

**Dart Patients**

**Dartmouth Medical Practice**

**Patients Participation Group**

***Listening to Patients***

**Findings of a Survey of Patient Opinion**

**May-June 2016**

**Abbreviations**

A & E Accident and emergency services

CCG Clinical Commissioning Group (for Torbay and South Devon)

DMP Dartmouth Medical Practice

GP General Practitioner

ICO Integrated Care Organisation (Torbay and South Devon NHS Foundation

Trust)

IT Information Technology

MIU Minor Injuries Unit

PPG Patients Participation Group (Dartmouth)

NHS National Health Service

**Report on a Survey of Patients’ Opinion carried out by Dartmouth Medical Practice Patients’ Participation Group in February 2016**

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**Survey of Patients’ Opinion carried out by Dartmouth Medical Practice Patients Participation Group in May-June 2016**

***Listening to Patients***

**Main Report**

***Context***

In May-June 2016 Dartmouth Medical Practice assisted their Patients’ Participation Group to undertake a Survey of patients’ opinion on the DMP’s provision of health care. This was a follow up Survey to that conducted in February 2014. The Survey consisted of a questionnaire with 24 questions. A total of 782 questionnaires were completed and analysed; about one third were completed in hard copy and the remainder electronically.

Thanks are particularly due to Graham Ray, DMP IT specialist and to Kathy Congdon for facilitating the conduct of the Survey. This report was prepared by Pierre Landell-Mills with assistance from Brian Parker.

Dartmouth Medical Practice has around 8,000 registered patients, so the survey covered approximately10 % of the patient community, and around 15 % of all families (depending on how many households completed more than one questionnaire). Perhaps even more meaningfully, the Survey covered close to 13 % of all visits to the Practice in the past year. This is an exceptionally good response rate. The main weakness is that the respondents were self-selecting. Nonetheless, it would be reasonable to claim that the data provides an accurate and valuable insight into the main views and concerns of our patient community.

It is interesting to note that while 21.6% of respondents had visited the Surgery five or more times, only 8% had not visited even once over the past year.

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| **Table 1. How many visits have you made to the surgery in the past 12 months?** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| I haven't visited | 8.0% | 61 |
| 1 Visit | 12.8% | 98 |
| 2 Visits | 17.5% | 134 |
| 3 Visits | 17.1% | 131 |
| 4 Visits | 14.0% | 107 |
| 5 Visits | 9.0% | 69 |
| More than 5 Visits | 21.6% | 165 |
| ***answered question*** | | **765** |
| ***skipped question*** | | **17** |

Note: these numbers are somewhat understated (see Note on Methodology on p.28)

Since there was no sampling or stratification of the Survey, the responses will have a bias resulting from the under-representation of two important groups (those too ill and/or too vulnerable to respond and those under 21). To reach these two groups, a separate targeted survey would be needed.

The age distribution of respondents reflects the demographic character of the Dartmouth area; 48% were aged 65 or more. Also, there were only 12 respondents under 21; this is a pity as one might expect that teenagers to have health care needs which are not addressed in the responses of their parents. It is particularly encouraging that a third of the respondents were in the age group 21 to 54. This is nearly double the percentage achieved in the 2014 Survey.

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| **Table 2. What is your age?** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Under 21 years | 1.6% | 12 |
| 21 - 54 years | 33.2% | 256 |
| 55 - 64 years | 17.0% | 131 |
| 65 - 74 years | 25.3% | 195 |
| Over 75 years | 22.9% | 176 |
| ***answered question*** | | **770** |
| ***skipped question*** | | **12** |

The number of women responding was more than double that of men (70% versus 30%), compared to 57% versus 43% in 2014. Most often, however, there was one respondent per family, so the gender bias may be less significant than these numbers indicate.

Table 3 shows that two thirds of respondents came from Dartmouth. Dartmouth Medical Practice covers the outlying villages and only Slapton was unrepresented. This reflects the fact that most Slapton residents are registered with another Practice.

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| **Table 3. In which Parish do you live?** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Blackawton | 7.4% | 57 |
| Dartmouth | 68.1% | 524 |
| Dittisham | 5.7% | 44 |
| Slapton | 0.4% | 3 |
| Stoke Fleming | 12.1% | 93 |
| Strete | 4.6% | 35 |
| Other | 1.7% | 13 |
| ***answered question*** | | **769** |
| ***no answer given*** | | **13** |

***Main findings***

The Survey asked specific questions related to the triage appointments system, the on-line booking system, delays in getting doctors’ appointments, weekend health coverage, the proposed new prescriptions system and the on-line prescription system, continuity of care, provision of health care information, and performance of the receptionists. The Survey explored the specific concerns of carers and parents regarding child health care, and the effectiveness of communications between primary and secondary care providers. Respondents were also invited to comment on plans to move the surgery to a new site and the decision to close Dartmouth Community Hospital and Minor Injuries Unit. Lastly, respondents were asked to give the Practice an overall rating.

Respondents made some 2384 comments. These provide a rich insight into the main concerns of patients and are a valuable resource for the Practice in planning the future provision of healthcare services. A complete set of these comments is available as a separate document (it runs to a 150 pages); the only comments deleted are a very few either mentioning specific individuals or having no relevant content. Some of the comments have been copy edited to make them more comprehensible, but the essential meaning has not been changed.

Overall, respondents expressed themselves either fully satisfied (35% compared to 49% in 2014) or moderately satisfied (55% compared to 45% in 2014), with the services provided by Dartmouth Medical Practice. While the overall level of satisfaction has declined by close to 5 percentage points, it remains very high, somewhat unexpected in light of the many issues raised in the comments made. It is evident that patients recognise the constraints under which the doctors labour and remain very appreciative of the care they receive. A number of comments express this appreciation very directly, for example: *“Very friendly and helpful all round” “It's a great service but I do feel the doctors are under considerable pressure” and “Generally very good with occasional niggles”.* Thus, the Practice can be proud of its achievements, while at the same time acknowledging that there are a range of patient concerns that merit being addressed and there is always more that can be done to further improve services.

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| **Table 4. Please rate your overall experience in being treated by the Dartmouth Medical Practice. Is it:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 35.1% | 231 |
| Moderately satisfactory | 55.2% | 363 |
| Unsatisfactory | 7.9% | 52 |
| No opinion | 1.8% | 12 |
| ***answered question*** | | **658** |
| ***no answer given*** | | **124** |

Among the more important specific findings to emerge from the Survey were the following:

1. Concern with the long delays (sometimes as much as two weeks) in getting a non-urgent appointment to see a doctor and even longer to see one’s registered (usual) or preferred doctor.
2. Lack of continuity of care, especially in the case of the more elderly patients with a range of long term conditions.
3. Very strong opposition to the closing of the Dartmouth Community Hospital and Minor Injuries Unit.
4. Substantial support to move the Practice to a newly established state-of-the-art Health and Wellbeing Centre as proposed by the local CCG-ICO.
5. A substantial majority in favour of the introduction of a two-monthly prescription cycle.
6. Qualified support for the improved public health information in the Surgery waiting areas.
7. A number of management matters (e.g. delays in getting phone calls answered, problems parking, etc.).

