Q.5 **The appointments system 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). Do you consider that the present appointments system for urgent needs is:**

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| 1. You need to see a patient to know whether they are ill. I do not agree with phone medication. 2. It takes a long time to get through to a receptionist and you don't know where you are in the queue. 3. Due to lack of availability to book an appointment for that week, patients are reluctant to book an appointment until urgent which is dangerous. 4. 20-30 mins wait. 5. If one is feeling ill, one needs to see one's GP without having to go through the third degree to get there. 6. Maybe difficult concept for the elderly to understand. 7. We should all see our 'usual' GP as this helps in diagnosis. 8. I have always had excellent service--fortunate to have a most wonderful NHS. 9. Sickness can't be addressed on line--every attempt should be made to meet patients’ needs, not smooth running of the practice. 10. It was 2 weeks to see my own doctor 11. For blood results 2 weeks before a phone call from a doctor. Non urgent. 2 weeks too long to wait. 12. Doctor comes to me as I have problems. Everyone is more than kind. I only ask if REALLY necessary. I would help if I could EMAIL - too deaf to phone; someone else has to do it for me. 13. Wonderful and everyone so helpful. 14. I don't mind waiting a week or two for a non-urgent appointment with a 'specialist' doctor. 15. The system doesn't always work e.g. disabled wife not able to answer phone, doctor arranges to come between 12 and 2 but does not turn up etc. 16. NOT IF THE NEED IS URGENT. Waiting for a doctor to ring is very worrying for some. 17. An initial phone call is a waste of time, an appointment is what you need. 18. Very rarely get through on the phone to make appointment during working hours. Wonder whether GP on phoning back duty might be better placed reducing the waiting time in surgery. Could a qualified nurse make this kind of decision, therefore freeing up the GP as above. The receptionist used to be the one doing this 30 years ago. 19. Would appreciate a shorter time when making an appointment. 20. Good idea as saves time 21. If I need to see my doctor I need to see him - not some silly phone call - wasting doctor's good time. 22. It delays the resolution of the problem - the call may not be returned for several hours. Nurse led triage would be a better option. 23. In some case I think it is impossible to access over the phone. 24. Understandable re Dr Morris and phone calls substitute. 25. Depending on how symptoms are described to receptionist can determine whether urgent or not. I had to push for a phone call (that I needed) after I was informed next appointment in 3 weeks if not urgent. 26. When you ring the surgery it takes ages to get through - you used to be able to go to the surgery and see a doctor - we are going backwards! 27. Bad 28. Having had pneumonia which was diagnosed on the phone as catarrh I am not very happy with this system 29. No good if you are hard of hearing or calling on behalf of someone who can't hear 30. Could have been 2 - 2.5 weeks for my own doctor 31. Phoned in morning and got same morning appointment. 32. I worry I might miss the phone call or it might be difficult to explain/describe the symptoms over the phone. 33. On the one occasion it was very urgent, the service was very good. 34. A Patient Needs to be seen within two days Urgent on day of Ringing 35. Would rather see a doctor. 36. How can patients assess what is urgent? 37. Very reassured by this when I needed help earlier this year. 38. There is supposed to be named doctor "usual" but the present phone system means the call back is not the named doctor just any of the unknown ones 39. To get the doctor I wanted 40. The same day service is a huge improvement; however, what is not acceptable is waiting 2-3 weeks to see my usual GP. There seems to be nothing in-between. 41. Because this system necessarily involves a number of different doctors, close monitoring of status / treatment / medication is fundamental. 42. Can work o.k. but there is always the case where the doctor may issue a prescription when a face to face consultation would have shown other concerns. Also waiting for the doctor to call back can be inconvenient. 43. If I need an appointment I should get one not have to wait for a doctor to ring me and tell me. 44. No 45. |I still think that the fairest appointment system is on a first come first served basis. You turn up at the surgery, find out who is in front of you and simply once they have been seen, you are next. 46. Some doctors speak softly or quickly which is difficult for those with impaired hearing 47. also checked Unaware of new appointments system 48. Varies .. as I feel sometimes unable to explain over the phone fully, find it impersonal ... and GP may not correctly diagnose initial problem. My hearing is poor and I may not understand. 49. Fully satisfactory would be if a patient could always get an appointment when needed - urgent or not. But that is unrealistic given current pressure on the system. 50. Phoning makes it much easier! 51. There is no continuity within the surgery 52. Doctor called back I didn't get to the phone in time. I rang immediately and was put back of a 2 hour queue. If I hadn't called I was advised that a further call by the doctor would NOT have been made 53. Far too long 54. The initial phone call can sometimes be too abrupt 55. I may not work for everybody, it has worked for me twice. 56. Sensible but should not slide into the norm 57. Most doctors at the practice only work part-time which means long delays in getting an appointment with anyone, let alone one's 'usual' doctor 58. Not sure the necessary filters are robust enough 59. To have to wait for a phone call is not good when you are feeling poorly 60. I am not comfortable with a discussion of my state of health on the telephone 61. Would like to stress that the new phone system is not as good as the last one. Doesn't seem to be enough people to answer them!! It also takes 10 minutes to listen to all the options when all we need is to talk to someone!! 62. Cannot be done the same day. 63. On one occasion I didn't receive my call-back from the surgery. The receptionist forgot to pass on the message. 64. In some cases nobody calls back. 65. Depends on each case--if t were a sensitive matter, depends which doctor called etc. All about case basis, but better to have this option I would imagine than not. 66. Have more doctors available to see patients 67. I would like to see my allocated doctor more quickly. Two to three week delay for a consultation is too long. 68. Yes-- 3 weeks long while to wait 69. no 70. YES- ITS UNFAIR FOR TRHE DOCTOR NOT TO RING BACK, IF YOU CAN'T GET TO THE PHONE!! I.E. MISSED THE CALL! 71. Getting through on the phone is the hardest part the system works burg d tying through is a bit of a nightmare 72. It is often very difficult to give details of symptoms by phone when the doctor cannot see or examine. 73. The phone consultation system is worrying. Does the patient get enough opportunity to describe the situation, especially if they are ill? Can the doctor make a correct assessment? For someone seeking an appointment it can seem like a barrier, aimed at deterring a visit. Please do not retain it as a compulsory step. 74. So easy to miss vital signs and symptoms when using a phone call for first consultation as many people are poor historians or unable to describe ailments properly. I think this could be a dangerous situation 75. I would suggest that patients over the age of 80 receive a home visit regardless. Hearing problems and cognitive difficulties mean that a telephone consultation is not reliable. 76. they do their best 77. should be able to see your doctor on the day 78. The initial phone consultation needs to be at a specific time since if it is missed there is no further telephone call. 79. Same day triaging is a good idea, but the receptionists need to be carefully trained to use it properly. Some people may not like describing intimate symptoms over the phone, for example. 80. Employ more staff. Increase the number of doctors. 81. no 82. For people who have the ability and willingness - there is no reason why doctors could not FaceTime/Skype patients thus avoiding the necessity for ill people to visit the surgery and doctors to spend time with those patients. 83. It would be fine if the doctor rung you back promptly , but that just doesn't happen 84. When you are ill you want to talk on the phone just to be told you need to come in 85. more people needed to answer the phones, spend ridiculous amounts of time calling, or waiting to be put through. been hung up on more than once. 86. no, i have used it many times for myself and children and find it perfectly satisfactory, in fact it negates the "is this an emergency, do i need to demand a same day appointment" dilemma that patients have 87. Need to know probable timing of doctors' call: it's sometimes 11.30am and at other times 5pm! Patients cannot be expected to wait in all day for the phone to ring! 88. please stop using the line 'what do you want to happen' like uh I don’t know maybe get better that’s why I’m asking a doctor are you for real 89. Didn't work like this when I used the surgery a couple of weeks ago. I had no problem with the way it worked on that occasion. 90. My son had a skin problem which needed to be seen so a phone consultation was pointless on that occasion. 91. The system would be better if the women that answer the phones were in fact medically trained and understood the patient, I've had to battle just to speak to a Dr when I knew I had an infection and cause of my conditions need to see a Dr straight away but it's always a battle with the uneducated " guards of the gate " ! 92. Not very useful if you do not live in Dartmouth...impossible to park if given short notice for an urgent appointment. We are not all retired. 93. It's ridiculous. Self-diagnosis over the Internet is never to be recommended, yet that is pretty much what is expected of the patients since the doctors clearly expect the patient to give them their diagnosis over the phone. Additionally, it is quite clear that the system doesn't work because it doesn't allow for different 'types' of people - hypochondriacs versus people who refuse to believe there could be something serious wrong with them when there categorically could be. 94. If you are unaware of if you need an appointment, or if your symptoms warrant a call from the Dr who do you call? I have called not knowing if I need to be seen by a Dr, or spoken to for myself and my young daughter and have been made to feel worthless. Having pointed out that phone calls are fire "emergencies only". I'm not qualified to say what counts as one of YOUR emergencies. I know when I should dial 999 (that is an emergency). Communications and it customer care needs work. 95. Open on a Saturday with appointments for working people only . 96. Sometimes an issue isn't an emergency like with my children but due to not being able to get an alternative appointment for a week I have been tempted to do this 97. Actually listen to your issue and not to have snotty receptionist that don't seem to help on the phone 98. Takes too long and is protracted. 99. They sometime don’t call till the next day or forget to call at all 100. A phone consultation is obviously a helpful step forward, but I don't think it takes the place of a doctor actually seeing a patient face to face to make a truly correct diagnosis. It would be quite easy for a patient, who gets nervous when talking on the phone, (as I sometimes do) to not mention everything, or start stuttering (as I can sometimes). 101. for a medical problem that’s not so urgent to see your own doc it’s a long wait .. which sometimes makes the problem more urgent 102. Still not always able to get one of these appointments, and reception staff deem urgent stuff unimportant 103. Would be nice if patients had the phone with their own doctor, instead of random. 104. Don't think it needs improving, think needs more understanding of what that doctor can do/offer...saves making a wasted journey 105. You have to actually get through to the reception first!!! 106. Being able to see the Dr when you need it 107. The new system has made it near on impossible to get an appointment within two weeks. The only reason I have even been in recently is because I am pregnant. 108. Simple, call back in the promised time! 109. Face to face consultations are the only way to fully decipher what a patient needs. For example, if a person has been physically abused, this would be impossible to see from a telephone conversation. 110. Shit. Most of the time u never get called back 111. Seeing a doctor other than my own is a waste of time, mostly they say you need to see your own GP and pass the buck. 112. I've had experienced Phone calls being 3/4 hours later after I have called up, Not good enough if as you say "ambulance is needed" 113. Advise patients of any changes. For example no longer working a Saturday clinic. We are also not a ill family so what do you class as urgent to be able to get an appointment 114. I have used this several times - the doctors are brilliant and call back quickly but each time I've been asked to go in to see the doctor - I wouldn't ask for an emergency / same day appointment if I didn't need it. Not sure how I feel about the system really, on one hand it seems to be a waste of time but maybe it's used as a filter. 115. Receptionist don't need to ask why you calling, They are NOT doctors. 116. Doctors should have designated spots for urgent needs 117. It works, but I had a back injury I was not seen by GP had 4 phone calls and 4 prescription of medication...... which was costly too me and felt if I was seen face to face a more appropriate diagnosis would of been made sooner and at less cost to all. 118. I don't think the telephone system is a great idea due to possible mis-diagnosis & then there's usually a 2 week wait for an appointment, let alone with my registered doctor! 119. Doctors should be consistent. It depends who you get your telephone appointment with as to whether they will prescribe antibiotics over the phone. 120. Maybe inform people other than when they ring in. It’s not been very well advertised, so people don't know it exists . 121. If people are at home or at work and have a phone they can speak on it's not so bad but for how long do you have to sit around next to the phone waiting for a Dr to call? If you're on a mobile and reception is poor (quit often) you may miss the call. The system is good for people who have a simple problem but what is the point if you're redirected to a website - why not go straight to the website?! Ads will miss things if they can't look at a patient especially if they have 'mental' health issues that they may not want to talk about anyway. And a Dr might sense this from their demeanour. People ring up about one thing when there is a background problem. Not all age groups are happy with telephone. 122. Phone reply within an hour 123. Difficult to get through to the surgery, I have driven to Dartmouth there and back in order to answer the Doctors phone call. 124. Problem getting through to the surgery. It has been quicker to drive down to Dartmouth in order to get a phone appointment then drive home to answer the phone. 125. See my second from last answer 126. No 127. Extend this system to weekends, i.e. Saturday and Sunday. 128. Not needed to use it as yet, but seems a good arrangement 129. I think that the more vulnerable patients should be highlighted on the system, so that any special problems could be dealt with quicker. Some patients need more than a phone call, and hopefully this happens. 130. Being able to get through to the reception in the first place would be good , it can take forever first thing in the morning 131. I believe all our existing doctors -- given this obvious crisis - should work a full 5 day week at the surgery. In my view they should have been doing at least this all along 132. Twice I have asked for an online consultation with a Dr. Both times they called me outside the agreed times. The 1st Dr got annoyed with my husband because I wasn't there to take her call but it was later than what I was told she would be calling and I had to go to work. The 2nd Call was 4 hours earlier than I was told but I was still at home. 133. A long time to get through initially may be followed by a long wait before a doctor returns call. Perhaps a doctor ( on a rota) providing phone advice with no surgery appointments to deal with during that session. 134. Maybe could be easier to make a same day appointment or a soon appointment 135. Use of FaceTime or Skype if appropriate. 136. Sometimes would like to see just the nurse for minor problem. Have always been told must see doctor first. Wait of 3 weeks to see doctor so gave up. 137. Patients with obvious urgent need will use '999'. A delayed phone consultation prolongs patient stress. A triage receptionist 138. How can a receptionist possibly know whether you need to see a doctor. And a doctor to telephone is for a week after request 139. haven't used but sounds like a good idea 140. It is not easy to get through on the telephone. There is always a message saying that there is an unusually high volume of calls. 141. It still takes time to get through on the phone, but basically I have used the service and it did work for what I needed 142. It's good to have the facility to speak with someone on the phone before deciding whether an appointment is necessary. Sometimes speaking to a nurse would help decide whether an appointment was necessary 143. we wait too long to see a Dr 2 weeks on average 144. To be fully satisfactory we need a G.P. from our own practice to be on call 24/7 as was the case originally. This would give much more confidence and support as the 111 service is thoroughly unsatisfactory. The time I used it I was told I could not speak to anyone for 4 hours. 145. Maybe if the doctor actually called back it might help. It would be so much better to be able to see a doctor within a few days and make advance appointments. 146. Doctors who practice at the surgery should be available not engaged in other business elsewhere. If you need to see your doctor then you should be able to do so without having to wait a week or more. 147. In certain cases of hypertension I would like to have seen a doctor. 148. I didn't know that. So this questionnaire has been a very useful means of updating me. Although, it's only available from 9 a m to 5.30 pm 149. More than one receptionist required for phone or reception. Its ok to say that all doctors have a computer and can pick up what is ones problem, but it’s not the same as seeing your own doctor who knows you, You have to wait too long to see your own doctor of choice. There must be a better way of arranging and managing the problem plus having to wait 4 days at least to see a doctor. SORRY you did ask ? 150. When booking a telephone consultation we are given an approximate time however this never seems to be adhered to and on some occasions it is out by several hours. 151. Should always see the patient if they really request it regardless of diagnosis. 152. Not always easy to get to the surgery and park if coming from outside of Dartmouth....last time I was given a 10 minute window! 153. My reservation is that system works for urgent needs in surgery hours but is not acceptable out of hours. I remember when my children were small and the GP would come out at night to a fitting child or see you at surgery at weekends for urgent issues with young child. And as long as you got there before surgery closes in evening you would see a GP if something developed during day at work for example. I had severe lung infections which would become critical during day and could call in on way home. This was not in Dartmouth but a country location with considerable distances between villages and GP practice. 154. It may take a week to get the appointment following the phone call. 155. Personally have only had need to use on one occasion. Annual diabetic check.. which proved satisfactory... yet to experience full appointments system....reserve judgement until need to book a doctors appt. 156. To be able to see a doctor when needed 157. If you want a Doctor to see an injury or look at a problem then waiting for a phone call is not useful and delays problems further. If you need a follow up appointment with a Doctor why can't you make it when you are in the first appointment? 158. Even if my need has not been urgent I have recently only been offered a phone consultation. No face to face appointment has been offered. The last phone consultation I had caught me "on the hop" as it was at 08:30hrs and I wasn't expecting it so early and hadn't thought about what I needed to say. I had previously been told that phone consultations took place between 12noon and 14:30hrs or after 17:30hrs. Consequently, I forgot some symptoms which may or may not have resulted in different advice from the doctor. Generally, I'm happy to have a phone consultation if it saves the doctor's time. I hope I will be more prepared next time. 159. Caught on the hop with an early call - 08:30hrs. Time would have been ok if I'd been expecting it and been ready but I had previously been advised that these calls would be carried out between 12noon and 14:30hrs or after 17:30hrs so I wasn't ready. Result was I forgot some symptoms which may or may not have made a difference to the advice given by the doctor. 160. I am regularly unable to exercise my right to see a GP of my choice 161. Ensure that whoever answers the incoming call asks the caller relevant questions so it can be assessed as to whether this is a really urgent call which needs immediate attn. from the doctor or it is safe for the health professional to contact the caller a little later. 162. The initial phone consultation with the doctor sounds good but I have not been able to make an appointment for a long time – 163. Patients do not know whether their needs are urgent or not. If obviously urgent then call 999. A delayed phone consultation prolongs the uncertainty. 164. As long as the doctor phones back fairly quickly. 165. Can be frustrating as you have no choice of practitioner. 166. Sounds ok for urgent needs patients if a bit slow but how does it work for the less urgent? 167. It's fine for me as I am retired but must be difficult for people at work. 168. A time slot for a phone call would be beneficial. I have to wait around for up to 2 hours to receive a call. 169. More information 170. Depends on their being sufficient doctor capacity to be able to respond the same day. DMP needs more doctors. 171. If antibiotics are needed these should not be given without a face to face appointment. |
| **Q.6 Regarding the online system for booking appointments for access to the doctor of your choice, do you find the system: satisfactory, unsatisfactory or don’t use it?**   1. Tried once and was sent an email to phone the Surgery! 2. When you select your doctor the selection is sadly out of date and needs up dating 3. No computer 4. No online system 5. N/A 6. Waiting times (below) not applicable 7. Unable to see my named Doctor within a reasonable period of time. 8. Too long a wait for non-urgent appointments 9. Get more doctors and nurses 10. Was offered a different Doctor, but find if a particular doctor is preferred then often a wait of up to 2 weeks is the norm. 11. Too long to wait 12. The 'system' itself works well. The problem is that there is such limited availability of doctors! The first available appointment with ANY doctor at the moment is nine days ahead (five working days). 13. This is satisfactory if your doctor of choice has free spaces soon but no good if you have to wait 3 - 4 weeks 14. have to wait far to long to see a doctor 15. (this questionnaire uploaded) the comment beside this question was 'Unaware'. 16. Booking period is often not far enough ahead to get an appointment with Dr of choice. I have given up and phoned in before now. 17. no 18. There is not enough availability of the Doctor - they work very limited days of the week 19. Ridiculous waiting time but this is simply down to there not being enough GPs 20. Didn't know about it, perhaps promote it more, may free up phone line for more urgent appointments 21. I haven't had to use this system yet, I'm sure it's not the only way of obtaining an appointment as the elderly and those with below average capability would not be able to do this. 22. Assumed it no longer worked as I had asked for a re-advice of login details and did not receive. I will phone on Monday to arrange re-advice as I always found it fab! 23. It needs to be simplified; I have tried to use it and given up frustrated. 24. I keep intending to, but have never got round to it. I did try once, but there seemed to be a complication of some sort so didn't finish. 25. i don’t know how this can be improved? Just wish it was not such a long wait when you want to book appointment! Waiting 3-4 weeks is sometimes a real pain! 26. Don't even know who my Dr is. 27. Not all people have the use of pc you could fine a lot of neediest people will slip through the net this can not be allowed to happen 28. Getting past the receptionist would be good 29. If it ever works. 30. I did register to do it on line but find it easier to ring. 31. Always waiting for 10+ mins on hold 32. Didn't know this was available. Did know about repeat prescription can be done online when I was pregnant I needed to use it. 33. Wasn't able to do it as needed a code? 34. The wait time is far too long to see the doc of your choice. Can be 3/4 weeks 35. Didn't know there was such a thing!! 36. Gave up after constant attempts 37. I didn't know about it. 38. I prefer phoning for appointments. 39. Too long to be able to get a Doctor of your choice usually. 40. Usually to book an appointment with a preferred Doctor it is too long to wait. It is very good for seeing any doctor. 41. Doctors should be available more often, i.e. not just part-time. 42. Not everybody is computer literate; it is useless for the older generation. 43. Always telephone 44. Dr Freeman is a great GP - the pressure on his appointments reflect the demand of patient so I realise that it is worth the wait for an appointment. 45. The last time I tried to book online the service was unavailable 46. Allow booking of appointments to be made further in advance 47. I have been very firmly told that “the doctor of your choice" is no longer an option. In any event trying to make such an appointment has a 4/5 week waiting list. Legislation requires over 80s to have access to a nominated doctor but this is denied us by our doctors 48. When you call for an appointment you can discuss all options with the receptionist 49. System is cumbersome, appointment are offered at much too far into the future. To have to wait 3+ weeks is crazy - you are probably dead or cured in that time. 50. Can wait weeks to get appointment as all doctors only work 2 or 3 days a week in the surgery. As in any job, some doctors are more sought after than others. 51. I would use if needed, but I have no experience of it so can't comment. 52. Did try to use it when first introduced but unable to gain access. 53. Current 3-4 week waiting time is pointless. 54. You have to book your appointment well in advance which is unsatisfactory as you want to know how to deal with your problem in present time. 55. Make sure all the practice doctors are on the system. 56. Please could this be extended to include bookings for the nurse/blood tests etc. I have not used it to book a doctor appointment, but tried to book a nurse appointment, but it was not possible. 57. To see my Doctor I may have to wait up to 12 days as he is in another Hospital to whic h he has clinics 58. Finding it difficult to access this system. 59. not easy to see a Dr of your choice 60. We would like to access it. Occasionally it has proved very satisfactory but on many occasions it has proved impossible. Could access be made easier? 61. I'm sure it is a good thing but haven't had occasion to use it yet! 62. We tried to use it when it was first established but it didn't work very well, hence have reverted to the 'phone 63. Haven't yet used it because no need, but it seems a good idea. 64. Made more aware of it -encouraged to use it when phoning 65. Not aware of any online system 66. About a year ago I wanted to use this system but couldn't get into it, I reported it at the surgery and was told the person organising it would contact me but no one did. I didn't bother to peruse it again, but would like to make use of it. Will look into it now that I have been reminded. 67. Again, I was unaware of this facility. I will use it in future. 68. Didn't know that it existed 69. never been able to get an appointment, hence do not use 70. never been able to access it from the people that I have spoken to that can they have said there are no appointments available anyway 71. Is only as good as the Doctors available. Not always one the patient would prefer to see. 72. Can be a problem due to own GP only working two days a week and when my problem coincides with his holidays when appointments seem to be weeks away but have found ability to ask for a phone call is a good substitute if need an earlier response. Also use email to ask questions or keep doctor informed of problems which seems to work without taking up surgery time. 73. Very difficult to find a slot with the Doctor signed onto. It would help if the next available appointments showed up automatically. 74. It is now difficult to see the Doctor of your choice without a long wait. Patients do like to continue with the same Doctor. 75. I can rarely see my own doctor and have to see another doctor who does not know me, as happened at 3:30pm 6th May 2016 and yet my doctor was present at the surgery. I was recovering from a haemorrhoidectomy 2 days before as an outpatient at Torbay. 76. I couldn't get any availability on it on the 3 occasions I tried. 77. The system is good but I cannot get the appointment I want for 3 weeks 78. Extend it to appointments to see a nurse 79. Never been able to get it to work right 80. Never been able to get it to work right 81. I prefer the phone system to make an appointment; it gives me immediate booking confirmation. 82. Named doctor often unavailable for weeks. 83. Perhaps some doctors could work more than two or three days a week? 84. not enough variety of practitioners to choose from when you go online. I prefer to see the same GP because I have complex medical history and would not be able to explain it all in the short time available as well as the problem I had come to see the GP about! Also the same GP gets to know when you are being sensible about your medical condition. I find doctors who are not familiar with me make me feel that I am making it up. 85. There needs to be appointments available before you can book them. 86. Understand that none of doctors work a full week in surgery as have other commitments but have found my doctor is often on holiday in weeks I have tried to book an appointment. No idea how this can be improved but just bad timing I guess. 87. I find it hard to use and there are too few slots available. |

