

Launceston Medical Centre Patient Participation Group (PPG)

**Minutes from the meeting held at
Launceston Medical Centre
and via Microsoft Teams online
on Monday, 23rd January 2023 at
6pm**

Present: Paul Ford (Chair), Joan Heaton (Vice-Chair) Janet Ford (Secretary), Andrew Yardley (Practice Manager), Helen Bailey, Bonnie Soanes, Mary Groves, Liz L'Estrange West, Cym Downing, Les Whaley, Dawn Rogers, Steve Dymond, Maureen Amy, Derek Heelis, Peter Francis

Apologies: Pam Griffiths, Cate Harvey, Leighton Penhale

The meeting was opened by the introduction of Dr Rebecca Magill (Beks), Clinical Psychologist, who had news of a proposed Health Club which would be in two groups:

1. Health conditions of patients which we are unaware of
2. The patients who LMC see 2 to 3 times a week.

There is a health inequality and we need to balance things out. Monies have been sourced to open a building in the centre of Launceston which will be run by 2 staff. Beks outlined the fact that she had 40 providers come forward to support a Gold Star service through the new Club. The sticking point at the moment is to find someone willing to sign the lease for the building which is a 3+3 year standard commercial lease.

Maureen Amy suggested approaching the Town Council and Mary Groves asked what were the risks involved. Joan Heaton said that Dr Andy Sant (Integrated Care Board) might help and she will be attending a North East ICA meeting tomorrow and would bring up the matter.

Beks continued by outlining some of the services which the Club would provide i.e. trauma therapy, bereavement support, an autistic society, falls prevention, cancer care, peer support. There will be 3 group rooms and 4 one to one rooms.

Liz asked how much the lease is and Beks would rather not say at the moment. The PPG members who are also Town Councillors will bring the matter to the Council.

A vote was taken to establish support for Dr Magill and her project and **it was unanimously supported.**

Paul continued the Meeting and advised that both the Chair's Report and Vice-Chair's report had been sent to all PPG Members as follows:

Chair's Report – LMC PPG

Happy New Year everyone. At the start of 2023 we find, unfortunately, ourselves facing some difficult challenges with regard to the provision of Health Care in the Launceston area.

As you are aware ALL NHS Services are under extreme pressure which have never been experienced before, this is in part due to the COVID pandemic and the current economic situation. Unfortunately, there is no “quick fix” for this situation, it is going to take a very long time to find solutions.

It is not just a question of throwing money at a particular problem. We need to employ more staff right across all NHS Services in Cornwall, pay a proper wage, especially to those involved in the “Care Sector”. That will not happen until “affordable” housing is provided in Cornwall, that will take time. I will not even mention the sad lack of public transport.

There is good news, (I sincerely hope) the new ICB (Integrated Care Board) is listening to the voice of the patient, and appears from my knowledge, is happening. For your information, our Vice Chair, Joan Heaton, in her role as Chair of the Citizen's Advisory Panel has prepared a short report on the action CAP are taking with the ICB. I have also attached the Ten Principles for how the ICS's work with people.

A number of the issues are really out of the LMC's control, for example the national shortage of the supply of prescription drugs, the situation with EPS which is squarely back with NHS Digital.

As Chair I really want the PPG to provide help and support both to LMC's patients and to the LMC, I want to look to the future and not keep looking back at the past, it's history. Let's all look to the future and I am sure with your help we can do that.

Paul Ford – Chair LMC PPG

Report from Cornwall Foundation Trust:

My six-year term as a Governor with CFT will finish on February 28th 2023, it has been an interesting term, I have learnt a great deal about how a NHS Foundation Trust operates. I have seen a lot of changes during that time, and I am pleased to say changes for the better. They face enormous challenges ahead but the team they now have led by Debbie Richards the CEO makes it a very capable team to face those challenges.

There are vacancies for Governors from the East of Cornwall so if any of you would like to put yourselves forward then please contact me.

Paul Ford – Elected Governor for the East Cornwall Constituency

Report from our Vice Chair – Joan Heaton

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Report from Citizen's Advisory Panel (CAP) Chair – NHS Cornwall Integrated Care Board (ICB)

The CAP held a workshop at Chy Trevail, Bodmin, on 24 November 2022.

The CAP is exploring its role in the ICB and creating a strong vision to advocate the people's voice at grassroots level.

The NHS Cornwall ICB adopted the 10 principles for how Integrated Care Systems (ICSs) work with people and communities when it approved its constitution on 1 July 2022. The aim of the 10 principles is to put the voice of the people at the heart of the decision-making process.

The mission of the ICB Chief Executive, Kate Shields, is quoted in the NHS England document *Working in Partnership with People and Communities Statutory Guidance 2022*:

'Our view about person voice is really clear. Without the voices of our people and our communities we will fail from the start. What we do and how we do it has to be aligned with what matters to the people we serve.

People and their communities will increasingly be engaged in our services re-design across our system and we'll ensure their voice is heard in our ICB and be at the heart of what we do in Cornwall and the Isles of Scilly.'

The CAP is promoting good communication through PPGs and voluntary organisations and bringing the voice of the people to the system leads in the ICB. We can be the eyes and ears of the ICB throughout Cornwall.