Below are summarised the findings and comments arising from each of the specific questions posed in the order they appeared in the questionnaire. It is not possible here to do full justice to the rich set of comments and suggestions made by respondents, so those interested are urged to read the separate document where they are set out in full.

***The phone triage system for urgent appointments***

Question 5 asked respondents to rate the current appointments system which now provides for the patient with urgent needs to call the surgery and receive an initial phone consultation with a doctor to decide what should be done (e.g. same day visit to a doctor or nurse, prescribe medication, call an ambulance, call social services etc.).

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| **Table 5. Do you consider that the present appointments system for urgent needs is:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully Satisfactory | 20.7% | 144 |
| Fairly Satisfactory | 45.8% | 318 |
| Unsatisfactory | 19.0% | 132 |
| Unaware of this new appointments system | 6.8% | 47 |
| No opinion / Haven't used | 7.6% | 53 |
| ***answered question*** | | **694** |
| ***no rating given*** | | **260** |

Two-thirds of respondents considered the system to be fully or partially satisfactory. Nonetheless, a fifth regarded it as unsatisfactory. Of the 171 comments only six were clearly complimentary and supportive (e.g. *“I had a phone reply within an hour”)*. The remainder reveal that there is still some way to go to making the system fully responsive to patients. These concerns fell into five broad categories.

1. Many patients reported that they experienced a significant wait for the phone to be answered to the point that some gave up, while others resorted to extreme measures (e.g. “*Problem getting through to the surgery—it has been quicker for me to drive down to Dartmouth in order to get a phone appointment, then drive home to answer the phone*” or “*More people needed to answer the phones. Patients spend ridiculous amounts of time calling, or waiting to be put through. I have been hung up on more than once.*”). Some asked that callers should be informed where they were in the queue and what the expected wait was.
2. A somewhat larger number reported delays in the duty doctor phoning back, not phoning back at the time promised or even not phoning back at all (e.g. “*It would be fine if the doctor rung you back promptly, but that just doesn't happen*”). Others complained that if they failed to pick up the call for one reason or another, the duty doctor did not phone back a second time (e.g. “*It is unfair for the doctor not to call back if you can’t get to the phone; I missed the call!!*”).
3. Several commented that they felt that discussing their symptoms on the phone was difficult or awkward and that phone diagnosis was risky or inappropriate and no substitute for a face-to-face encounter (e.g. “*It is often very difficult to give details of symptoms by phone when the doctor cannot see or examine one*” or “*I feel sometimes unable to explain over the phone fully, find it impersonal ... and the GP may not correctly diagnose the initial problem. My hearing is poor and I may not understand*.”).
4. Many patients seemed to be confused about the role of receptionists, arguing that the latter were not qualified to judge the importance of a patient’s needs (e.g. “*Receptionists don't need to ask why you are calling, They are NOT doctors”* or *“Depending on how symptoms are described, the receptionist can determine whether urgent or not”.*

While a not insignificant minority are critical of the phone triage system, many might be won over if their concerns were effectively addressed. The 154 comments received provide a useful data base for a review of the system. A few patients remain flatly opposed (e.g. “*You need to see a patient to know whether they are ill. I do not agree with phone medication”* but this view may soften as patients get more used to the system.

***On line-booking of appointments***

The PPG was keen to know to what extent patients used the on-line appointments booking system and to learn what problems patients encountered with it. The Survey found that 68% of respondents do not use the system and, of those that did use it, a third has found it unsatisfactory. The 84 comments received provide a good insight into the problems encountered and the ‘hang-ups’ people face.

Some patients are simply not equipped to operate the system (e.g. “*don’t have a computer”*), while others find the system hard to operate (e.g. “*Wasn’t able to do it as I needed a code*”). It is significant that a substantial portion of the computer literate population still find the system too difficult or too inefficient to use it (e.g. “*I did register to do it on line but find it easier to ring*”, *“Tried once and was sent an email to phone the Surgery!” and “When you select your doctor the selection is sadly out of date and needs up-dating”*).

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| **Table 6: Regarding the online system for booking appointments for access to the doctor of your choice, do you find the system:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Satisfactory | 18.8% | 128 |
| Unsatisfactory | 12.9% | 88 |
| Don't use it | 68.3% | 466 |
| ***answered question*** | | **682** |
| ***no rating given*** | | **189** |

*(Here and in subsequent tables, the larger number who failed to give a rating is partly due to a design flaw in the on-line questionnaire—see Note on methodology on page 28)*

Perhaps what is most of concern is a widespread frustration among those who commented that it is very hard to get the appointment they want (e.g. *“.Unable to see my named doctor within a reasonable period of time” or “no good if you have to wait 3 - 4 weeks”).* Two-thirds of comments on this question addressed this issue. These include some suggestions worth considering (e.g. “*Extend it to appointments to see a nurse”* and “*It needs to be simplified; I have tried to use it and given up frustrated”).* Lastly, several commented that they were unaware of the on-line booking facility (e.g. *“Didn't know it existed”*).

***Delays in seeing a doctor and continuity of care***

The problem of long delays to see a doctor is evident from Table 7. 65% of patients had to wait more than a week and some 2 or more. Dr Morris has suggested that the Practice should establish a performance norm to see all patients within 5 working days. At present the Practice falls far short of this target.

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| **Table 7. Waiting Times: How long did you have to wait for your last doctor’s non-urgent appointment (in working days?)** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| 1 - 3 days | 15.0% | 98 |
| 4 - 6 days | 20.0% | 131 |
| 1 - 2 weeks | 35.5% | 232 |
| Over 2 weeks | 29.5% | 193 |
| ***answered question*** | | **654** |
| ***no rating given*** | | **128** |

Continuity of care has been a long standing concern of patients and is recognized by the Royal College of General Practitioners as important in the delivery of effective health care. Because Dartmouth Medical Practice relies almost exclusively on part time doctors, it has concluded that it cannot promise continuity of care but, as is evident from Table 8, continuity of care remains a major concern for many patients (38%) and is “*moderately important*” for another 39%, especially older patients with complex morbidity (e.g. “*continuity is vital for patient confidence*”). As another patient eloquently explained “*Continuity of care is almost impossible with GPs available for so few sessions per week. GPs seem unable to empathise with patients not liking this situation and just say it's all on the computer. This may be so, but many patients are not really 'known' by the GP they happen to see because the GP they want/need to see, and with whom they may have rapport, may only attend the practice for 2 sessions per week. Patients may be forced to accept this situation but they will never see it as 'best practice' because it is the very opposite!”*

While some patients are more concerned at the delay in seeing any doctor (e.g. “*more important that I see a doctor in the shortest possible time*”), others have a strong preference to see their ‘own’ doctor” (e.g. “*History of my health always needs to be taken into account. Other doctors do not have time to see this properly*” or “*My usual doctor never needs reminding*” or “*Whenever I have seen a different GP, I get referred back to my own as they don't know anything about me--even phone consultations!*”). But this concern goes well beyond convenience or comfort to a genuine concern about the quality of care (e.g. “*Particularly for on-going problems, I feel this is very important. Notes, no matter how carefully they are written, can be misinterpreted. Also even if you are not a frequent visitor to the surgery, you build up an understanding with your regular doctor*”). Over 180 comments related to these concerns.