**Q.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?**

1. Important but more important that I see a doctor in the shortest possible time.
2. Your own GP should be available to continue your care. Many times they are not as they only work part time.
3. I look after over 75s who like to see their own doctor who knows them and their medical history.
4. 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!
5. Depends on case--with a cut finger not important, for vaginitis very important.
6. For patients with chronic illness there is a great deal of paperwork to wade through for a doctor to become familiar with a patients case
7. Although I have lost my usual doctor, I think continuity is vital for patient confidence
8. Necessary for forming a relationship with one's doctor.
9. Helpful to be able to see a doctor with specialty knowledge if needed.
10. Where the doctor I need to see is a specialist in a specific area (e.g. ENT), then very important
11. Continuity is the keyword, it does appear continuous if one see a new face each time
12. Non urgent appointment fair enough but more serious problems, visiting the usual GP helps a lot.
13. I'd consider it important to see a particular doctor if I had an ongoing illness: familiarity of my circumstances.
14. History of my health always needs to be taken into account. Other doctors do not have time to see this properly. My usual doctor never needs reminding.
15. Generally very good service. Nurses excellent and caring. Being older, reluctant to pursue things when doctors so overworked.
16. If possible I would like to see my own doctor, but if not you see another, so if you need to it is offered.
17. Its important to get to know your doctor so you can trust them and they get to know your family history.
18. I am diabetic. I have seen 4 different doctors,. I would prefer to see the same doctor to have continuity of treatment/medication.
19. Patient-GP relationship is really important and impossible to build up if this kind of continuity not possible. Though I was allocated a 'dedicated GP' have rarely seen that one.
20. You are joking aren't you, what foolishness - you need to see 'your' doctor.
21. Other doctors do not know or be bothered to look up my medical history.
22. Depends on how ill you are and severity of situation.
23. Always better to see your regular doctor who should be familiar with on-going medical problems.
24. I think it is very important that you should be able to see your usual doctor; they know you! They know your health and medical problems.
25. I much prefer to see my doctor who understands the history of my overall condition.
26. Nice but not a necessity. More important to see doctor with specialist knowledge e.g. skin, ENT and to have a warm welcome (not rushed)
27. I have never met my 'usual' doctor
28. Timed appointments with other doctors do not give the doctor time to assimilate the background to a patient's medical history
29. I fear constantly seeing different doctors will result in nobody really understanding my overall situation/conditions
30. I have not managed to see my own doctor for over 4 1/2 years!!
31. This is why I chose this doctor as I have faith in him which I consider to be important
32. I would like consistency with visits to 'my' doctor rather than seeing someone different each time.
33. It is difficult when doctors work part time - but i think one's relationship with one’s own doctor is important.
34. I would prefer to see my own doctor but quite happy to see another.
35. My doctor has known me for 30 years and knows my history. To go to someone else often means starting from the beginning again.
36. We need more full time doctors. We have one medical Practice in Dartmouth Part time is not good enough.
37. Satisfied by care received by all doctors I have seen.
38. Prefer to see my usual doctor as he is aware of on-going problems.
39. Other doctors are more or less unaware of past histories and quite often miss-prescribe as a result
40. He and I are familiar with each other
41. The long wait to get an answer from a receptionist is not good and it would be far better to go back to the old system of being able to see ones usual doctor instead of having to wait for a call back. [It was really hard to decipher his writing! - this is an informed guess]]
42. Continuity is an important part of care generally, but if you need to see a GP for an acute condition, I feel any GP should be accepted by all.
43. After Emma Shibbs left, much to the bitter disappointment and sadness of many women in the community, we have one good female doctor left, Dr Chopin, who cannot be spread across all those who need her.
44. There is no continuity of care. You seldom see your allocated GP and never more than once.
45. You do not want to have to explain your medical history to a new doctor who has limited time to spend with you.
46. What's on the computer is not necessarily the whole story and it takes time to read.
47. If there is a fixed length of waiting time for any GP then this can be dealt with by providing that amount extra surgeries to eradicate the waiting list.
48. Would like to see my usual doctor but this is probably unrealistic.
49. Very happy with whoever I have seen.
50. I just prefer a female.
51. However it depends on your condition at the time, i.e. side effects from medication.
52. Rightly or wrongly I think we all consider we have a special relationship with our "own" doctor.
53. If the doctor knows you and has dealt with your previous ailments it helps with further treatment and saves time. it is also reassuring and prevents anxiety.
54. At present there is no continuity of care as a patient is unlikely to be able to see the same doctor without a long wait for an appointment.
55. My 'usual ' doctor knows my medical history over many years without looking it up on a computer. I trust him, he gives me confidence, he saved my life.
56. Don't really have a usual doctor but if I did i would want to see him.
57. 3 week wait for "usual doctor".
58. On the occasions I do see someone else it often seems that my notes aren't read until I walk in the room and you then have to sit there while the doctor reads everything. If the doctor hasn't see you before perhaps read notes before the appointment so you don't have to go over full history!
59. Many old people do not like change.
60. itis good to establish a relationship with ones "usual" doctor.
61. Maybe seeing your usual doctor helps some people with personal things but I feel if you are ill seeing any doctor is fine by me.
62. Building a relationship must be better for both the doctor and the patient.
63. In an ideal world it is important however I have only ever seen my usual doctor a few times as he never seems to be available and I end up seeing any doctor rather than wait.
64. Found some doctors not very friendly, therefore not comfortable to talk to them.
65. Depends what it is for, continuity is a big issue women with women-- especially when we are all ageing.
66. Only time this helps is to stop having to go through all one's history again. Otherwise happy to see another doctor.
67. More doctors needed
68. It is not important for me to see my "usual" doctor. For my 90 year old mother it is a huge issue as her complaints are reoccurring.
69. Being registered with one's usual doctor is having someone who knows you and your needs.
70. I would prefer to see my own doctor but I try to see a Dr who has the qualification to fit my symptoms (as my usual Dr would only refer me to him) which would save time.
71. It's very important, because even though the notes are on screen, the GP has to stop to read them when you are sitting there, or you need to go through your details again!! Reducing consultation time!
72. Would rather see 'Usual' doctor as he/she knows ME as well as past family history.
73. Would rather see 'usual' Dr as he/she knows ME as well as past family history.
74. Continuity is important but frequently not available.
75. One develops a relationship with one's usual doctor which is reassuring and, bluntly, there are some doctors that you don't like much!
76. If you have a chronic illness this is vital.
77. Actually I don't really have a "usual" doctor having seen the person randomly assigned to me on only one occasion. With so many part time staff there is very little continuity of care.
78. Good new computer system.
79. Seeing my usual doctor gives continuity of treatment (which record entries cannot match) and therefore safer treatment. BUT it is very rare to get an appointment with my usual doctor; for example, there are NO available booking slots in the next two months!!
80. If you have a complex medical history it is no good seeing another doctor who does not know you as the allotted time (10 mins) is up before he/she understands the situation.
81. should be about to see same doctor more often.
82. Because my usual doctor knows my history.
83. Since most of our doctors only work part time for our medical practice it is more important to see our 'usual doctor' I find the lack of continuity of care very worrying.
84. I would prefer to wait to see Doctor Morris if I possibly can as he is so understanding and knows my history and I feel comfortable with him, but would see another doctor if he is not available.
85. This all depends on speciality; if an ENT appointment is needed then it should be possible to book with the Dr who provides that specialism; other Drs may refer you to him anyway, wasting an appointment.
86. It feels like there is no continuity when I have to start all over again with a new Doctor who has little understanding of the pain I am trying to deal with on a daily basis.
87. I would much rather see the doctor of my choice for a continuing medical problem, but they don't remember you from the last visit so what's the point!! You may as well see whomever you can promptly.
88. As we are assured continuity of care is a thing of the past, the 10 min. appointment (designed when doctors did know their patients) is not long enough - not fair to expect the doctors to be able to listen, read notes, check prescriptions, and make suggestions etc. in 10 mins.
89. So much better to have one doctor - or even two doctors, so you are not always having to waste the appt. explaining background; not fair on doctors to expect them to be able to comprehend all in a 10 min appointment.
90. Unless you want to speak to the doctor about an on-going case.
91. I don't have a usual doctor, I ask for a lady doctor for female problems and have first one available for other matters, but I have not been to see a doctor for some time.
92. You never get to see GPs of your choice and there is no continuity
93. there is no continuity at the medical practice.
94. I haven’t seen my own doctor for about ten years! I have now been transferred to the marvellous Dr Bell and now i have had some dealings with him I would prefer to see him whenever possible but it's not that important. :-)
95. Need to publicise GP's specialisations - e.g. who best to go to for ENT, Cardiac, Dermatology etc
96. I have been registered with the surgery for 6 years and in that time I have only seen my registered GP 3 times. There needs to be more time given to personal time with your GP.
97. I would like to see the same doctor but don't feel it is an option as there is often a long wait if a particular doctor is requested.
98. I've never seen the same doctor twice.
99. We all know that an increase in Doctor numbers is the answer.
100. Don’t like my doctor if she has the same thing she says your fine rather that looking at your problems.
101. Seeing the same doctor is important on an ongoing case.
102. I’ve only ever seen my named doctor once and it’s just whoever they can give me whenever they can get me in.
103. It rather depends on what the medical problem is at the time. If it's an ongoing condition where a particular doctor has been extremely helpful and understanding, it might be important to see that one again. If it's for a minor or new condition, then it's not quite so important. However, it does take time to build up trust with a different doctor and I really think the trust position falls down if one is constantly asked to see different doctors, especially if there's a particular one you have issues with.
104. If you need to see a doctor it don't matter who you see as long as you see one as soon as possible.
105. It really depends on who you are able see to be honest. There are a couple of doctors I would choose not to see due to their bedside manner.. when you have certain problems for years it’s nice to see your own doc who knows about these things and not having to explain everything in depth time over.
106. With on-going care and medical needs it’s important to see a doctor who knows what I need.
107. If your sick surely a GP can deal with your problem?
108. You build up more of a rapport and feel like the Dr knows you better if you saw the same one each time.
109. Dartmouth hospital plays a great part in this the day care centre what will happen to the people who use this.
110. In the past 5 years or more I have never been able to have an appointment with my 'usual doctor'
111. I saw 6 different doctors and u have to go over and over again who's wrong and they give u conflicting medication resulting in almost killing me.
112. If I had an ongoing illness, problem I would like to see the same GP to follow it through. But we only recently used the GP regularly due to pregnancy niggles and now our sons checks.
113. Never seen my appointed Dr yet!
114. Depends if it's an ongoing condition then it would be nice to see the same doctor rather than explain everything again and again.
115. If I have seen one doctor about a problem I want to see the same doctor for a follow up.
116. Does make it easier to see the same doctor rather than have to explain everything each time you go there . I understand ever thing is in our notes but for continuity I think it's better to be able to see the same doctor if it's for the same complaint.
117. They never seem to be available!
118. Although a circumstance may be classed as non-urgent it would be nice to see the same doctor who knows your details rather than speak to someone new each time.
119. I do not ask for non-urgent appointments. However I consider it most important that a doctor gets to know His/her patient rather than rely on a computer. This was certainly vital on my past profession as a ship’s captain. It does appear that our GPs spend a lot of time way from our surgery and therefore cannot cope with Dartmouth’s population.
120. I don't remember what my Dr looks like or if I've actually met him.
121. We should be known to two Drs that know a bit about our medical history or at least recognise us would save a lot of time.
122. It is much better to consult your own doctor rather than whoever is available.
123. In my Doctors are now relying on computers to acquaint themselves with a patient who is a complete stranger in many cases. In my professional experience you had to know your man, no computer can replicate this.
124. Dr AEL knew our family history apart from medical needs (e.g. bereavement/past slight mental problems) and these sorts of things do not seem to be put onto our patient's notes, which means explaining things (sometimes hurtful) all over again.
125. Very desirable to be able to see usual doctor or one or two others seen before.
126. It depends on what my need is, i.e. I would prefer to see a female doctor if I have a female related health issue.
127. Dr Chopin, my doctor, takes a 'whole person' approach, which is very reassuring and provides long term continuity, so I prefer to see her for non-urgent routine checks. Were there something more urgent, I would be happy to consult any doctor in the Practice.
128. I realise that an appointment with my 'usual' GP will involve a wait, but it is always worth the wait!
129. I rarely visit the doctor so when I do I am not worried who I see.
130. It would only be important to me if I felt I needed a female doctor or one with a specialism eg. Skin
131. I think the continuity of seeing the same GP is very important.
132. My own doctor is far more likely to be able to pinpoint any problem easier than an unknown.
133. Recently, having had spinal surgery which has failed and being in pain and depression which my normal doctor has been familiar with for some years I have been told that this very personal contact now has to be broken. In my view, at 88 years old, this is a disgrace!!
134. There are often follow-ups suggested by the doctor which prove impossible to arrange.
135. With a very large file history, it is vital that one's doctor knows you well enough to realise if prescribed medicines may not be compatible or may even be counter indicated.
136. It's hard if they have to read through a lot of notes to get up to speed with a different patient, i don't think they would have time for much continuity.
137. I would prefer to see a doctor with a specialisation of my particular problem.
138. Usual Doctor should have background knowledge of circumstances, life style, and general history.
139. 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!
140. Your 'usual doctor' knows and should be familiar with your case history.
141. I would prefer to see the same GP every time. But then that's just a preference. I understand that, like so many other things in life, this simply isn't possible and would destroy the system if we insisted on impracticalities.
142. Urgent case very important i.e. cancer, heart etc.
143. Important for patients with complex medical problems but know not always possible so requires excellent note keeping to enable other doctors
144. I do not trust the opinion of the Doctor (Dr Hendy) I am presently under, and would rather see another one.
145. I have seen different doctors each time I have an appointment. I wouldn't say that I have a regular Dr or even know who I am registered with. It would be nice to have a regular dr.
146. While I accept that urgent appointments with preferred doctor might not be possible, I would hope that no urgent appointments (i.e. waiting longer) could be.
147. It is unfair to expect a doctor who has possibly never met you before to understand all your previous treatment etc. without taking longer than the allocated consultation slot. It is also very important to me to try to build up a relationship of trust with one person who knows my medical history and that of my family too.
148. I feel it is extremely important as your usual doctor knows you, and your medical history, and your problems and whether you are a winger,
149. If non urgent
150. As one's medical history is so important in deciding necessary treatment continuity with usual Doctor is vital, otherwise the 10 minute appointment is spent needlessly explaining one's case to a new Doctor.
151. Doctors who are prepared to commit themselves fully to their role as GP to Dartmouth and the surrounding areas ie at least 3 full time doctors working 5 full days Mon - Fri.
152. The idea of choosing a doctor is to enable that doctor to know you and your history rather than to see someone who is not familiar with you or you with him/her
153. Especially if it is a planned follow up
154. I have never seen the same doctor.
155. I prefer to have my usual doctor
156. Depends on the issue but normally it doesn't matter to me although I would ask for my preferred doctor.
157. Something could be set up but for me I would have to know more of the situation. There is nothing like building up a relationship with your own doctor, I have heard people moan about the surgery but they say nothing because they don’t want to be black listed. It makes no difference to some because they hardly ever use the surgery or don’t care ?
158. It is most unsatisfactory to see a different doctor every time.
159. Employ full time doctors only
160. It appears most GP's only work part time, would be great if all could afford to do that.
161. This is down to feeling usual doctor has familiarity with my history. Saves time on a phone call or visit. However like the ability to use other specialist skills in the practice. If worried about skin blemishes would prefer to go to doctor with that specialism or for a hearing problem to a different doctor. Same with gynie issues.
162. Full time Doctors!
163. As previously stated, l would like to see the same doctor and build up a relationship as we did in the past. I do not like having to go over history each time you sit in front of a new Doctor.
164. All advice from the NHS is to go and see "your" doctor, NOTE: it advises YOUR doctor this is because no time explaining your history is lost at the appointment if you see YOUR doctor.
165. 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 a regular
166. How important it is to see my own doctor depends very much on what I want to see the doctor about. If it is an on-going matter then continuity is preferable.
167. There is no continuity of care at night and at weekends, nor during the working day unless one is prepared to wait 3 weeks
168. Perhaps each patient should have a preferred second doctor for when their own doctor is absent. No patient should have to wait for more than two weeks to see one of these.
169. Just able to see any doctor would be good to get to see your own impossible I have now given up trying to see a doctor at all I just put up with the pain
170. Just able to see any doctorr would be good to get to see your own impossible I have now given up trying to see a doctor at all I just put up with the pain
171. My 'usual' doctor's appointments are always full; some of it, I believe, due to part time hours.
172. Background knowledge of patients’ lifestyle and existing conditions is important.
173. It saves an unknown doctor having to do a read of the computer, rather than having a background knowledge of the patient - he/she can then actually look at the patient when he is there.
174. It rather depends on whether I need to check on an ongoing problem or not. I know there are notes on the computer but it helps not having to explain everything all over again.
175. Continuity within a course of treatment is important
176. Saves time not having to update new dr. Your usual Dr will know your medical history, and your families, holistic care is so important.
177. DMP needs to hire at least one more doctor to adequately meet demand.

