Carn to Coast
HEALTH CENTRES

Minutes

Meeting: Patient Participation Group (PPG)

Date: 12 February 2026, 18:30

Chair: Stephen Holby (SEH)

Attendees:

Wendy George (WG)	Andrew Watson (AW)	Maria Lane (ML)
Lisa Hendy (LiH)	Dinah Masters (DM)	Richard Masters (RM)
Steve Medlyn (SM)	Alison Vaughan (AV)	Anthony Bunce (AB)
John Adelson (JA)	Ewa Taylor (ET)	Pat Parry (PP)
Ann Petty (AP)		

1. **Welcome.**

   Mr and Mrs Masters introduced themselves as this was the first PPG meeting. SEH welcomed them and advised this was an informal meeting for patient engagement and feedback.

2. **Feedback from Regional Meeting of Patient Groups on 11 February 2026 (JA).**

   4 members who attended fed back that the organisers wanted to have a structure for PPG's which outlines dos and don'ts for PPG members, it felt was felt this was a positive step.

   Other discussions and considerations from the meeting were:

   - Considering changing the name of PPG's as it was felt people did not know what a PPG was.
   - Looking at setting up quarterly regional PPG meetings with a few members from individual PPGs in attendance.
   - How a practice from Hayle were making their PPG more inclusive.
   - All PPG's agreed the age demographic was high in PPG's and discussed how to encourage younger people to be a part of them.
   - Continuity of care with clinicians which is important to patients. Members acknowledged this was increasingly in place at Carn to Coast already. AW has been working with the wider community and practices on this.

Work around continuity for patients with the same GP was praised by a member, especially when a GP is dealing with a particular concern. WG was pleased with this feedback as there had been a lot of work carried out on this.

- The problem of patients not attending appointments. There was a continuing high level of 'DNA's' (Did Not Attend). Members of some PPG's reported difficulties in trying to let their surgery know they would not be able to attend their appointment, which led to a DNA. WG confirmed That C2C have a specific pathway on its phones and Klinik forms for patients who want to cancel their appointments.
- How the message could be sent out to the public around how the triage system works and patients would not necessarily be seeing a GP but would see an appropriate clinician. This would help with patients' understanding and decrease frustration.
- There was enthusiasm and passion about looking at prevention and making us well rather than treating sickness. The difficulties in putting this into practice were acknowledged but it was felt to be the right way forward.

Members felt the main part of the Regional PPG discussions went outside of the scope of the meeting. Members felt it lacked control and did not follow the agenda, and the overall feeling was disappointment.

A member outside of the meeting raised the issue of funding with those leading it. He was advised that a C2C partner, Dr Matt Whiteley, was one of the people who met Wes Streeting, Secretary of State for Health and Social Care. The feedback he received is the Government are aware of the inequality of funding in Cornwall. SEH commented it was the Junior Minister whom Dr Whiteley met in Cornwall and the meeting went well. The Practice had held meetings with Perran Moon, MP, to discuss the inequality of funding for practices serving deprived areas. The government is looking at the formula used by the NHS in England nationally to adjust how much each GP practice receives for its core services. Unfortunately this has served as a pretext for our local Integrated Care Board (ICB) to shelve any effort to identify local solutions at present.

3. Minutes of Previous Meeting.

Minutes of the PPG meeting held on 10 September 2025 were reviewed and no points or matters arising were raised.

A member raised an issue he has with the papers as he does not have a computer, and they are too small to read on his phone. It was agreed anyone who needs a hard copy of the papers to contact PALS on carntocoast.c2c.pals@nhs.net .

Outcome:

The minutes were approved.

4. Managing Partner Retirement and Succession.

SEH advised the meeting he would be retiring at the end of March. ML had been recruited to head up the Practice's governance function in support of the remaining

Managing Partner who would be taking up his responsibilities in line with the Practice's succession planning. ML, together with LiH would be responsible for PALS and administration of the PPG.

5. Engagement Plan for St Day Surgery.

SEH invited comments on the engagement plan in relation to the proposed closure of St Day branch and relocation of services to Homecroft. He briefly reiterated the reasoning behind this, centred on the unsuitability of the premises.