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| .**Table 8. Continuity of care: Given that your "usual" doctor may not be able to see you quickly, in non-urgent cases how important is it for you to see your 'usual doctor' rather than whichever doctor may be available when you are seeking treatment or advice?** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Very important | 38.2% | 265 |
| Moderately important | 39.2% | 272 |
| Not important | 22.6% | 157 |
| ***answered question*** | | **694** |
| ***no rating given*** | | **88** |

***Weekend coverage*** *(“Sickness is not a Monday-Friday thing.”)*

Two questions in the Survey addressed the availability of healthcare over the weekend. The first asked whether patients wanted the Practice to operate a surgery on Saturday mornings (see Table 9). Saturday opening would serve two needs: (i) working patients who find it hard to get away from work to see a doctor for a non-urgent consultation; and (ii) patients who fell ill Friday night or Saturday morning. 60 % of respondents answered that this was important for them and 27% very important. This is certainly a large enough number to reopen the matter.

The question on Saturday surgeries generated 164 comments and suggestions. These made broadly four points. First, a number of ***retirees*** commented that while this service was not so important to them as they were retired, it would have been had they been working (e.g. “*Not important now, but very important when I was working full time Monday – Friday”)*.

Second came the ***group who were working***, who clearly value the opportunity to see a doctor on the weekend (e.g. “*We work full time. It has to be special time off to see the doctor which we do not get paid for. This is VERY important”* and *“Absolutely essential that working people have the option to book Saturday appointments. I think the retired should be excluded from taking these as they can book for whenever they want.”* or “*It would help if lab results could be actioned on Saturday and not have to wait until Monday”.*  Some elderly patients are also concerned about falling ill over the weekend (e.g. “*I dread feeling ill on a Friday as my daughter doesn't visit until Monday and you struggle on, when perhaps you shouldn't.”)*

Third, ***working parents with children*** were particularly concerned to have access to a doctor on Saturdays (e.g. *“I have 2 little children so waiting Friday till Monday when they are poorly is a long time and as I don’t drive I have to get them to Totnes” or “I have two small kids aged 6 months and 2 years, so if one of them fell ill from Friday evening onwards a Saturday appointment would be great. As an adult I can wait ‘til Monday but you can't always risk waiting with babies.”* Some argued that since they did not work in Dartmouth they faced special problems (e.g. *“A lot of people work out of town and can't get back to a doctor for routine appointments in the current opening hours”.*

Fourth, some respondents argued that it was ***better healthcare practice*** for primary care to be available weekends *(e.g. “People are ill 24/7…access to your GP will take pressure off A & E.”),* while others recognised that opening weekends imposes a burden on the Practice *(e.g. “I think doctors and staff do enough during the week, so don't see the need to open Saturdays.” or “Understand it must be difficult to staff, but this should be a priority”.)* Some were even less sympathetic, simply stating that “*If you need a doctor you can phone Devon Doctors.”*

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| **Table 9. At present there is no surgery on Saturdays. How important is it for you to be able to book a doctor’s appointment on Saturday mornings?** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Very important | 26.5% | 182 |
| Moderately important | 33.2% | 228 |
| Not important | 35.6% | 244 |
| No opinion | 4.7% | 32 |
| ***answered question*** | | **686** |
| ***no rating given*** | | **96** |

The system of Devon Doctors (Ring 111) is the alternative coverage for the second need, as well as for any emergency during the rest of the weekend. The Survey also asked about satisfaction with Devon Doctors (see Table 10). 77% (excluding those who replied that the question was ‘non-applicable’) rated the service fully or partially satisfactory. While this is not a high score it is surprising given the criticism often heard.

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| **Table 10. At the present time your GP does not provide cover if you become ill in the evening, night-time or at weekends. If you have ever used the out of hours services, i.e. Devon Doctors (Call 111), have you found this service to be:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 22.7% | 144 |
| Partially satisfactory | 24.7% | 157 |
| Poor | 14.5% | 92 |
| Not applicable | 38.1% | 242 |
| ***answered question*** | | **635** |
| ***no rating given*** | | **147** |

Respondents’ comments might cause one to query these ratings. A number were highly complementary (e.g. “*Devon Doctors is the best out of hours service I have come across*”, “*I did use them once and the doctor who came was excellent”, “Very reassuring and extremely helpful--faxed a prescription to the 24 hour chemist”* and, again*, “ After ringing 111 and speaking to a doctor, an ambulance came within 10 minutes. I was in Torbay hospital within 35 minutes.”).* However,the bulk was critical (e.g. “*111 is terrible. If you're lucky enough to get the phone answered then what you really want is to speak to someone who isn't reading off a computer screen and ticking boxes to get you an answer!”* or “*My first and what definitely will be the last experience was pathetic; try not to have a heart attack during the weekend*”).

The 123 comments received raised a number of specific issue based on the respondents direct experience. First, the patients often experienced ***long delays*** (e.g. “*The night my wife died in distressing circumstances I was unable to get any help from the on-call nurses or doctors and when eventually a Devon Doctor did arrive my wife had just died” or “The delay caused by the doctor travelling from Totnes when my wife was screaming in pain was unacceptable” or again “Takes ages to call you back. Always have to trek to Totnes. Distressing for you or your children. Always end up having to take kid's to A&E. Value for money??! No”).*

Second, there is a sentiment that the service is ***under-resourced*** (e.g. “*They do their best, but are an overstretched resource” or “Due to lack of paramedics/doctors, there are long waits which stress patients who are waiting”).* The third relates to ***access to patient records*** (e.g. “*the service must have access to patients notes as a full history cannot be taken, especially in a panic situation. At least access to prescribed drugs should be available” and* “*you have strange doctors who don't know you or your medical history and those who elderly may not be able to tell the doctor their medical history or what drugs they’re on. l think it's a risky business for both patient and GPs*”). Fourth, often patients were told to ***go to Totnes*** hospital and for many this may be problematic (e.g. “*Fortunately we have a car but I have had to drive to Totnes when I was ill so I could see a doctor. Families with young children and no transport have a nightmare trying to get medical help”* or “*it often involves travelling to Totnes hospital for the consultation which can be difficult if you are feeling poorly”.*

An alternative would be for the Dartmouth Medical Practice, with appropriate funding from the CCG, to ***take back responsibility for out-of-hours healthcare***. As one respondent commented “*A rota system would enable patients to see a GP from the practice who would have a better knowledge of the patient (and location). (It would be) comforting (to patients) for emergency calls to have a 'local' GP”.*

***The prescription system***

The Survey asked two questions on the dispensation of prescriptions—one relating to on-line requests and the other to a proposed change in the system.

