

**Dart Patients**  
**Chairman's Report to the Annual Members' Meeting**  
**for 2018/19**

All registered patients of the Dartmouth Medical Practice (DMP) are *as of right* Members of DMP Patients Group (referred to for short as Dart Patients). DMP Patients Participation Group (PPG) consist of the Dart Patients' members who have been elected to form the executive committee of Dart Patients.

Members meet annually to hear a report from your Chair on the PPG's activities over the past year, to hear from members about their concerns regarding local health care services, and to elect officers and PPG members. The last Annual Meeting was held on 18 October 2018 in the Guildhall<sup>1</sup>.

**Our Aims**

To recapitulate, the aims of Dart Patients as stated in our constitution<sup>2</sup> are:

- a) To facilitate good relations between DMP and its patients by communicating patients' experience, interests and concerns and providing feedback to the DMP on current processes, practices and procedures and proposed new developments.
- b) To work collaboratively and constructively with the DMP and other providers of health care to improve health care services and facilities for patients and act as a sounding board for DMP staff on issues affecting patients.
- c) To build open two-way communications and inter-action between the DMP and its patients, other individuals and organisations in healthcare and the wider community to the mutual benefit of all.
- d) To bring patients' views and concerns into consideration in the provision of health and social care whether local or elsewhere in the NHS.

The PPG has responsibility for fulfilling these aims working in partnership with the DMP and, where appropriate, engaging with other NHS services providing care locally (e.g. Torbay and South Devon Hospital Trust (TSDHT), the local Care Commissioning Group (CCG), the Care Quality Commission (CQC), and South West Ambulance Trust. The PPG is a member of the National Association for Patient Participation (NAPP), the Moor to Sea Locality PPG Forum,

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<sup>1</sup> The Minutes of that meeting have been posted on our website ([www.dartpatients.co.uk](http://www.dartpatients.co.uk)) as is the Chair's Report.

<sup>2</sup> Dart Patients is governed by a constitution and terms of reference agreed with the Dartmouth Medical Practice dated 12<sup>th</sup> June 2015 to be found on our website.

and the Devon PPG Network and liaises closely with Dartmouth Caring and the Townstal Community Partnership. Lastly, the PPG includes as members two town councillors, the local County and South Hams District Councillor, Secretary of Dartmouth Caring and a representative of Townstal Community Partnership and of the Dartmouth League of Friends.

### **PPG Activities**

Your PPG has been active over the past year in the following areas:

#### ***1. Survey of Patients' Opinions***

A survey, our third survey since 2014, was completed in February 2019. The results and survey report are posted on our website. 329 patients responded, about 4% of the patients registered with the Dartmouth Medical Practice. The main findings were:

- I. **Good clinical experience.** Most respondent were satisfied with the medical and nursing care. However, responders considered that mental health problems were poorly understood.
- II. **Deterioration in patient experience.** 55% of respondents considering the Practice to be very or fairly good—a significant decline compared to previous surveys. Just over half the comments on the quality of care were complimentary. On contrast the most recent NHS Survey of GP practices found that 83% of Dartmouth Medical Practice patients described their overall experience as “good”. The survey report explains that since respondents were self-selected, we might expect those who are dissatisfied to be more likely to respond to the survey.
- III. **Getting an appointment.** 69% patients reported that they were successful in booking the appointments they requested; many respondents were critical of the difficulties and delays they encountered in getting appointments to see their preferred doctor.
- IV. **Potential for better deployment of staff.** Most patients requested appointments with GPs rather than with nursing staff. Only 16% asked to see or speak to a nurse, even though nurses are qualified to carry out a large range of functions at the surgery.
- V. **Concern at lack of continuity of care.** Respondents main concern was the inability to see the same doctor each visit.
- VI. **Dissatisfaction with urgent care.** Only 38% of respondents found the present system for urgent (same day) appointments to be satisfactory, while 46% thought it to be fairly or very unsatisfactory. There can be a long wait for the duty doctor to ring back and telephone triage is not always popular.
- VII. **Delays in getting through on the phone.** 34% reported difficulties, though 75% of respondents found the receptionists helpful.

DMP's responded to each of these points and their response is posted on our website.

## **2. Monitoring the proposed Dartmouth Health and Wellbeing Centre**

In May 2018, we were informed that by Torbay and South Devon Hospital Trust (TSDHT) that they had reached an agreement with South Hams District Council (SHDC) to build the Dartmouth Health and Wellbeing Centre (HWC) on the site of the overflow car park next to the Leisure Centre. This followed two years of failed efforts to take-over and convert the Riverview care home into an HWC. The PPG has continued during the past year to press the TSDHT and the local NHS Clinical Commissioning Group to progress project with all due diligence. Progress has been slow, but we are told that TSDHT will submit detailed plans to SHDC in November and that it is hoped to start construction before mid-2020 with a view to opening the new HWC about a year later (i.e. around mid-2021).

The main benefits of the planned HWC is that all the health care services that are currently being provided in Dartmouth via the GP Surgery, clinic and IC team will be accommodated in a new state-of-the-art facility together with Dartmouth Caring and a pharmacy. This will facilitate joined-up service provision and improved access and with good parking. Most importantly, DMP will have the space needed to accommodate more staff and should find it easier to attract new GPs.

## **3. Intermediate care beds**

The closure of Dartmouth Hospital with the loss of all local beds with NHS nursing care caused great distress in the community. In July TSDHT were able to secure 2 beds at Beacon House for IC patients. So far this appears to meet the actual need for beds with nursing care if one accepts that patients needing specialist care will need to be looked after in neighbouring community hospitals which are specially equipped. Your PPG is continuing to monitor whether this arrangement does indeed meet our needs for this kind of care. There remains a problem of assisting patients to meet their transport needs where they are required to travel to Totnes, Newton Abbot or elsewhere for intermediate care.