Joan Heaton

LMC PPG

Ten Principles for how ICSs work with people & communities

The principles that follow have developed from work with systems and build on those that appear in the "Working with people and communities" section of the ICS design framework. They should be considered in the preparation of the ICB constitutions outlining arrangements for working with people and communities to create a golden thread running throughout the ICS, whether activity takes place within neighbourhoods, in places or across whole system geographies.

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.

6. Provide clear accessible public information about vision, plans and progress to build understanding and trust.
7. Use community development approaches to empower people and communities, making connections to social action.
8. Use co-production, insight, and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

Practice Manager's Report

Andy advised that the LMC had regular meetings with all the town's pharmacies. Tesco are invited as the Pharmacist rang Andy yesterday and told him he has not received an invite! LMC have been utilising LIVI and have received good feedback but it is expensive at £27 per appointment. We have put an advert out for remote GPs, interviewed 3 and employed all 3. Dawn asked if LIVI have access to all patients medical records and was concerned about confidentiality. Andy advised that all remote GPs have the same information on patients that the LMC have and are governed by GDPR and the Data Protection Act. Andy went on to say that GPs tend to go to LIVI as they get more money and this needs to change by recruiting our own remote GPs and getting rid of LIVI. Currently the LMC see 60% of patients face to face.

Les mentioned the hurdle of getting passed the Patient Advisors. Andy responded that if everyone was to have a face to face appointment the LMC would be unable to accommodate all patients as a lot of them do not really need to come into the Centre. Our challenge is to decipher which way to go and ring back timing is a problem. Patients can ask for an a.m. or p.m. ring back time. Les and Helen said this was not happening. Andy said the doctors need to prioritise their workload and all doctors work in different ways and our challenge is to set up a new system. Dawn suggested HR could perhaps help with this and Andy agreed.

Mary Groves said that LIVI offer appointments later in the day and asked if the new LIVI will still offer that? Andy replied that LIVI will offer Saturday and evening appointments but the LMC will want to replace that system with their own LIVI.

Bonnie Soanes said that some people who call in do not know what is wrong with them and was there any procedure in place to get around that problem. Andy agreed it was a good point and that the PAs are trained to interrogate them to screen for emergency situations.

Andy provided a detailed list of the current staffing at LMC as follows:

1. Dr Magill – Hub Model
2. HR Update
3. GPAS
4. EPS Update
5. Patient feedback

HR Update

Lisa Dymond our new full time HR Manager

Dispensary:

Lost Alison Ellacott (hatch)

Lost Steph Ellis (Dispensary)

New Starter Beth Chapman (Dispenser)

New Starter Rachel Warren (Hatch)

New Starter Kaitlyn Jennings (Leeann's sister)

New Starter Archie Dinnis (temp)

Faye Ashton returning from maternity leave Feb 2022

GPs

New remote GP starting:

Dr Samaya Ayaz 2 days

Dr Jennifer Walmsley 2 days

Dr Hemali Patel starting 01/03/2023

Dr Scott additional 1 day

In house GPs:

Dr Michelle Doidge 2 days starting July August

Lost Dr Macdonald (2 days)

Lost Dr Michaels (2 days)

Admin

2 x New patient advisors interviewed last week and starting soon

The question of using EPS (Electronic Prescription Service) was discussed again and Andy said LMC are keen to use it for 100% of the patients when it is available. If LMC move their software to a different provider then the EPS could be used sooner – this needs to be revisited at partnership level. Maureen asked if was a question of funding – Andy said no – just our software is not compatible with the EPS system.

Andy continued by advising that he is planning on sending out another survey to all patients via the website, printed versions available in the waiting room and electronically and Maureen suggested also via local newspapers and Parish magazines. Joan also suggested handing a survey to each patient who attend appointments. The survey is to get the patients side of things as the pressure on the clinical staff is increasing and GPs are in danger of burning out. We want to provide a better service.

Any other business:

Les Whaley's report on the Hospital Car Service

Les kindly read through his comprehensive report as follows:

Patient Volunteer Driver Transport in and around Launceston for all Medical Appointments.

I volunteer for TASS Tavistock Area Support Services which is a charity who cover West Devon and Launceston Area, as for Launceston as long as there are drivers living in the area.

Tass offers a door-to-door service to any medical appointment. Patients to give as much notice as they can.

5 days a week with 4 drivers in Launceston, trips in the main are to Derriford AI Dept, Nuffield ,Liskeard, Tavistock, Bude ,LMC, Launceston Hospital, Holsworthy and a few times a year to Treliske Truro, RDE Exeter & Barnstaple.

Extra Charges are Tass Office Booking Fee of £5 per day, plus Bridge Tol if required, we have our own Parking Pass.

Mileage charge are 0.45p per mile to and from drivers' home to patient and 0.50p per mile.to and from patients home to their medical appointment.

Standard waiting time is 2 hours within the mileage and booking fee, if over 2 hours waiting the driver would give details, of costs if the patients are any government assistance the driver with patient's paperwork and Tass invoice will help the patients

claim at the hospital's cash office while they are in their appointment, this is for only NHS hospital visits only.