Nearly a third of respondents reported that the ***on-line system*** worked well for them (e.g. “*This is a very efficient system. Please don't give this up...especially picking up from Lloyds chemists rather than taking prescription over from the surgery and having to wait/return later”.*

However, two-thirds of respondents stated that they do not use the facility either because they are not equipped to do so (e.g. “*Not everyone owns a computer”, “It didn’t work” or “Don’t use it, but will look into it”)* and cautioned against it (e.g. “*Don't go too far in this direction. 50% of elderly Dartmouthians are not on line”) o*r becausethey were unaware of the facility (e.g. “*Didn't know it existed”).*

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| **Table 11. There is a system for online requests for prescriptions. Please choose one of the following:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| The system works well | 30.8% | 184 |
| The system works poorly | 3.0% | 18 |
| I don't use it | 66.2% | 396 |
| ***answered question*** | | **598** |
| ***no rating given*** | | **194** |

Many who did use the system reported that they had problems using it; these include but are not limited to the following:

1. *“I quite often find that requests don't get through although a confirmation/ref is received”.*
2. *“Asked to sign up. Online is says contact surgery. At surgery they advise do it all online”.*
3. *“It generally works well, but sometimes it fails completely and the request doesn't go through”.*
4. *“Needs monitoring when the doctor changes the medication”.*
5. *“My only problem is my prescription is never at Lloyds as requested”.*
6. *“Sometimes the prescriptions or orders seem to 'get lost'”.*
7. *“I don't use it because It's a pain to have to type in the exact (very long) name of what you need; it would be more efficient to have a list of your meds which could be ticked - as happens on the paper repeat script”.*
8. *“This system would work better if the chemist was not substituting the tablets prescribed for cheaper generic tablets and always messing up prescriptions that have been pre-ordered in advance either not having the right ones or not having a prescription for the tablets ordered”.*
9. *“Mostly it works, but quite often prescriptions don't get issued, and you are not informed/aware of this until you try to collect the script 3 days later. This can mean a good week until you can get hold of prescription. Some sort of notice needs to be given to patients, if the prescription cannot be issued.”*
10. *“Quite often have to go between reception and pharmacy to try and find out where my prescription is, and if more than one drug has been ordered quite often one is ready but not the other!”*
11. *“Too frequently there seems to be confusion between the surgery and Boots - computer problems etc.”*
12. *“I used to have access to this using vision online, where my repeats were listed - now that tab has disappeared and my only option in vision online is to book a GP appointment. Instead I have to use the practice website and type everything out in full every four weeks - very annoying and a poor use of technology”.*

Clearly there is scope for tweaking the software to address users’ concerns. Improving users’ experience may help to encourage non-users to try the system. The 89 comments received provide a good check list for such an exercise.

The second issue related toDartmouth Medical Practice’s ***plans to change the system of prescriptions*** so that all prescriptions for patients under 80 years of age (excluding those for appliances, dressings, antidepressants, creams, sleeping tablets & potential drugs of misuse) would move to a 2 monthly cycle (patients would receive double the amount they currently get each month), with all prescriptions to be collected from the patient’s nominated pharmacy, not the surgery. A very solid majority were in favour of this change.

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| **Table 12 Regarding this proposed change in the prescription system, are you:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| In favour | 80.8% | 349 |
| Opposed | 7.9% | 34 |
| Not sure | 11.3% | 49 |
| Have no opinion | 31.5% | 136 |
| ***answered question*** | | **432** |
| ***no rating given*** | | **350** |

There were, nonetheless, over 100 comments on the proposed change which merit noting. The most prominent was a concern that the new arrangement might result in increased ***wastage of drugs*** (e.g. “*May not need same prescriptions for 2 months, so wasteful”* and *“This surely will create more waste and ultimately more cost for the NHS?”).* And related to this there was a concern about over-prescribing *(e.g. “I fear some medications will be overprescribed”, “Patients should be assessed regularly to avoid prescriptions no longer needed. Patient's condition may warrant change in prescription or dosage”* and “*Many patients who have repeat prescriptions build up large supplies of medicines - either that they no longer need them, or they forget to take them - and they keep coming! A 'closer' eye needs to be kept on the repeat system for the elderly. So much is wasted.”*

Some patients were concerned that their situation changes over two months and that this could not be allowed for (e.g. “*When taking a number of drugs, it would be very difficult to understand my needs two months in advance. Further some drugs do not have that long a shelf life.”* and *“I am in favour provided that people with check-ups more frequently than bi-monthly (and require consequent adjustments to their drug needs) are provided for.”* And there were a range of other concerns, for example:

*.*

1. *“Provided a REGULAR collection date is pre-advised and medication is ready and waiting for collection.”*
2. *“Presumably you would have to pay twice the prescription cost - not always practical for low earners.”*
3. *“Only concern that it will still be possible to arrange for early delivery of next prescription if holidays do not coincide with the prescription dates.”*
4. *“I travel away from Dartmouth regularly and would like to be able to manage when I need prescriptions and how many months as can do now.”*
5. *“Please keep to same monthly date, not 4-weekly.”*
6. *“Why have a cut-off point at 80? Many over 80year olds have a reasonable expectation of life. I suggest it should be assessed on medical needs of the patient and not their age in years.”*

***Health information dissemination***

Questions 12 and 13 sought respondents’ views on the usefulness of DARTMOUTH MEDICAL PRACTICE’s dissemination of health information as displayed in the Surgery waiting room. As was found in the 2014 Survey, a surprising number of respondents had no views, suggesting they do not pay much attention to it, which remains challenging given the current NHS emphasis on preventive health care. Curiously, although well over half the respondents considered the information to be useful, a third of these thought that the information was poorly presented and this despite significant efforts made by the Practice staff to improve presentation. Comments suggest that there is still need for further improvements (e.g. “*Information posted round the vestibule door section is useful, but not on all the inside walls. Too much information clutter*” and *“There are too many notice boards and leaflets everywhere when you can utilise the TV screen more”*

Patients have a range of robust suggestions to make the presentation better which are worth considering, for example:

1. “*Need eye catching headings. Too many leaflets out; bewildering”,*
2. *“Could use new technology, i.e. touch screen log in!”*
3. *“Don't overcrowd the notice boards and ensure that info is in big enough print to be read easily. Displaying a few things for a shorter time might be better”.*
4. *“Far too much, far too small, far too unspecific; why not have a space, upstairs and down, a 'You Need to Read' board, for any current notices (i.e. flu jabs etc.) which is made obvious and kept up to date, rather than what appears to be a random selection of notices*.”
5. *“You can't prowl around reading over other people's shoulders! It's a nonsense! And anyway, do you want them to see what you are reading? The only one I've read with any attention was an info sheet which was with the magazines. The info should be presented in folders, ordered in categories, on the tables with the magazines.”*

And there are many more suggestions in the 74 comments left by respondents.