St Day had operated a dispensary which had been important to patients when there was no local pharmacy. Once a pharmacy had opened in the village very close to the branch, the great majority of local patents ceased to qualify for dispensing. The 21 dispensing patients in the St. Day / Carharrack area who remained registered with Carn to Coast already used Homecroft dispensary and the surgery remained open only for a very limited range of appointments owing to the unsuitability of the premises. There were concerns around safety for staff and patients due to the lack of people at the branch to offer support in an emergency, which would be readily available at other sites.

The GP consulting room was at the top of a spiral staircase, and the other room was behind the reception area, giving confidentiality concerns. There was often what had been described as an unpleasant meaty smell presumed to emanate from the butcher's shop located in the same building. Closure would allow the clinicians' travel time to be converted into additional appointments. When the branch was not open staff had to be sent to check the premises; the time taken for this could be diverted to patient care / support and there would be other savings on terms of running costs, insurance etc.

Those members who had been to the branch agreed with the overview. WG asked why they had gone to St Day, and one responded that he had done so because there was an appointment available there with the doctor he wanted to see. He reported that the branch had been difficult to find.

A member asked how the closure would impact a local patient who became acutely unwell. It was explained that the branch as it stood was not equipped or staffed to offer immediate on the day appointments, but the surgery did offer access to services by the usual means available to all patients, which were triaged appropriately for urgency.

In discussion members agreed that the proposal appeared reasonable and that closure seemed to be the right thing to do but it was important that public consultation was genuine and not just a 'tick box exercise' relating to a decision already made. SEH gave assurance that the engagement itself would only proceed if the PPG agreed to its terms; no decision would be made until the consultation was complete and the PPG could reject the proposal at any point if it saw sufficient grounds for doing so. SEH reassured the Group that the Practice was not ruling out keeping the branch open if something came out of the survey to indicate the need to change its plans, mitigate them or alter the timing. One member concluded that, from listening to the conversations during this meeting, the premises at St Day were totally unsuitable in many ways and they could not think of a reason why it should be kept open.

It was agreed that, as part of the engagement, the Practice should send a questionnaire to all 700 registered patients living in St Day or Carharrack, notwithstanding that relatively few of them had utilised the branch recently. The survey would also be available online and at all Practice sites. There would be no requirement to give names or

other personally identifiable information, but it was agreed that it would be useful to ask for the first 4 digits of their postcode as this would help to link answers to a broad geographical spread without prejudicing anonymity.

Members expressed concern that some responders would 'object automatically' to any closure despite making little or no use of the facility. It was therefore important to ask questions about actual usage of the branch by those responding. One member suggested that the survey needed to be laid out in such a way that people could work out for themselves that closing St Day was reasonable. He agreed the four digits on the postcode was a good idea and we could ask where they went for their last 3 medical appointments. This would help people realise they have not been to St Day and give as many opportunities in the questions for the penny to drop as individuals, that on the whole the proposed closure was 'a good move'. Another member expressed agreement that it was a good idea to put questions into the survey which would make people reflect. ML added it may be an idea to add what year the patient completing the survey last used St Day, again to encourage reflection and WG agreed with this.

WG said that 'we' (i.e. the Practice partners) had given much thought to constructing proposals which seemed to us to make sense. She saw the survey as helping us to capture the views of those who could be affected. She expected that many patients in the area would see no issue with the closure and would not respond. She further advised that the Practice wanted to identify anyone in the local community who was really vulnerable, as it was possible there might be, perhaps 3-4 patients for whom it would be appropriate to put mitigating measures in place, for example by engaging the voluntary sector, which could offer support to the vulnerable patient as part of a plan to ensure they were safe and looked after.

A member commented that the survey should not seek to identify people who were 'offended' by the closure but making sure we identify the people who were genuinely vulnerable so as to be able to give them support as the change 'had to happen'. WG noted that the engagement could be structured in a way which encouraged vulnerable patients to identify themselves.

A member asked whether a pro-forma could be added to enable the vulnerable to put their need forward to us. This would require them to be identified at the outset rather than 2 or 3 discussions in. The member was concerned about a protracted process if the questions were not correct at the start. SEH suggested including in the questionnaire something like 'Would you have difficulty accessing care if the branch closed? If so, please provide details.' A member added 'What is the nature of your difficulty?', 'What kind of things will you need?'. WG commented that, at that point, they would need to disclose their personal details, so the Practice could then review and work to provide support where needed.