**Q. 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?**

1. Not for me as a retired person, but important for those who work.
2. Some of us work 7 days a week and can't understand why health provision should be 5 days a week!
3. Surgery should be open 7 am to 7 pm 7 days a week to reduce stress on hospitals.
4. It would be good to have a drop-in service for the weekend especially for those who are working.
5. Important for people that work, especially those that work Mon-Friday 9-5pm
6. People get ill 24/7 not 24/5; one day without surgery is just acceptable, not two.
7. If you are ill Friday evening you have to wait 60 hours to see your GP which is too long.
8. Sickness is not a Mon-Friday thing.
9. Important for people who work.
10. Not important, as I am retired, but for those in full time employment it could be critical.
11. Not important to me as a retired person, but a working man or woman essential. Health is a 7 day issue, I would expect a 7 day response from the PRIMARY care provider.
12. There are other services that can help
13. I use duty doctor in emergency
14. Illness can strike on Friday nights, and I can see that a prompt appointment would be reassuring.
15. 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.
16. If you need a doctor you can phone Devon Doctors.
17. Most working people or working outside Dartmouth would find the possibility of booking a Saturday appointment reassuring; maybe people who do need to justify why they can't attend in the week.
18. If our hospital closes and a doctor is not available where are we supposed to go.
19. An illness can occur at any time. Consideration should be given to all possible situations. Someone should be available.
20. This is the only medical practice in the town. A Saturday morning clinic for urgent cases should be a minimal provision.
21. Although for working people Saturday morning could be very useful.
22. I have used out-of-hours for my children or taken them out of school on a weekday if necessary.
23. May be ill on a Saturday!
24. Important to people working during the week and for parents to take children out of school hours
25. On a 'rota' basis I think the surgery should be open six days a week.
26. But working people might well find a Saturday surgery a good idea
27. Because of work.
28. For a long weekend break it would be good to know that there is a doctor available on Saturday.
29. I have good health, but this may be important for others.
30. Are people not ill on a Saturday?
31. As I am retired, this is not applicable.
32. It would be important if I was working.
33. This is necessary for working patients and might also reduce the weekday demand
34. It needs to be an "open" surgery as many sicknesses don't appear until a Saturday and you therefore haven't got an appointment.
35. When I was working, Sat was the only day I could see a GP as I worked out of town. Now there is no MIU in town, this is much more important, especially as transport to Totnes is poor on weekends.
36. People are always ill at weekends!
37. Given that there are now 8000 patients registered here (too many), it would be helpful, given that there is no other option.
38. I think a Saturday surgery is a must in this day and age. We have an ever expanding population and it would help spread availability of appointments for an extra day in the week.
39. Illness may strike one and often does late in the week (maybe a Friday night)
40. Saturdays would be the most convenient day for me to see a GP as I work during the week.
41. Particularly when one is working in the week.
42. Used it a couple of times when it existed. It is a long time between Friday and Monday.
43. Could be handy for those unable to attend due to work/having to book time off.
44. We cannot predict when we will be ill
45. As a retiree the present weekday is sufficient
46. Would find this very helpful
47. And Sundays
48. I think doctors and staff do enough during the week, so don't see the need to open Saturdays. Seems to me that some people use the doctors as a social gathering!!
49. As in full time work.
50. Good for people who work.
51. Occasionally if a problem occurs it would be good to see a doctor on Saturday morning rather than have to wait till Monday.
52. Not at present as not working but found many employers do not feel happy when their employees miss work for doctors’ appointments. It will be very good to have Saturday option.
53. I think surgery should be open on Saturdays given that there is no medical support anywhere else for miles around.
54. Employ more doctors
55. Only important if you need to see a doctor on a Saturday.
56. It is not important to me as I am retired. For those in full time employment Saturdays a great advantage
57. It depends entirely on when you fall ill. If it's the weekend, I would like to be able to consult a doctor then.
58. no
59. Ticked three times on form (this uploaded)
60. If you are taken ill late on Friday it is imperative you need to see someone on Saturday morning
61. I dread feeling ill on a Friday as my daughter doesn't visit until Monday and you struggle on, when perhaps you shouldn't.
62. At an earlier stage in my life it would have been very important.
63. There should be a Saturday surgery to deal with patients who work during the week and have non-urgent problems - or cannot afford to take time off work.
64. Can't foresee when you will be ill. Work commitments may prevent a weekday appointment.
65. Have to go to Totnes or Torbay in an emergency
66. Any extra day is important, especially for people who work a 9-5 job Monday-Friday and are unable to get time off.
67. If we are ill, we do not organise that to be on Monday to Friday.
68. More important for working people with time constraints. What time is the last app. On a weekday?
69. It isn't important to me but I think it is important for people who are normally at work during routine surgery hours
70. Not important to me, however I think it is very important for children of school age and working adults to have this opportunity; and possibly ease A & E at weekends?
71. I work in Exeter and struggle to get to the last appointment of the day ie 4.50pm so Saturday opening is very useful.
72. I was not aware that Dartmouth surgery had dropped Saturday appointments - this must be fairly recent
73. Everyone should be able to in this day and age. Especially now, if you happen to be ill on a Saturday, you can't go to A and E, so a doctor is imperative
74. Am retired so not important unless sudden need. But working people might find it a help though I gather Sats have previously been on offer they have not been used.
75. Not important, unless there is a sudden need. Not sure if this question mean 'see a doctor' because of a sudden event, or a forward booking, therefore non-urgent appointment.
76. I think it is very useful to have Saturday Surgery appointments available for urgent consultations to maintain continuity of care and to reduce A&E attendance at Torbay Hospital.
77. Devon doctors is available and a great service.
78. I think it would be useful for those who work to have this availability.
79. the medical practice should be open 7 days a week, 7am - 7pm in my opinion.
80. it would be helpful, kids always get sick at 6pm on a Friday night! Even a telephone discussion with a doctor such as is available during the week now would be helpful, but we've managed this long so probably not a big deal
81. Not always easy to take either of my sons on a weekday as they ate at a school out of town. Also very difficult for my husband as he works away Mon to Fri.
82. With school's continually harping on about attendance it's very hard to get a before or after school appointment, so Saturday's would be much easier
83. Perhaps a later evening surgery one day a week...strictly for working people only.
84. 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.
85. This is essential for people who work full time. Often I haven't been able to get an appointment for ages because of fitting in around work.
86. As work has to find cover for my appointments
87. People are ill 24/7 and as a child Doctors used to be there 24/7. 24 hour access to your GP will take pressure off A & E.
88. This is not an issue for me as I work shifts bit very handy for hose working mon-fri
89. People cant always get time off during the week
90. When did this stop? In the past there was an evening surgery which was perfect for those of us who work out of town.
91. Having now changed my job and work 5 days a week. It is not possible for me to get to surgery before 6 pm so a Saturday morning option has become vital.
92. I have 2 little children so waiting Friday till Monday when there poorly is a long time and as I don’t drive I have to get them to Totnes
93. Judging from the number of times I've felt unwell on a Friday, I think it would be a good idea to have a drop-in clinic for a couple of hours on a Saturday.
94. A lot of people work out of town and can't get back to a doctor for routine appointments in the current opening hours. So a Saturday surgery would be ideal
95. People who work find it difficult to get an appointment purses we should be looking at walk on centres they work
96. Appointments with are not within the 9-5 period are vital for working people. It is not vital that these are on Saturday IF evening appointments were available.
97. Only becomes important when there are no suitable other appointments
98. In the past I had to take time off work to get an appointment. Had to take full day as usually had to wait for 2 hours as appointments over ran
99. If I have to return to work after maternity leave then I could only do a Saturday appointment.
100. There has been occasional Saturday clinics which I have used and this has been really helpful - you can't schedule when you might be unwell.
101. Due to working outside of town
102. Jeremy Hunt wants a 7 day NHS, this should apply to all aspects of the NHS
103. Needed as Devon doctors is woeful
104. Maybe easy for parents with children that are at school during the week
105. I have two small kids aged 6 months and 2 yrs 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.
106. Nearest out of hours when the surgery is shut is Totnes or Torbay hospital and people without transport would find it a big help to have a morning surgery especially for children
107. Would help as some of us work in the week
108. It's the only time my husband can get to the doctors as he works all week
109. For my husband who works during the week it's very useful to have the option of a Saturday as it’s not always possible for him to get time of work to visit during the week.
110. Understand it must be difficult to staff, but this should be a priority
111. For those who work who may be unable to use the week day appointment without a loss of earnings.
112. Especially where children are concerned
113. I have tried to book appointments for our Son who works out of Town Mon to Fri, For a Saturdays which is now impossible due to changes yet again, to attend a week day appointment for him means a loss of a day’s pay.
114. Would be useful for the people that work Monday to Friday 9 to 5.
115. Again the very nature of a doctors profession requires coverage for 24 hours-7 days a week. This should be achieved .in their case. By operating a shift system .Surely, like me that is what they signed up for.
116. But everyone will want to come on a Saturday when they're not working or at school.
117. People work and 6 days open better than 5.
118. Again in my profession I was on duty/call 24 hours a day and (apart from possibly 1 months leave average) per annum. I do not advocate this should be the case today but at least GPs should work a shift system in our town. They are paid well enough.
119. If I was still working, the chance of a Saturday appointment would be very important, obviously. Similarly if I was looking after a small child.
120. As I am retired it is not personally important but in terms of offering the best service to all people, I think it is very important.
121. This may be important for others but not for me
122. Not too much of a problem for myself but my son works outside Dartmouth and it is difficult for him to get time off for an appointment factoring in travel time to and from work
123. The current system is only suitable for the unemployed or retired. Working people have to take time off work to be seen by a Doctor.
124. In February I was given a Saturday morning appointment when I complained at the wait I would have otherwise. A Saturday surgery would help to relieve the pressure on booking. Saturday's cannot be accessed on the online system.
125. This could be of benefit to working people and young families
126. If it was an emergency.
127. Saturday appointments may free up more weekday appointments
128. Illness is not 5day week.
129. A few Sat slots for non-urgent advance bookable appointments for working folk could be provided.
130. Especially as we are requested not to phone on a Monday
131. I would suggest that a mixture of bookable (for those who work weekdays) but also some 'urgent' appointments for those who are taken ill.
132. This appointment availability would be beneficial due to working full time weekdays.
133. The nature of my job (teaching) means that it is very difficult to take time out to see a doctor during the week therefore the option of seeing one on a Saturday would be fantastic.
134. GP's should be available 7 days per week, the day of the week is irrelevant.
135. It is not important to me, but I could well see it might be to others.
136. It's not important to me as I'm self -employed but for someone working Monday to Friday 9am to 6pm it is difficult to arrange an appointment without taking time off work
137. As I am retired this not important. Could be very important for those working
138. It is a long time to wait from Friday to Monday in certain circumstances
139. If suffering from illness which requires immediate treatment but not requiring a 999 call.
140. Would rather have the chance to see a doctor locally rather than wait till Monday for a possibly threatening condition, or have to spend hours getting to Torbay A&E and having the extreme stress of not being able to find anywhere to park, which these days (at least it was a month ago, nigh on impossible)
141. This service was previously offered and of great use to working people and I'm sure others. Unfortunately it was done as a half-hearted attempts with the rota Dr frequently failing to arrive in time and surgery opening late. It would need to be an improvement on this and is a service supplied by many other GP surgeries.
142. For worried patients that actually do need to see a doctor -I personally would only see a doctor on a Saturday if I was really worried about something that I felt couldn't wait until Monday.
143. A very good idea for employed people but as I'm retired it doesn't matter.
144. Much as I have the greatest admiration for doctors what with their very long training sessions I do think a five day 40 hours a week is no longer acceptable. Patients who work will have to take time off to see the doctor. A shift system should be introduced to cover 8 a.m. to 10 p.m. Which would of course require more doctors. This not a personal issue.
145. If you work it is essential that I can access Medical appointment without missing work and pay
146. Useful for people who work
147. Unfortunately getting old is not easy, For me at present I feel like dialling 999 every morning at 4 AM because I am in great discomfort but I don’t because I don’t want to be a nuisance but there have been times on a week end when It would have been helpful if I could have spoken to a doctor instead of having to ring 999.A duty doctor is required feel there should be a duty doctor.
148. I can appreciate that it could be most important for people who are in employment.
149. With the number of GP's at the practice surely the surgery could operate for probably 4/5hrs Sat.AM. on a rota basis.
150. However I can see a need for people who are still working to be able to book a Saturday appointment.
151. Not important now, but very important when I was working full time Monday - Friday.
152. Not important now I no longer work, but if still working it would have been very important!
153. I am retired, but had I still been working Saturday morning appointments would have been very important to me.
154. It would help if lab results could be actioned on Saturday and not have to wait until Monday
155. Not for me but for anyone who works.
156. If the need arises then it must be very important
157. I am retired so I should not need a Saturday appointment, other than in an emergency
158. If needs arise, then it must be very important.
159. As l am retired it does not affect me but would have in my working era as it was frowned upon taking time off in working hours, even for Doctors appointments.
160. As I am retired at nearly 70 years of age it is not important now, BUT, for working people who don't get paid for any time off, it is extremely important to have a Sat surgery if at all possible, it is then far less stressful for a working family Man or Woman especially if they have children.
161. but would be in an emergency, and I do fear being taken ill Friday evenings.
162. This is my personal opinion because I have not had a need to date. I do think that it is vital that any locum service be staffed (including doctors) by people who have a full and clear command and understanding of the English language, euphemisms and colloquialisms, and be able to make themselves clearly understood. Too often I have found that a locum does not understand me and I cannot make out what is being said to me either because of the words used or accents. Clear communication is vital.
163. It has not as yet been vital to me but I can understand that it might be to others and perhaps to me at some time in the future. I do feel very strongly that any locum service should be provided by fully competent (qualifications checked) doctors who speak a high quality of English and understand English including euphemisms and colloquial English. It is very difficult when you are unwell if the doctor does not understand what you mean and also cannot make him or herself clearly understood.
164. The main reason for the failed appointment system is the 86% (6/7) GPs on part time contracts. This is double the figure for the rest of Devon (49%) and in Dartmouth we need a much greater GP commitment to their patients
165. At present I visit the surgery very occasionally, and can do that during working days.
166. If an emergency occurs at a weekend, then the service should be available. The N.H.S. is, in effect, a service industry and like the gas, electricity, water and sewage, train bus planes, fire & police,(pubs) should have dedicated weekend service. I know it exist up to a point, but the practice should be available seven days a week
167. More important for that Doctor to do a full day during Monday to Friday
168. In case of an emergency - a Monday is a long way away on Sat. morning, as I remember to my cost
169. Maybe not particularly for me but for people at work all day or school children who are perhaps running up to exams and don't want to miss on school, then it would be good to have a couple of hours on a Saturday morning.
170. As I do not currently work for me personally it’s not important but I can fully appreciate that for those who do would like this service.
171. However with the apparent lack of Doctors any additional access to a medic must surely be for the best
172. I am retired so it is not important to me.
173. People don't choose to be ill on a Saturday!
174. It should be possible to arrange some weekend coverage for urgent care. Devon Doctors (111) is too unreliable.

**Q. 10 Dartmouth Medical Practice wants to change the system of prescriptions in mid-2016 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 (you would receive double the amount you currently get each month), with all prescriptions to be collected from your nominated pharmacy, not the surgery. Regarding this proposed change, are you: in favour, opposed, or not sure?**

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| 1. Much can change in 2 months. Will lead to wastage if going away one would have to plan very far in advance. 2. At present, I order as and when I need a few items, but a FLEXIBLE 2 monthly system would suit me. 3. For an elderly patient with lots of tablets, 2 monthly prescriptions are confusing. 4. I like picking my prescriptions up at the surgery. 5. Much better for people with chronic conditions to get a two-month supply...gives more redundancy for re-ordering in time.(patient ticked the 'in favour' box - ah 20/6/16) 6. 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. Finally this is part of the on-going overprescribing by not reviewing prescriptions often enough 7. I consider the monthly repeat prescription system already in place to be much more practical. Lloyds pharmacy is very convenient. 8. As I am 88 it doesn't apply but for your information I am opposed. 9. Patients should be assessed regularly to avoid prescriptions no longer needed. Patient's condition may warrant change in prescription or dosage. 10. I fear some medications will be overprescribed, i.e. Ventolin, which is only used when needed. 11. 2 monthly cycle is too long: Patient Needs with medication may change within the 2 month cycle. This would Result in a Waste of Medication 12. Been there, done that and it doesn't work. 13. Am well over 80! 14. Present system is a help for delivery to the elderly 15. Two monthly cycle ??? 16. Initially we could experience out of stock situations until the new routine is established in the pharmacy. Wait and see. 17. It is the doctors decision 18. Why not include over 80's 19. Why not post the prescription or email it and then it can be used anywhere. People don't nominate a pharmacy if they are busy 20. Medication could be over prescribed resulting in even more wastage of expensive drugs 21. Great idea. 22. So long as the prescriptions are regular for the patient that would help the pharmacies. 23. Prescriptions should not be given without seeing the patients, especially anti-depressants 24. I am 80 yrs old and find that Boots is ideal for collecting my prescriptions on a repeat and easy to access by phone while the repeat line at the surgery is awful for access. 25. In favour. So much easier especially if you have multi-medication. 26. Provided that people with check-ups more frequently than bi-monthly (and require consequent adjustments to their drug needs) are provided for. 27. I have heard that 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. 28. If it can be done correctly not just off a repeat that comes to hand giving medication and dressings that haven't been used in months and can't be revised. 29. Provided a REGULAR collection date is pre-advised and medication is ready and waiting for collection. 30. Should have happened sooner 31. Good idea! 32. Can't think why this wasn't done before. Regular prescriptions each month take an excessive amount of man hours to prepare. Text message by the chemist to say they are waiting is an excellent service. 33. In favour, but it is a problem when a medicine is changed and repeat prescription has recently been collected and then 2 months instead of 1 month’s supply has to be wasted. 34. Presumably you would have to pay twice the prescription cost - not always practical for low earners 35. We moved to Dartmouth 2 years ago and requested this ( which was standard in the West Midlands) only to be told no. Why has this taken so long to introduce? 36. Only concern that it will still be possible if now, to be able to arrange for early delivery of next prescription if holidays do not coincide with the prescription dates 37. As long as, if you are due to go on holiday towards the end of the two months, one could get, as now, a prescription brought forward to cover the gap. 38. Possibly there will be a lot of wastage as medicines cannot be re shelved if not wanted and not everything on a script is wanted all the time 39. Great, less visits and less parking problems. 40. I'm behind this idea. 41. Opposed. May not need same prescriptions for 2 months, so wasteful - and mudding for patients. Also keep to same monthly date, not 4-weekly. 42. No 43. Providing an extra prescription can be obtained if necessary due to going away etc. 44. It's long time but okay if the chemist is able to store the stock. It's one thing the doctor signing the prescription once every other month but no good if the chemist runs out and we have to keep returning. 45. The pharmacies will need to have a lot of storage space for the medication etc. Boots already struggles to supply one month of medication sometimes. Several trips in and out of Dartmouth to collect an OWE from the pharmacy is not always feasible, especially during the summer months. 46. This surely will create more waste and ultimately more cost for the NHS? 47. I visit Chillington not Dartmouth, but you are going to generate vast quantities of wasted drugs with this scheme. 48. Sure this leads to surplus costing more money. Request when needed! 49. Might be confusing for some. Monthly is easier for people to remember and deal with. 50. It would make the cost of the prescriptions very expensive if they were to make us pay a double prescription fee for the 2 months’ supply. 51. I think it might be worth trying for a year and if after that there have been too many problems, with people forgetting to ask for their prescriptions in time, then you could revert back to the current system. 52. Do whatever Improves the service. 53. Lloyds have made a fuss about ALL items not being available monthly so they won’t automatically do prescription. Think 2 month is good but chemist must be willing to support change and be flexible. 54. Dangerous for people to have a large quantity of some drugs 55. Makes sense 56. I don't receive medications in this way but surely a build-up of medication would be expensive, i.e.: not used, lost etc. 57. Knowing the pharmacy you wouldn't get your full prescription anyway, so what's the point 58. Not sure, would It not lead to more wastage. 59. Would you collect 2 months’ worth or does the pharmacy have a record of it and supply as normal? If your collecting 2 months is that not wastage if the patients medication changes in that time. 60. Sounds ok. 61. If you can manage to get this to work then great! Although I think exceptional circumstances need to be taken into consideration. I would not like my prescription to be renewed regatta week for example as I'd have no way of parking in town to collect! And I would not be paying to use the park and ride! 62. In favour however some patents may abuse this especially if they don't require long term medication 63. I have already returned a large amount of unused and now UNISABLE medication. I think a two monthly prescription.... In some cases will only lead to more waste! 64. I would not mind this arrangement however I feel this could lead to great expense to the NHS as in my case I use the items on my prescriptions at a vastly different rate leading to a gradually increasing build-up of some medications. Likewise for under 80 s 65. But there might be huge wastage when there is a change of prescription as drugs once dispensed will have to disposed of. 66. I am opposed to this unless the age is dropped dramatically - to say 50 - it will cause confusion especially to more elderly patients (50-79 year olds) and will result in unnecessary storage of medicines as people will be afraid that they will run out before they can get any more, especially with things that are only taken when needed and not on a regular basis - e.g. Almotriptan which is only take when a migraine occurs. 67. I was recently given a 2-month prescription, however it was written on two separate prescriptions therefore I had to pay double. I presume this new practice will mean only paying for one prescription? 68. Seems sensible, and good use of GP's time 69. I am in favour as the monthly system can be problematic if you are away when the prescription is due for collection and so there is a risk of running out of things like statins. 70. In favour provided the expiry dates of medications are at least 2 months. 71. In favour if it works, often have had to chase a script from surgery to pharmacy to surgery to pharmacy etc etc 72. Seems sensible to me 73. Why limit this service by age? 74. It will lead to excessive prescribing 75. 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 the age in years. 76. This question is badly framed. Does it refer to the script form or to the dispensing of the medicine? 77. I have had prescriptions sent to the pharmacy and it didn't work. Reception would say it's over there and Lloyds would say we haven't had it/dealt with it. An opt-out to collect from surgery would be welcome. 78. I think it would be better if the age limit was set at under 70 years 79. Within that 2 monthly cycle your medication may be changed resulting in already prescribed drugs not being used and therefore occurring an unnecessary expense. 80. Over prescription likely, expensive medication over used or thrown away 81. generally sounds like this could be a good idea 82. Strongly in favour. It is tedious having to request this every month - it makes you feel ill when you are actually healthy. I want to avoid the GP surgery/website wherever/whenever possible. 83. I am in favour, but your system won't allow me to tick the box as well as comment! It is a real chore to try to get to the chemists every 4 weeks when you don't live in Dartmouth, especially in the season. 84. Elderly patients may become confused and take the wrong dosage 85. Elderly patients may get confused and may take more than the prescribed dose if taking more than one prescribed prescriptions 86. I am in favour but over 80. It would be much more convenient for me not to have to collect monthly. 87. Am delighted! I am on lifelong hypertension meds and statins and have been begging for a longer cycle for years (it's such a pain having to come down to town twice each month, especially in the summer months). 3 months would be even better! 88. The practice is always trying to change something. That leads to uncertainty and irritation. What people need is a stable system which does NOT need changing except for very exceptional circumstances 89. I was much surprised to find chemists on receiving medications no longer required just trash them no matter in what condition or age they are returned so a month's supply may well result in more prescribed drugs being wasted. 90. Surely your admin staff are part of your care giving service. If Mrs Jones or Brown looks ill or not well and your staff notice this surely they (you) as an organization have a duty of care to act on this. This is not going to be done with teenage Saturday girls in Boots. 91. If it helps 92. Not sure, some people surely would end up with loads of pills they never use and it would end up being a drain on NHS pocket. You have asked my opinion and I have given it, Again SORRY 93. This would make very good sense and reduce unnecessary admin time. 94. In my current situation 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. Also my repeat medication has been steady for a number of years but recently has been subject to change as we try to find a correct level of medication to correct high blood pressure. It would be wasteful to have two months’ worth of a prescription which wasn't working, and not flexible enough to give a quick response to need to change dosage. Currently one can get three months to cover time away from Dartmouth. Would this be 4months under new system or only 2? Two would give me problems and also many other Dartmothians who for example spend summers sailing as doctors are not possible to find on small Greek island for example. 95. All prescriptions need to be accurately and promptly sent to the pharmacy. At present a lot of chasing up between surgery and pharmacy takes place particularly for non-repeat prescriptions. 96. Would you get a reminder by phone or email when it was time to collect them? Also would older patients get confused with so many tablets. 97. I am in favour as long as the prescription takes the actual number of days into account, rather than treating every month as a 'standard' 28 days as at present 98. I don't always want the complete list of medications and like to keep track on a monthly basis. 99. Excellent idea, it is good and time saving for All, providing your prescription does not change too often. 100. I can see the sense, but strong reservations on 2 monthly amounts as surely we are left on prescriptions too long in some cases and use them when no longer needed, with side effect 101. I would rather continue receive my prescription from the surgery. I'm not happy about this change. I don't always use the same pharmacy - next door is unavailable for a good hour over lunch which isn't always practical when you drive in and finally find somewhere to park and if they don't have what I've requested I have to return, try and park and try again another day (not practical if you don't live in Dartmouth) - I also work away from home so would prefer to continue to communicate directly with surgery about prescriptions. 102. There should be a facility to alter this at short notice. Sometimes because of work or other life commitments it is not possible to use the same pharmacy every time. Also if travelling, a prescription is preferable to what for some people might be a large quantity of medication. Waiting time for prescriptions from the surgery is 24 hours less than from the chemist which can also be an important factor. 103. Safe storage of medication could be an issue especially in small cottages / new build property where there is little storage space or where children / people with memory / behavioural conditions are resident. 104. I am in favour but this is yet another example of our GPs implementing changes that don't involve them in any extra work. They are in favour of an MIU but only so long as they don't have to staff it. 105. This would be a much more efficient system. 106. Naturally better cost for those people who pay...I assume that you won't have to pay double the amount? 107. Confusion for some patients (not necessarily all elderly!) and waste by way of 'stockpiling' which may or may not be intentional! 108. Concerned that there could be higher wastage on drugs that remain unused and unrecylclable - expensive resource. 109. I would not mind receiving two months’ supply but I do not want the prescription sent to a chemist. I want to be able to continue to collect it and take it to my choice of chemist. My experience of sending it to a chemist is not that reliable. 110. Anything that saves workload within the practice is surely for the best. 111. Have a variable requirement as spend time abroad and need more control over repeat prescriptions. Also have an uncontrolled situation with high blood pressure which with two month prescriptions would possibly waste money on medications. 112. Good idea. | | | | | | | | | |
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**Q. 11 There is a system for online requests for prescriptions; does the system work well, poorly, or don’t use it?**

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| 1. I'm new to the surgery, so haven’t used this system yet. I probably would in future.      1. Not everyone owns a computer. 2. 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 3. I have no understanding of this system 4. There can be at times a slight hiccup between the surgery and Lloyds 5. Will try it! 6. Mistakes are made. (patient ticked 'system works poorly' box - ah 20/6/16) 7. I quite often find that requests don't get through although a confirmation/ref is received 8. I don't have regular prescriptions 9. Don’t use it, but will look into it. 10. Providing you can make contact with my phone which is always very very very slow 11. Didn't know it existed 12. but I would if necessary. 13. N/A 14. I don't 'do' computers 15. I would not trust it 16. Don't go too far in this direction 50% of elderly Dartmouthians are not on line 17. Would use it. Asked to sign up. Online is says contact surgery. At surgery they advise do it all online. 18. But will try as sounds very good. 19. I hate on line anything so I'll never use it. I hate automated phone systems too. 20. It didn't work 21. Limited access to on-line 22. In favour (the tick moves downwards when one tries to write a comment) It generally works well, but sometimes it fails completely and the request doesn't go through. 23. I have found the automatic reorder system to work well for my needs 24. Needs monitoring when the doctor changes the medication. 25. CCF 26. The system works well but if there is a problem with the request no one telephones. 27. Although I use online appointment booking I have never found the prescription ordering online 28. I didn't know it existed 29. My only problem is my prescription is never at Lloyds as requested 30. More information useful 31. More information needed 32. Did not know about it 33. Doing repeat prescriptions online is a lot easier than spending the best part of your day on the phone! 34. Wasn’t aware of it, and currently have no meds on repeat but would be useful 35. No 36. Sometimes the prescriptions or orders seem to 'get lost' 37. An email confirmation to say that it has been done would be nice. 38. Most of the time 39. Didn't know it existed 40. Y 41. Only recently found out about this facility 42. There have been the odd time when there have been mix-ups but on the whole it's a great idea. 43. I have used this on numerous occasions and it works really well. 44. I don't use it because It's a pain to have to type in the exact (v 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. 45. 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 46. I don't currently use this service but, when I used it in the past it worked very well. If on regular medication again, I would happily use the online request system. 47. Works well 99% of the time. When you have to go between surgery and chemist with both denying knowing where your prescription is annoying. 48. Didn't know it was there 49. 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! 50. 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 51. I really need to sign up for the online system. I did not know you could request prescriptions online 52. Works well when it works but all goes upside down when you find that something has been missed off or missing altogether, then each ( chemist / surgery ) blames the other for getting it wrong. Very frustrating for patient who has to go and sort out, and made to feel as if it's your own fault. 53. Didn't know about it 54. Brilliant system I use regularly for a prescription I don't need every month. 55. Some staff at DMP need retraining . 56. Didn't know I could so will now 57. This is my usual way of ordering repeat prescriptions which has worked very well in the past. 58. Works well but the 3 working day wait is slow, particularly over weekends or bank holidays. 59. Too frequently there seems to be confusion between the surgery and Boots - computer problems etc. It seems that Lloyds are now better whom I use 60. You are only allowed to register one patient per e-mail address, I order for myself but unable to order my blind mother-in-law’s as we only have one e-mail address! 61. I use the system regularly and find it works well for me living out in a village and keeps me in control of the supply of drugs I use. 62. Used for over a year and only had issues once 63. Would help if given a definite date that the prescription can be collected. 64. Good idea and the reason I am doing this survey as I found it on the web page ! 65. have not used myself but a family member received insulin this way for some years, worked very wall 66. 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. 67. Have found it difficult to get on to the system 68. At present the electronic system with Lloyds works very well but eventually I may need to use online requests. 69. I tried it once and couldn't get it to work. probably my lack of online knowledge! 70. On a number of occasions these failed to be put through causing problems. Some kind of check system needs to be introduced to prevent this happening. 71. I would like to use it but not aware of it at present but will inform myself, would this be instead of the 2 72. monthly system planned? 73. Didn't know about it 74. It could be abused, I am probably wrong? 75. The system works well most of the time however prescriptions sometimes go astray or the request is not received. 76. I use the repeat system at the chemist. 77. I use the repeat prescription service at the chemist. 78. Occasionally the wrong medication is dispensed. 79. Wasn't aware there was one. 80. I did not know about it 81. I have repeat prescriptions via Boots which works well for me 82. I would use it if became housebound, so a good system user-friendly essential for the aged 83. I prefer to bring my prescription request personally because on at least two occasions the on-line system has let me down. When I have called to collect my prescription I have found that there is no record of my ordering it. Luckily I place my request 2 weeks before I run out. I was told by reception that "It's not our fault. It's IT. It's not our problem. You'll have to speak to the IT man and he's very rarely in." I don't consider this to be a helpful response. Presumably the surgery has commissioned the IT provider and should, therefore, take responsibility for ensuring a reliable service. 84. Excellent system! 85. I don't take any drugs, but would use the online system if I did. 86. When I have mastered my iPad, I will probably use it 87. Existing online system based on DP website antiquated and not sure whether comments section reaches Doctor? Vision online system better but now stopped working. Chemist should email or text when items are ready for collection. 88. I use the surgeries own web page to order my medications as there is a delay if I use the vision on line system. | | | | | | | | | |
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**Q. 12 A variety of information is posted around the surgery waiting room. Do you find this information to be: useful, useful but poorly presented, or not useful?**