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| **Table 13. A variety of information is posted around the surgery waiting room. Do you find this information to be:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Useful and well presented | 37.3% | 248 |
| Useful but poorly presented | 19.8% | 132 |
| Not useful | 10.5% | 70 |
| No opinion | 32.3% | 215 |
| ***answered question*** | | **665** |
| ***no rating given*** | | **117** |

Recently, the Practice has installed a ***video screen*** presenting a range of health care messages. These were rated similarly to the other information materials in the waiting areas, but this may be due to various shortcomings that respondents commented on. Some found the messages annoying, but the majority took a more positive view.

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| **Table 14. Recently a video screen showing health messages has been installed. Have you found the messages are:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Useful | 31.1% | 204 |
| Not useful | 15.0% | 98 |
| No opinion | 53.9% | 353 |
| ***answered question*** | | **655** |
| ***no rating given*** | | **127** |

Here again respondents’ comments on the video screen provide useful feedback. For example:

1. *“Maybe use this system to publicise prescription on-line service and the doctor call-back service which many are unsure how to use (a video going through the steps).”*
2. *“It is very good, but it is still giving advice for the Easter hols...and it is now mid-May!”*
3. *“Content is Patronising and annoying, and anyway it will all have changed in 6 months. First Aid, CPR etc. would be of more use.”*
4. *“They could maybe provide more info on the practice such as info about the online system.”*
5. *“The power point moves too quickly for getting all the information, also the screen is situated in the most awkward of places.”*
6. *“Too remote above the stairs.”*
7. *“Can't read it!”*
8. *“Messages shown too briefly.”*

***Experience with Dartmouth Medical Practice reception***

In Question 14 respondents were asked whether they were satisfied in their interactions with Reception staff. They overwhelmingly (91 %) declared that they were either fully or moderately satisfied. This represents a slight drop from 2014 when 96% stated that they were fully or moderately satisfied. This negative trend is contradicted by several respondents (e.g. “*Receptionists are noticeably more pleasant in recent times - a cheerful smile is appreciated” and “this has improved dramatically over the last couple of years. Receptionists are much more help, friendly and polite than they have been in the past. Great to see the change”).*

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| **Table 15. Do you find your treatment by the surgery reception to be:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 53.5% | 359 |
| Moderately satisfactory | 37.7% | 253 |
| Unsatisfactory | 6.3% | 42 |
| No opinion | 2.5% | 17 |
| ***answered question*** | | **671** |
| ***skipped question*** | | **111** |

Significantly, over half stated were ‘fully satisfied’, (e.g*. “Lovely staff*”, “*Always helpful”* and *“Fantastic and so helpful”),* while only a few reported had had a bad experience. The comments were sometimes more nuanced (e.g. "*The majority of the receptionists are helpful & very nice to deal with" “One or two really need training on being pleasant! I know that they get a lot of "difficult" people to deal with but one or two are not that pleasant when the patients are!)”* but the overall impression is that they do a very good job in trying circumstances.

***Carers***

The Survey sought to find out whether those acting as carers for old or disabled patients have any special issues or concerns in assisting those they care for to get health care. 37 of the respondents stated that they were carers and commented on their situation. The problems raised fell broadly into four categories.

First, respondents reported that their ***needs were neglected*** (e.g. “*When I was a carer I also had a young family at the same time and no car. I completely slipped through the net of being able to have time to go to carers meetings and have support. I hope situations like this no longer happen, I hope there is a carers’ register with persons, details and that each carer is contacted to find out what their needs are”, “I am in need of care, as I am now fully disabled, but I cannot find a route to help” or “I am the carer of a child with disability. No one is interested in offering us any support . . .how much information is displayed in the surgery about children with disabilities compared to all the stuff about Dartmouth Caring?”*

Second,carers stated that they had ***difficulties getting appointments*** ***and home visits*** for their patients, especially with the doctor who dealt with their case (e.g. “*The doctors only fits them in when they can so if the’re needed for someone fast there’s never a doctor so it always ends up being a 111 call”, “Unable to make appointments for the doctor who dealt with the person I care for - no continuity” and “Very, very difficult to get home visits. So far, no annual medical review as ' promised'.”*

Third, carers find ***access to the Surgery is problematic*** (e.g. “*Need* b*etter access for wheelchairs, and disabled parking close to surgery” or “A temporary car parking space/ drop off point for disabled patients outside the surgery would be extremely useful”.*

Fourth, ***facilities for seeing disabled patients are poor*** (e.g. “*My 95 year old aunt has to be seen in totally unsuitable facilities downstairs--a scruffy storage room with noisy pipes”.*

Fifth, there is inadequate support for mental illness (e.g. *“Advice needed for carers: how to treat mental health problems”* and “*Appears to be little understanding and/or sympathy for mental illnesses which makes going out difficult”.*

There were also a number of other specific suggestions, for example:

1. *“Should be more regular reviews of health and medicines”.*
2. *“Liaison between the medical practice, the district nursing team and Torbay hospital is not always cohesive”.*
3. *“Be good to have a nurse who regularly checks the elderly, knows them and we can call on them for help and advice that may seem irrelevant to a doctor”.*
4. *Surely DMP should have an up-to-date register of carers?*
5. *“Sufficient spare dressings not always available which can lead to distress, particularly at weekends”.*

***Child healthcare***

The Survey also sought to identify respondents’ regarding the Practice’s support for child healthcare. This question was answered by 122 respondents (22% of the total); the remainder were presumably not caring for children. A third of those responding considered the healthcare support they received to be fully satisfactory (e.g. “*On the few occasions my son needed to see a doctor, he was seen quickly” and “I feel confident as my child was always seen on the day and when needed was directed to the hospital”)* and a further half rated the support as ‘fairly satisfactory’ (e.g. *Only negative is booking a non-urgent appointment as follow-up for something that was urgent on first appointment”).* In contrast a few had clearly had poor experiences (e.g. “*They treat everyone as a neurotic mother. Tell you it's a virus and then when you go back, they tell you off for not bringing them in sooner”* and *“There seems to be no urgency to see younger children--this has resulted in a 3 night stay at Torbay hospital for my eldest as his symptoms worsened throughout the day and we couldn't be seen until he was already very poorly”.*

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| **Table 16. If you are a patient with young children, do you consider the health care support from Dartmouth Medical Practice for your children to be:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 32.8% | 40 |
| Fairly satisfactory | 51.6% | 63 |
| Unsatisfactory | 15.6% | 19 |
| ***answered question*** | | **122** |
| ***no rating given*** | | **660** |

Among the issues raised, were the following:

1. ***Continuity of care.*** *“For certain conditions it would be better if one doctor was available. My child ended up being rushed to Torbay hospital because after seeing multiple doctors with the same symptoms nobody seemed to realise how long the symptoms had presented themselves and each time seemed to treat it as a fresh case”.*
2. **Special paediatric care. “***I wish there were a special unit and doctor/health care provider just for kids”.*
3. ***Extra consideration for sick children***. “*I do think that when you have a sick child and you've had a telephone consultation and are then asked to come in, that the appointments could run a bit better on time. I've had this every time I've been in. Waiting 45 minutes past your appointment time with a sick child is distressing, difficult and embarrassing as the waiting room doesn't like a crying baby!”*
4. ***Parents being taken seriously****. “Getting past the receptionist to get to the doctor is the most difficult aspect of the visit. I've been questioned by a receptionist regarding the need for a doctor’s appointment for my child . . . the receptionist decided that my son was not ill… . without a medical degree”*. And “*There have been times when I have felt patronised by GPs and not taken seriously”*.

