

Your questions and answers

Lots of people visited the stall run by the Patient Group at the Launceston Saturday market in the Square. There was great interest in the plans showing the proposed expansion to the medical centre. There was also a steady stream of questions – many covering the same topics – for the Patient Group team. These were recorded and we promised to make public the questions and the answers. So here, with input from the medical centre and the Patient Group, is the Q and A sheet.

Parking

1.1 Has anything happened about the suggestion made by a neighbour (at the December meeting in the Guildhall) that he would be willing for staff to use his grounds for parking?

Yes – some of the staff park there now.

1.2 Has the medical centre explored the possibility of using the corner of the land owned by the college which is opposite the entrance to Kernow House and alongside the entrance to the little lane?

Yes – the land belongs to Launceston College and the medical centre approached them about 18 months ago but the request to use the land was declined.

1.3 Would it be possible to widen the entrance to the existing car park to make access/exit easier?

It would be possible, but not practical and would mean losing some of the existing parking.

Current facilities

1.4 Would it be possible to have a water fountain in the waiting room?

Not practical on space grounds (machine and disposal of cups). But if patients need water they can ask at reception.

1.5 Given that it will be some time before the extension will be built, how about removing the partition between the entrance lobby and reception to make it easier for people on crutches/in wheelchairs/with buggies? The doors are difficult to handle and restrict width.

There are no immediate plans to do this.

1.6 Would it be possible to have a dialysis centre in new/old building?

Not in the current building but a possibility in the new building. It will be among things to be considered.

Appointments

1.7 Can you open up more online appointments?

1.8 Getting an appointment within a few days is difficult and that can be a problem for people with medical conditions. A week can be too long to wait and a 5.30 'appointment' isn't always possible for those working. Can that be looked at again?

1.9 There is still an issue with getting appointments at 8.30am. People go on to ring back, but when the lines are free all the appointments have gone. Is there anything that can be done to address this?

Points .7, .8 and .9 were taken together: There is no standard procedure: the balance between online and phone appointments has to be considered on a daily basis because the number of GPs available each day varies. The level of demand also fluctuates; some days all appointments are booked before 9am while on others, it is still possible to get an appointment at 3.30pm. If there is an urgent problem the patient will always be seen on the same day. There is still a significant problem with patients failing to keep booked appointments which also reduces the number of appointments available.

Processes

1.10 There is an issue with information being handed in at reception reaching the doctors in a timely manner. (One lady cited an instance where she had phoned the doctor on a couple of occasions after handing in a report but the report was still not with the doctor after three weeks.)

It was felt that it would be much better if individual concerns/complaints regarding the handling of information were reported immediately to the office manager so the matter could be cleared up. However, if this lady had requested that a report (e.g. for insurance purposes) be provided by the medical centre, then that would be handled separately because it was private work and not NHS work. A single doctor dealt exclusively with these reports which could therefore take a little longer.

1.11 It would appear that reception cannot help with transferring prescriptions from one pharmacy to another. (A lady said she had asked at reception if they could do that and they had said they would; but in the end she had to do it herself.)

The dispensary handles all matters to do with prescriptions, including transferring from one pharmacy to another. If there have been problems, it is best to take them up immediately with the manager involved so that they do not happen again.

General

1.12 What is the procedure for Warfarin checks? A man moving to this area asked where he would get his regular Warfarin checks.

All patients registering with the medical centre should make any special treatments/medication known to staff when they register. This would be noted immediately and regular treatment/checks, such as Warfarin, would be undertaken to schedule.

1.13 Will consultants be able to have clinics in the new building?

That is being considered.

1.14 Why cannot the medical centre and the hospital work more closely together - push for some joined up thinking.

The medical centre and the hospital had a close working relationship until management of the hospital was transferred to Peninsula Community Health. Until that time the medical centre was able to use rooms at the hospital for various treatments. Then the hospital started charging for the use of its rooms and the medical centre took all treatments back to its own premises. Peninsula Community Health is not renewing its contract, so the medical centre awaits developments.

1.15 Will the existing reception area be extended/improved?

This is under discussion at the moment.

1.16 Any plans for future development on hospital land?

Not as far as is known.

2. Questions relating to the new build for GP Ltd

2.1 Will there be solar panels on new building and/or old building. (The roof of new building could slope south - at the moment the artistic impression shows the roof angled to the north, or an apex roof.)

Solar panels might be included.

2.2 Will there be a lift?

Yes

2.3 Can an air filtration system be installed in the new reception area?

This will be considered.

2.4 Will a fine be included in the contract for over-running the time limit of the project?

This is something that will be handled by the legal team. It is quite common on projects of this type.

2.5 If the project goes to public consultation - what form will that take?

There is no formal consultation process planned. Consultation will take place through the Patient Group and the final planning application will go through the normal planning procedures when people can comment.

2.6 Where will the additional staff park?

There will be plenty of parking for staff and patients along with the proposed extension.

2.7 Would it be feasible to organise a system of public subscriptions/donations/'buy-a-brick' for equipment/dialysis machine for the new build?

No because the new building will be privately owned and Launceston Hospital League of Friends raises funds for extra equipment, etc. at the surgery.

2.8 Is it possible that it could be a condition for future planning consents for major housing developments that a contribution is made towards the town's medical facilities?

The way in which developers are required to contribute towards amenities in an area is through a Section 106 order linked to the planning consent for the development. However, the money raised through the 106 order is not ring-fenced for any specific purpose. The money goes directly to the local authority which decides how it should be spent.