

## Launceston Medical Centre

### Patient Participation Group (PPG)

#### Minutes from the Meeting held on

**10 November 2025 at 6pm at Launceston Medical Centre and Online**

**Present:** Andrew Yardley (Practice Manager), Steven Blackley-Edwards (Reception Manager), Paul Ford (Chair), Joan Heaton (Vice Chair), Dr Damon Dennis (Cornwall Councillor), Steve Dymond, Mary Groves, Pete Hancock, Julie Mitchell, Leighton Penhale, Rosemary Penn (Bosvena PPG Chair online), Dawn Rogers, Bonnie Soanes, Sylvia Thevissen, Andi Snook (online), Malcolm Tulip

**Apologies:** Jess Careswell (Social Prescriber), Cym Downing, Liz L'Estrange West, Pam Griffiths, Fliss Hedges (Cornwall People First), Angela Hutchins, Fiona Westwood

**Chair's welcome** and confidentiality reminder until the minutes are approved

#### **Practice Manager's report:**

##### Practice Manager's Report:

- Solar Panels: 50 new solar panels have been installed on the roof and balcony, with an expected saving of around £600 per month Energy usage has significantly decreased during peak sun hours, which is positive given the practice's monthly energy bills of approximately £3,000
- Staffing Update: Dr. Newman-Cooper is starting in December, taking the practice over capacity for GPs, which will provide more flexibility. Two new trainee psychologists, Shelley and Mari-Claire, have started. There are current vacancies for an HCA and a nurse. An honorary (unpaid) assistant psychologist post has been advertised to support the Hub, receiving 17 applicants so far. The Hub has been closed on Mondays due to staffing issues, but a team member has started working from there, which has been successful. There is a high volume of applicants for patient advisor roles, with over 130 applicants for a recent advert. There is a trend of newly qualified GPs joining the practice
- Contractual Changes and KLINIK Form Usage: The KLINIK form is now open from 8am. Usage peaks between 7am and 8am and then gradually decreases until a small spike after school hours – 4pm. Concerns remain about urgent issues submitted late in the day, with a red banner added to the form after 3pm to mitigate this risk
- Flu/COVID Clinics: The flu uptake was 64% and is expected to exceed 70% after adding the latest clinic figures. The social prescribing team has been contacting patients who have not previously had the flu vaccine, with limited success. Stock for vaccines is ordered a year in advance, making uptake prediction challenging.
- Patient Advisor Training: New, specific training for patient advisors in medical centres has been found. The course is customisable, covering topics like professional telephone manner and emotional resilience ("you can actually build your own course if you like"). It will be delivered in-person during half-day practice closures.

- Continuity of Care: A dedicated meeting is planned for 25/11/2025 to discuss improving continuity of care, a concern raised by patients ("concerns relating to lack of continuity, not being able to see the same GP").
- Integrated Neighbourhood Teams (INTs): The concept of INTs is a recurring topic. There is still a lack of clarity among some staff, such as district nurses, about what an INT is and how it will function ("when you speak to them, they don't know what an INT is yet"). The Hub is considered a key component of the future INT.
- Dispensary Survey and Issues: A survey was conducted by PPG members (Joan, Paul, Mary) at the dispensary hatch. Key findings include: 93% of patients expect to queue; 46% queue for over 15 minutes; patients are overwhelmingly positive about the dispensary staff's friendliness and helpfulness ("I was amazed at how positive patients were about the dispensary, about how friendly the team were"); patients do not want to collect medications from elsewhere due to convenience and the ability to resolve queries on-site ("if there are queries, they want to be somewhere where they can talk about that immediately"). A ticketed queuing system was well-received as an idea.
- Issues with prescription alignment were raised, where different medications have different review dates, causing items to be missed from orders and requiring separate requests ("mine's all over the place because I've got one that says review date, 8th of October... Then issues remaining none, issues remaining none. Then issues remaining seven").
- KLINIK Form and Patient Access: Discussion on patients presenting at the front desk wanting to complete a triage form. The reception is not set up for this due to time and confidentiality issues. Frustration was noted from patients who are told to go home and call, especially after technical issues with the online form (e.g. being directed to 'Launceston, Tasmania').