## **4. The need to assess home based health care**

NHS's "new model of care" emphasises treatment at home wherever possible. To achieve this the TSDHT has taken steps to strengthen their local IC team. Your PPG has been trying to find out whether the enhanced delivery of IC home care is in practice adequate and reliable. To this end we have been collaborating with Healthwatch and Plymouth University in undertaking an assessment of home-based intermediate care. This is proving to be a difficult and time-consuming task, but we are persisting with it.

We have repeatedly asked people to come forward with case studies so we can assess the quality intermediate care patients have received at home. While we are told stories of failures in care (elderly patients returned to empty homes at night, ambulances taking over four hours to attend a patient suffering a heart attack, and so on), these are all anecdotal, without specific details; it is frustrating that none of these has reached us with the specific

information which would allow us to raise specific issues of either systemic failure or poor practice with the relevant NHS staff. It is regrettable but wrong that patients are concerned that they will be 'blacklisted' if they raise a concern over their treatment. I should stress that documenting cases of good care are as relevant as hearing about cases where care has been problematic.

We all know that service delivery is undergoing major changes at the moment. We are convinced the NHS staff are making every effort to ensure the new delivery system works well. But it cannot be stressed too strongly that the NHS needs to receive more than reported hearsay. Detailed patient reports including names and dates are required; without this information improvements will be slower to come. Patients should be confident that their reports will be regarded as useful and will help the system to establish good practice.

## **5. New Primary Care Network**

The PPG has been closely following the Government's decision taken at the beginning of 2019 to establish primary care networks (PCNs); each PCN groups GP Practices with a shared patient population of between 30,000 and 50,000. DMP has decided to join with the Modbury, Kingsbridge, Salcombe and Chillington GP practices to form its PCN. The NHS will fund 5 new staff to be phased in over the next 5 years to work with our PCN practices. These may include: a paramedic, a pharmacist, a social prescriber, a physio, and a physician associate. These can be made up of several part time individuals—for example 1 day per week of a social prescriber attached to each surgery. We will continue to monitor this initiative which in principle is welcomed as it provides our patients with additional services.

## **6. Dartmouth Medical Practice services**

The PPG has held bi-monthly meetings which have included the Practice Business Manager and the senior GP partner (Dr Eynon-Lewis). Both have been highly supportive of the PPG. The PPG has focused on five matters:

### **i. *Appointments system***

Our 2019 survey of patients' opinions indicated that patients' main concerns were the long time they had to see a doctor and the difficulty of getting an appointment to see their doctor of choice and, consequently, the lack of continuity of care. In 2018 the practice agreed with the PPG that the goal should be for a patient to be able to have a non-urgent appointment within 5 working days. This target has been achieved intermittently over the past 12 months and the pressure on appointments remains. The PPG, at the invitation of DMP and with the assistance of Dr Frankie Davidson, undertook a review of the appointments system and concluded that there were no obvious ways that the system could be improved.

**ii. Greater use of IT**

Greater use of up-to-date IT is now an NHS priority. Your PPG has worked with DMP to make greater use of the available digital technology and significant progress has been made. Areas where digital technology is available to DMP patients include access to patient records, booking on-line, renewing prescriptions on-line, using email to communicate with the practice, and e-consulting. It is now possible for DMP patients to view their medical records on-line and to book appointments and to re-order prescriptions on-line. So far patient uptake of these methods is around 25%. To further raise usage, the PPG is now putting in place a training scheme to assist patients to get on line. Emily Heard has kindly volunteered to lead this initiative.

**iii. Minor injuries**

There was widespread dismay locally when the Dartmouth Minor Injuries Unit was closed in 2017 as travelling to Totnes for urgent treatment was challenging for some patients. In response, the CCG has agreed to fund some of the simpler minor injuries services at the DMP, but as yet this service has not been well publicised. We will continue to press the CCG to publicise this service so that patients know what help they can get at the local surgery or whether they need to travel to the main MIU in Totnes. We are also concerned that the opening hours of the Totnes MIU have recently been reduced owing to “staff shortages”. We have been told that this is temporary. We have requested that minor Injury information be posted on the DMP website and also on the information board which has been put up by the PPG outside the surgery.

**iv. Follow up after discharge from hospital**

Patients have complained that often, after they have been discharged home from hospital, there is no follow-up from DMP. In fact, there is often no need for follow-up care, but your PPG has proposed that in each case someone from the Practice should contact the patient to check whether the patient is alright or needs some follow up care. This expression of concern is likely to have a very positive impact on patient morale. DMP has agreed to explore whether this can be done.

**v. Social prescribing**

Last year we reported that your PPG is participating with other local voluntary organisations and the DMP to promote Dartmouth Together which aims to improve the health and wellbeing of those living in our community by enabling patients to remain active and engaged with the community. Dartmouth Together was successfully launched early this year with support from local government and the NHS. It is working with existing community groups, such as sports clubs, and other voluntary groups to reach more people.

Dartmouth Together will help adults with long term health issues to join in community activities and thereby live healthier lives.

## **7. Plan for 2019/20**

Over the next year your PPG plans to:

- i. Continue to participate in the planning of the new HWC by providing a patient viewpoint as detailed plans emerge
- ii. Complete the assessment of home-based health care
- iii. Review progress on establishing our PCN
- iv. Continue to monitor the patient data trends to detect any issues that may arise
- v. Press the NHS to address the transport needs of vulnerable Dart patients
- vi. Assist patients to access on line health services
- vii. Continue work with DMP, TSDHT and the CCG to improve communications

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