



Summary Report on a Survey of Patients' Opinions, 2019

The Dart Patients Participation Group (PPG) undertook a survey of the opinions of Dartmouth Medical Practice patients between 10th November 2018 and 15th January 2019. 329 patients responded, about 4% of the patients registered with the practice. A majority were over 65 which reflects the age profile of the patients who make most use of the Practice. Questions focussed on patient experience--how easy it was to see a doctor or nurse and how helpful staff were, the use of digital services and communications between the Practice and hospitals.

Overall patient experience of the practice. 55% of respondents considering the Practice to be very or fairly good (compared to 90% in our 2016 survey), while only half that number (26%) considered it fairly or very poor. The NHS GP Survey found that 83% of Practice patients described their overall experience as "good". Since respondents were self-selected, we would expect those who are dissatisfied to be more likely to respond to the survey. Just over half the comments on the quality of care were complimentary with a wide range of comments from "all-in-all an excellent practice", "just keep up the amazing work", and "very happy with the doctors in Dartmouth", to "It's a pity there is not another local practice". Given the challenging task of running a GP practice and meeting a huge range of medical needs, it would be very surprising if some patients were not dissatisfied. However, the shortage of appointments, the lack of continuity of care, and the long wait for appointments is a real cause of concern.

The quality of diagnosis and treatment was criticised by only 17% of respondents. Comments are generally complimentary on the quality of medical and nurse practitioner care. There were, however, a number of concerns raised about the quality of care in individual cases. One respondent claimed that the GPs want to find the quickest, most obvious solution to any concern, rather than taking time to investigate the whole picture and that this leads to poor diagnosis and repeat visits. Some responders commented that mental health problems were poorly understood.

Getting an appointment. The 69% patients reported that they were successful in booking the appointment they requested or were able to speak to a doctor or nurse, while 17% had to call back later. Nonetheless, many respondents were critical of the difficulties and delays they encountered in getting appointments. Patients were also unhappy with the limit of 4 weeks placed on booking an appointment which makes the forward planning of follow-up appointments impossible.

Only 13% of those surveyed received an appointment on the day they wanted and only 20% of patients seeking a non-urgent appointment were able to see a doctor within the promised maximum of 5 days. 21% had to wait 1 to 2 weeks and 33% up to 2 to 4 weeks, slightly worse than the situation in 2016. Not surprisingly 45% of respondents believe that there should be more appointments and 25% of respondents wanted appointments to be longer than the prescribed 10 minutes so as to have a more meaningful consultation. This could only be achieved by having more doctors. All of this argues for an in-depth review of the appointment system and doctor availability.

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. If more patients were willing to first see the nurse practitioner, the pressures on the doctors would be reduced. A number of comments praised the care and service provided by the nursing staff.

Respondents made many comments on the appointment system. Some emphasised the long wait for appointments and the fact that a follow-up appointment can only be booked with the same doctor more than four weeks ahead. Moreover, a patient is unlikely to get an appointment if follow up is required within a week because none is available.

Respondents main concern is the inability to see the same doctor each time and hence the lack of continuity of care. Respondents object to having to go over the same discussions each time they see a different doctor and value seeing a doctor who knows them. They also commented that the named doctor system was notional and wondered why appointments cannot be reserved for patients to see their named doctor. The lack of continuity of care was perceived to be due in part to the high turnover of doctors and the fact that most doctors were part-time. Respondents reported that follow-up had to be initiated by them rather by their doctor which seemed to them wrong.

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. Comments concerning urgent appointments were, however, limited to a desire for more appointments.

In brief, the appointment system was the greatest concern of patients. 45% of respondents stated that they wanted there to be more appointments and 25% wanted longer appointments. 27% wanted longer opening hours. All these wishes have significant implications for staffing, especially GPs, and ties into patients' concerns about part time doctors. Some respondents wanted the surgery should be open on Saturdays and others in the evening for working patients. It was also mentioned that public holidays can result in the surgery being closed for 3 or even 4 days.

Answering the phone. Asked how easy is it to get through to the Practice by phone, 45% stated that it was easy or fairly easy, while 34% reported difficulties. 28% of respondents commented on the inadequacy of the telephone system which often leaves patients waiting for a considerable time without any indication of how many others are in the queue in front of them suggesting that there are either not enough lines or staff to deal with phone calls.

Helpful receptionists. A total of 75% of respondents found the receptionists very or fairly helpful, compared to 91% in 2016, suggesting room for improvement. Difficulties between staff and patients may arise when the appointments sought are not available, making the receptionists' task more difficult. Although there have been improvements in the privacy at reception, 17% of respondents still believe that further improvements are required.

Communications between the practice and hospitals. A majority of respondents reported that communications between the practice and hospitals were poor and gave a low rating to liaison between Derriford Hospital and Torbay Hospital. Patients wanted more active follow-up by practice after discharge from hospital.

What could be better? The survey's responses and comments suggest a number of important ways to improve health care services in the Dartmouth area:

1. *The appointments system.* Provide more and longer appointments to ensure greater continuity of care, achieve the target of reducing the wait for an appointment to 5 days or less, and allow appointments to be made more than 4 weeks ahead.
2. *Test results.* The present arrangement is for patients to be told only if test results are abnormal. Many patients would like to be told the results whatever the outcome. But the practice states that this is too time consuming. However, patients may review their test results online via the Patient Access app.
3. *The telephone system.* Install a system to say to inform the caller how long it takes to be answered; also, more lines and staff.
4. *The prescription system.* Reduce the delays between requesting and receiving a repeat prescription.
5. *Parking.* This problem will be resolved when the Surgery moves to the new Health and Wellbeing Centre at the top of town, presently expected in early 2021.
6. *Digital services.* The online appointment system is welcome, but still needs fine tuning. Efficiencies could be achieved by greater use of emails. The advent of e-consultations is applauded. Patients need to be assisted and encouraged to use available digital services.
7. *Preventative medicine.* The launching of the Dartmouth Together initiative offers the Practice an opportunity to take on social prescribing.
8. *Facilities at the practice.* Improvements are needed which offers a strong endorsement for the surgery to move to a new purpose-built centre, incorporating the surgery, minor surgery options, physiotherapy and other clinical services.
9. *Home-based care.* Support an independent audit of home-based intermediate care

The closure of the Dartmouth Hospital and Minor Injuries Unit regretted. Although not a formal part of the survey, and in no way the responsibility of the Dartmouth Medical Practice, a large number of adverse comments were made regarding the closure of the Dartmouth Community before there were adequate alternatives in place. Many respondents remain opposed to the closure of the hospital which has resulted in an acute shortage intermediate and long-term nursing care beds in Dartmouth. There is also a continuing demand for MIU facilities in Dartmouth. The DMP now offers minor stitching services within practice hours, but the minor service at the Practice is very limited.

Respondents argued that the opening of a proposed Dartmouth Health and Wellbeing Centre could provide opportunities to expand such a facility to include the provision of intermediate care beds, but the Torbay and South Devon Hospital Trust has no plans for this. The comments regarding the closure of the community hospital and proposed new health and wellbeing centre are provided in full in the annex to this survey.