#### Decisions Made:

- Action will be taken to improve communication with patients regarding the best ways to contact the surgery and dispensary to manage queries efficiently and reduce hatch queues. This will include creating information sheets/posters.
- A meeting will be organised with PPG members to collaborate on a poster/information sheet for the dispensary and patient advisor team communications.
- The next PPG meeting is scheduled for 08/12/2025.
- The chair and vice-chair positions for the PPG are due for re-election. A note will be sent out detailing the roles and calling for nominations.

#### Concerns/Issues Raised:

- Dispensary Queues: Long waiting times at the dispensary hatch are a significant issue, with many patients queuing for over 10-15 minutes ("the majority of people are queuing for greater than 10 minutes").
- Prescription Synchronisation: The misalignment of review dates and issue counts for repeat prescriptions is causing frustration and multiple trips for patients ("I had to

book an appointment with the clinic... and get everything reviewed").

- Patient Access and Communication: A portion of the patient population, particularly the elderly, struggle with the online triage system and are not aware they can phone for assistance ("the older generation still don't understand the system at all"). This leads to frustration and patients physically coming to the surgery for issues that could be handled remotely.
- Front Desk Triage: The inability to complete triage forms at the front desk causes conflict and long delays, as staff have to explain the process to patients who are already on-site ("this conversation went on for 20 minutes... of trying to persuade somebody to go for phone in again when they're already here").
- EPS Funding: The implementation of a fully electronic EPS system (RX Web) is stalled due to a lack of funding, estimated to be in the tens of thousands of pounds ("at the moment it's a funding issue"). This is causing problems with community pharmacies like Boots.
- Tannoy System: The waiting room Tannoy system has poor sound quality, which is problematic for patients, especially those with hearing impairments.

#### Action Points:

1. Develop communication materials (e.g., posters, leaflets for parish magazines) to inform patients about the best ways to contact the surgery and dispensary, manage queries, and understand the triage process. An information sheet for the dispensary and another for the patient advisor team will be drafted. A specific article for 'Launceston Life' will be considered.
2. Organise a collaborative meeting to finalise the communication materials.
3. Andrew Yardley to investigate a patient's specific journey with prescription alignment issues to use as a learning opportunity ("I'd quite like to look at that to understand what your journey is").
4. A patient to log a form or ring the dispensary to request their medication issue dates be aligned.
5. A note detailing the roles of PPG Chair and Vice-Chair will be circulated to call for nominations.

Andrew Yardley, Steve Blackley-Edwards, and PPG members (Mary, Paul, Joan) are responsible for drafting and finalising the communication materials.

- Andrew Yardley is responsible for investigating the specific patient journey.
- The PPG Chair is responsible for circulating the note on role nominations.

Communication drafts to be created over the next couple of weeks, followed by a collaborative meeting.

- A dedicated meeting on continuity of care is scheduled for 25/11/2025.

### **Social Prescriber's Report:**

- Lilly and Emer have now left their posts, so we are at critically low staffing levels in the Hub. Andy is helping find a solution to this
- The IPS role is out to recruitment via Pentreath and we interview in December
- We were not successful this time with the lottery bid and plan to keep trying other options as they present
- Cornwall hospice launched their Bereavement help point in Launceston's Health Hub, this runs monthly on the 2nd Friday of every month. If they get enough interest, they will start a walking group
- Stop Smoking Support with Healthy Cornwall every 1st Wednesday and 3rd Thursday of the month
- Launceston's Cancer Support meeting has now transferred from being led by Macmillan/Age UK, to being a peer led group, run by volunteers from LMC, trained by Volunteer Cornwall. This will continue to run on the first Saturday of every month 10am-12noon
- We are looking for someone to run a stroke peer support group once a month. If you or someone you know have lived experience, please email: [launcestonhealthhub@volunteercornwall.org.uk](mailto:launcestonhealthhub@volunteercornwall.org.uk)
- You will be offered support and training from Volunteer Cornwall and must be able to complete a DBS check
- Drawn together-Art for wellbeing for 8-18 years old. This will be held on every 1st and 3rd Friday of the month 3.30pm-4.30pm from 8th Nov and there are a few spaces left

### **Questions for Practice Manager:**

1: Ian Smith: *I like the way the log-in panels by the entrance now show the name of the person who will see you.*