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| 1. If patients read it. 2. Too messy 3. It gives you something to read while you wait for the overdue doctor. 4. Information posted round the vestibule door section is useful but not on all the inside walls. Too much information clutter. 5. Some useful information but all rather haphazard. 6. Sometimes when the wait is so long it gives the patient something to relieve the boredom. 7. Don't look at it, just sit and wait my turn. 8. Don't have the time to take it all in. 9. Can't read them! 10. The info is useful, very useful. However, it is poorly presented and needs much improving, i.e. perhaps a new surgery would help or a dedicated corner (i.e. children's area). 11. Mostly the print is too small to read 12. Same information should be provided online 13. Never read it (except if a long wait) 14. Most information is not relevant to me but it is clearly presented 15. Not useful to me but could be for others 16. Not useful to me but could be to others 17. I do feel that there are too many notice boards and leaflets everywhere when you can utilise the TV screen more 18. Sometimes patients like a bit of privacy in selecting a leaflet. They are currently too public. 19. Eye catching headings. Too many leaflets out; bewildering. 20. Upstairs is not so good as downstairs. 21. But some pictures are weird. 22. Yes but it could result in not only people checking potential health problems but also additional appointments being made. 23. The waiting room is very dull! Unwelcoming too! uncomfortable and shabby. We could use new technology! Screen Touch Log In! 24. A bold sign stating the phone number to speak to an out-of-hours doctor is all that is necessary - or one more saying "Need info? Ask for a leaflet." Too much clutter 25. Use the web if info. needed 26. Much larger print! 27. 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. 28. Cannot read due to macular degeneration 29. 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. 30. Too much information may well tend to eat ignored. 31. I've not seen leaflets, just posters, also it would be good to have details of how to claim disability and carers benefits for when this might be appropriate. It's such a minefield for some and benefits may not be claimed when they could help a great deal. 32. I haven't visited the surgery for some time. 33. On the basis of how little visitors appear to be interested in the information I would suggest this needs a careful review. A medical centre would seem to be as clean and clear of any bug nests. 34. When I asked for information on sexual health testing I was shown to the inside door of the disabled loo. If the surgery implicitly attached shame to this subject how will that help the younger sexually active people in the area who need to stay safe. 35. Always check spelling and grammar. Also size of contact information. 36. I wouldn't source any info I need from GP waiting room 37. Can't see it as its covered by other things 38. It’s all over the place and just stuck up where ever they can fit it 39. Never read it. 40. 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. 41. The whole place is tatty and depressing 42. Generally over cluttered on boards down stairs. All needs a bit of a tidy up and modernising 43. Print outs when leaving consultations re your diagnosis helpful web sites. 44. In file form ,easier to see and access 45. Include brief advice on how to deal with common complaints, e.g. coughs, obesity, back pain, as well as chest pain and other serious problems. 46. Put in to about half a dozen packs (files of plastic pockets, so the information can be updated) for patients to pick up and thumb through 47. The advertising doesn't seem appropriate but health related information is clearly a good idea. 48. Hopefully I will be seen on time and won't have time to read them 49. It is something to look at and from time to time I have picked up worthwhile leaflets 50. Too muddled to spend time trying to sort out everything 51. Scrappy folder which is usually hidden under magazines 52. More displayed on screen in larger script. Cannot always read posters on wall as others sitting in the way. 53. Not very poorly though, I just think sometimes there is too much so it becomes crowded out. 54. Notice boards should be attractively displayed with up to date material and be regularly pruned and updated 55. Should be appropriate and REGULARLY updated 56. Often directed more at the older generation 57. Would rather have this info online, with a monthly alert with links to newly posted information. 58. I am more interested in seeing the doctor not information posted. 59. I never read them. Once I went with my wife to Derriford and, in a hurry, rushed into the waiting room with a sandwich and was roundly abused by a nurse. She pointed to a message on a wall ,smothered with all sorts of paraphernalia, pointing out that food must not be taken into the waiting room and asked me if I could read! It wasn't until she stalked out in a huff that I realised it was a small notice among a wall full of stuff. Well, really ! That was about ten years ago and it still hurts (joke) 60. More info about local children activities such as Preschool and mother and toddler group 61. It is difficult to read when other patients are sitting under the notices, it would make sense if a dedicated notice board could be installed in a more accessible area. 62. Maybe put on line to patients. 63. Useful 64. Too many notices and l don't stand around to read what is on each wall 65. It is up to the Patient to make the effort to read it if it is there. 66. Little of it is of use to me at the present time but I can see that it might be useful to others 67. Non engaging. Looks old and shabby 68. An information board upstairs may give folk the time to read and select relavent info whilst waiting in the queue. 69. There is an information overload and when i am at the surgery i never see patients reading it 70. The rolling information on the screen is useful and well presented, but there is a lot of other information on flyers and posters that seem jumbled and difficult to read. 71. Any information should be sent out online. Only useful for people visiting. 72. Sometimes it is quite out of date, or has been sitting there for weeks if not months.... 73. Fewer leaflets on display and more attention to prioritising what is on display. Other info could be accessed via NHS Choices or the DMP website. |

**Q. 13 Recently a video screen showing health messages has been installed. Have you found the messages are:useful or not useful.**

1. Mainly advertising
2. It helps pass the time away when waiting. Something else to stare at.
3. 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)
4. I tried once to use it and it did not work.
5. Good idea but content is presently rather unfocussed.
6. Too remote above the stairs - maybe above reception to read whilst queuing
7. Messages shown too briefly.
8. As it is on the wall, I have to turn my neck which is not good.
9. Can't read it!
10. Yes, it is very good, but it is still giving advice for the Easter hols...and it is mid-May now.
11. You might get more appointments booked as a result.
12. The messages should be shown more slowly with reduced sound. Patients prefer talking to each other.
13. Drives you mad watching it!
14. Patronising and annoying, and anyway it will all have changed in 6 months. First Aid, CPR etc. would be of more use.
15. Please remove messages that are now past the date specified
16. Sorry, haven't been to the surgery for a while so haven't noticed it!
17. This is a really good way to get info across, but must be up-to-date
18. Have not seen. but hope it is kept up to date, and perhaps guides patients to information leaflets available in the surgery.
19. Unless you sit downstairs or on the stairs you can't see it
20. Unable to see...it's on the stairs
21. Can only be read if you are sitting near the staircase.
22. Nothing that I didn’t know before
23. Its not always on
24. Annoying
25. The ones I've seen so far have not been relevant so I took little notice.
26. Catches your eye more than posters as you see it changing
27. Easter dates still on the screen when I came in May
28. They could maybe provide more info on the practice such as info about the online system.
29. The power point moves too quickly for getting all the information, also it is situated in the most awkward of places.
30. May be useful to others but topics covered were not relevant to me
31. A bit faster
32. Not likely to change anyone's behaviour concerning their health
33. Very rarely go into the surgery. Would be more useful to put them online
34. Should focus on health /lifestyle advice rather than advertising specific medicines or companies
35. Larger print fewer words on each page.
36. Haven’t really studied them as they are on a wall where you have to turn your head to read them if you are waiting to see a Doctor. Arthritic people find neck turning difficult.
37. After having a Haemorrhoidectomy recently, I was shocked to be released from Torbay Day surgery on 4th May 2016 in such an uninformed way, perhaps a video should be sent to would be patients explaining in detail what is going to happen and the pain and discomfort they will suffer.
38. Screen should be higher
39. I just find them dull!
40. Irritating when you are feeling unwell.
41. Too repetitive , maybe filled in with different messages.
42. Use larger type and leave messages longer on the screen.

**Q.14 Do you find your treatment by the surgery reception to be: fully satisfactory, moderately satisfactory, or unsatisfactory?**

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| 1. Lovely staff. 2. The receptionists have improved recently but could be a bit more helpful. More receptionists are needed. 3. Some staff are adaptable to situations which is very good. Others are not, which is frustrating 4. Reception Staff seem much improved and are now considerably more friendly, approachable and better tempered 5. Some real stars, a few could "up their game" 6. Has improved considerably over the past two years. 7. Mostly fully satisfactory, but on one occasion when I had an 8.30 appointment the doors remain locked until 8.30. It was raining, there were 15 people waiting and this must have made all 8.30 appts. late. 8. Always helpful 9. Fantastic and so helpful 10. They're invariably most helpful BUT queues can be kept waiting for too long when on one receptionist is there. A call for help may be appreciated. 11. Although like everyone in life, it can sometimes depend who you see. 12. They all are very welcoming, have good knowledge of treatments and medicines and are helpful. 13. Always polite and helpful well done San and team. 14. Often there is no one there, or they are chatting to each other. 15. There is one receptionist who 'goes the extra mile' every time both in dealing with some of the bureaucracy and in her manner. All the staff are polite. 16. Sometimes they seem to wander around doing??? and all very busy doing nothing. 17. I found over the years a mixture of approaches. 18. Staff most helpful and courteous. Thanks! 19. In some cases (not all) very helpful. 20. They always try their best with what's obviously a very busy surgery. 21. Very professional, pleasant, friendly, efficient. 22. Usually have to wait for too long. It would be helpful to have a more efficient way to check in. 23. Very helpful 24. Some are helpful but others are not. When you are not well you need someone to help! 25. Now, but it hasn't always been 26. Now - it hasn't always been. 27. Very smart and very polite. 28. Don't like piped music. 29. When they are able to answer the phone. 30. When the phone gets answered! 31. Some receptionists helpful one or two not helpful. 32. and on occasions only moderately satisfactory 33. No complaints here--we are very lucky to have such a good team. 34. Much improved 35. Girls always very helpful to me. 36. Seldom visit surgery or telephone in. 37. With one or two exceptions staff are helpful and courteous. 38. Mostly very helpful but very occasionally could be more understanding 39. Excellent and friendly 40. The girls are excellent, always helpful. 41. Always very helpful 42. There are some receptionists I struggle with and find very unhelpful 43. Most are OK 44. I feel that some do more than others. My favourite is Sam she tends to go above and beyond 45. Some staff are polite and helpful. Others make you feel like you are an utter inconvenience to them. One even tried to give me medical advice about a possible infection when it was urgent as I have knee replacements. 46. Some people do not seem to be aware of the full picture. 47. Always very helpful. 48. Girls are brilliant 49. Always friendly and helpful. 50. The girls have always been fabulous to me-- always professional and helpful. Thanks ladies. 51. Always 52. They are brilliant and very helpful. 53. Much improved recently, very pleasant to have a cheerful greeting 54. There has been an obvious improvement over the last 12 months in my opinion. 55. Some very rude attitude 56. Some of the staff are very helpful, some could be more understanding. 57. Except once recently when I turned up for a phoned appointment and was told that I was a week out!! A friend also had the same experience and the receptionist was quite unmoved. 58. Fantastic 59. Some staff are very helpful and professional - others off and lack of eye contact!!! 60. Some are most helpful. Some are too officious. 61. Always very helpful . The new phone options don't seem to cover some of the reasons I am ringing the surgery for. 62. They should all be cloned and sent to all the surgeries in Britain! Patient, caring, calm, competent, friendly, humorous, helpful. Can't fault them. 63. The staff is wonderful especially dealing with the cantankerous old folk and Dartmouth certainly is full of them 64. When the receptionists ring the patient’s home on a confidential matter, it would be useful if they had a note/name of the person/spouse/parent looking after the patient so that they can convey the information without disturbing the patient. 65. They do the best they can in the difficult circumstances (i.e. insufficient available appointments). 66. They are always very helpful, polite and friendly. 67. Most are friendly and helpful 68. Most helpful and pleased to do the job which is hard; others just seem to try hard without being helpful. 69. Most of the time 70. The ladies are very pleasant and helpful. 71. Always very helpful. 72. Most difficult job. They deserve a medal but train them to smile and they will be rewarded with one back. 73. A helpful and understanding receptionist makes all the difference to patients 74. Often long queues consider installing an electronic check in system similar to those at Derriford clinics 75. It is very changeable, sometimes reception is very helpful, other times they just want you to go away, but if you haven't solved your reason for ringing patient still has to ring again, hoping they can speak to another member of reception, and that just doubles reception workload. 76. Always helpful - not their fault the doctors are not available 77. When phoning for an appointment and being told there are none for 2 weeks then not being offered a telephone consultation I feel is poor. 78. Very helpful staff 79. Being unable to see your GP or having to wait over a week us unacceptable, spending a lot of time on the phone trying to get through is unacceptable. having to chase up your own sample results is unacceptable, the medical practice needs a lot of work. 80. Phone calls to make or change appointments mean hanging on for too long 81. Politeness would be nice 82. Some of the staff are very rude and in fact shouldn't be in the job but seems they have the job because of being friends with management! I've had them cancel my appointments for no reason other than they thought it was best! I've been asked what was the reason for seeing the dr , it's nothing to do with them , apart from dr and patient 83. Sometimes rude and ignored 84. The reception team are fantastic 85. Depending who you talk to and the kind of day they are having depends very much on the kind of receptioist you get. I have been hung up on and argued with... Rightly or wrongly I'm ill or distressed and should be treated with compassion and respect (i know you should too but when I'll and not in your right state of mind it is more difficult) 86. Not always friendly 87. Depends who is on reception, very variable. 88. There are only a couple of reception staff who are friendly and polite, ( they tend to be the younger members) I have found on many occasions , the reception to be unfriendly, rude and just make you feel you are an inconvenience, which is really not acceptable. 89. Depending on who's working 90. It's improved, some staff were actively rude in the past, sometimes extremely rude , which I haven't witnessed lately. Privacy is still an issue. If I need to talk to reception I would try, where possible, to telephone - but then, of course, getting an answer isn't always quick. 91. Some can be very rude indeed. 92. Not had too much of a problem, although when I found I was pregnant and needed my maternity pack, the woman working the counter told everyone behind the counter that I had just found out. Was lovely to congratulate me but I wasn't wanting to tell people at that time, and this could be heard by other people in the surgery. (Not a real problem, could have been handled a lot better/more professionally) 93. Depending which staff member you speak to some are nice and helpful and the others need sacking 94. Very unprofessional and can be rude and even argumentative. 95. They have been so helpful to me in the past and they have gone above and beyond to help me. More helpful than any other surgery I have ever dealt with and I have travelled around the uk and Europe a lot in my lifetime 96. Excellent service from the reception staff 97. On most occasions treatment has been satisfactory, however when I required assistance with my two year old who had cut her chin open, I was told to either wait for a phone call from the on call doctor or to go to Totnes. Neither option was satisfactory... 98. I have been ignored dismissed and even had to tell them what I need to see the doctor about before they would give me an appointment. 99. Has improved recently but LOTS of mistakes have been made in the past 100. I understand this is a tough job, dealing with people when they're not exactly at their best but I have had a few encounters over the phone which has left me in tears/frustrated - if I was feeling 100% I'm sure I wouldn't have felt like that though. I've always found staff nice to deal with face to face - there are a couple of lovely receptionists there. 101. I find some of them short with you and not friendly. Being advised of delays would be helpful. 102. Sometime they can be very intrusive, 'why do you want to see a doctor'. Sorry but I don't want to discuss that with the receptionist! 103. The reception staff seem very stretched 104. They are always extremely helpful, polite and seem willing to try and help where ever they can with regards to my problems. 105. Sometimes they can be rather abrupt, bordering on rude. 106. Can be a little acerbic at times and too many locals working in the surgery.... I understand the confidentiality laws but as a DartmothIan I sometimes do not want people I know knowing my personal health details. 107. I would say the above, but the attitude of some of the staff can be rude, including rolling there eyes when a elderly person asked a question!! 108. Some of the staff need lessons in customer service . 109. I don't like being asked first up on the phone 'Is it serious?'. It's stupid question which is usually unanswerable. It takes at least 40 minutes to go to A&E in Torbay I would dial 999 if it was serious. I know you're trying to filter out the unnecessary but it sounds like you're saying either dial 999 or don't bother coming 110. No privacy sometimes you want the whole waiting room to know yr problems. 111. They all need a P R course on how to treat people at point of contact 112. Always very helpful 113. Telephone enquiries should be answered as quickly as possible without lengthy discussions, so shortening queueing time. 114. Improvements have been noticeable in the last 12 months, indeed the phone manner has usually been more friendly in any event and this continues. It still needs to improve its attitude and friendliness 115. Very courteous and helpful, both face-to-face and on the telephone 116. Generally first rate. Well done. 117. I have a long standing prescription for calcium and it has not been reviewed in 4 years. I have no idea if my bones are OK or not or if I am taking pills I may not need. Should there be an automatic periodical review in such cases? 118. More phone lines in the surgery would be helpful. 119. The receptionists are all excellent 120. There has been a real improvement over the past year. 121. The waiting times are sometimes endless and most annoying. Conversely the receptionists ladies performance and communication has become the only recommendation I can think of regarding the practice 122. They do an excellent job under very difficult circumstances 123. Often a queue. Lack of privacy when talking to receptionist. 124. They have improved! :-) They are friendlier and more helpful :-) 125. Poorly trained. Front of house reception sometimes appears sloppy and unprofessional. 126. It's the other patients I have issue with. I don't know how the NHS puts up with them. Patients seem to think the world should stop as soon as they sneeze. 127. Face to face interaction is very good - very friendly helpful staff. However, please can we have extra staff to pick up the phone or at least tell you what position you are in the queue. We all have a life and it would be nice to know whether the wait will be 5 mins or 15 mins 128. Much better than it used to be 129. When queuing the person in front of me put a DOG on the counter. The receptionist made no comment !!!!!!!!! 130. Some of the receptionists are fantastic, others don’t seem to have to have any interest and make things very difficult 131. They do their best mainly in sometimes difficult and very busy circumstances. A bit further training would not go amiss in some cases though re when a patient's request is urgent a different response to the "standard" one is required. 132. Receptionists are noticeably more pleasant in recent times - a cheerful smile is appreciated 133. Always very helpful and efficient and go out of their way. 134. Again, a change. You should be able to contact the surgery without having to go through options. It takes 7 years to train a doctor yet some of the reception staff feel they are qualified to judge whether you need to see a doctor or not and give the impression they are able to assess the urgency 135. Both my husband and I have had bruising after blood being taken 136. Many congratulations to staff. The best ever. Polite, efficient, good natured and helpful. 137. Patients seem to get in the way of reception. Receptionists are too busy to deal with patients. I have always found Sam Lumley to be great. Others should take note 138. It’s not the staff, it’s your answering machine saying (sorry, we are very busy etc. and will answer your call as soon as our next receptionist is free). Your one receptionist is doing both jobs, ( reception and calls). It’s too much for one person .But who am I to tell you how to run your business. 139. Too much talking and chatting behind the scenes while patients are waiting to 'check in'. 140. I was kept waiting for a few minutes while staff have been chatting in one of the back rooms. 141. After some bad periods I now find surgery reception friendly and helpful. 142. From experience there are often times when there is a queue for reception back up which does not always occur. 143. At times when there are queues.. There is a definite need for back-up which does not always occur. 144. Satisfactory 145. Sometimes there are long delays when patients have to discuss things. Could we have one desk for signing in for appointments so there is no delay in seeing the doctor. 146. It has improved greatly and we thank the current Staff for that; we no longer feel we just have to be tolerated. 147. I'd prefer something in between Moderately and Fully. I'm not entirely satisfied but more that just moderately. I'd say they are very good. 148. I have to say 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. 149. Would it be possible for Doctors to use their phone cameras(or dedicated cameras) to record visual conditions and post these onto the patients records, so that progress can be shown, and another doctor taking over the case(for whatever reason)has this info. 150. The practice manager does not answer my questions accurately. 151. 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! 152. Reception staff under too much pressure but mostly are helpful and caring |

**Q.15 We would like to know 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. If you are a carer, please comment below, otherwise move to the next question.**

1. Need clearer communications about changes in surgery times and hours (ie Saturday). Also training afternoons--why not training evenings?
2. Should be more regular reviews of health and medicines.
3. Some patients have carers who do not stay long. In and out of seeing patients. People who use services like Advent have a multiple of carers and see one carer and not again.
4. Advice needed for carers: how to treat mental health problems.
5. Would be good if these patients could get to see a doctor without having to have the ring back from doctor as they have on-going health issue.
6. Liaison between the medical practice, the district nursing team and Torbay hospital is not always cohesive.
7. Sufficient spare dressings not always available which can lead to distress, particularly at weekends.
8. My 95 year old aunt has to be seen in totally unsuitable facilities downstairs--a scruffy storage room with noisy pipes.
9. Main issue is the stairs and there is never a proper room for disabled patients downstairs.
10. Disabled people can get very distressed by illness/pain and would appreciate priority in being seen by a doctor
11. Already registered with Dartmouth care and found them to be very helpful as this was recommended by the doctor
12. No longer applicable
13. Could Dartmouth Caring be attached to the surgery--they have been very helpful?
14. When acting as carer for my elderly Mother-in-law I had help and advice from a doctor who knew us both. Whether this will continue is debatable without access to a specific doctor.
15. When acting as carer for my elderly Mother-in-law I had help and advice from a doctor who knew us both. Whether this will continue is debatable without access to a specific doctor
16. My husband is paralysed and has many health problems - but we have excellent care from the Surgery and District Nurses - also other departments of health care. However, it is difficult to take the patient to the surgery.
17. Answering this survey for husband and wife; have good connection with Dartmouth Caring
18. I care for my husband and the only help I have received has been from the visiting helper from Dartmouth Hospital.
19. A designated GP room downstairs would be good
20. Not easy to be seen by a dr. requiring a room downstairs, as often fully utilised by the nurses
21. I'm not a carer for an elderly relative now but when I was 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.
22. The doctors only fits them in when they can so if there needed for someone fast theres never a doctor so it always ends up being a 111 call
23. Wheelchair access is poor.
24. 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.
25. Better access for wheelchairs, disabled parking close to surgery.
26. A temporary car parking space/ drop off point for disabled patients outside the surgery would be extremely useful.
27. So far, no annual review as ' promised'. Unable to make appointments for the doctor who dealt with the person I care for - no continuity.
28. I am in need of care, as I am now fully disabled, but I cannot find a route to help.
29. Often seen by different doctors -no consistency of care. They cannot tell if improvement or not.
30. I know some carers have difficulty with obtaining assistance with filling in forms.
31. Surely you should have an up to date register of carers
32. Yes I care for two sons and a husband—very hard to see a doctor to talk about issues.
33. Having no short-term parking spot to drop off patients at the surgery if there is a mobility issue, is a problem
34. Very, very difficult to get home visits. Appears to be little understanding and/or sympathy for mental illnesses which make going out difficult.
35. 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?
36. So hard to get a doctor to do a housecall
37. Care for my husband was excellent.