SEH assured the Group that the Practice was concerned to give priority to identifying anyone who was potentially vulnerable and taking appropriate steps. He advised the meeting that he expected some responders to suggest that the practice should offer consultations in more suitable premises locally, for example a village hall. However, this was not a practical proposition as the Practice would have to apply for the location to be opened as a 'new' branch subject to strict regulations not applicable to 'historic' branches (which would otherwise largely close). Those regulations and the specifications they demanded would govern multiple aspects such as room size and condition, flooring suitable to minimise risk of infection and how the surgery was set up and equipped.

Discussion moved to the process for ultimately deciding whether to proceed with the proposal. WG confirmed that application would have to be made formally to the Integrated Care Board, which would have to be satisfied with the engagement plan and that it had been approved by the PPG. If the PPG opposed the proposal as a result of feedback from the engagement, the application could not proceed. A member commented that the PPG members were there to represent patients and consider proposals in terms of doing the best they could for the patients of different communities; they would not be able to please all the people all the time.

Outcome:

A formal vote was taken on whether the PPG agreed to proceed with consultation in line with the engagement plan with a view to closing St Day branch and transferring services to Homecroft. The eight votes cast were recorded as follows:

For	Against	Abstain
7	**0**	**1**

Actions for the Practice:

a) A draft questionnaire to be sent to the PPG members, so they have an opportunity to comment on it and ensure readability.

b) The latest version of the engagement plan updated with the Integrated Care Board comments to be sent to the PPG for comment.

6. Klinik and Follow Up appointments (Lewis Willoughby)

Mr Willoughby was unable to attend the meeting and sent his apologies. Rather than wait until the next meeting to discuss his feedback an email had been sent to him offering to discuss.

Outcome:

If required, feedback on the outcome of the conversation with Mr Willoughby will be fed back to the next PPG meeting.

7. Standing Items

7.1. IT.

No comments or feedback from PPG members.

7.2. Premises.

No comments or feedback from PPG members.

WG reported that windows and some doors were being replaced as they had been in poor condition.

7.3. Disability Issues.

No comments or feedback from PPG members.

WG noted there has previously been a lot of work on making Homecroft more disabled friendly. The Practice have also bid for some funds to improve the access at

Homecroft but are waiting for the outcome, including transferring the main access doors to electronic ones.

7.4. Pharmacy.

SEH advised that the Practice was still working hard to get the pharmacy at Pool reopened subject to lease negotiations and work to refurbish and refit the premises.

Member raised concern about space as the working space was tight before but SEH reported that the incoming company considered it to be adequate. A member was grateful the Homecroft dispensary was still in place. WG confirmed C2C are training up another dispenser at present.

8. Any Other Business.

A member raised feedback he gets from the community around difficulties in seeing a doctor face to face. They felt if patients knew the reason why they do not have to see a GP face to face and letting them know they are still being looked after in a different way, it would help. SEH suggested future meetings could explore different ways to get this message across. WG is looking at potentially using an external specialist service which deals with patient campaigns personalised to our practice using social media which may help with this.

Reasons for the difficulty in a patient getting a GP appointment were discussed. Fewer doctors being trained; with an aging population, the numbers of patients on multiple prescribed medications had greatly increased, patients experiencing long waits for hospital treatment needed to be managed. There was insufficient funding to expand appointment numbers to cope with the increased demand. A member also felt the community getting larger does not help. WG advised that C2C have a doctor started recently and another doctor starting soon. Two more doctors are also returning from maternity leave.

A member praised Klinik after previous frustrations and in the last 6 months things have stepped up and feel they are being seen by the right person, even if this is not a doctor. The wait is not too long, and they are feeling listened to, whereas before did not feel the patients were being listened to.

AW explained that all Klinik submissions are reviewed by on the day by one of four doctors on the duty team, who judge the urgency and who should see the patient. WG advised the wait time for appointments has reduced considerably.

Discussions were held about the information in the text messages sent and how these can be frustrating in view of the waiting times. WG understood this but we have to be open with people's expectations or else they may be ringing each week chasing their appointment. Members did acknowledge the difficulty was about managing the patients' expectations, especially in patients who grew up with the different system.

Positive feedback was given about the ring back facility on the phone when patients are phoning in and how this was a result of the PPG meeting and members.

Members thanked SEH and wished him a happy retirement.

WG and SEH thanked PPG members for attending and their feedback

Meeting closed 19:50