



<b>MINUTES OF PATIENT PARTICIPATION GROUP (PPG) MEETING</b>	
<b>Thursday 12<sup>th</sup> June 2025</b>	
<b>Chair</b>	Wendy George (Managing Partner)
<b>Attendees</b>	Carn to Coast: Dr Philip Trevail (PT) Katie Bashford (KB) and Lisa Hendy (LH) Governance and Patient Liaison Officer, PPG Members: Alison Vaughan (AV), Edward Chapman (EC), Ian Walker – Booth (IWB), Stephen Medlyn (SM) Patricia Parry (PP) John Adelson (JA) Ewa Taylor (ET)

### **1. Welcome**

WG welcomed members to the meeting and conducted a brief introduction of all attendees.

### **2. Minutes of previous meeting**

These had been previously circulated. There were no amendments or matters arising not already covered on the agenda.

### **3. Action Grid**

LH checked to see if klinik information already inputted by patients is lost if the patient uses the back button to return to the previous page on Klinik. LH confirmed no information is lost if the back button is used once. However, if going back more than one page, information is lost, and the form has to be filled out again.

### **4. Vaccination Accubook Appointment Booking**

EC highlighted that he was unable to rebook an appointment that he had cancelled having used the accubook method to book an appointment. WG explained this had been looked into but that there was no known fix for this at present, as the system is not ours to amend. However, should that problem recur the practice can re-send a new booking link on request.

#### Last minute cancelled appointments

JA highlighted that he had not had notification of a last-minute cancelled appointment. He asked if we could phone when an appointment is cancelled last minute and rebooked. WG explained that this is what we normally try to do and apologised if this did not happen on this occasion. If there is no answer, however, we do send a text. JA asked if we could send a text option in addition to a phone call to the patient to confirm. WG explained that this is not possible at present due to volumes to cancel at short notice when staff are off sick - we rely on the fact that we can see when a text is delivered and so have to assume the message has been noted by the patient.

## **5. Klinik triage criteria and process**

WG shared that Klinik have developed a specific pathway for certain health conditions, Mental Health and Musculoskeletal. This means that patients can select those specific Klinik options and their experience will be tailored to that area, in the hope this will make the patient journey better. The new options will be switched on soon and we will listen to feedback.

EC queried how our klinik triaging accommodates those patients in acute pain that are waiting for an appointment but are potentially left in pain in the meantime. WG stated that this has been discussed with clinicians, and they agree they should seek to address the pain at the earliest opportunity, even if a separate appointment is needed at a later date to consider the non-urgent possible causes for the pain. PT confirmed GPs do try to prioritise pain and said that highlighting of this issue had been helpful.

## **6. Practice Survey Results**

WG shared the statistical findings of the recent patient survey carried out. She explained that the national patient survey had only been completed by 94 patients, therefore Carn to Coast undertook their own survey which was completed by nearly 2400 – a far more statistically valid survey. WG presented the results of the general practice questions. She explained that the clinical questions were still being analysed as these had been undertaken separately to ensure each GP received personal feedback as well as gathering an overall view of clinical care. The full results of the survey will be shared with the minutes of this meeting (<https://forms.office.com/Pages/AnalysisPage.aspx?AnalyzerToken=ecGFhLkWTkG9Lk2b9GDKSfhdcYP12xg4&id=sITDN7CF9Ueylge0jXdO46NrwakR9N5Hvommw6hg-UdUOFJXN1NUTTZYWFc3RVNKSUHTFIZWEtMTS4u>)

SM gave positive feedback regarding staff attitude, help and professionalism. JA and ET both gave positive feedback regarding the telephone call back system. ET did point out that there is a long wait time if the call back system is not used and that we should listen to our recorded messages, finding them to be repetitive. WG said she would look into this.

Around a quarter of those surveyed expressed disgruntlement regarding how complicated our Klinik system is. PT explained clinicians valued the more detailed information, making it an effective and safe way to triage appointments and pointed out that there is a fine line between lack of and too complex information given when triaging Klinik forms.

## **7. Annual review of complaint and significant events.**

WG gave an overview of complaints and significant events and advised that the full review document will be sent out to all members with these minutes.