**Q. 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: fully satisfactory, fairly satisfactory or unsatisfactory?**

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| 1. My child is luckily very healthy and on the few occasions he needed to see a doctor, he was seen quickly. 2. Only negative is booking a non-urgent appointment, e.g. follow-up for something that was urgent on first appointment. 3. I have needed to visit the surgery with my baby grandson when here for six weeks and satisfied with the support from doctors 4. I wish there were a special unit and doctor/health care provider just for kids. 5. Too often children's complaints are treated dismissively. 6. What are the practice policies about tel advice or an appointment for a unwell child? 7. Always been good with our children. 8. I feel confident as my child was always seen on the day and when needed was directed to the hospital. 9. Good. But Dr Mc. has gone but others are always thorough 10. Continuity of care for certain child elements would be better if one doctor was available. My child ended up being rush to Torbay hospital because after seeing multiple doctors with the same symptoms no nobody seemed to realise how long the symptoms had presented themselves and each time seemed to treat it as a fresh case 11. After pushing for a same day appointment either a visiting or telephone appointment. Explaining age of child makes a difference too, do receptionists not see the age when we tell them the child's name? Not that age should make a massive difference. I understand young babies are at greater risk, but everyone is ringing because they're not well. 12. Very luckily my child is heathy and hasn't needed the medical practice so far. 13. I have my young grandchildren every Saturday and constantly worry there is no access to medical treatment nearby. 14. Depends what doctor you see. 15. 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. 16. Some doctors are great with children others are a waste of time if they don't know how to treat children then they should not be given appointments for children 17. They treat everyone as a neurotic mother. Tell u it's a virus and then when u go back they tell.u off for not bringing them in sooner 18. There are a few doctors that I will always ask for because I know they either have (young) children or they have more experience / expertise in certain fields. 19. Weekend appointments would be useful. But generally I have had a great service from the practice and never had to wait for appointments. I was even once squeezed in just before closing time for which I was very grateful as it was a Friday evening. 20. They are usually really on the ball when it comes to my 1 year old being poorly and don't hesitate to make him a priority and get him seem asap. 21. I do think that when you have a sick child and you've had the 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 and 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! 22. Outstanding. 23. There have been times when I have felt patronised by GPs and not taken seriously. Also I have been given incorrect advice which has impacted the outcome of the health complaint negatively. An allergic reaction was underestimated, untreated by GP, and subsequently got a lot worse in 10 month old meaning emergency treatment was required. GP advised against treating myself for thrush when breastfeeding baby with thrush, which was incorrect and resulting in thrush lasting longer and passing to me as well. 24. I have been very well supported by all the team at the practice. I have never struggled to get medical attention for my children when needed. 25. Doctors generally good. 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 appointment for my child if I was at work . . . the receptionist decided that my son was not ill . . without a medical degree. Clever!! 26. I have always found the care for my daughter to be fantastic and very reassuring. |

**Q. 17 We are interested to hear your views on follow up by Dartmouth Medical Practice following a patients discharge from hospital. If you or a close relative were hospitalised in the past 12 months, was the follow up by the practice: fully satisfactory, fairly satisfactory or unsatisfactory?**

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| 1. No follow up! 2. Two members of my family received no follow up from the Surgery. 3. No follow up. 4. There was no follow up. 5. A District nurse visit to check up would be nice 6. During the time that I had to have surgery at Torbay Hospital (5 in all) - over six-year period, not once was I offered any help. I hope follow-up happens now. 7. I was very happy with the general help and concern shown to me by my doctor 8. Dartmouth Hospital were excellent at changing dressings for an infected wound after my son's appendicitis. No follow-up from surgery, however. 9. Fully satisfactory from DMP but not from Torbay - times waiting for neurology. 10. Difficult to get appointment at surgery for a follow-up 11. At the moment 12. (At the moment) 13. No follow up by GP. 14. In Hospital with a Broken Wrist. No follow up given 15. Non existent! 16. It does not happen. 17. There was no follow up. My partner had been unexpectedly to hospital in Trellisk 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 18. What is the practice policy about follow up after discharge? 19. Hospital and myself were proactive - surgery was not. 20. I am not aware of any follow up following my stay in hospital 21. 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 22. I hope this procedure is kept up. There was no follow up following my two stays in Torbay bur that was 4 years ago. 23. 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. 24. Hospitals are always busy because of shortage of staff 25. As the patients carer I had to be very proactive in order to get follow up information. 26. Had to wait weeks to see GP!!! After a hospital discharge for heart failure!" NB All nurses were very helpful and heart failure nurse wonderful. 27. My elderly mother was discharged from Torbay Hospital with a copy of letter sent to her G.P. with recommendations (referral to Memory Clinic and blister packs for medication). Neither of these was carried out and I have had to organise it myself. What if she lived on her own, without care? 28. There was no follow up by the practice. (I didn't care but others might) 29. The system is at fault as GPS are that they do not really specialise and they need to double check the patient has been discharged properly and is safe to be at home 30. The hospital set up my care with little input from surgery 31. Instigated by me - not the practice 32. Very poor. I have had 2 x miscarriages over the last 12 months and no follow up. 33. When I was discharged from hospital following treatment for Pneumonia there was NO follow up by anyone from Dartmouth Medical Practice. 34. There is no follow up from the practice following discharge unless we make contact, we are given ward numbers for advice. Patient/relative can feel very isolated and frightened following major procedures, I wonder if a 'how are you?' call a few days after discharge could provide reassurance and actually lessen practice visits in the long run; firstly complications could be spotted earlier and be less expensive to treat, secondly maybe reassurance at this stage, that they are home and coping well with their pain, may help to avoid extra practice visits. 35. There seems to be no or inadequate procedure for hospitals to inform the surgery of the patient's discharge 36. There seems to be no procedure by hospitals to inform the surgery that their patient has been discharged 37. I have never had follow up by the medical practice following admittance to hospital 38. Seems to be a disconnect between discharge and home arrival; think this is from the hospital end - not explaining to patients that they need to contact the surgery as apparently the surgery will not contact them - which would be better for a patient if they have had an acute incident. 39. Six week check is all I can comment on and my doctor was very patient & thorough. 40. No follow up offered 41. Over 12 months ago after being hospitalised for surgery by a GP and another occasion when I was sent to Torbay by a GP which required a hospital stay I had NO follow up from the practice. 42. I had back surgery last February and there has been no follow up from my GP. 43. They didn’t 44. 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 45. Never had a follow up after being released from hospital 46. Never had a follow up from the practice. Never knew they should have. Have been in hospital a few times for ops, again shows how poor Dartmouth practice is. 47. What follow up??? Unless I instigated a meeting there was no approach from the surgery 48. Didn't have a follow-up. Only dealt with hospital. 49. Relative lives in Beacon House - not aware of follow up when she was released from hospital with fractured pelvis 50. The 6-8 week check after having a baby. It was not extremely comprehensive. Luckily I had no complications or issues so it was satisfactory. 51. Waited 4 hours for a phone call for my wife to be prescribed pain relief after giving birth 52. No one did follow up 53. I wasn't aware of the "Practice" following up patients post discharge. This has not been evident following numerous hospital/hospice discharges of my husband in the last 12 months. 54. Hospital said one medication GP said another .I had to sort it out myself 55. As reported above I have felt a great for help after my operation, especially with depression, which I have discussed with Dr, John Uhr Delia many times but he has chosen to cut that link and replace it with the demeaning system of being interrogated on the phone before having an appointment. I object to this mechanical and uncaring idea 56. No contact at all 57. Major surgery, no contact from the practice at all. 58. Discharge was over 2 yrs ago and was not good 59. My husband was in hospital at Derriford for over a week and we had no follow up. When I phoned the surgery to ask advice on his dressing, there was no knowledge of him being in hospital 60. A friend discharged from hospital has not been seen by or been phoned by a doctor since her discharges after being in hospital for six weeks and been home for two months 61. We received no automatic follow up after my husband’s operation. But on request from me we did receive excellent back up from district nurse. 62. No follow up at all. 63. I don't think any of us have ever had follow up following hospital admissions. 64. After my shoulder op and I was very well followed up by the hospital, but was in such acute pain that I had to come to the surgery but got instant attention and pain relief. 65. Admittedly it was over 12 months ago when I had an angioplasty and stent fitted, it was about 18 months ago, but there was no follow up by the practice. 66. 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 end I rang and requested a phone call with my doctor. 67. A friend of mine was in Hospital for 2months and has been home for 3months with no contact by phone or visit from a Doctor. 68. I had 'outreach' direct from the hospital so the surgery wasn't involved. This worked very well for me having had a replacement hip. This left your district nurse free to see other patients. 69. As I have written above, I had a Haemorrhoidectomy in May 2016 at day surgery in Torbay Hospital. I believe a good job was done but I am still suffering from the shock of how this has stopped me in my tracks as this was not explained to me before or after surgery by anyone. Fortunately I am a positive guy but for a lesser positive person there is a distinct lack of information post-surgery from anyone. I had one phone call after from the Hospital asking if the care was satisfactory, which my Wife answered "I think so" she also asked for a further phone call which has not happened. 70. Follow up was patient driven 71. .... once informed. There seems to a loophole once you are discharged from hospital for aftercare but once I informed the surgery of my concerns they acted immediately and put everything in place that was required. Brilliant and reassuring. 72. I was very badly burned in an accident and on discharge from hospital had to have my dressings changed by the practice nurses for months. They were exemplary and their care reduced my scarring and helped to manage the pain. I cannot praise their care highly enough. 73. Not yet! 74. Used to be dreadful, but not applicable at the moment, thank goodness 75. I have not been an inpatient within the past year, but have been quite a few times over the past 5 years from various departments either in Derriford or Torbay. I have always had to make the first move to see a GP or speak to one after discharge. I have never had the initial contact made to me after discharge from hospital from the surgery. 76. Thank goodness for Dartmouth Caring 77. Came out with major pelvic surgery and two stomas but no contact from surgery post hospital stay. Hospital said I should stop my BP tablets. No contact re this from GP. I am still trying to get this stabilised and I make all contact with GP and 6months after my BP levels are still really high or really low to fainting levels so not ideal. |

**Q. 18 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. Do you: support the project, oppose the project or have no opinion?**

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| 1. Transport system is too unpredictable. Unfortunately Dartmouth has a lot of older people and not everyone has a car. 2. Has my strong support. 3. Well over due. 4. Fab!! and great if a chemist were included 5. Good if we could still have a small surgery in town as well. Need to be on a bus route. 6. A great idea and about time, too. 7. Excellent idea, parking in the town is a nightmare if one has mobility problems. 8. Must have good free parking. 9. Important to provide adequate parking. 10. Vital--asap please. 11. Stop talking about it and do it! 12. The sooner, the better 13. A lot of people live at the top of the town who are elderly. 14. Convenient parking would be helpful to most people, and convenience to a bus stop is a MUST for those without cars. 15. This is a good idea especially in the silly season. Not living in town means it can be a very long walk when we are not feeling well, but something needs to be in town for elderly. 16. If hospital is closed I would oppose. No nursing staff in the town, unless the clinic re-staffed as Minor Injuries Unit. 17. No good for the elderly, surgery needs to be in the town, otherwise doctors and nurses will have to visit the elderly in their homes. 18. Great idea 19. 100% 20. 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. 21. 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! 22. So long as you get more doctors - wait for non-urgent is too long. 23. Easy to get to now. 24. If a new building is built and made ready to move into before the present surgery is closed. Is the only way this is acceptable. 25. Long overdue! 26. Present situation allows easy access by foot for town dwellers. Moving it up to top of town will make care less accessible for the elderly who live close by in the town, and will make Dartmouth's traffic problems much worse. 27. Parking is obviously a problem. Also the surgery could be updated. Go for it! 28. Those out of town would have to drive into town to collect prescriptions from pharmacy. Negative for business. Better for parking as have missed appointment in the past for being five minutes late when couldn't find parking. 29. And a cottage hospital if the one in town is closed 30. Excellent idea - good for doctors and patients. Lighter, brighter, easier to keep clean. More attractive to new doctors and for expansion as new housing goes in. 31. Provided that this is not a 'pie in the sky' proposal that gets cancelled 32. What is Dartmouth coming to? Going backwards and the hospital should be in the town - we don't all have cars! Some can't get on a bus! 33. Support this project but Dartmouth Hospital is special if you are an inpatient ; the position and ambience is healing 34. Only if we get all the clinical services with good transport links (i.e. totally useless buses at present). Being expected to get to Totnes or Kingsbridge hospitals is out of order 35. So long as it is up and running before Dartmouth hospital is closed down. 36. I am happy with the present set up. 37. As long as Dartmouth hospital is safe in town in its present building, I have no problem with a move to Townstal. 38. Parking in Dartmouth is awful. 39. Include a pharmacy or Boots collection service because we have car. 40. Present surgery is convenient for me, but I will support whatever is best for the local community 41. I Support to move the Surgery To the Top of the Town Question is When??? 42. What is wrong with using the clinic which has many rooms and a lift. Many elderly people live in the town and would want the surgery at town level. 43. It is not the building that is the problem; its lack of good management. A new centre would do nothing to help and would just add to NHS costs. But a satellite surgery in Townstal could work... 44. YES, PLEASE, YES,YES,YES! Dartmouth is the only town in South Hams without this facility. 45. Fully support this. The present surgery is too small and old fashioned and must be difficult to maintain. It is not inviting and has no parking. 46. From a personal point of view and, as a car driver, I would find it much more convenient. However I think it would be less convenient for patients living in Dartmouth. 47. Having no transport and living alone in Townstal 48. Can't happen soon enough 49. This would be the best move ever! 50. I suspect that 'Younger Patients' tend to be 'Top of Town' and vice versa. Perhaps two separate facilities? 51. Will a state of the art building provide more appointments? The building can only be as good as the people who work in it. 52. Sooner the better! 53. Yes, please, as long as consideration is given to elderly logistics. But sounds very sensible 54. Strongly agree with this proposal which would hopefully include ample on site parking and a pharmacy 55. As long as parking is sufficient and free 56. This would solve the problem of parking 57. I appreciate the present premises and siting may not be ideal but its proximity to centre of town does have advantages. See my final comment Q24 58. It may not be convenient for everyone where it is, but for myself I have no problems and like it where it is 59. A great plan 60. Very much support this but it will need a pharmacy at the top of town. 61. The sooner the better 62. Much better in Town 63. The majority of patients live in Townstal and would benefit from this transport via Dartmouth caring would help the elderly living in Dartmouth 64. The sooner the better for the majority of families who actually live in Townstal and for the elderly who have to catch a taxi or bus. 65. Strongly support this- it should be done as soon as possible 66. Lower town residents are mainly old - Townstal younger. Accessibility is important I've never found the surgery to be overcrowded 67. It makes sense to have all medical services together in one place. The transport links mentioned - what are these? The local 90 bus service is to be halved at the end of May 68. This should be on the priority list 69. This should have been done years ago 70. With no weekend surgery let’s go to appointments during working hours. 71. I like it as it is next to a pharmacy 72. Fully support this!! Personally I think it's a great idea. 73. It would make the surgery more efficient and accessible. The sooner the better. 74. Parking is an issue and building is depressing. 75. Will the doctors still visit one in one's home? 76. Parking!! Good idea as long as arrangements made to assist elderly if needed. 77. Great idea 78. It could be modernised. 79. If the present hospital and surgery premises are sold, it is imperative that the funds accrued are ring fenced for Dartmouth. 80. Very much in favour 81. But NHS must provide a fair number of beds. Having Dartmouth Caring on the premises would be a help. 82. What would happen to the cottage hospital sales monies? Was it not given by Dartmouth people? This needs looking into. 83. This would be Fantastic! If this project was agreed and built it would be a great asset to the town - benefitting disabled, elderly and mothers & children 84. BUT both are required. A surgery needs to be maintained in town - as well as one at the top of the town. 85. Can’t come soon enough?? 86. I don't drive - I want to be able to walk there. Yes, it is a little cramped but it could be arranged. As for lacking parking - where doesn't? 87. YES PLEASE! 88. This would be a sensible move though from a personal point of view the current location is far more convenient 89. I think Dartmouth needs a change a specialist set of doctors who specialise in old people and their treatment 90. As long as services are not reduced 91. This is essential - in every aspect of logic. The move should have been years ago when land was much cheaper! However, it would make sense to keep a smaller surgery in Dartmouth for the Dartmouth residents who would have transport difficulties. 92. Please proceed with this as soon as possible. 93. I support this as long as the new facilities are up and running before closure of old. Also this must not be an excuse for removal of the few facilities we still have. The money raised by sale of old properties must be ploughed back into new property or facilities, not go into NHS coffers elsewhere. Much was given by vol. donations by townsfolk 94. I think it is an excellent idea. Would like to see a pharmacy included as in Dawlish. 95. If NHS is to close cottage hospital make may sense to move there; parking no more difficult than here anyway. 96. But it must have MIU/X-ray and other facilities 97. To the door public transport, ground floor surgeries or lift provided; pharmacy adjacent 98. What a wonderful idea 99. (entered from hard copy) both support and oppose project ticked! 100. Yes, parking would be brilliant 101. Why is the clinic and/or the Guildhall be more suitable? 102. It would make access very difficult for the large proportion of elderly people in town. I myself don't drive so personally would not welcome this option. 103. Please pursue this for the future of all the patients in the area. Critical for better access for all. Is there no 104. Lots: e.g. new services must all be in place at co-located site before anything in the town gets closed 105. Helpful if a chemist was available there although not essential. 106. Support only if parking and transport is genuinely suitable and sufficient for all users - including those who live in town and currently can walk to the existing surgery. Otherwise the transport and parking facilities at the new surgery will become overloaded 107. at 89 years of age I find a surgery only 100m from my home extremely useful 108. at 89 years of age I appreciate living within 100m of the existing surgery 109. I would want to be assured that this move would be practical and cost efficient. 110. Dartmouth town residents without their own transport will need reliable transport to the "top of the town state-of-the-art medical facilities" during the surgery's opening hours 111. Wherever the new "state-of-of-the-art building" is to be situated, many Dartmouth town resident patients will be entirely dependent on reliable public transport. 112. Chemist required at the top of the town. The Hospital is to remain where it is. 113. FOR BOTH LOCALS AND VISITORS A TOWN CENTRE FACILITY REQUIRED. BUILD STATE-OF-THE-ART CENTRE ON CLINIC OR HOSPITAL SITE 114. Suggest that the existing Dartmouth hospital or part of it could be used for the medical practise, the part not used could be turned into another block of diabolical flats unaffordable for Dartmouth residents. 115. Would like some sort of service to remain in the centre of town as well 116. Another reason for people not to go into the town 117. I think this is an absolute must. Parking would be easier, and also with the new housing imminent, we will need more Doctors 118. Has to be an improvement to be able to park easily during the busier months. some consideration would need to be given for older people accessing the surgery in terms of the distance from the nearest bus stops for them. The inclusion of a pharmacy would help as sometimes when they are issues/questions relating to drug interactions that the doctors miss you have to return to the surgery to resolve. 119. Fully in favour 120. Moving the doctors and hospital to the same building out of the town centre would be beneficial for parking and staff being able to be shared between two facilities, potentially three, as I have heard it'll be in the nursing home. The only thing that would also be beneficial to be placed in the same building or very near would be a pharmacy. People needing prescriptions would still need to get/park down town. 121. Reservations on parking. Not enough space for doctors and allied professionals, patients, staff for the home and visitors. Study days for staff and relatives meetings and you struggle for parking as it is now. 122. Absolutely. 123. Not enough parking 124. If this means the hospital will close then l don't like the ide 125. It’s about time there was a building that accommodated the needs of the people in the area. 126. Parking to get to appointments on time is a big issue - particularly when bringing sick children. fully support the move to top of town for clinic, hospital , minor injuries 127. Surgery still needed in town for those who prefer not to travel to top of town 128. Suggest add the word "ample". 129. Parking is a major problem at its current location. 130. I live in the centre of Dartmouth so can walk to the surgery. I understand people who do not live in town may experience parking problems however they only need a short term space; the situation will be reversed (and even worse) for those living in the centre of Dartmouth when they have to find a 24 hour space on returning from the surgery if it is relocated. Apart from that I think having more modern facilities etc is a good idea. 131. This is definitely necessary if the surgery is ever going to be able to provide a decent service to its community in the future! 132. I have never had a problem getting to surgery in town, a move might be good for some patients but bad for others e.g. those who live in town 133. The building in question is supposed to be a home for its residents that pay to live there, not a public service building. It should only be one or the other. 134. Would need more information to make a fully informed decision. 135. I can understand the principle but 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. 136. Would benefit me and my family/circumstances but may understandably cause problems for those living in town 137. Parking is a major issue especially in the summer 138. Will the cost of the move improve the service? Will the waiting times for a consultation be reduced to shorter than 2 weeks? 139. Need to know more before making a comment 140. With the Dartmouth hospital on its way out I think it’s a very silly idea, 141. Would have liked an option of wait and see what proposals show. 142. As long as there was a pharmacy on site as well, but there wouldn't be much point if there wasn't! 143. The sooner it is out of the town the better for all concerned. 144. It would be better kept in town. 145. Reserve any judgment until I know where the new surgery is to be located together with details of the "transport links”. This is even more relevant given the current proposed reductions in local bus services. 146. The surgery needs to move to a more accessible area of Dartmouth, there is no parking in an emergency and the stairs make it a struggle for patients who have mobility issues. I am in full support of a new surgery. Kingsbridge and Totnes have good purpose built surgeries, Dartmouth needs the same. 147. Think older people will find it harder to get to if they have no transport and going down town gets them out about 148. I support but think it would be better to stay down in the town. 149. Brilliant idea and really need to do this as a matter of urgency 150. Possibly move some nursing services e.g. sexual health/ contraception, travel inoculation advice etc to the new site but keep the existing practice for GP visits. 151. Good idea. I assume u will have a pharmacy or dispensary as well otherwise it's pointless as u will be get out and then have to travel downtown to then go home again. And the receptionist will need replacing or retraining and doctors to turn up on time so they don't start the day 15 minutes behind b4 they begin. 152. It would be convenient for users who live out of town and must travel by car for appointments. However, many elderly people live down in the town and are currently able to walk to the surgery. How convenient would it be for these people if the surgery was moved to the top of the town? I would also be opposed to the proposal if it led to the closure of the current Dartmouth Hospital building and its relocation to other premises. 153. Never appears overcrowded when I am there. Has an intimacy and informality that is refreshing in todays world 154. Yes please. Parking is an issue 155. Being saying for years a bigger building is needed. And better access for townstal residents 156. Yes! Yes! Yes! Current location is a nightmare - dread having to come in over summer season and knowing parking will be a real struggle, that adds to the stress. 157. needs to be properly thought through, all facilities in place before services in their current form are discontinued 158. I think it's a fantastic idea. Parking is a real problem in town and on a few occasions I have missed appointments as I couldn't Park the car. 159. I think this would be best for everyone as the parking in town is getting worse every time and makes it more stressful 160. Great for families with young children instead of having to get babies/toddlers out of prams to go upstairs only for them to want to either run to the stairs and cause a mess in the waiting room! It feels awkward asking the dr to come down stairs and on the occasion I did ask he wasn't very happy! 161. This is an absolute priority, and must happen 162. As long as we do not lose our community hospital beds! And a suitable transport link for those in town and surrounding villages. 163. The building not that old plus let out the rooms that the doctors only work one or two days aweek then you will have room. I’m not worried either way it happens 164. Being disabled with mobility problems on-site parking would be excellent. 165. About time . 166. I support this project wholeheartedly with the exception of our Hospital. This should never be moved. 167. Would be interesting to know the spread of number of patients around the town and in the hinterland of villages etc. 168. The old hospital could be pulled down and re designed. 169. I fully support the above except I would like our hospital to remain where it belongs 170. A surgery should be kept open in the two for the elderly who do not have transport 171. 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. 172. This is highly desirable. 173. But what about using the hospital building 174. Very strongly support the top of town proposal 175. But still need some small facility in the lower town 176. Long overdue -for patients and staff. 177. Many elderly patients do not drive and bus services are again being reduced. 178. Families with young children from the top of the town would welcome it but elderly retirees from the town might not 179. Parking in town can be very difficult so moving to the top of the town must be better. 180. I do not wish to rely on a bus service under constant review and reduction of service. On the other hand , if a medical centre at the top of town can be used as a guarantee of a bus service from top to bottom of town, then in favour. 181. Very strongly support this. Current location is a nightmare! 182. I do support this but I am concerned about the proposed loss of the Dartmouth Hospital with its X-ray and physiotherapy departments and most importantly the loss of a minor injuries unit and the facility for inpatient care. 183. But why does no-one want to explore the existing space availability in town. The Clinic building is in excellent condition, there is better parking and it is massively under-used as I know from experience. Also the Guildhall and other places like Flavel !!! 184. If you come in from outlying villages parking is a major problem 185. If organised correctly, set up properly before any move occurred 186. Present surgery not fit for purpose. Often have to park at a distance. 187. I would guess that the majority of patients travel to the present surgery, so, as long as there were adequate transport facilities for those who live in town to the new facility then I feel it is long overdue. 188. Would like to see it in the hospital if it is closed by the health authority. 189. I would support a total move of clinical services including the hospital with a fully functioning MIU but not if it would mean a downsize of services. The residents have to be fully catered for 190. As long as it won't lead to the closure of Dartmouth Hospital 191. A move long overdue. Suggest a majority of patients/parents now live at the top of town and the outlying villages. Also a modern building with adequate parking is essential for better and adequate patient care. 192. Could be largely financed by the sale of prime sites of hospital, clinic and surgery. 193. Present building is not fit for purpose. Recruiting new GPs seems to be a big problem. New up to date premises may attract more doctors to apply to join the practice, this would certainly be in the best interest of patients as it may help with continuity. 194. Maybe difficult for those who live in the town and have to rely on public transport 195. The surgery at present is not fit for purpose. I had to take my husband to Totnes hospital to have his wound redone 196. Not fit for purpose, move essential, let’s have a fresher air waiting room and a lift if more than one floor, also complete treatments in one building plus pharmacy, plus minor injuries, diverting GP or nurse to cope during surgeries. 197. As a newly registered patient I was very surprised at the standard of the clinical rooms eg bathroom taps at sinks ,poor quality paint work ,no lift to clinical rooms. 198. In support if it means the service able to be provided is improved. Parking would be a real benefit. 199. I think this project is absolutely essential for efficient ongoing care in the Dartmouth area and should be taken forward as soon as possible 200. For those coming in from outside town this ought to be better - PROVIDED there really is enough parking (ie not like most hospitals!) 201. I can walk to the centre of town on foot, so I prefer it there. I would have to drive to the top of town and if other NHS parking is anything to go by, i.e. non-existent or incredibly expensive, no thank you. 202. It is long overdue. The majority of patients must live at the top of town or in the villages. Trying to park to see a doctor is a really difficult procedure unless you come in very early in the morning, and that depends if it is possible to get an appointment. It is also difficult trying to ferry disabled people in to the surgery, without easy nearby parking 203. support if NHS beds and NHS staff are there to treat patients and not unqualified carers/domestics 204. Please - if you don't live in Dartmouth trying to park especially with limited mobility is a nightmare. 205. Living outside of Dartmouth means great difficulty in finding anywhere to park when attending the surgery in the holiday season. I understand there will be people living in the lower part of town who find the present site easy to get to, but for the rest of us it isn't. If a pharmacy was also included in the building it would be good. Also a building with consulting rooms on the ground floor would make it much easier for those with reduced mobility. 206. If this happens there should be a pharmacy at the site with the same opening hours as the surgery. 207. A very good proposition 208. yes no lift were the drs are now so not easy to be seen without feeling a burden 209. As we live in an outlying village we find visiting surgery difficult because of parking. 210. Feel this could benefit the major proportion of Patients 211. See reply to issue 15 above. 212. Great idea, well over-due, let's get on with it! 213. I support it but how long will it all last before somebody starts making changes once the project is up and running. That is the problem with the practice - always changing and always reducing the service available 214. Good idea! 215. For us the surgery is just down the road. Very convenient for us but inconvenient for people at the top of the town so we support the idea. The first consideration is the practice. 216. There are people and families that live in the bottom of town. We need services just as much as others do. Please don't forget about us when making this decision 217. it is a good idea to put the doctors surgery where it is easy access including parking But other services should stay where they are 218. The surgery needs to be in the town centre. 219. Sooner the better. It would more convenient for those of us that are old and can drive to have parking. 220. I agree the doctors surgery should be moved to Townstal but the hospital with a minor injuries unit should stay in the town! 221. It seems the proposal is to move away from the majority of the local population 222. Don't charge for parking though! 223. Not sure if 'oppose' is correct word. I have reservations as not clear why need room for expansion and what the other clinical services moved up there would be. Would the Dartmouth clinic also close in town and move up? Closing Hospital and Minor injuries unit must be an issue when town is full of tourists and for many elderly residents who benefit from being in own town rather than Torbay. Have also used X Ray facilities in hospital which is better than having to get across to Torbay. The public transport links are not great for many people if having to use Torbay hospital for more services. In current location in Victoria Rd it is possible to combine visit to GP with shopping or library visits and on several occasions I have been contacted by surgery and asked to return for some reason which is fine as still around in the town but would be difficult if had taken bus to top of hill and was on way down again when got call. 224. A state-of-the-arts building at the top of town can only be good, but difficult to access for the elderly or those without cars who live in the centre of town. 225. A bigger site more fit for purpose can only be good, but it could be difficult for those who are elderly or without cars who currently live in the centre of town to access. 226. It would solve the problem there is with car parking. 227. Could easily put some doctors at top of town and still leave some downtown 228. Currently it is very convenient for me as I live in town and can walk to surgery. I understand the limitations of the present building and realise that a move is inevitable! 229. Providing that Hospital Beds and NHS Staff are included in this move. 230. The project has advantages, but a continued surgery presence in the lower town is essential given its high proportion of older patients who find the hill daunting. Perhaps a regular but less frequent 'one doctor' satellite service would be the minimum requirement. 231. Finding a parking space near the surgery is stressful. 232. Vital to have parking -if you cannot walk well you have to rely on someone to take you to the surgery. As a non Dartmouth resident I fully support a top of the town facility. 233. We need a surgery in town together with our hospital and minor injuries unit. We are cut off in Dartmouth with no easy means of transport to other hospitals. We are a major holiday resort with sailors and fishermen who at times need urgent medical attention which can be covered by a minor injuries unit. I have used it a lot in the past as have many of my friends. Its a long way to A& E and a long wait when a local amenity would deal with a minor injury. How much of the Clinic is utilised? 234. "Selfishly" I oppose the project as I enjoy being able to walk to the surgery from where I live in Warfleet. 235. Sounds interesting, especially the parking particularly on market days or busy tourist seasons. I'd like to know more. If the move is made I think there should be more or all doctor's consulting rooms on the ground floor. 236. Get on with it 237. It will be almost essential to maintain some services in the lower town. 238. I think this would be a fantastic idea. Parking in Dartmouth always determines when I try and visit. 239. High priority need to move the surgery to up to date premises. Parking is a major issue when attending the surgery. However the surgery needs to be accessible by public transport from town and outlying villages. 240. Parking has, is and always will be. There is a good reason to start. The surgery is tight on space and staff are cramped. It can only be a good thing. 241. I'm hoping the new building will incorporate regular clinics with specialist staff for common ailments such as Diabetes, Arthritis, High Blood Pressure, Eyesight Improvement etc. 242. This project must be funded by the sale of the cottage hospital and Anzac St clinic. But the GPs will benefit from this move and the NHS Trust must receive a portion of the sale of the Victoria Rd surgery which the NHS has maintained over the years 243. I believe this is well overdue; parking is the main issue for myself especially during the summer months. 244. Very much in favour of this plan. The present building is not suitable for a modern surgery, and I think parking is essential. 245. Craftily worded....I partly agree to the Dr surgery going up there but that is all the hospital with an active A&E should remain where it is in the town 246. Sounds good! 247. Could be largely funded by the sale of the hospital, surgery, and clinic, being prime real estate. 248. As long as there is adequate parking available 249. I think it would be an excellent idea, BUT Lloyds chemist would also have to move, as if people have to go into town to get their prescriptions, then it rather defeats the object of the exercise! 250. Brilliant! Especially if there is parking & downstairs consulting rooms! Will there be a chemist on site too or we will have to go back to town for prescriptions? 251. Many of us probably combine a GP visit with shopping in town. Not possible with move to top of town. Personally would prefer to stay where is but understand the financial incentive to sell valuable in town premises and relocate to Townstal. 252. Not convenient to me as I do not have a car. 253. As long as there are sufficient to funds still available for more GP's and medical staff 254. Very important that this project be implemented soonest. Present building not fit for purpose and far too old and cramped. |