***Communications between hospital and the Dartmouth Medical Practice***

The Survey sought patient views on the quality of communications between the hospital and the Practice. 42% of respondents were fully satisfied, while 33% were partially satisfied. That left a quarter of the respondents who consider communications to be poor, which seems an uncomfortably high number.

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| **Table 17. If you or a close relative has been to hospital in the last year, how good were the communications between the practice and the hospital?** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 41.6% | 142 |
| Partially satisfactory | 33.4% | 114 |
| Poor | 24.9% | 85 |
| ***answered question*** | | **341** |
| ***no rating given*** | | **441** |

The 61 comments made by respondents suggest the problem is even more serious than the figures suggest. While few report good communications (e.g. “*GP was fully aware of my husband's problems at Torbay and was very supportive”*), quite a number report that, as far as they are aware, there are none or at best minimal communications between the Practice and the hospital once a referral has been made (e.g. “*None-existent”,* *“Urgent referral forgotten”,* “*Very poor*”, “*The Practice weren't aware my husband had been in hospital--very poor communication”* and *“Not sure if the surgery even knows about my treatment at hospital - have never had any contact from my doctor following my radiotherapy /cancer treatment/counselling ; haven't had any contact with my doctor about my cancer for over 4 years!”).*  A number of more specific issues were also identified:

1. ***Incompatible data systems*. “***As the surgery and hospital are on different data systems, relying on letters that have to be input by the surgery is not very efficient. Why the reliance on letters?”*
2. ***Mutual suspicion*. “***Both parties were suspicious and did not like to share vital information”.*
3. ***Reliance on patient self-help***. “*Have had to chase up my own results most of the time”* and “*I don't feel the hospital highlights problems found in hospital to the GPs. It seems to be left to the patients to transfer the info which is not ways accurate”.*
4. ***Flaws in the system.*** (i) *“*T*he referral request failed to transfer from DMP to radiology - at 3 occasions”;* (ii) *“On-going treatment as an outpatient. Information/updates needed by me seem to go round the houses before I get them. Particularly such information going to my "main" doctor who is then away for sometimes weeks at a time. This information should go to the patient as quickly as possible via another doctor - by phone, not by a receptionist or any other member of staff”.*
5. ***Lack of Practice initiative****. “My wife is waiting for surgery on her face and the pre-med. blood test revealed that she had Polycythaemia & CLL nobody explained what was actually wrong for nearly a month and then it was not by her named doctor, it took one of the others to refer her to the Haematologist at Torbay.”*
6. ***Patient confusion****. “I have been in hospital for three weeks within last year for very major surgery and had no idea what information had been given to my GP if any. Also, my GP or a district nurse did not contact me on my return to check if ok and whether I had adequate support at home. So communications may have been there and good but communications with me were lacking. It is frightening suddenly coming home after a long period in hospital and some reassurance would be welcome.”*

***Follow up on discharge from hospital***

We sought patients’ views on follow up by Dartmouth Medical Practice following a patient’s discharge from hospital. Only 176 of the respondents answered this question. And only a fifth of these was fully satisfied, while half found the follow-up unsatisfactory. This may be partly because expectations are unreasonable given the Practices constrained resources, but nonetheless this is a worrying finding that merits some attention. It was not obvious in some cases whether any follow up was needed (e.g. “*Dartmouth Hospital staff was excellent at changing dressings for an infected wound after my son's appendicitis. No follow-up from surgery, however”).* Nonetheless, it is evident that most patients feel that their doctor should show some interest in what happened (e.g. “*During the time that I had to have surgery at Torbay Hospital (5 in all) - over a six-year period, not once was I offered any help”* and *“My partner had been unexpectedly to hospital and was discharged 17 days later after a very difficult time and an op that went wrong and was told she would have a follow up from her GP but had nothing”* and, again*, “During my treatment at Torbay Hospital regular letters were sent by the hospital to the surgery. At the conclusion of treatment I received no contact from the surgery”*).

Perhaps much better outcomes could be achieved if patients (or their carers) were given more guidance as to what follow up was needed and should be expected so that they would know that they should initiate the follow-up where appropriate. Some already do so (e.g. “*As the patients carer I had to be very proactive in order to get follow up information”)* but many lack the self-confidence to be so assertive. Yet it is a clear that the Practice is not at all pro-active in this area, which is a concern to many (e.g. “*Following very major surgery I had no contact from my GP or health visitors which was surprising. I wasn't even sure if the practice was aware I had had surgery as no reaction from them. I could and did contact the stoma care unit in Torbay for problems but given the seriousness of my surgery I would have liked some form of check on how I was, particularly as hospital stopped all my regular daily BP tablets and I wanted to know if I should resume these. In the end I rang and requested a phone call with my doctor”.*

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| **Table 18. If you or a close relative were hospitalised in the past 12 months, was the follow up by the practice:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 21.6% | 38 |
| Fairly satisfactory | 27.8% | 49 |
| Unsatisfactory | 50.6% | 89 |
| ***answered question*** | | **176** |
| ***no rating given*** | | **606** |

The basic problem that emerges from the somewhat agonised comments of patients, is that their doctors often seem uncaring and this prays on patients’ minds and seems to cause stress which cannot be good for the patients’ recovery (e.g. "*Doctor had no knowledge of condition and advised I should be back at work 2 weeks after, while consultant and surgeon said no sooner than a month - GP dismissed this completely” and “Had a phone call from doctor, but was unable to get appointment to see him due to ridiculous waiting times (6 weeks), so had follow up at hospital”).* The full set of comments makes enlightening reading and, here again, is an important data base if the Practice is willing to review its performance in this matter.

This issue is shared with discharging hospital. The PPG has been told that Torbay hospital has made significant efforts over the past year to improve discharge procedures to make sure that the patient is fully informed of what follow up is needed. Perhaps what is lacking is making clear to patients that where follow up is indicated, they should be pro-active in contacting their Practice, while where no follow up is indicated, not to expect or seek it.