*Q: The waiting room is not a good acoustic environment and voices can be difficult to hear when the next patient is being called by speaking aloud from the corner of the room. It's even worse for those of us with hearing issues, which the practice probably doesn't have a note of. The last few times I've heard tannoy announcements, they had a pretty awful sound quality. Perhaps a visual display might be a useful supplement, in a large font shown with high visual contrast?*

A: Due to IT challenges, the Tannoy currently works via a Sim Card Router, as a solution to this we have just had a dedicated Fibre line installed that will run the Tannoy and the Tannoy alone – It is very likely that this could improve the sound quality. In addition, we are looking at ways that we can get patient call function on the screens. These used to be run by the same company that ran our patient check-in screens and were supposed to have this function, but sadly we could never get it to work. This coupled with the various issues we were having with the patient check in screen resulted in us cancelling the contract with this supplier. The patient check in screens are now run by us and the TVs will be the same when we have overcome a couple of hurdles. This is the sort of functionality we want when we can get the TVs up and running.

*Q: The "Online Contact" page doesn't include any obvious category for occasions where patients have been asked to contact the surgery, such as arranging a medication review, attending for a blood sample to be taken, or for a follow-up appointment. In these cases, there's no need for the "triage" assessment, but we still have to work through all the questions. Can a suitable short-cut be created?*

A: When communication is sent from the Medical Centre with action required by patient, it should state the method for booking, e.g. via online form, or calling Reception.

Medication review – Dispensary Tile, Medication Review – this opens up a free form text box after inputting personal details.

Blood samples to be taken – these need to be booked via phone (and should hopefully say on the text to call Reception), unless a text sent with link of suitable appts to book.

Follow up appointment – this should be submitted under the “ongoing health enquiry tab” inputting the symptoms of the original query – you then get through to an “additional information” text box at the end of the form, this would be where you would put the information that a follow-up appt has been requested.

*2: Sylvia Thevissen: When using the triage you have to fill in a symptom but if you have none you just have to click anything. Maybe they could add 'no symptoms'? For me it was a follow up on something for the dispensary and you can only get through to them by going through the triage system. A bit of a lot of work really, so maybe add something for the dispensary only?*

A: There is a tile for Dispensary Queries, this goes through to Medication review or General enquiry which then takes you through to a free form text box after inputting personal details. If this was last Monday, we did turn off the Dispensary tile function due to staff shortages, but otherwise, it is open 8AM – 6:30PM. Alternatively, Dispensary phone lines are open 10-12 and 2-4.

*3: Mary Groves: An observation for Steve (Reception Manager). During recent questionnaires regarding use of the dispensary we had feedback that some individuals had been told very recently that they could not ring the surgery and must always use the on-line form. It was definitely only a couple of people. It did make those individuals rather fearful though. Is there training and monitoring of Patient Advisors to help with this issue?*

A: (Reception Manager response) I audit calls regularly and this is not something that I have ever come across. Our newest Patient Advisors have been in post for 7 months now and I would hope this is not a training gap. I wonder if this has stemmed from a misunderstanding. There are certain things that cannot be done via the form (nurse appointments for example) that we request patients to call Reception for, as well as if a patient does not have the means to complete a form themselves, we ask them to call and we will fill it in for them. We do ask patients to complete a form wherever possible and that all requests for GP/Paramedic appointments need to go via a form (possibly where the misunderstanding occurred), but it is common that this is met with patients advising that they are unable to complete a form, the solution to this is for us to ask the patient to call in

and we can complete a form over the phone with them. We certainly don't want any patients feeling fearful to call us.

*Can we have the next "Day in the Life" based around the Dispensary please? (Agreed)*

*4: Update please, on EPS & the automatic prescription dispenser.*

A: Andy updated us on the EPS system and the need to get funding for it. The system upgrade to suit LMC's requirements will cost in excess of £200,000.00. Andy will supply exact figures and Paul will investigate if funds can be obtained via CAP (Community Area Partnership)

The 24hr medication Dispenser is a huge outlay estimated between £50,000.00 to £75,000.00

**Meeting closed at:** 7.50 pm

**Date of next meeting:** Monday 8 December 2025