**Q. 19 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: fully satisfactory, partially satisfactory or poor?**

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| 1. They do their best but are an overstretched resource. 2. But slow. 3. Due to lack of paramedics/doctors there are long waits which stress patients who are waiting. 4. My experience was that 111 was fully responsive and effective. 5. I have never had to use this service but I am appalled that at least the Primary contact is not with the GP surgery 6. I was expected to collect Tramidol at Totnes from Dartmouth at 1.30am could not leave my husband 7. The doctors are good but getting your phone call answer takes forever! 8. 6 9. A paramedic was with me within five minutes, and he was marvellous! 10. Although this is such a last resort, so have become very ill in the past as left it too late over Christmas. 11. Illness can happen at any time 24/7, also evenings, night-time and weekends. 12. My first and what definitely will be the last experience was pathetic; try not to have a heart attack during the weekend. 13. A rota system would enable patients to see a GP from the practice who would have a better knowledge of the patient (and location). Comforting for emergency calls to have a 'local' GP. 14. Very prompt and spot on. 15. Long waiting times for calls back when you are really worried. Good service when you get through to doctor. However, bad advice given conflicting with Dr's advice next day. 16. Needed to travel to Totnes hospital - Drs satisfactory 17. I have had to go to Totnes late at night feeling very ill and it was not a good experience. 18. I've ticked satisfactory, but have heard bad reports from friends. 19. Never used the Devon doctor Service I would hope they are fully satisfactory 20. They have to come from Totnes so took long time. [This filled in by someone else - writing quite legible!] 21. The Practice has enough doctors to cover evening & night-time and weekend calls surely! 22. Used on behalf of an elderly friend. The whole experience was frustrating. 23. Why not a local doctor? 24. We are down here, stuck with inadequate medical care. 25. Fortunately I have not had cause to use it 26. No access out of hours to my records 27. Devon doctors were good but I was directed to Totnes hospital who could not diagnose a torn retina and appointment was made for Torbay for the next day where they diagnosed it - it could have detached in the intervening period 28. Used twice.1st time fully satisfied prescription sent to the chemist within an hour. 2nd time sent to Brixham hospital who could not follow up from the doctor who gave me the treatment (bank Holiday) 29. It was several hours before I was directed to Totnes where I could see a doctor. Several phone calls involved and eventually (after a round trip to Totnes) I discovered that what I needed would have been available in Dartmouth. 30. Ringing 111 and speaking to a doctor an ambulance came within 10 minutes. I was in Torbay hospital within 35 minutes. 31. Used it for my son, had to drive to Tones and Torquay. Not very convenient when little one is poorly. 32. We are isolated and this is a matter of great concern. 33. The dealings I have in the past have been prompt and very efficient. 34. I did use them once and the doctor who came was excellent. 35. Again lack of knowledge of the patient history. 36. Sunday night service dire ambulance came from Paignton after rapid response made phone call 1hour later could not get up the hill on drive &patient was asked to walk down the hill to the ambulance patient haemorrhaging, collapsed at hospital not good. 37. Being forced to go to Totnes and then wait for 3 hours was not a happy experience 38. Unless deputising service can have access to patients notes a full history cannot be taken, especially in a panic situation. At least access to prescribed drugs should be available. 39. very helpful doctors 40. No real back up with the GP Surgery 41. If medication required it's a minimum of 14 miles round trip to get it. 42. used 121? Excellent doctor's appointment at 22-00 hours arranged (grandson) 43. Locum doctors take over 2 hours to get here and when they arrive they have no idea of what is wrong. 44. I had to call out of hours a few years ago during the evening as I had frightening chest pains - the paramedics came quickly, were very kind and efficient and took me to Torbay hospital by ambulance for tests to make sure all was OK. (It was) 45. Not used it but understand there is often a long wait. GP's should not be expected to work out of hours and weekends but more cover from Devon Doctors to lessen waiting time would improve the situation because of our geographical area. 46. We have not had to use this service yet but we consider that there should always be doctor on call 47. We have found them to be excellent on a number of occasions. 48. I have been fortunate not to have had this experience 49. Drs excellent response times but have to travel to Totnes to be seen. Too far when very ill. 50. you normally have to go to the doctor . 51. Have to drive to Totnes 52. very long waiting times and a 28 mile round trip to drive yourself to hospital because of the lack of public transport available 53. Doctors far too stet etched which is why people present at A and E in Torbay 54. Have not used this service 55. Waiting over two hours for a return phone call in the middle of the night/early hours with an unwell child is very disruptive. 56. Not quick enough on responding 57. I don't like this system you have strange Drs who don't know you or your medical history if you are elderly they can't always tell the Dr their medical history or what drugs their on l think it's a risky business for both patient and GPs. 58. they also are a very busy and stretched resource, not good enough in my opinion, more staff needed. 59. I think the GPs surgery should provide this. 60. Fortunately we have a car but I have had to drive to Totnes and then Torbay Hospitals when I am ill so I could see a doctor. Families with young children and no transport have a nightmare trying to get medical help. The MIU has always been excellent in dealing with urgent conditions including asthma. 61. Time consuming referred incorrectly 62. Useless had to call ambulance in the end as they didn't seem to have any idea what they were on about not worth calling 63. When we lived in Dartmouth, our address was hard to find for anybody not local. There were a couple of times when it took ages for the doctor to find us. 64. It’s OK for people who have a car to get to Totnes or Torbay Hospital. 65. Takes a very long time to get through. And then 9/10 have a doctor call you any way! 66. When I used it several times in the past (4 years ago) for my late mother I found it significantly better than the 'in hours' service. 67. Taking a young sick child on a 28 mile round trip to see a doctor is total out of order 68. Very difficult to get a doctor to come to Dartmouth and travelling to Totnes when ill is not a pleasant option and at times can even make you feel worse 69. Told me to make an appointment in the morning and hung up. Had to call an ambulance and was admitted 70. I've not had occasion to use the 111 service. 71. I have to ask questions from a sheet but a bit of common sense could also be used! 72. Call taker messages doctor who advises to go to hospital, hospital get upset because not been seen by a doctor. 73. I have always been called back swiftly by the duty Dr. When necessary I have been referred to see duty Dr immediately or the next day. The barrage of irrelevant questions is somewhat comical and time consuming but I understand that they are necessary in order to deduce the best course of action. 74. 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 a answer! Much better when you used to be able to ring Devon Doctors directly! When you've a sick distressed child it's hard to accept when they say oh you can wait till tomorrow! They almost make it impossible for you to see Devon Doctors due to their filtering system! 75. Used this for my mum not always good result and Devon doctors haven't a clue what the hospital can deal with. 76. They can long time to respond 77. One of the part time doctors in the Dartmouth surgery should be able to handle weekend work. 78. I unfortunately had an acute viral infection of my lungs on a Saturday in 2014.My wife rang Devon Doctors as I was seriously ill. She was bombarded with very lengthy series of questions and then told Ishould drive to .Totnes. As this was not possible a Doctor arrived 3hrs later. He was excellent in his treatment but I feel I was lucky to still be alive. 79. It's quite a wait sometimes though I haven't used this service for 4 years 80. Sent to the wrong hospital with the service required unavailable 81. I ended up speaking to someone in Somerset 82. Have never used this, but heard that it is useless and takes for ever to be answered. 83. GP's should provide cover for urgent cases out of hours. 84. Mostly Devon Doctors have been prompt in responding to my husband's needs, however the last event was not supported by DDocs and this was reported. 85. Two doctors (one a trainee) came to my husband who had suffered a stroke. We're fairly prompt in arriving, but we're not very communicative or decisive - did get him to hospital, though 86. I haven't used it but those whom I know who have, are highly critical. 87. I have never had to call them, thankfully. 88. Too long between stages of consultation 89. Doctors have arrived here after hours from places like Tavistock, Totnes and Kingsbridge during times when my wife has been very ill. Each time an unknown doctor asks "what is the problem" since they have no knowledge or information as to the patients prior problem. Each time I have finished up phoning 999 because the locums have, in general, wasted their time and our money 90. Told we would get a call back in half an hour, they eventually phoned two and a half hours later after another phone call to them. 91. Wait for call back is too long especially at weekends, often have to tell more than one person what the issue is and often not annotated correctly so the Dr you finally speak too does not have all teh information required. 92. Fortunately I have never used, but have a feeling it might not be a good experience! 93. Not had to use this service 94. had painful w/e Friday until Mon when had home visit, prefer to tough it out, do not want to call for help if Devon Doctor is unable to speak English properly, remember old days when your Dr came any time day or night. No Private GPs we could call on, why not? 95. This is the best care I or my family have received, better than attending GP surgery as the on call GPs listen and are attentive despite the often late call. This maybe down to having less patients to get through, as the GPs in the day have short time slots and are unable to be as attentive. 96. Don't get ill at weekends!!! 97. Although it was a little while ago the service was poor. Spent a long time waiting for a phone call from the doctor and then had to go to Totnes hospital to be seen and wait until the next morning to get tablets prescribed. 98. Totnes 14 miles away 99. Only time I used 111 was told no one was available to speak to me for 4 hours. 100. Very reassuring and extremely helpful - faxed a prescription to the 24hour chemist 101. My husband has used this service twice and been hospitalised once following review in Totnes by a Devon doc. Really good service. 102. There should be a duty doctor from the practice - there are enough of them (if they are not out earning money in another field) 103. People have told me it's very poor. 104. Waste of money to be offered an ambulance when being prescribed antibiotics was sufficient . 105. Never had cause to use it. 106. Take 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. 107. I used it twice and the poor doctor had to come some 30 miles and another time the doctor told me what I could do over the phone and it was no help. Useless 108. absolute waste of time no wonder everybody goes to a hospital 109. See my comments earlier about parents with young children. I did need to call 111when thought I was having a heart attack one Saturday morning. They called an ambulance within about 20 minutes and after an ECG in the ambulance I was taken to Torbay and kept in overnight. So that was satisfactory, but do have concerns about lack of cover particularly for parents. 110. I understand that they need to ask a lot of questions before a Dr comes out but if it was a local Dr I am sure that it would be easier and quicker for all concerned. 111. Hopefully l would not have to use it as the stories l have heard are quite awful with some drastic results. 112. I dread the day I need out of hours attention as the Minor Injuries Unit has now closed. 113. Not used the service and probably would not as my daughter's experience (albeit in Solihull) was most unsatisfactory. I would either wait until morning and only go to A&E if it were a genuinely serious matter. 114. The delay caused by the doctor travelling from Totnes when my wife was screaming in pain was unacceptable. 115. Devon Doctors is the best out of hours service I have come across and has been used as an example of excellence by many MP's. Please don't change the structure and ethos. 116. 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 117. I have used an out of hours service elsewhere, and found it very useful. 118. No trust in system 119. In the past have even been asked if I was joking.....! 120. It often involves travelling to Totnes hospital for the consultation which can be difficult if you are feeling poorly. 121. Thought I was having heart attack on Saturday midday. Devon docs got ambulance and had night in Torbay till deemed OK to be discharged. 122. Devon Doctors are under too much pressure and do not seem to have access to DMP patients records which is highly unsatisfactory. |

**Q. 20 If you or a close relative received care from a local Minor Injuries Unit, was the service: fully satisfactory, partially satisfactory or poor?**

