a 'Green General Practice' programme. Initiatives include switching to LED lighting (though the £90,000 upfront cost is a barrier) and changing inhaler prescribing habits based on the carbon footprint of different devices. The balance between cost, clinical need, and sustainability (e.g., disposable vs. reusable speculums) was acknowledged.</p>	
	<p>- Practice Level GP Funding: MR explained the recent government announcement of new funding for general practice. This fund has replaced the previous 'improving capacity and access' fund, which the practice had used to employ a full-time paramedic. This has created a £70,000 budget deficit. The new funding can only be used for salaried GPs (not partners) and is only guaranteed until March of next year. The practice is therefore advertising for a salaried GP for two days a week on a fixed-term contract. The possibility of a shared role across the PCN is being explored.</p>	
	<p>MM asked if an explanation of Saturday treatment could be given to patients. MR agreed to do that.</p>	MR
	<p>The patient prescription writing desk will be installed today. (12 May) <i>Post meeting note - this was done on 13th May.</i></p>	MR
	<p>-Cryosurgery: A patient query was raised regarding the cessation of the cryosurgery service. MR confirmed the service was stopped for several health and safety and cost reasons. The cryo-tank required expensive, secure off-site storage, and the service cost £3,500 p.a. without being a contractual requirement. Its main use was for warts and verruca, for which other treatments are available. The new Hyfrecator device is used for other minor ops like skin tags (where clinically indicated, not for cosmetic reasons). The change should have been communicated to patients who were regularly using the service. This topic will be covered in 'The Leat'.</p>	MM, S D-B
	<p>Practice Signage: A plan is in place to update the GP photo board in reception with a new system that allows for easy updates. The overall practice signage is also being reviewed and redone to create a more logical room numbering system (1-21) and replace broken name plaques.</p>	MR

	Items for Next Meeting - How to engage more people with the patient group. - How to facilitate more direct patient engagement sessions at the surgery. - Update on infection control from the practice nurse	KP, JP
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Any Other Business	An invitation for members of the public to observe committee meetings could be included in The Leat. This is promoted by the flyer used at the vaccination clinic. A brief demonstration of Heidi Transcribe was provided my MR	Action
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Action Points	<ul style="list-style-type: none"> - MM will take the minutes for this meeting with assistance from Heidi transcribe. - MR: Send transcript of Heidi minutes to the appropriate practice contact. - MR to confirm action taken to provide link on website to patient record - MR: Review and change the wording on the triage system for out-of-hours messaging to clarify that the surgery is closed. - MR: Investigate issues with appointment booking links being unusable outside surgery hours and consider adding an explanatory message for patients. - MR: Action the request to make the social group link more prominent on the practice website. - MR: Investigate why a committee member is not receiving appointment text reminders. - MR: Share the flyer on the Hope course and consider piece for the Leat - MR KP: Reschedule infection control presentation for next meeting. - MR: Provide information about Saturday access. - MR: Provide information in Leat about Cryosurgery cessation. - MR, MM, SD-B – produce editions of The Leat. - KP, JP, JB – undertake secretarial tasks
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Date of next meeting	14th July 2026
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Meeting closed at 19.25