

MINUTES OF PATIENT PARTICIPATION GROUP (PPG) MEETING	
Wednesday 10th September 2025	
Chair	Stephen Holby (SEH) Managing Partner
Attendees	Dr Mark Danielsen, GP Partner, Lisa Hendy, Patient Liaison Officer, Alison Vaughan (AV), Anne Petty (AP), Pat Parry (PP) Ian Walker Booth (AB), John Adelson (JA), Lewis Willoughby (LW), Heather Upton (HU)

WELCOME

SEH welcomed all the members to the meeting; new members gave a brief introduction and overview to the group.

MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting were approved and would be copied to the website. (LH to action).

ACTION GRID

Should a phone message stating that appointments can be cancelled via Klinik be added to the phone message? (Edward Chapman, PPG member via email) At present the telephone message urges the caller to “press 2” to cancel an appointment, this allows the caller to leave a message cancelling their appointment. There would be little value in then prompting the caller to complete a Klinik cancelling their appointment as this would be more difficult and time consuming than simply leaving a message. The Klinik system is available for those patients who would rather go online than use the telephone. This was discussed and possible options to make the system easier to use, debated. It was concluded that there would be little value in adding an extra telephone message regarding this.

Members questioned whether there could be a facility to re-book an appointment via Klinik at the same time as cancelling. At present there is no option to re-book other than to ring us or submit another Klinik. SEH indicated that this is something we would need to take up with the Klinik Healthcare Solutions, the proprietors of the system (Action: SEH to raise through Wendy George).

HU questioned whether cancelling / rebooking was something that could be made available through the NHS App. LH agreed to look into this but the app is a national system and not something over which the Practice have any control and there were multiple GP systems with which the national app would have to connect for that purpose (Action: LH). The Practice was looking at updating the “cancelling an appointment” screen message on Klinik to make it clearer how to re-book once an appointment was cancelled.

One member found it irritating when telephoning the Practice, that the same messages kept repeating when holding on for an answer. It was queried whether this could be limited and some other holding material be substituted after a limited number of repetitions. (LH to raise with Senior Management Team)

PPG recruitment drive. This was briefly discussed; it was gratifying to note that we have new members in the group but further members would be welcome.

GP Contract changes 2025/2026. SEH outlined changes to the contract with the practice to be implemented no later than 1st October 2025. Relevant documentation and links to information regarding these changes were made available to members before the meeting. They include practices being required to keep its online consultation platform (Klinik) available throughout core hours. The risk in this is that patients might submit information that would indicate a need for urgent medical intervention. The Practice would not have sufficient resource to review these later submissions on the same day and yet would be clinically responsible for failing to have acted on them; that is why Carn to Coast has tended to make the system unavailable after 3, while offering the alternative of the telephone to those who perceive their needs as urgent. (Some other practices close their platform down as early as 12.)

AV asked if there was a way to “hold” non urgent Klinik triage forms if completed out of hours or over the weekend so that they were not received until the next working day. This could be raised with Klinik suppliers and would potentially address the issue of clinical responsibility but it would not remove the risk to the patient submitting details of symptoms indicating the need for urgent medical treatment. SEH and MD assured that the current Klinik triage system is set up with patient safety at its heart and this is something that would be the primary consideration regarding any changes in the future.

Future of St Day Surgery. SEH and MD raised Practice concerns over the viability of St Day Surgery and this was discussed at some length SEH provided a historical overview. The small surgery and dispensary at St Day was originally a branch surgery of the

Homecroft GP practice which merged with Pool Health Centre in 2015 to form Carn to Coast Health Centres (C2C). It was recognised that the St Day premises did not meet appropriate standards and this had been declared by Homecroft when they initially registered with CQC. The branch had remained open principally to provide a dispensing service as there had been no local pharmacy available to patients in the area. Once Banns opened a pharmacy in St Day, local patients no longer qualified for dispensing and no-one within a mile qualified to be a dispensing patient so use of the dispensary effectively ceased. It was therefore impossible to maintain the status quo whereby a dispenser doubled as a receptionist and the difficulty of staffing the branch limited the hours which could be maintained.

Efforts by a charitable trust to build a replacement surgery had been fully supported by C2C but fell through owing to delays outside its control (including lockdown) and spiralling costs. Although existing branch surgeries are exempted from the standards demanded by the NHS for GP surgeries, any 'new' venue would be required to meet them in full; this means that moving to more suitable premises as a 'halfway house' is not an option.

GP and nurse services have been maintained but have now dwindled to one day a week and even these have not primarily been used by patients living in or near St Day. Discussion with patients indicate that most were drawn by the fact that an early appointment was available there rather than on account of the location. Many would have preferred or been equally satisfied with being seen at an alternate site with better facilities. Some expressed shock that such unsuitable premises were still in use.

C2C recognises that by far the greatest concern of our patients relates to the availability of appointments and the waiting times for these. In view of travel and set up time the surgeries at St Day result in a 'loss' of as many as six GP appointments and 18 nursing appointments every week, which would otherwise be available at our major sites.

For those patients who would have difficulty in coming to our other sites there is the alternative of registering with the nearby Chacewater Surgery

There now appears to be little viability for a surgery in St Day and the consensus between members present was that we should close the branch. SEH would discuss this with commissioners and ensure that an appropriate consultation with patients was carried out. (Action SEH)

Klinik triage criteria and process (LW). MD explained the triage process using the Klinik system. The Practice receives hundreds of completed Klinik forms daily, these are triaged on the day by the Duty GP's team and then processed by the admin team, added to the Appointment Management System (AMS) or actioned otherwise as triaged. MD expressed the importance of filling in the form with as much information as possible

to allow an accurate triage. MD explained our “traffic light” system of triage which allows priority for more urgent acute symptoms when being placed on the AMS. MD explained that we receive an increasing amount of triage forms from patients with mental health symptoms which now take up a sizeable portion of our available appointments. The question was asked by members, what should a patient do if they are too ill to complete a Klinik form? MD explained that one of our trained admin team would be happy to do this for a patient over the telephone or at one of our surgery reception desks and, if the patient was too ill to do this, then 111, the Primary Care Centre at CRCH, or 999 if it was a medical emergency.

Appointment waiting times (LW). MD and SEH assured the Group that the Practice was very conscious that waiting times are longer than patients and the Practice itself would like and that many other practices find themselves in a similar position. MD explained that practices like C2C receive less funding than more affluent parts of the country, that in reality we would need another 3 full time GPs to fulfil patient expectations regarding wait times and that this was not possible in the current financial climate. It was explained that we are very proactive in trying to gain more funding for deprived areas of England like ours. MD explained that we are a business like any other that must remain financially viable to stay open and that GP surgeries up and down the country are closing or struggling. MD explained that we have a GP Partner who regularly goes through the waiting list to try to consolidate multiple requests from the same patient and bring waiting lists down.

MD spoke extensively about the NHS and waiting times in general and how patients with prolonged waits for secondary care surgical procedures, are experiencing similar issues with waiting times and how this is generating more GP appointment requests in the meantime to treat ongoing symptoms with consultations such as steroid injections and pain management.

Standing Items. None for discussion

Any other business. None for discussion

SEH thanked everyone for attending.

Next PPG meeting scheduled for Wednesday 3rd December 2025 18.30 at Pool Health Centre and via Teams online.