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| 1. MIU wasn't busy and we were seen within minutes. 2. Please bring back the Dartmouth MIU! 3. Always found Dartmouth MIU good with kind, friendly, helpful staff. 4. Dartmouth MIU was marvellous 5. The local MIU is a vital service--I can't stress this enough. 6. Totnes MIU is very good, but would like the Dartmouth MIU to be reinstated. 7. At Totnes, but better if it could be in Dartmouth. 8. Tragedy that Dartmouth MIU is closed--amazing for a busy resort! 9. MIU s are very important to relieve pressure on A&E and older people need the service nearby. 10. Dartmouth MIU was brilliant--please re-instate asap. 11. MIU much missed. Access to other units almost impossible for old & disabled 12. I used the Dartmouth MIU 13. It's ridiculous that once the surgery is shut, patients without cars are unable to access help promptly... a stitch in time saves nine! 14. Dartmouth has unfortunately had to be used many times and each time the problem has been dealt with, avoiding having to go to Torbay. 15. The MIU unit is needed in the town, for the locals, boat people, and tourists 16. Reopen MIU 17. Have used Dartmouth MIU and believe it should be retained. 18. At Dartmouth. I find it unbelievable that we don't keep the MIU open. dartmouth is a tourist destination and accidents happen (minor) in Dartmouth. The MIU catered for Regatta, Music Fest, Food Fest, New Year. 19. Very important to keep a MIU open on peninsula like Dartmouth 20. We definitely need this facility - with huge influx of holiday visitors as well as local people. 21. If you end up in Torbay A&E forget it. 4 1/2 hours last time. 22. Years ago I used Dartmouth MIU for child with concussion - very satisfactory and useful on the doorstep. 23. MIU needs to be reopened in Dartmouth 24. Phoned then visited surgery for confirmation that my wife needed trip to Torbay 25. A minor injuries unit really is needed - how can residents get to other hospitals? 26. They were very helpful when open 27. I would like this service to continue considering the journey to nearest MIU is 15 miles (Totnes) and ferry journey + miles to Paignton 28. The service at Dartmouth MIU was excellent and very important, being such a long distance to the next closest MIU. 29. Shame we had to go so far! 30. We need Dartmouth MIU back up and running. It was very important when I had small children. 31. The Dartmouth MIU is a great resource. Surely this takes the strain off the GPs? 32. In the past the MIU was very well used and saved a lot of time sorting out minor injuries. It should be reopened as promised. 33. Closing Dartmouth MIU is an awful decision, especially when it takes so long to see a doctor. It would be even worse if the facilities were moved to Townstal. 34. It would be a disgrace if the local hospital closed considering the appalling bus service to other hospitals. 35. Unable to find an X-ray unit within 10 miles at the weekend for broken bones. 36. We have had to use this on several occasions. I cannot recommend it highly enough. 37. Please replace. 38. When in Dartmouth Hospital it was good. Bad to not have it in Dartmouth. [Also filled in by someone else] 39. This is a very important service for the town and some form of service must be available. Perhaps a trained nurse at the new surgery would be one way? I know a lady who had a TIA who was asked to travel to Totnes at 11 pm. She had no transport so she rang 999. 40. .... if only because they're short of staff. 41. Have used the Dartmouth MIU on a few occasions in the past, it provided an excellent service. 42. N/A 43. MIU suspension is BAD! Needs to change. Get that horrible Jeremy Hunt to sort that out.We need MIU. 44. Minor injuries unit for Dartmouth should be re-instated as soon as possible. 45. A local MIU is essential in Dartmouth. 46. Have used Dartmouth MIU in the past - it was excellent. 47. this was at the Dartmouth M.I.U. which is greatly missed. We'd like it back where it is/was 48. A grand service for the town, which will be missed. 49. This should be included in the surgery at the top of town. 50. This was a valuable service that needs to be reinstated ASAP. 51. At Dartmouth - sorry it is now closed. It is very sad for the town. 52. From Dartmouth MIU excellent service 53. It is ESSENTIAL for Dartmouth to have its own MIU. Consider the influx of thousands of visitors during the summer, Totnes is too far away, poor transport, MIU is not 24 hours anyway 54. Totnes one out of hours was awful. 55. Needs to be available 56. In my case there seemed to be no contact between MIU and surgery but that was some years ago. 57. I think having an MIU in Dartmouth is essential 58. Dartmouth MIU needs to reopen as a matter of urgency. 59. Outrageous that the Dartmouth MIU is suspended 60. Totnes very good 61. But not now! 62. The one and only time, it was the Dartmouth MIU. Very handy and convenient. No longer in use which is appalling. 63. Very useful 64. I have used the MIU a few times - its fantastic, greatly missed! And the town will benefit by its reinstatement 65. Used on several occasions and needs to be maintained. 66. This is a necessary service in a town which is somewhat isolated 67. After a severe burn their prompt action prevented the need for a skin graft (the consultant at Torbay told me this) 68. Wish Dartmouth would re-open 69. I believe the Dartmouth MIU used to provide a very useful service. I've been appalled by the gross misinformation provided about the status of the now defunct facility, 70. Please bring it back 71. would like to see Dartmouth Minor Injuries reinstated 72. This was a really valuable service in Dartmouth, especially for those without a car. Closure of the Unit inevitably places extra burden on A&E in Torquay (which is nearer than Totnes or Kingsbridge Hospitals). 73. 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) 74. We must have an MIU in Dartmouth - Totnes is too far away (as is Torbay) 75. Every hospital should have a MIU 76. See 19 77. Very good at Dartmouth but no present service - why not? 78. My daughter hurt her ankle during a visit - the nurse strapped her up, lent her a crutch and was very kind and efficient. 79. Minor injuries unit must be replaced by SOME THING. pointless waste of time to drive to Totnes for stitching a wound or similar. I'm sure most people would go straight to Torbay A&E and clog the system there. Think outside the box & provide a local service & avoid more expense further up the line. 80. Car parking in Totnes is not the easiest. 81. Dartmouth Minor Injuries Unit was excellent and should be retained at all cost 82. Would not support closure of the Dartmouth unit 83. Minor injuries and sometimes much more serious ones, but not realised by the patient, happen, without our minor injuries unit we can only increase A&E workload if local help is not available. 84. 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. 85. Brilliant service, broke my ankle due to minor injuries was fast tracked straight to X-Ray saving vital A and E time 86. There isn't one! 87. It is a long way to go to Totnes in an emergency situation. 88. Dartmouth was a great service, if slow to be seen, understandably due to lack of staff! Kingsbridge I've heard is brilliant and have an X-ray machine available at any time! 89. Totnes 90. This care was in Dartmouth last year and it was so much appreciated, it's such a vital facility and it's very much missed, for the whole community. 91. Difficult getting any medical care out of hours if you can't drive. 92. The fact the Dartmouth MIU is suspended speaks volumes about the poor service in Dartmouth, an MIU in Dartmouth is desperately needed especially is the summer when there are huge numbers of tourists. 93. Used Kingsbridge minor injuries for my son amazing facility, great service, in , x-rayed, referred to Derriford within 2 hours. Dartmouth needs a MIU 94. It doesn't exist in Dartmouth and seems likely never to reopen. The only time I used it I was told to go to Torbay, just for a small gash on the hand 95. Not used recently. 96. NEED IT BACK ASAP. Also it needs to be open later than 6 o clock. 97. Re open Dartmouth. 98. We don't have one 99. It is essential that there is a provision in the town, particularly for the occasions when the town is full of visitors, Regatta, Music Festival, Food Festival, BRNC Passing Out. 100. 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. 101. When my four children were young they were quite regularly stitched up at Dartmouth MIU. We had no transport then, so how would they have been dealt with? Call an ambulance for a minor injury? Public transport virtually non-existent. 102. Relative had to travel to Kingsbridge Minor Injuries Unit for a transfer to Derriford Hospital for burns 103. As a family, we've found the MIU hugely valuable and are hugely worried that it is no longer there. I worry that the delay in getting minor treatment before being sent to Torbay might have a serious effect on the outcome. 104. As no minor injuries unit is available we were recently advised to go to Torbay hospital where we waited for 4 hrs. 105. At Dartmouth when open. Had to go to Torquay A&E as local minor injuries shut at weekends 106. We have had to drive family members to Totnes for care, where our minor injuries unit was brilliant and fit for purpose. 107. Excellent service, but again 4 years ago. 108. At Totnes hospital. 109. Went to Totnes MIU. Car park was full but we were able to be assessed by a nurse immediately 110. I don't drive so if I need to get to a minor injuries unit I now have to rely on public transport to get there 111. Dartmouth minor injuries is awful, you have to beg at the door for them to tell you they can’t treat you and not let you leave because they don’t want a lawsuit for letting you walk out. 112. No point in Dartmouth as even when it was open just told me to go Torbay 113. A needed service. 114. Brilliant when it was at Dartmouth but pain having to travel to Totnes. 115. Wish that Dartmouth hospital was open as it is so much easier than having to travel further to get it. If Dartmouth hospital closes it will just cut us off totally!!! 116. Totnes MIU was very good 117. the current situation with Dartmouth Minor Injuries is unsatisfactory, lots of us do not have a car and accessing transport to Totnes at weekends is very difficult with no winter bus service 118. Having no transport, Dartmouth MIU has been very good , and is missed! 119. Get one back in Dartmouth, too far to travel even if you have transport, 120. I think it's important to have this in Dartmouth as we are cut off and have to drive 30 minutes to get medical treatment somewhere else 121. When Dartmouth was in use it was excellent. 122. Totnes minor injuries was good. It's a shame they shut Dartmouth which was closer! 123. Every town should have access to a 24 hour MIU 124. Totnes was closed when the website said open. Rude reception staff not helpful at all 125. Only when Dartmouth was open they were brilliant and desperately need it back 126. My experience was at the Dartmouth Hospital. 127. Foreign body left in my head for three weeks not referred to doctor. Access fine. 128. 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 pressure on the ambulance service. 129. Nurses should be able to help with minor injuries. 130. It is a long drive to Totnes, if you need to get there the buses aren't that regular if you do not have transport or are elderly 131. The old unit was excellent. Considering how out on a limb Dartmouth is, with such poor transport links, a MIU in the town is vital. 132. Access out of Dartmouth is the key to this problem, and therefore Dartmouth should be high on the list for this service 133. Really good but we miss the option of a MIU at Dartmouth Hospital. 134. The care I received there was superb. 135. It was Dartmouth MIU and it was excellent. It needs to be restored. 136. I have needed the MIU in the past when it was closed, because of the injury I was unable to drive and had to go (on advice) to Totnes and then Torbay. Sunday taxis were not easy to come by and public transport was not available. Luckily, I could afford the taxi costs (over £60 return), what happens if cost is an issue? 137. The only use that we have had is by the physio department, also X-ray that was requested by the doctor. The physio department is fantastic, and would hate to have to go to Totnes. We drive now, but maybe not in the future! We are over 75! 138. Whenever we have used the small dart hospital A and E the facility has been excellent as has been the general standard in the hospital where we have also been patients 139. Dartmouth minor Injuries is missed, was a fantastic service especially on a Sunday when there is no public transport out of the town. 140. Totnes MIU dealt with a minor problem in exemplary fashion about 6 months ago 141. Rating was on the Dartmouth unit. 142. Not used - lack of this 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! 143. Like Totnes and Kingsbridge Dartmouth does need a hospital and minor injuries unit. 144. Totnes was excellent. But the journey was horrendous owing to roadworks and traffic. Non drivers would find the bus journey too long 145. Husband used it during regatta last year .Nurse was excellent but was unable to find equipment (ophthalmoscope). Fortunately we were able to acquire one! 146. was told to go to Totnes for an X-ray, but it transpired X-rays not available on a Friday(?) so had to go to Newton Abbot. (Regarding access, there were no available parking spaces at Totnes.) 147. Have not used it, but fully support its existence in the town centre. 148. I have received treatment at the MIU several times over many years. How do you drive to Totnes with a sprained ankle? How do you get to Totnes if you can't drive? More stress on family and friends, not to mention Dartmouth Caring. We live in an isolated community geographically. 149. Had to go Torbay Hospital as no staff available 150. It was fantastic when it was functioning. Now it puts enormous pressure on an already overloaded surgery 151. The Dartmouth MIU was brilliant. Over the years our family has used it dozens of times. I would have thought it a vital need for a town that is so out on a limb with poor and relatively infrequent transport links to Brixham or Totnes. 152. Should be restarted 153. Sorely missed!!! 154. Again my husband was a regular user of the Dartmouth minor injuries and was very satisfied. I also used it when my son got a burn and found the service brilliant whilst waiting for transfer to Torbay. It's a shame it's closed at the moment. 155. This Unit should never have been closed. 156. Another one of those ridiculous changes. Dartmouth is isolated. A barrier is the river crossing. Alternatively it is a 13 mile trip to Kingsbridge or to Totnes, What about those who have no transport of their own. 157. I was able to go to Dartmouth so it was very good. Would not like to go far afield if I had an injury, and transport is a problem. What about being able to come to the surgery for a minor injury? 158. Very difficult to park. Otherwise superb service. 159. Went to Devon doctor in Totnes but MIU offered us a quicker appointment. Great treatment for my son 160. Dartmouth now has no Minor Injuries Unit but it is essential for this location with it distant to other hospitals 161. I would find it totally unsatisfactory to have to get to Torbay, Totnes or further afield. 162. I went to the Dartmouth minor injuries unit several times for treatment service was excellent I could not travel so the local hospital was a godsend 163. THE Dartmouth minor injuries unit should be opened a.s.a.p. I could write several pages why a miu is vital to Dartmouth 164. I took my son to Totnes MIU - good job I have a car, otherwise we would have been stuffed. To have one in Dartmouth would be vastly preferable. 165. I used the MIU once when I experienced excessive bleeding from a recent surgery wound and was concerned. Nurse examined me, redressed the wound and reassured me which was what I needed. I would think this service is invaluable in a town like Dartmouth with a large migrant tourist/visitor population, and with so many people involved with boating and resultant minor injuries. Particularly with distance to Torbay hospital and limited hours of GP surgery. Having it in town centre was useful for accessibility also. 166. N/A as Dartmouth minor injuries is closed. Will be happy to see it open once again. 167. On the few occasions on which I have had to visit the Minor Injuries Unit the care has been first class. I wouldn't have wanted to drive or be driven to Totnes or nearest MIU wherever that is. 168. As the service is suspended cannot comment. 169. Minor injuries need to be cared for somewhere in Dartmouth as we are very isolated. 170. When it was opened for business..... for many reasons now to close it and the excuses given and the promises broken over the past months has been a disgrace 171. Dartmouth minor injuries unit was always extremely efficient and followed up when necessary without having to see the Doctor unless necessary. Minor cuts and grazes and bumps etc... 172. I gashed my left wrist on a jagged piece of metal which needed stiches and was lucky that the minor injuries unit was still active, I do not know why it has been closed it is an ESSENTIAL part of Dartmouth due to Dartmouth's Geographic location and the high amount of Industrial manned units employing many Workers in Dartmouth where injuries are always possible. 173. Mostly satisfactory. They dealt with my injury but did not give me sufficient information about the arrangements made for me which caused difficulties and hardship. 174. Everywhere in places the size of Dartmouth need a minor injuries service, and a caring 175. If Dartmouth patients will need to travel to Totnes for MIU services, the Dartmouth GPs must provide an initial point of contact for injured patients and if necessary NHS transport to and from Totnes 176. We need a MIU. Dartmouth is rather 'cut off' - it's difficult to get to appropriate care elsewhere quickly and easily. 177. I have used Dartmouth Minor Injuries Unit previously and was treated very well, it's unfortunate it has been suspended. 178. Dartmouth minor injuries unit was vital to the town and gave good service no wonder Torbay hospital is now in the state it's in with all the extra pressure closing all the small units 179. It should reopen 180. Used to be excellent in the hospital 181. If the surgery etc. is going to move to Townstal, then perhaps an MIU could be at the same place. It would make real sense. 182. Since Dartmouth's MIU closed we have to travel some distance. Reopen Dartmouth! 183. Reassuring to know it is there if required. Have used on post-operative stitches bleeding excessively and service was good and reassuring. 184. Since our MIU is now closed, DMP needs to be resourced to provide a basic service with more acute cases handled by Totnes MIU |

**Q. 21 For reasons of cost-effectiveness and providing the best possible quality of care, 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 a move: acceptable, unacceptable?**

