



Enter & View

Launceston Medical Centre

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1 Introduction

1.1 Details of visit

Service provider	Launceston Medical Centre
Service Address	Landlake Road, Launceston PL15 9HH
Date and time	17 th December 2024 1pm-4pm
Authorised representatives	Abi Harding-White

1.2 Acknowledgements

Healthwatch Cornwall would like to thank patients and staff for their positive contribution to this Enter and View visit and the subsequent report.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date above and is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time of the visit.

2 What is Enter and View?

As a local Healthwatch we are authorised to “Enter and View” health and social care services through the following legislation;

- Local Government and Public Involvement in Health Act 2007
- Local Authorities Regulations 2013 (part 4)

These services can include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies.

The goal of Enter and View is to see services in action and understand the experiences of individuals who use them. It is an opportunity for us to observe service delivery, listen to the views of the people using health and social care services and make recommendations where there are areas for improvement.

Enter and View visits are organised based on feedback received about individual services, in response to themes identified in our research, or when services have a good reputation enabling us to share examples of best practice from the perspective of people who experience the service first-hand.

Healthwatch Cornwall Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To observe the nature and quality of service facilities
- To observe how people experience the service
- To gather views from patients and staff on the service
- To learn about the provision of mental health services in primary care if possible

2.2 Strategic drivers

Healthwatch Cornwall is an independent organisation committed to amplifying the voices of Cornwall's residents in the planning and delivery of health and social care services. Through public engagement, we gather their views and experiences with these services. We ensure these perspectives are represented in decision-making processes both locally and nationally, driven by the belief that community feedback is vital to improving standards of care.

This phase of Enter and View visits was initiated in response to feedback from service users of GP practices across Cornwall. Our goal was to observe these services in action and hear directly from patients about their experiences. Where possible, these visits also aimed to explore mental health service provision in primary care, contributing to our broader research on access to mental health care in the region.

2.3 Methodology

This was an announced visit, and we worked with the practice to organise the date and time of the visit. We sent an initial email explaining the role of Healthwatch Cornwall, what Enter and View is, the purpose of the visit, and a proposed date and time for the visit to take place. We sent a further email confirming the agreed details of the visit and included a formal letter, Enter and View notice and a general Healthwatch Cornwall poster.

The Enter and View officer conducted the visit within a three hour window in the main waiting area to ensure a range of patient perspectives were heard. They introduced themselves to patients and explained their role. They then asked if patients would be willing to share their experiences of the practice, ensuring that any feedback provided would remain anonymous in the subsequent report. Feedback was collected through informal conversations identifying what they feel the practice does well and where they feel improvements could be made.

In addition, we were able to speak with the practice manager and the clinical psychologist. We also made observations regarding the quality of the facilities and patient experience of the service, including their interactions with staff.

At the end of the visit, we were able to give initial feedback to management and explained the next steps regarding reporting.

3 Findings

3.1 Overview

Launceston Medical Centre serves approximately 19,000 patients and introduced a total triage system within the past year. All patient concerns are submitted through the online platform, Klinik. Patients can complete the form themselves, or, for those without internet access, reception staff can assist by filling it out over the phone or in person at the practice.

3.2 Practice Observations

The practice is close to bus routes and has an on-site car park, with an additional overflow carpark. Bus stops a short walk away. Plenty of parking plus additional car park. The building is fully accessible to wheelchair users with step-free access throughout. The practice also has a hearing loop and can provide materials in easy read format. There is a disabled toilet as well as three other toilets. The building was purpose built and modern, offering patients a spacious and bright waiting area. It also included a few higher chairs with armrests to support individuals with mobility needs. The entire space was very tidy and clean.

A dispensary is also operated on-site. Upon arrival, it was observed that the queue for the dispensary reached outside, and the dispensary remained busy throughout the visit. One patient who was waiting in line speculated that the longer wait times might be due to people collecting medication before Christmas, while another felt that this was a usual occurrence.

Sometimes patients were collected in person, particularly those who needed assistance, and the intercom was also used by clinicians and the dispensary to call in patients. The practice rooms were signed well to provide direction for patients called in by intercom.