***The proposed new Dartmouth Health and Wellbeing Centre***

At present the Dartmouth surgery is an old building, tight on space, with no room for expansion and lacking parking. A project is under discussion to move the surgery to a state-of-the-art building at the top of town, together with other NHS clinical services, with convenient parking and transport links. Survey respondents were asked whether they supported this project. The results are shown in Table 19. These and the related comments are an input into the public consultations on the new model of care planned for September 2016, as are the Survey findings regarding the Dartmouth Hospital and Minor Injuries Unit

The Survey found that the overwhelming majority of respondents supported this project. Many of the comments were ecstatic (e.g. “*Would be so much better! Wouldn't have to drive around town looking for spaces to park! Also offering more services would be a bonus as traveling further afield is a nightmare!” and “Long overdue! YES, PLEASE, YES, YES, YES! Dartmouth is the only town in South Hams without this facility. Stop talking about it and do it!”*

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| **Table 19. Regarding the proposed new Health and Wellbeing Centre, do you:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Support the project | 81.9% | 534 |
| Oppose the project | 13.2% | 86 |
| Have no opinion | 4.9% | 32 |
| ***answered question*** | | **652** |
| ***no rating given*** | | **385** |

Nonetheless, not everyone is enthusiastic—for example: *“Although a modern surgery would be beneficial I think it would be a disadvantage to lose this service from the lower town, especially for elderly patients without transport and for those of us who work in the lower town currently able to make appointments with minimal disruption to work. More time off would be needed to get to the top of town and then we would probably not be able to park on return. I also think it would be bad for traders in the town as people would have less reason to come to the town centre to shop”* These concerns will need to be addressed, as must the following ones:*.*

:

1. *“If a new building is built and made ready to move into before the present surgery is closed. This is the only way this is acceptable” and “So long as it is up and running before Dartmouth hospital is closed down”.*
2. *“But NHS must provide a fair number of beds. Having Dartmouth Caring on the premises would be a help”.*
3. *“So long as you get more doctors - wait for non-urgent is too long”.*
4. *“Must have good free parking and convenience to a bus stop is a MUST for those without cars”.*
5. *“Transport system is too unpredictable. Unfortunately Dartmouth has a lot of older people and not everyone has a car”.*
6. *“Would like to see a pharmacy included as in Dawlish”.* And,
7. *“The parking at River View is currently inadequate and the main advantage of moving the surgery out of town would be to ease the problems of trying to find parking”*

A number of respondents are concerned that there will be no primary healthcare in the old town. For example *“For the elderly population living at the bottom of the town I think there should be a provision for one doctor to be available every day somewhere in the town centre (at the Flavel perhaps if the hospital is no longer available?) for, say, 2 hours. Elderly people cannot always manage to get on a bus or afford a taxi and may not be able to drive any more. They will be severely penalised by this proposed move, especially if the hospital is closed”.* Another commented that *“A surgery needs to be maintained in town - as well as one at the top of the town”.*

***Care for Minor Injuries***

The Minor Injuries Unit at Dartmouth Community Hospital has now been closed for over a year. Dartmouth area patients are therefore now obliged to travel either Brixham or Totnes for treatment. Very limited minor injuries care has also been available from the Dartmouth Medical Practice as a stop-gap measure.

The Survey asked respondents who had attended an MIU to rate the quality of care received. Only half had experience of such care but of these 94% reported that it had been either fully or partially satisfactory. More significantly, 78% were fully satisfied. However, patients are extremely exercised by the closure of the Dartmouth MIU—and the 180 odd comments made by respondents raise this issue.

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| **Table 20. If you or a close relative received care from a local Minor Injuries Unit, was the service:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Fully satisfactory | 78.0% | 302 |
| Partially satisfactory | 16.5% | 64 |
| Poor | 5.4% | 21 |
| ***answered question*** | | **387** |

Having to travel to the Totnes MIU is a challenge for most of the population (e.g. “*Totnes too far to take a bleeding traumatised toddler for stitches in a hand where you then have to find change for parking and they are still screaming” or “Totnes was excellent. But the journey was horrendous owing to road works and traffic. Non drivers would find the bus journey too long”.*  The NHS cannot assume that everyone in need has transport to get to Totnes (e.g. “*How is a person who requires suturing or repeat dressings etc. meant to get to Totnes if they do not have their own transport. Do the authorities realise the distance out of ferry hours to get to Torbay. The Totnes bus is now 2 hourly and finishes quite early. Also in the holiday season it can take hours to get to Torbay and even to Totnes the road gets very congested (in an emergency situation this could be very dangerous”).* Or as another respondent put it: *“Closing the MIU in Dartmouth is a terrible mistake, especially due to the minor accidents that can happen on the river. It is 30mins drive to either Totnes or Brixham and if alone one might not be in a fit state to drive - so there is added pressure on the ambulance service”.*  Respondents also pointed out that parking Totnes is “*not the easiest*”; another wrote that he “*went to Totnes MIU, but the car park was full”.*

These are but a tiny selection from an avalanche of protests at the way Dartmouth patients feel let down by the NHS in closing the Dartmouth MIU (e.g. “*lack of an MIU in Dartmouth is appalling. Service providers residing in offices elsewhere do not realise that although Dartmouth may be classed as a town, it is in fact an isolated rural area and very poorly served by most things!”). Or, a*s another respondent thoughtfully put it “*I feel that it is essential for Dartmouth to have some form of MIU as it is so isolated. I understand that the existing MIU has been under used making it unsustainable but I remember, when my children were young, being a frequent visitor there when they had injuries that needed stitching, assessment regarding potential fractures, triage following concussion which happened at school. I had no transport so having a local service was essential. More recently my son, who is a carpenter, suffered two injuries within a couple of weeks which required stitching. Both times it meant a colleague having to leave work to drive him, bleeding, to Totnes and Torbay.”*

***Planned Closure of Dartmouth Community Hospital***

For reasons of cost-effectiveness and providing the best possible quality of care, the NHS is considering closing the Dartmouth Community Hospital (and related MIU) transferring Dartmouth area patients requiring these services to Totnes. Close to 90% of all respondents regarded such a move to be unacceptable. Few recent initiatives by any public authority has caused more public anger than this one, partly because the official explanations have varied over time but, more fundamentally, because this move is perceived as a serious setback for local healthcare. While there may be good reasons justifying the closure from a NHS Torbay and South Devon perspective, the negative impact on this isolated community is obvious unless ways are found to mitigate them. Most important among these would be the provision of properly staffed beds for convalescence and palliative care in Dartmouth. The community awaits new proposals from the local CCG and ICO.

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| **Table 21. The NHS is considering closing the Dartmouth Community Hospital and Minor Injuries Unit transferring Dartmouth area patients requiring these services to Totnes. Would you consider such a move:** | | |
| **Answer Options** | **Response Percent** | **Response Count** |
| Acceptable | 7.6% | 50 |
| Unacceptable | 89.3% | 586 |
| No Opinion | 3.0% | 20 |
| ***answered question*** | | **656** |
| ***no rating given*** | | **126** |

Respondents generated no less than 283 comments, many of them very angry ones. The following is a small sample:

* “*Ridiculous proposal. The other side of the river has Brixham, Paignton and Torbay hospitals. What is wrong with closing Brixham? Easier for Brixham residents to attend MIU or hospital in Paignton or in Torbay than Dartmouth with its river barrier and lack of public transport”*
* *“Fed up with hearing about cost-effectiveness for the NHS, what about the patient? We have paid all our lives towards the NHS but we get less and less services. If you have had an accident or feel unwell you want immediate attention, you do not want to travel to Totnes”.*
* *“For those who have been in Torbay or Derriford and need an interim stage before returning home, it is vital. I have no faith at all in so called 'care packages' which visit only a few times a day and for a limited period of time, leaving people essentially isolated and uncared for in their own home. Or is that the overall NHS plan for reducing costs - just let people die then they will no longer be a burden to the health service?”*