WG shared that one key theme is around appointment waiting times and we are working hard to try and reduce this. A lead GP is reviewing the longest waiting patients weekly with a view to resolving and establishing themes.

There was an ensuing conversation about how the Practice could achieve less complaints especially if complex patients had more continuity of care. WG & PT shared that the recent practice protected learning afternoon focussed on this very topic. All clinicians came together to consider the challenges in maintaining and improving continuity of care for more complex

patients that attend the surgery often and that a “Pod” system is being considered where each patient only sees a small number of clinicians in their “Pod”. It is anticipated that each “POD” would include experienced and more newly qualified GPs who can support each other with more complex patient needs. AV mentioned that psychologically it feels better to see the same clinicians even if the outcome is similar. The consensus among attendees was that this is a good idea. WG added that such a change will take careful planning and will be some months before implementation.

## **8. Report on Care Quality Commission (CQC) Inspection**

WG shared the good news that she had just heard that Carn to Coast have been rated Good overall in the recent CQC inspection. The only area that required improvement was our appointment wait times which we are working hard to reduce. We were seen as outstanding in our work in leading discussions and lobbying local commissioners and politicians to better support practices providing care in areas of higher deprivation and our work in clinical research. WG said the full CQC report is yet to be published by the CQC would be shared on the CQC website in due course. (Post meeting note: a link to the report is now available and can be found here: [Carn to Coast Health Centres - Care Quality Commission](#))

## **9. STANDING ITEMS:-**

### **IT**

WG shared that Carn to Coast are looking at how Artificial Intelligence (AI) products may help us in the future to reduce workload and improve patient care, but that the practice was very mindful of the strict data security processes needed before implementing such systems.

### **Premises:**

Homecroft Dispensary - EC asked if Homecroft Dispensary is safe from closure. WG explained that there are no plans to close the dispensary. WG pointed out that it is costly to run, however, and the practice does have to keep a continual eye to ensure the practice is not needing to subsidise this service from other funds needed for patient care. WG also explained the criteria for being a dispensary patient and explained that dispensary patients are given the option to choose the dispensary at registration. She explained that once this had been declined it was no longer an option for already registered patients.

### **Disability Issues:**

WG thanked Mrs E Taylor who had helpfully attended Homecroft Surgery with her husband the previous autumn and given the practice management team some very useful insight into access issues for those in wheelchairs, and their carers. Mrs Taylor was also able to share her experience of access at Pool, which she found to be better. It was acknowledged that limitations of the premises at Trevithick meant that access was a greatest challenge here and consequently patients with accessibility needs were largely directed to Homecroft or Pool. Actions that were highlighted from the review at Homecroft have largely been implemented and Mrs Taylor confirmed she had noted the improvements.

### **Pharmacy:**

WG advised that the pharmacy space at Pool remained empty but that there was an independent pharmacy who wished to obtain a pharmacy licence and open a pharmacy in the vacated space. Very regretfully that application had been declined by the Integrated Care Board citing “lack of patient need” but the applicant was appealing. All present were astounded that the application had been turned down. WG advised how patients may support the appeal process.

### **Any Other Business**

- Attendees asked how we communicate PPG meeting information to other patients. A newsletter was suggested. WG agreed a patient newsletter in general would be of benefit and that it was certainly a topic they will consider as resources allow.
- LH was asked to look at whether we are seeing comments entered in the NHS app by patients when making prescription requests as patients had been told they were not visible. JA agreed to support investigation by undertaking a trial request which LH will co-ordinate. (Post-meeting note: the comments box is indeed working. Feedback has been given to the repeat prescribing team to ensure they check for comments so that they are not missed in future.

WG thanked everyone for their kind attendance and input and apologised that the meeting had over-run.

### **Post-Meeting Note Regarding Anecdotes and Personal Experience**

Please may we politely remind all attendees that it is not the appropriate environment to address any personal items or anecdotes that are not included in the meeting agenda. We thank you for your input, interest and time in making a valuable contribution to Carn to Coast Surgeries. We look forward to seeing you at our next meeting.