One sign-in screen was either not working or had been turned off. The information screen was not working during the visit. The practice displayed some details about community support available to patients, as well as information on the Patient Participation Group (PPG) and practice statistics, such as missed appointments. However, it was noted that safeguarding information was not visible, and there was no information about the complaints procedure or another way to provide feedback.

Through observation and interaction, it was clear that the reception team was both friendly and professional, always happy to assist patients with their queries. The reception are offers privacy to patients when speaking with the reception team.

3.3 Summary of Feedback

Patient feedback highlighted key themes related to access to appointments, the dispensary, and interactions with practice staff. While clinicians were generally well-regarded, opinions on the dispensary service were mixed, and most patients found Klinik difficult to use.

Staff feedback highlighted strengths in the practice's facilities, Primary Care Network (PCN), and psychology team, which is actively working to address health inequalities. However, challenges remain, particularly around financial pressures and managing patient expectations.

3.4 Patient Feedback

We gathered feedback from twelve patients about their experiences with the practice. Of those who shared demographic information, six identified as female and five as male. In terms of ethnicity, eight identified as White British, two as White Cornish and one as Black/African, Caribbean/Black British. The largest age group was 50-64 with four patients, followed by 25-49 with three patients and 18-24 with one patient.

Appointment Access

Over half of the patients spoken to expressed that they did not mind using the online system but were unsure how to use it effectively. Because of this one patient mentioned they call reception to get an urgent appointment instead of using the online form, however another found it difficult to get through using this method.

The patients felt that the options online were unclear, with some reporting difficulties such as vaccinations not submitting and needing to put them through under a different category. They also found the system overwhelming, as there was a lot to fill in, not all of which they felt was relevant. Some found it confusing how to select the correct area of the body for a vaccination or other non-visible issues, and there was a lack of a generic box for queries like annual check-ups.

Almost all patients felt that the practice contacts them quickly once a request has been submitted, with one patient describing the process as very smooth and sharing that it has been a good experience with the practice. Patients seem to typically receive a call back the same day and appointments are arranged quickly. A couple of patients reported a week-long wait and one noted that the team is apologetic for any delays.

A few patients expressed understanding of the triage system and felt that it works well, with one patient explaining that the timing of being seen depends on the nature of the issue. However, they also mentioned that it seems the triage team does not always consider patients' availability, as calls are sometimes made when patients are unable to answer the phone.

A patient who cancelled their appointment because they were not well enough to come in received excellent care, with the practice sending a paramedic to their home to assess them. The patient praised the team for the amount they manage to achieve.

We spoke with one patient who experienced a miscommunication between providers. A doctor had referred them to the practice, but the appointment was mistakenly booked for a different day. The patient returned later as the practice had managed to offer them an alternative appointment for that same day.

A patient shared that while the doctors are friendly, they have been waiting for two months for another appointment to help with stress after missing the first one due to traffic.

One patient raised an issue with continuity of care, as they did not know who their doctor was. They also felt that the ten-minute appointment slots were not sufficient for patients who do not visit often and therefore have more to discuss.

Medication Difficulties

Two patients mentioned difficulties with prescriptions. One reported receiving a prescription without having had a consultation and was unable to address a query about the medication. The other patient shared that they had been on the same medications for some time but did not take half of them and could not get an appointment to review them. They found the contact information for the psychology department and reached out directly to bypass the Klinik system.

Dispensary Concerns

Two patients shared that the dispensary makes a big difference to them, and they find the staff there very helpful. However, another patient mentioned that it is always busy and expressed concern about potentially becoming unwell while waiting outside in the cold. They also felt, based on their observations, that the dispensary team appeared overworked and, at times, unfriendly. It was observed, however, that patients who had already given their prescription to the staff could wait in the main waiting area of the practice, and the dispensary used the intercom to call them back in to collect their medication.

Staff Experience

A few patients shared that they find the practice team to be friendly, helpful, kind, and caring. They appreciated how quickly their concerns were addressed, how much time the staff gave them, how well they explain things, and the collaborative approach in making decisions about their healthcare.