A number of the comments were both thoughtful and realistic--for example:

* *“This is a very concerning move. Great improvement and increase of resources and funding would be needed to the community rehab services (intermediate care) and social services (enablement and career availability) in Dartmouth and surrounding areas throughout Torbay and South Devon to make this a sensible move. Closing the community hospitals proposed will only place more people at risk (especially those that live rurally) of being discharged home from the bigger hospitals too soon and without the crucial support needed. The community hospitals are the buffer for Torbay and Derriford when they are full, and without these peripheral beds people will be discharged home, and this would be unsafe without the crucial community resources in place to support them. Rushing closures of these community hospitals to make monetary savings (without the necessary changes to community resources being in place) would be unwise, unsafe and not in the best interest of the patients*.”
* *“At the moment, relatives can easily visit the patient in the town without having to rely on local transport, or having parking problems. Better for the patient to be in familiar surroundings”.*
* *“I think the money could be better used in community services. Keeping a hospital open only serves very few people, while there is a great need to improve palliative and rehab care in patients own homes”.*
* *“The patients in the hospital are all elderly and local they need to be somewhere they recognise and families/friends can visit easily. Also there are so many local staff that need to work in Dartmouth that would lose their jobs if it was closed”.*
* *“Cost effectiveness at the risk of individuals in Dartmouth. Totnes is too far especially with poor transport links. Dartmouth needs facilities to place individuals in the same capacity as the hospital and ideally a minor injuries unit, especially with tourism and a huge housing estate being built”.*

Perhaps, the respondents’ final word goes to the following comment: “*I can't see how the quality of care in Dartmouth could be improved by a move to Totnes. For old people and the terminally ill, who are the majority of the patients, Dartmouth hospital is perfect. The suggestion of moving to Totnes, which many people can't visit, makes me feel angry and sick. Why should Dartmouth people (especially old, ill people) get poor service yet again because the hospital sits on valuable real estate? I would do everything to oppose such a move”.* Those in the CCG and ICO who are finalising the plans for future health care in the area and are preparing for the planned public consultations need to be sure that they have taken full account of local patients concerns as revealed by this Survey.

***Patients’ overall experience with healthcare***

Notwithstanding the very many issues and concerns raised by respondents, Dartmouth area patients appear to be largely satisfied with the healthcare services provided by the Dartmouth Medical Practice. In Table 4 we saw that most respondents were either fully or partially satisfied with their heathcare and only a low 8% of respondents rated the Practice ‘unsatisfactory’. That being said, respondents have a large number of concerns they would like to see addressed and suggestions as to how services might be further improved. These are to be found in the list of comments which are contained in a companion paper. They cannot be easily summarised here. They are not necessarily shared by other respondents, but they constitute a useful check list of concerns and suggestions that merit being carefully considered by those responsible for the delivery of services. Even if a suggestion is not realistic, it may point to a concern that needs to be addressed in some way. Among these, this report would draw attention to the following (in no order of priority) as illustrative of what is to be found in the full set of comments:

1. *Get more GPs, more receptionists, institute longer opening hours and a numbered phone queuing system. Try to recruit doctors who are willing to devote the whole working week to the patients in Dartmouth and district. Add at least one more doctor and various paramedic staff to the Surgery.*
2. *Far more use of email. Quick questions should be answered by email.*
3. *We need a clinic to deal with ageing issues. It could alleviate pressure on the Surgery and possibly issues might be picked by earlier and save a trip to A&E. Most elderly people leave it too late before contacting a doctor.*
4. *Phone call to confirm whether a test needs a follow-up or not needed. More liaison between doctors. Quicker service on blood tests.*
5. *We must keep our X-Ray and physio departments as we are so cut off from other hospitals*
6. *Make getting a non-urgent appointment easier. I've pretty much given up trying to see as doctor and put up with my health issues as it is just too frustrating, as is trying to get through on the phone.*
7. *Regular health screening for over 65's (scans, bloods, prostate checks, etc.). Would appreciate the over-50s health check being set up in the near future.*
8. *I have found the care for contraception and women’s health very poor.*
9. *The Leisure Centre or Townstal Community Hall could be used for groups and therapy for people with chronic conditions.*
10. *Charge patient £10 for cancellations or for all appointments.*
11. *Better IT. Paper records system at hospitals is severely out-dated and there is no digital link with the medical practice. Provide access to my medical records/blood test results online.*
12. *Allow consultation appointments with a practice nurse without having to be referred by a doctor.*
13. *Increase the availability of appointments for blood tests etc.; one often has to wait for more than a week to get a test done.*
14. *Provide more patient education. Some patients really do need to pay a bit more respect to the surgery and the NHS as a whole. They will, I fear, cripple it with their demands.*
15. *I have only attended once--as a new patient I was surprised at the lack of interest by the doctor about my past medical history or of my current issues. Very surprised that there was no new patient checks.*
16. *When a GP calls to provide blood test results, reading the notes to know the name of the person being called and why the bloods were taken is a good start (being asked how my periods are when the bloods were taken by my midwife and being 33 weeks pregnant is a little concerning).*
17. *If you are going to be given bad news such as having cancer to be given the news in person and not over the phone when you are on your own.*
18. *Podiatry service at the surgery - no longer available to diabetics at the clinic in the town and involving pensioners having to undertake a 3 hour journey to Brixham plus ferry fares.*
19. *Provide dedicated carers appointments. Give priority to carers.*
20. *Would be useful to have a list of the various doctors' 'specialities' in a prominent place in the surgery (not everyone is online). If you're worried about a particular problem then knowing a particular doctor has a greater knowledge on the subject might be very useful.*
21. Useful to have some disinfecting gel available in the waiting room
22. The staff need new chairs in reception - they are often standing which is not good.

To end the report on a positive note, most of those who participated in the Survey would agree with the patient who wrote “*I think everybody does a good job under difficult circumstances. Everyone has been very helpful and caring”.*

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**Acknowledgements**:

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**Note on methodology:**

The Survey questionnaire was filled in either on line (via Survey Monkey) or on a hard copy. The latter responses were subsequently transcribed onto the Survey Monkey by volunteers. The Survey had two flaws. First, in around 50 of the hard copy questionnaires Question 3 asked for the number of visits in the past 6 months, while the rest and the on-line questionnaire asked for the number of visits in the past 12 months. We have not corrected for this, which means that the data somewhat under-estimate the frequency of patient visits. Second, for 15 out of the 24 questions included as a rating option: “Do you have any comments”; if this final “option” was ticked (as well as their rating) then the respondent’s rating was deleted. A significant number of the respondents failed to notice this and uncheck the box asking whether they had comments. This explains why the summary tables show the number of responses to be less than the total number of completed questionnaires. Since those who commented are likely to have been more critical, this flaw will have biased the ratings, making them more positive than they would have otherwise been.

Dartmouth Patients Participation Group

5 August 2016