TASS OFFICE Contact Bernice on 01822 617525 8.30am to 3.30pm Monday to Friday or if Urgent Les 07972 333202

All bookings for car service are passed through the Tass office. Ref LW/TASS 20th January 2023

Bonnie raised the question of the outdoor seating and Andy advised that the canopy is going ahead but was reluctant to replace the seating which was new and purchased by the League of Friends. There are PPG funds available held by the LMC but again is reluctant to replace something which is not broken. **Joan suggested this matter be added to the Agenda for the next meeting for discussion and this was agreed.**

Cym reported to the PPG Members that she had a good meeting with Dr Andy Sant regarding a dementia nurse and he will be arranging another meeting so she will see what that brings forth.

Paul reminded members that Janet Ford is stepping down as Secretary after the meeting and Minutes had been approved and asked for a volunteer to take on the role. He also asked if Andy knew of anyone in the LMC who could take the Minutes in the future.

The meeting closed at 8.15pm. The next meeting date to be advised in due course.

The meeting closed at 8.15pm

**Launceston Medical Centre
Patient Participation Group (PPG)**

**Meeting at the Centre and on Microsoft Teams
on Tuesday, 4th October 2022 at 6pm**

AGENDA

1. Confidentiality reminder: all reports with this agenda are confidential until the minutes/notes of this e-meeting are distributed.

2. Chair's report (tba)

3. Vice Chair's Report and Governor's Report from Cornwall Partnership NHS Foundation Trust – October 2022

I am really pleased to report that we have had a couple of new members join the PPG. I also had a meeting with Jess Careswell the new Social Prescriber, working at Launceston Medical Centre, and I am really pleased to report that Jess wants to join us at our PPG meetings.

I am afraid that our Chair, Helen, is still not feeling well, so you are going to have to put up with me for a little while longer, but not too long I really hope for Helen's sake.

It's business as usual at the Medical Centre as far as I observe during my weekly visits to the Centre. Some days the walk-in clinic is busy, and I am pleased to see that the whole waiting room is being used now. The queues for the Pharmacy seem to be less although on occasions there are a 3 or 4 people are queuing.

We are still getting reports from patients about getting through on the telephone and the difficulties of getting an appointment with a Doctor. I am sure Andy will be giving us an update.

News from CPFT.

Unfortunately, the service pressures on CPFT are still very high, and service pressure is still not going to get any easier with the onset of Winter.

CPFT are expecting a spike in COVID cases, RCHT is already experiencing COVID in some of their wards, so COVID is still very much with us.

Work is coming on a pace at Bodmin Hospital's new Diagnostics centre which will have a new X-Ray centre and a new Scanner. I will keep you up to speed with its progress.

4. Practice Manager's report – at the meeting

5. Questions or comments raised by various members:

a) Joan Heaton: Some feedback for the PPG from patients:

- Tesco is now only collecting prescriptions from LMC x2 per week and repeat prescriptions are being held up
- Retinal Screening taking place at Town Hall - could this take place at LMC

I would think that the prescription issue is a Tesco business policy issue and out of control of LMC but I have no more detail.

The Retinal Screening is commissioned by the NHS - Mark used to have it either at Launceston Hospital Mobile Unit or Launceston Town Hall and found both totally acceptable. It would be ideal to have all services at Launceston Hospital and that might be the vision for the future.

- b) Kay Davy: Reported by one patient - on at least 2 attempts to make an appointment, as instructed by Derriford, and every time reached a recorded message stating no further calls being taken

Recorded message again stating critical staff shortage – why are not more staff being recruited?

Are the GPs aware of the immense dissatisfaction felt by patients towards the Medical Centre?

- c) Liz L'Estrange West: Would it be possible for a 'red flag' system to be put in place on patients' notes. This would denote they are priority when requesting to speak to a GP etc. i.e. undergoing treatment. It would save time in the receptionist/assistant asking numerous questions, and the patient having to repeat themselves each time.
- d) Joan Heaton: Question for Andy - update on LMC website please.

Question for PPG - how are we recruiting new members for the PPG and complying with Appendix 1 of the PPG Constitution (Equality Act 2010) to promote diversity?

Question for PPG - how are we communicating with people to inform them of our purpose?

I suppose I am highlighting the need for getting information about the Practice and health services to as wide a public as possible in a timely manner. What strategies do we have to do this and how can they be structured and monitored?

- e) Mary Groves: I have had a lot of feedback from people in my local community about the queuing at the pharmacy. Everyone recognises and appreciates that it has improved. There are still times when there is a long queue. The weather is becoming colder and wetter and some people are just not able to stand for very long. Is there any way to use the seating in the reception area to allow people to wait seated in the warm and dry?
- f) Christine Heelis: The Yellow Card Scheme' and 'Meeting Minutes'.

I will do my best to collate the questions, answers and comments, along with the reports,

into notes of the meeting and, once they have been signed off by Helen and Andy, circulate them to all members. Once the notes of the meeting have been circulated, members will be able to discuss the contents of our discussions with outside bodies. The notes will act as the basis for a press release.