3.5 Staff Feedback

Strengths

The practice identified its strengths in having a purpose-built premises, a Primary Care Network (PCN) that works very well for the practices and the practice has a very active Patient Participation Group (PPG) which meets once every month.

The practice is also proud of its dedicated psychology team led by a clinical psychologist and the practice believes they may be one of the first practices to integrate this role into its team. The team includes mental health nurses, trainee clinical psychologists, social prescribers and a hub lead. The hub was set up to address health inequalities and is funded for two years but the team are hoping to prove its impact in reducing pressure on GP practices. The space is accessible including disabled toilets and features a shared workspace and rooms for group and 1:1 work. At the time of the visit there was no waitlist and people usually wait a maximum of two weeks for support following a referral. They hold sessions which bring together professionals to support the person including their GP, a clinical psychologist, a social prescriber and an organisation that knows the person.

Additionally, the team has been working to identify patients who frequently access healthcare services, exploring the reasons behind this and how they can offer better support by considering medical, psychological, and social factors. They also focus on patients with complex care needs who are on multiple waitlists or under the care of various departments. They coordinate virtual consultations where relevant specialists meet online while the patient is at the GP practice with a doctor present to conduct any necessary assessments during the meeting.

During a conversation with the clinical psychologist, a doctor reached out for support for a patient, and a team member was immediately sent to assist. This is a consistent approach

which not only benefits patients, but they are also finding that it contributes to the wellbeing of doctors alongside other wellbeing initiatives for the practice team.

Challenges

The practice is experiencing challenges such as increasing patient demand and the impact of societal issues like the cost-of-living crisis on healthcare services. Staff retention remains a concern, and financial pressures are growing, with increases in the national living wage and national insurance contributions adding an additional £100,000 in costs without a planned funding uplift associated with these changes.

Additionally, there is a gap in patient understanding regarding the services GP practices are commissioned to provide. Many patients have high expectations, yet they may not realise that GP practices are often taking on non-commissioned services, such as ulcer care, 24-hour ECGs, and blood tests for secondary care, in addition to the services they are commissioned to provide.

3 Recommendations

Healthwatch Cornwall have offered some recommendations based on observations and feedback from patients to improve patient experiences at the practice.

- Evaluate whether long queues at the dispensary are a consistent issue and, if so, consider the potential benefit of implementing a digital queue system or waiting room notification system, which may reduce waiting outside and offer more comfort to patients. Additionally, the practice could communicate to patients what times the dispensary is usually less busy to encourage collection during those periods.

Response: We do monitor the dispensary waiting times, while long delays were a concern during the pandemic I'm pleased to report that waiting times are minimal most of the time now. We ask patients to allow at least five working days before collecting their medication. We have seating available in the dispensary and reception areas to accommodate patients when delays occur. Our new website features a real-time update section on the homepage to show how busy we are, helping patients be more aware of our peak times.

- Explore additional methods of communicating changes in the practice and how the service operates to patients. Creating an e-booklet could consolidate key information about the triage process and the services offered and improve patient understanding of practice. There also appears to be a need for user-friendly support or a tutorial video for patients to help them navigate Klinik.

Response: We provide information to patients via social media ([Link to leaflet](#)), where we explain the triage process and the rationale behind changes. We also offer patients callbacks with our team to assist them with completing the online form if needed. Printed copies of the leaflet are available in the reception area, and we display infographics about the triage system on the waiting room screens.

- Review patient feedback on Klinik and identify any issues which need rectifying to improve its functionality, ensuring pathways like vaccination requests work efficiently.

Response: The online form for Klinik is approaching its 12-month mark, and we are currently gathering feedback from both patients and staff to make any necessary improvements. We are committed to enhancing the system where needed.

- Although the hub is by referral only, increasing awareness of the hub and other activities run by the psychology team may encourage more patients to seek the help they need if they know there is support available. This could be achieved through signposting in the waiting room, collaborating with local community groups and incorporating information during patient check-ins.

Response: We acknowledge the need to increase patient awareness of the HUB. To this end, we have recently created a dedicated Facebook page and are sharing posters about the various services available. Additionally, our new website, which is set to launch in early April, will feature a section dedicated to the HUB, further improving accessibility for our patients.

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