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| 1. How can this change be effective?? 2. Totnes is too far away. Dartmouth needs its own hospital and MIU. 3. Only if a there is adequate bed provision in the proposed new facility at the top of the town 4. As most patients are elderly, they have a quicker recovery if they are back in Dartmouth. 5. I used the Dartmouth MIU many times when my children were young which saved a long trip with a small child. 6. Dartmouth is a growing town and it is ridiculous to take away this facility! 7. It is a trundle to Totnes if you are unwell depending on buses unable to drive. With Dartmouth Hospital one is able to walk to it. Not thoughtful for those with no cars. 8. Not so happy if the hospital moves or the money from the sale of the site is invested to build a new facility at the top of the town 9. The very location of Dartmouth Hospital acts as a "get well" stimulus--lots to see and observe. 10. How can it benefit anyone to close it? Not everyone has transport or help to go elsewhere. 11. Blindingly clear that the NHS needs more money...but Dartmouth Hospital is a priceless local facility, esp as transport links are not good and population is elderly. 12. Public transport is very sparse and any move to centralise such services will make it even more difficult for those that depend on public transport. 13. That hospital is Dartmouth's lifeline and we all need it to stay here 14. Local service vital to old and infirm. Logistics too difficult from Dartmouth. Too much strain on voluntary services (Dartmouth Caring) 15. I strongly feel that the Dartmouth Hospital and MIU should not be closed. It would be difficult for many people to travel to Totnes, especially the elderly. NHS needs to improve, nor remove, our services. 16. Outrageous 17. I'd prefer the use of Riverside (rumours about) for rehabilitation of local people. Totnes only has a two-hour bus timetable. 18. For elderly patients who have no transport this has been exceptionally perfect. When our young family was growing up, it was invaluable and for being ill ourselves now getting older it is irreplaceable. 19. The hospital is vital to older people in Dartmouth considering the time factor in getting to Totnes or Torquay. The hospital should be reinstated to full working status. 20. We need to keep the hospital in the town for all people in Dartmouth 21. It would be nice to keep the hospital and MIU in Dartmouth. It’s very good. Keep it in DARTMOUTH. 22. Totally unacceptable. Dartmouth is a long way from Totnes when you are ill or elderly. Dartmouth Community Hospital and MIU provide an essential service which must be retained. 23. Why should we have to travel to Totnes especially those who don't drive when there's a perfectly good hospital located in town? My partner cut his head open and couldn't even be treated in a local hospital for a small injury. 24. This is a ludicrous idea. Both the hospital and particularly the MIU provide an excellent service to locals and tourists and made Regatta, Music fest, New Year, general holiday times safer. 25. Could there be a community hospital close by to the proposed new site of surgery? 26. Yes! Sell it off! What Minor Injuries Unit? There isn't one. We were referred to Totnes, Brigham et al. 27. A change of premises would not be an issue provided it was still within Dartmouth. 28. Boating and minor injuries go hand in hand with the amount of visitors. Dartmouth needs its hospital. How else are our older residents going to get to treatment when they ref on their own without transport. 29. Only if a new hospital and Minor Injuries Unit is built, fitted out and ready for use in Dartmouth before any closure. 30. Don't try to suggest the reasons of cost effectiveness and providing quality of care when it is really because of cost cutting. Why close a perfectly situated facility for one 13 miles away. 31. Public transport is expensive and slow meaning many patients would receive few visitors - very hard for older couples and young families and not conducive to recovery - closing another cottage hospital will lead to more bed-blocking in Torbay. 32. This would cause problems for a vulnerable sector of the community who need a local provision of services. Please do not close it. Expand services here instead. 33. I think the town needs the local hospital. 34. I live in Strete. It would make life much more difficult at my age (87). By car - difficult to park, by bus from Dartmouth - long journey. 35. Too far. We need our own facility. 36. Awful parking problems in Totnes. Too far to travel further. 37. If you are planning to rebuild a surgery at top of town, a new community hospital and MIU need to be built on the same site. 38. With a move of the surgery. This could incorporate a MIU beneficial to both the community and the many visitors - save travel/time/using hospital unnecessary 39. There are a lot of elderly people in and around Dartmouth who would find it very difficult to get to Totnes for treatment or to visit 40. All very well if you have access to transport but many do not and public transport is almost non-existent 41. Buses aren't running very often - so how do you get to Totnes if you don't drive? 42. Loss of casualty, day care, terminal care, respite care, physio and X-Ray. Visiting patients, families needing to travel by bus - services to Totnes next to nothing - too many changes to get to Torbay. The extension to Dartmouth Hosp. in the 70s was to replace travelling to Totnes when Broomborough Hosp closed 43. Do not close. Dartmouth relies on this vital service 44. As a member of League of Friends I feel we should fight for our hospital, we have put a lot of money in the physio and X-Ray. So useful to us; Drs have been able to do small ops in MIU department. We need it, it has been a great help in Dartmouth 45. How would the elderly and other people unable to drive get to Totnes? Not a very good bus service from the villages. 46. It would be awful if that were to happen. Dartmouth needs the hospital it is a godsend when relatives are poorly 47. The hospital is so important to the town. It is vital for patients recovering from ill-health that live in town. If no local hospital beds would be based in Torbay. Please don't close it! 48. We need a hospital for recovery purposes after surgery, etc. 49. Dartmouth hospital i s very much needed and must be kept, 50. Bad idea. Patients need to be close to home as visitors are important. Transport to Totnes is poor and expensive. 51. Necessary for the town. 52. Am very much against closing the hospital. I spent 10 days there and its position helped my recovery. The surgery should move but the hospital should stay. 53. Only acceptable because we have a car available. 54. I do not Drive Taxis cost Money Bus Hit and Miss 55. Dartmouth is cut off and public transport is not regular enough to keep appointments further afield. We need our hospital, X-ray and physio to stay in Dartmouth 56. Appalling waste of facilities! 57. Would find Totnes difficult to access by public transport 58. Transport difficult because of limited unreliable bus services. 59. How do you get urgent help--bleeding for example? 60. Very unacceptable. Absolutely imperative that the hospital in Dartmouth should continue. Closing it would be fatal to lots of elderly. 61. Completely unacceptable--it could be a life or death issue having to travel 13 miles for help. All other closing community hospitals have 4-6 miles to a MIU, not 13 like us. 62. Ni! Ridiculous. Totnes is far too far away to have to go for help. 63. In simple logistical consideration it's ridiculous. (In the same way as we have no waste dump facility!) 64. Totally unacceptable and it's a scandal the MIU unit remains closed. Dartmouth needs its own hospital to remain open on its present site where the care and ambiance are second to none. Maybe not 'state of the art' but none better! 65. Can't it be combined with new surgery/clinic premises? 66. Torbay too far for most Dartmouth people and totally confusing and difficult. 67. Absolutely disgraceful. Anything we can do to prevent this, we must do. 68. Totnes would have difficulty expanding further and there is an elderly population in Dartmouth. I see a need for a hospital and MIU in town 69. Lack of public transport to Totnes or if taking a car, lack of parking 70. Transport links to Totnes is poor, difficult for family to visit. Please keep some beds in Dartmouth somewhere! 71. The Dartmouth Community Hospital (and former Minor Injuries Unit) is much prized where it is not only by many (probably most) Dartmothians but visitors alike. 72. I feel strongly that it is important to keep the hospital where it is and re-open the minor injuries unit. Its location is unique. 73. Totnes is 14 miles away with bad public transport links - Dartmouth is too remote a location to have no MIU 74. Should be in Dartmouth with an aging population and difficult transport. 75. :( 76. This must NOT happen 77. Considering this i aa very old town. Local care is the best way ensuring patients are in familiar surroundings 78. Distance too far (13 miles) 79. This is totally unacceptable. It is too far and if you don't drive the bus takes 45mins (you could be in agony) last bus 7.55 and 5.55 on Sunday. 80. For those without cars the last bus is 19.55 Mon-Sat and 17.15 Sundays- also is a 45 min journey for someone who is obviously not going to be in the best of health. Totally unacceptable for many reasons. 81. Local people would miss out on "pop in " visits from friends and relatives but probably sensible 82. Acceptable but would hope if the plan to move services to top of town a MIU could be included 83. Absolutely unacceptable until such time as the 'state of the art building referred to in Q18 is up and running. It MUST include an MIU, physiotherapy and X-Ray. Totnes is too far away, Dartmouth is isolated and has very poor transport connections 84. I was impressed when visiting a friend in ward at Dartmouth Hospital 85. How can that be quality of care when someone has to travel 15miles to a MIU if they are elderly or unable to travel 86. No bus to Torbay Hospital. This will not work. Totnes is over 10 miles away' There is only a bus every 2 hours this makes it hard. No buses on Sundays. 87. This idea treats Dartmouth area people as pawns and should be rejected by us all 88. I strongly oppose such a change 89. I feel that not having a hospital or MIU in Dartmouth is simply ridiculous. 90. Dartmouth hospital provides a wonderful service to the community and should remain open. 91. Too far for people to go, especially the elderly. 92. A lot of local people are totally dependent on having the community hospital here. Transferring to Tones will no doubt cause considerable stress and anxiety, especially to non-drivers as transport lines are intermittent. 93. Dartmouth is a bit remote town. We use hospital in urgent need. It is very inconvenient to drive somewhere when your little one or you is poorly, especially when single parent. Moreover we have so many tourists who must need care. 94. Dangerously stupid. As remote outposts divided by a river with a single road and frighteningly slow. Bump off Jeremy Hunt. 95. Dartmouth would be totally it off and that makes for poor patient care. That move would be totally disastrous for the town!!! 96. Outrageous 97. We need to keep our NHS-- shame on the government. 98. Have no objection to moving the hospital to a different location but it MUST be in Dartmouth 99. Dartmouth is a large town, due to expand soon. We need all medical services on hand, as Totnes is too far away. 100. Access is unattainable unless you have own transport. No bus service available. 101. Provided the new arrangements include important minor injuries treatment locally. 102. Totally unacceptable! Dartmouth needs to keep the unit and MIU! Any other support is too far away and has very poor transport to Totnes. It's too far away. Dartmouth is a thriving - growing town and needs to keep all facilities. 103. Considering the number of visitors to Dartmouth as well as the local population there is a need for a MIU in the centre of Dartmouth. 104. Having an X-ray Dept and Physiotherapy Dept in Dartmouth are important and these services need to be retained. 105. Very useful function locally 106. this is a necessary service in a town which is somewhat isolated. Elderly people particularly need to be in the same town as friends and relatives for visiting purposes (particularly during end of life care). 107. this service is ESSENTIAL 108. It would be a terrible loss to the community, particularly to the elderly population. 109. Again with an aging population Dartmouth needs a sort of community placements old folk !!!not God's waiting room 110. The Dartmouth Community hospital has played a very important stepping stone from treatment at a major treatment hospital - to rehabilitation and recovery in a local area - making it easier for family and friends to visit. This aids complete recovery and saves bed/blocking in the main Hospitals. 111. Closure would be a very bad mistake. Relatives would be much less able (or likely) to visit their loved ones in hospital; so the patient would be much worse off; the quality of medical care is unlikely to be significantly better than in Dartmouth. 112. See above 113. I am totally opposed to the proposed closure of Dartmouth Hospital. The impact this would have on the older residents of the town would be huge. Many older people do not drive, and would therefore be unable to visit loved ones. In view of the fact that many patients receive end of life care at Dartmouth Hospital a move to Totnes would be unacceptable. Additionally - it would be another instance of essential services being moved from Dartmouth. Social Care, Mental Health Services, Day Care to name but a few. 114. With the new homes being built in Dartmouth Stoke Fleming and Blackawton and surrounding areas it will put more pressure on Totnes; 400 homes in Dartmouth with say 3 people per home another 1200 people. 115. But don't close the existing hospital until the new facility is up and running 116. Distance, time, transport 117. Would not support the closure of the Hospital without alternative local e.g. /Dartmouth Care beds 118. this is disgusting, upsetting, shocking 119. The loss of the hospital would be incredibly difficult for the elderly population of Dartmouth. On a personal note, I have in the past had continuing physiotherapy at the hospital which was very necessary as I was in a lot of pain and don't drive - having to got to Totnes for the regular treatment I needed would have been very difficult indeed and I was so so grateful for this service which really helped me. To take away this vital service would be a disaster for the town and doesn't bear thinking about. 120. Those without transport in outlying villages would find this difficult as they would have to find transport for a much greater distance (at greater cost?) 121. 6/2/2016 10:47 AM 122. Aging population and no hospital. Must be a mad civil servant plan. Definitely needed but not necessarily same format or same place. See above. 123. Totnes hospital/MIU is fine for where I live but I can see that people in Dartmouth will find it a long way to travel, particularly if they do not drive, as public transport is not very frequent. 124. Travel time and infrequent bus service (2 hours) and no evening bus means patient would be very isolated. 125. We understand that paramedic services have been withdrawn from Dartmouth and ambulances now take up to an hour. This is totally unacceptable for a town with an aging population. 126. see above 127. at 89 years of age and with my poor eyesight having to visit Totnes would be very difficult 128. Why would you close Dartmouth over Totnes? Dartmouth is a major visitor centre, parking at Totnes unit is difficult, if we are forced to travel, we would all go to A&E in Torbay and seriously increase their workload. 129. Unacceptable for the reasons given in question 21. Also think there would be more pressure on the ambulance service and paramedics. 130. Local service preferable to having to travel 131. Cost effective for the NHS but not taking patient care into consideration. Unfamiliarity, lack of visitors and remote. Parking at Totnes hospital is fairly limited and a good 30 minute drive. What about people who can't drive - limited bus service? 132. What has it got to do with best quality of care, That should apply wherever you are!! 133. Dartmouth has a very elderly population who totally depend on this local service. Given current transport links it is not acceptable that the nearest hospital facility is 12 miles away. We live in a remote location and therefore need this facility. 134. Totally unacceptable to close Dartmouth hospital - particularly as it seems there is a plan to close Totnes hospital beds! 135. Unacceptable unless there was provision in Dartmouth for in-patient beds so that patients can be transferred to Dartmouth from Torbay and looked after by their own GP + provision for a Minor Injury Unit as now 136. Tourists needed an easily accessible unit especially when sailing 137. Terrible, this town deserves to have this community hospital and minor injuries unit; it's a step backwards.....many years, feel cheated and speechless. 138. Too far to travel. 139. Dartmouth hospital is usually full when patients need treatment, so either end up staying longer in Torbay which isn't necessary or are discharged home and it's the job of district nurses to look after them, district nurses are stretched to breaking point already. 140. Too far to travel and buses infrequent. A real step backwards!!! 141. I didn't even know that building was still in use 142. Not everyone has transport easily available to them 143. Absolutely ridiculous and disgusting decision as there are many poor and also elderly people in Dartmouth and Townstal who cannot afford to travel to Totnes. 144. Closing community hospitals is not cost effective really because the main hospitals won't have anywhere to outsource patients that are bed blocking 145. Transport? No car, no bus at weekend from outlying villages....taxi to and from Totnes? Not the best plan for many people. Dartmouth and surrounding area is already remote. 111 mainly deal with patients on the phone and then expect people to get to Totnes, especially at night. Visiting elderly relatives in Totnes not practical, especially for other elderly people. 146. Is this a rhetorical question? The answer is so obvious it's pitiful! 147. Idiotic decision to close. You have to take into consideration the elderly who use the hospital as well as the residents of Dartmouth. Moving the hospital to the top of town (Riverview care centre) may be a good idea, providing NO HOSPITAL BEDS ARE LOST 148. The road between Dartmouth and Totnes is overused since the ferry put up the fares. The last bus back from Totnes is 7pm not leaving any scope for people who have to attend hospital late 149. Maybe these services could be housed in a new building with the medical practice. 150. Doesn't seem to consider the demographic of Dartmouth and would require increased travel for elderly patients. 151. There were once convalescence homes which took patients from hospital when they were unfit to go home, but no longer needed intensive care. Now this vital job is done by our local community hospitals. Take them away and you increase bed blocking in larger trauma Centres. And so many people would suffer. There is not and will not be enough funding to treat these people in their homes. 152. Dartmouth is geographically isolated and a large section of the community in Townstal is composed of disadvantaged families. It would be a scandal to remove front-line services from a community that would suffer considerably without them. It can take over an hour for an ambulance to arrive so it would leave the population of Dartmouth vulnerable. I am extremely unimpressed by Totnes Hospital - an elderly relative died in Torbay after very poor care at Totnes. 153. For a relatively large population which can more than double in summer and also quite remote in access Totnes is quite a way to travel and a lot of people in Dartmouth are without transport 154. They don't do anything but look after elderly that Torbay don't want their not a hospital any more their a nursing home 155. We need this hospital to stay open in Dartmouth as the population is getting bigger and the amount of people who cannot drive in Dartmouth. I have a 2 year old son with asthma and are in and out of hospital all the time and each time I have to wait for an ambulance to take me to Torquay. 156. There are a lot of elderly people, craftsmen and service industry people in Dartmouth who do not have their own transport and closing the hospital would put a great strain on the ambulance service having to go to Totnes. 157. Emphasise unacceptable. 158. There needs to be a minor injurie in Dartmouth as tones is a long way if you don’t drive and if there old or very young the should be seen right away not stuck in the car or a bus for 30mins or more 159. ABSOLUTELY unacceptable! We are at the end of the line here, buses stop running at early hours and take ages to get to destinations. Not everyone has a car, or can drive at night, especially the elderly. It would mean even more pressure on the ambulance service, which is already under pressure, so lives may well be lost. 160. It’s OK for people who have a car to get to Totnes or Torbay Hospital for Minor Injuries more elderly patients would be just left. 161. Dartmouth needs the hospital, and should have a minor injuries unit. My grandmother was cared for in the hospital, in her community, by people she knew, which helped ease her greatly. She would not have been as comfortable in a hospital away from the community she knew. 162. Totnes is quite far away. Any plans for Brixham to extend opening times? 163. I use the physio dept regularly, and I have had the best care from the team in Dartmouth. This service must stay in the town. If you have had a knee op or back injury, getting to Torbay or Totnes is painful and time consuming. I feel patients would miss out on care because of the journeys to appointments. 164. I can't see how the quality of care 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. 165. What if you don’t drive?? Having as asthma attack and you have to go to Totnes for the nebulizer! 166. 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 167. TOTALLY unacceptable. 168. having the community hospital means you can visit relative's easily and in my case both grandparents have gone to the community hospital for the last few weeks of their lives which meant they died in a place they love and feel comfortable 169. It's already happened so this question is pointless 170. The hospital is currently pointless as it offers no real care. 171. I think it is terrible idea we are in desperate need for local medical services. We have a huge community of young and old all in need of local care. People should support local NHS services to come to this area and stop the rich and second homes pushing up the prices of accommodation to stop people not being able to afford to live and work here 172. Close the minor injuries as it was unless. But the hospital is a nice place for the elderly to die also means they get visitors as we all know how bad the busses are. 173. It would be absurd to move all healthcare provision out of the town in order for the hospital to be sold and converted into naff, expensive, vacant apartments. 174. I consider it highly important to maintain the Dartmouth Hospital and Minor Injuries Unit in Dartmouth. My family and I have had many occasions to use Dartmouth Hospital wards, the minor injuries unit and the physiotherapy services. I feel strongly that these services should still be available within Dartmouth. 175. Massive loss to the community. Also, the parking at Totnes is inadequate as it is! Dartmouth site is prime property location though isn't it, somebody wants it... 176. There are times we have used the hospitals minor injury unit and when it wasn't there trying to get to Torbay or Totnes was a pain. 177. Don't know. It was a comfort for my grandma in her last few days. As for minor injuries unit available this has not been the case for some time 178. Too far to travel with such poor transport links. 179. If it closed the people of Dartmouth will be totally cut off, as we are out on a limb, as we have poor transport links especially if the ferries are out of action. 180. Totnes is already busy so with Dartmouth’s patients added it would be a nightmare and most patients will go to Torbay instead 181. Dartmouth gets mad busy, especially during the summer months. No minor injury unit is unacceptable. Dartmouth hospital provides care for local people, who have lived all of their life in town. These people do not want to be in unfamiliar surroundings, possibly at the end of their life, when visits from their local family is so so important 182. Dartmouth needs these facilities. Transport links in the area are not great so many people, especially the elderly or those who don't drive, would find it extremely difficult to access the services should they move to Totnes 183. Completely unacceptable considering the bus service is few and far between and requires a lot to be desired. If you can't drive you're screwed. 184. 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 185. Completely unacceptable! It will mean bed blocking at Torbay for people who could be discharged to a community hospital to recover fully! And to have no minor injury unit in a busy tourist town, and sending you to a already overstretched doctors surgery is crazy! It's impossible to get an appointment for over a week from when you make it but this will just push the time even further back! 186. Can't be allowed to happen 187. Way too far and inconvenient to get to. Especially with no transport. 188. Hoping a lot more thought goes into the proposed plans than initially laid out by the CCG! 189. We are cut off in Dartmouth and some people are with no means of transport. I would have used this service few months ago but had to see a doctor instead for an issue that the hospital could have dealt with so, in my eyes, wasting a doctor’s appointment that could have been for someone 190. Not everyone drives ,they then have to rely on public transport ,which is not particularly frequent in this area . 191. I think the money could be better used in community services. Keeping a hospital open only serves very few people, there is a great need to improve palliative and rehab care in patients own homes. 192. Being a non-driver with young children it would be extremely difficult and time consuming to try to get to totnes for the MIU 193. This would be a disaster for Dartmouth and quite frankly I consider the author of this lunatic idea totally out of touch with reality 194. Too far to travel with bleeding patients lots of old people don't drive. Expensive taxis. 195. ??? Transport services 196. Dartmouth needs the county hospital - it must not close 197. Totnes is too far for some people to be able to visit and as an inpatient these visits from friends and family and what stop people from despairing and giving up. The view from the Dartmouth Hospital is enough to help people want to get better and out of hospital in order to enjoy life again! 198. Dartmouth Hospital has been a very valuable facility and would be a great loss. 199. I now live on my own. Depending on the problem I may not be able to drive to Totnes. A taxi is not cheap. 200. It will be a disaster for Dartmouth. Elderly population plus difficult transport links mean ill patients will be inaccessible to their families if they have to be in Brixham or Totnes. Closure is a terrible idea. 201. In terms of travel distance Totnes is 13 times further which, at my age, is a significant problem. In terms of quality of end of life care, Totnes was really excellent in my father's last days 202. See comment above 203. new hub/ centre needs to have some beds for local population. Where are local EOL people going to spend their last days if need hospital care? 204. The clinical service needs to be seen in relation to the (a) non-resident population during the summer months, (b) the existing pressures on the Dartmouth GPs and primary health workers. 205. 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. 206. Totnes is 13 miles away and the time taken in holiday traffic could be considerable. Torbay is 18 miles away so Dartmouth would be without any cover, except in surgery hours. 207. There are times of the year when routine travel to Totnes can be very delayed. For Dartmouth patients recovering from operations, recuperation in Totnes may prevent regular visits by friends and family, which can be important for rapid recovery. 208. Please see my answer to Q.20. If it is urgent and it is a time when public transport is not available, access to private transport (friends/family) or taxi cost (currently £25 one way for example to Totnes rail station) then going to Totnes seems no better than going to Torbay. When I was referred to Totnes (Q20), the nursing staff were not able to make a decision about the care I needed - a serious gash on the lower leg near the Achilles tendon, hence the further journey to Torbay and the subsequent delay in treatment. 209. If no car the transport links are diabolical, take you half a day to get from Strete to Totnes! 210. This is a kind of madness especially the elderly like us. Because of the ferry trip where there can be delays and inconvenience there MUST in my view be an emergency facility in Dartmouth 211. Dartmouth hospital is often full and Dartmouth patients get put in Totnes and Brixham, if Dartmouth is full now how are Totnes and Brixham supposed to accommodate more patients or will these patients be pushed home with no care 212. at peak times and during the summer it can take too long to get to Totnes if help is needed quickly i.e. asthma. 213. Minor injuries is a service much needed by residents as well as visitors. The hospital wards provide important convalescent and recovery facility for patients and frees up beds in Torbay 214. By definition it is likely that a minor injury is urgent. Transferring the service to Totnes would increase the risk associated with delayed treatment. 215. Poor transport links. Nil on a Sunday. Bus fares expensive for all not just those on low incomes. 216. It will just mean people go straight to A&E for minor injuries - and then there will be complaints that A&E is too busy. 217. Lack of public transport (expensive) to Totnes in evenings and Sunday's. Not everyone has a car. Taxi fares prohibitive. Length of journey time both by car and by bus. 218. With an ageing population like Dartmouth and surrounding area does, I feel that having a small local facility gives a sense of reassurance and comfort to the populous 219. My wife, a bee keeper, suffered several stings and as a result went into anaphylactic shock, the team at Dartmouth Hospital were able to deal with it straight away, whereas if I had to travel to Totnes their may we'll have been a different result. 220. It would be much less convenient and quite hard for those with no transport but I'm sure there are arguments for 221. I see no problem with closing the Hospital but consider it vital to have a MIU in any new Medical Centre at the top of town. 222. Transport problems 223. Access to affordable transport for a 12 mile journey particularly for the elderly/disabled and parents with small children. 224. M I U - Dartmouth must have its own - see previous comment. Hospital - much loved but probably a white elephant in this day and age. Equivalent of hospital beds should be provided locally, not in "geriatric" home 225. Dartmouth MUST have beds, out of hours MIU could be in Totnes, but hard luck if you do not have transport. Yes let’s talk patient care! BEDS for sick and dying needed in Dartmouth for large rural area, poor bus services, not Totnes, think of the patients 226. 30 minute journey IF you have a car , bus services infrequent ,many people unable to afford £30.00 for a taxi. Can’t imagine it would be appropriate for ambulances to be called/used for minor injuries 227. I think 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. 228. Acceptable until the project to move services to the top of town is achieved after that I would hope that a minor injuries Unit would be included in the new facilities 229. Living in Blackawton this would make little difference to me - but I'd regard it as unacceptable for the people of Dartmouth 230. This is a vital service. 231. I consider this unacceptable as it is depriving not only Dartmouth but all the surrounding locality of a Community Medical Facility. Surely the sale of the site of the existing hospital should be able to provide some acceptable small unit at the top of town, combined with a purpose built surgery, pharmacy, optician etc. etc. like the one in Totnes which I think is admirable. 232. No public Transport available. 233. The parking at Totnes Hospital at the present time is not good and with our very limited transport links people without transport would find it virtually impossible to get there or visit . 234. Many of the patients who use Dartmouth hospital are local and elderly and appreciate the fact that their elderly friends can visit them easily because the hospital is in Dartmouth. I understand it's not always easy to employ nursing staff to cover the minor injuries unit so this may need to move to Totnes. 235. Only acceptable if there is minor injuries service at the proposed new surgery facility envisaged. IN addition a physio service should be provided locally on say 3 days a week (depends on current demand which I do not know) . 236. We do not have a minor injury department 237. we need a hospital locally 238. Our town has a largely elderly population, very poor transport links and is relatively isolated. 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? 239. Dartmouth does not have the necessary transport links to make this beneficial to the people of Dartmouth. It not only affects the patients but relatives and friends and for some could make a lonely stay in hospital, transport is an additional expense not all can afford. 240. I have always understood that as a port we are legally entitled to a hospital facility in the town but not necessarily at its present site and if this site is to be sold any money raised should be kept within the town and not sold to a developer for second home flats. any newly built accommodation should be reserved for elderly Dartmouth residents. 241. My family has used the Dartmouth hospital for years and I think it will be a very much missed resource if moved. 242. Fed up with hearing 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. 243. 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 244. Too difficult to get to Totnes, especially for elderly or disabled people. 245. After months in Derriford with a life threatening illness my wife was transferred to the local minor injury hospital in Dartmouth. The treatment she received was without parallel. It is convenient for Dartmouth residents although I can't see how this would be relevant if the minor injuries clinic was moved to Totnes 246. As Dartmouth is more isolated than Totnes, it is easier for people in Totnes to get to a bigger medical center . . perhaps they should close Totnes to save money . . improve Dartmouth hospital and medical centre and get those from Totnes to travel. 247. Like to hear more 248. Again the distant to other hospitals ( especially at night after the ferries have finished 249. Totally unacceptable! 250. With the ridiculous bus service it would be impossible not everybody has a car!!!! imagine a badly cut hand at 5.15 pm no car next bus at 6ish could bleed to death before you got there, don't suggest an ambulance there is such a shortage they either refuse to come out or you have to wait a couple of hours, with the national insurance we pay its totally unacceptable 251. We should retain a 12 bed unit in Dartmouth 252. Distances in Devon are rarely taken into account by the mandarins who are driving these issues. The elderly population of Dartmouth need a convalescent hospital to recover rather than bed blocking in the major hospitals of Derriford or Torbay. 253. It's only ok for those with cars as public transport on a Sunday is worse than useless. With an aging population - local services are vital. 254. Unacceptable for reasons already given above. 255. Over the years I have visited elderly family and friends staying in Dartmouth Hospital for various reasons. Had the hospital been elsewhere these people would not have been visited by anybody. 256. Especially for those with no form of transport 257. I believe a community hospital and MIU essential for Dartmouth given the age of the population, number of holiday makers (for MIU) and distance from any other hospital - plus poor public transport for visiting etc. 258. As an elderly couple making the extra journey obviously would make receiving help more difficult. 259. How would a person without transport get to Totnes? Why cant we have a minor injuries and Hospital beds in this new unit that is being planned at the top of town. 260. The proposal appears to take no account of the relative geographical isolation of Dartmouth, nor of the importance of the peace of mind brought by having these facilities near at hand. The application of nurse ratio and MIU contact statistics is a crude attempt to apply urban 'efficiency' measures to rural health provision and cannot be justified. 261. How can it be claimed "best quality of care" ridiculous...let the NHS spend money on Dartmouth... 262. Our poor transport links would make it very difficult for some to visit patients if in Totnes Hospital Parking at Totnes Hospital is difficult at the present time. 263. We are too cut off with bad transport to Totnes, Torbay etc... With a retired population we need these services locally. Dartmouth Hospital has been supported for a long time by the league of Friends and other donations which have made visiting a hospital for locals very welcome. I have visited many friends who recover well in such a lovely cottage Hospital with the best views in Dartmouth to make you feel better. Is this just financial as the site is worth so much and a lot more than that that has been quoted!!!!!! Is this just greed and not for the welfare of the patients. I have used the Physio facilities and the xray without having to travel. This Hospital needs to stay. Maybe a second surgery at Townstal? 264. It is a single main road to Totnes, if the road is blocked, a double emergency or worse could exist. 265. Totally unacceptable!!! I would have had great difficulty in receiving physiotherapy treatment (and probably wouldn't have had all I needed) if I had had to go further afield than Dartmouth. Also minor operations carried out by our GPs and done at Dartmouth Hospital. If our GP has nowhere to do these minor ops then the waiting lists at the major hospitals will lengthen and patients quality of life will be impaired by either having wait even longer or not having the matter dealt with at all because the major hospitals are too busy with bigger issues. 266. Given the time it takes to get to Totnes and the increased population during the summer, the absolute minimum service is a minor injuries unit. 267. The population of Dartmouth includes a large number elderly people and those without their own transport. The population increases dramatically during the holiday season. Public transport links are poor. It is incredulous that a person requiring treatment for a minor injury should have to travel to Totnes. 268. If the services in Totnes is adequate, fully equipped and gives cover 24/7, then, apart from the added distance,it should be an improvement, but I have my doubt Suddenly! 269. Until the new local service is up and running it would be a very dangerous decision to transfer services to a facility 15 miles away particularly as there will be over a million tourists passing through the area from April to September. Whoever is suggesting this is a paper pusher and real lives are not theoretical. 270. But only with the provisions described above 271. The Community Hospital provides good interim care when patients are discharged from a major hospital, and not yet well enough to return home. This relieves the pressure for beds in major hospitals. 272. Definitely unacceptable. This is an area of largely elderly people who need to receive treatment close to home due to transport needs and also if an impatient, need to be able to receive visits from friends and relatives who may well have transport issues. 273. With the bus service the way it is it makes it impossible. ...don't presume that everyone has access to a car 274. A facility is being taken away from one town and added to another. I would consider that negligent. Why? 275. In my mind this would be unacceptable - though Totnes is nearer than Torbay Hospital there are no public transport links at night and very few during the day. 276. Totnes is too far away, especially with traffic problems in the season 277. I think it would have a drastic effect if our MIU were to become permanently unavailable. Many people don't have access to a car and even if they do, if they've injured themselves then they can't drive anyway. Buses are impossible, especially in the evenings and at the weekends. Also, we have many yachting visitors and if they have hurt themselves on board, they have no means of getting to Totnes. 278. No! We need the MIU reopened. Used to use this a lot. Also I have known a lot of elderly folks needing the hospital to recover from the major hospitals treatment or strokes or other age related problems. No wonder there is bed blocking at Torbay or Derriford if all these small hospitals close. Also the small, local hospitals treat local people so they can easily see their friends & family easily. Much better for all that they stay open. 279. If required as a minor injury/urgent query Totnes is too far to travel. Particularly for tourists who bring revenue to town. 280. I feel this hospital pays a vital role in Dartmouth especially for the elderly, it would be a sad loss to our town. 281. We should at least have a minor injury service 282. Totally wrong - transport? 283. Acceptable only provided NHS establish a proper state of the art Health Centre at the top of town with good space for DMP surgery, X-ray equipment, capability to do diagnostic tests, provision of at least 8 intermediate beds and additional district nursing staff and other support to enable far more patients to be care for at home. |

**Q. 22 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?**

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| 1. As the surgery and hospital are on different data systems, relying on letters that have to be input by the surgery is not very effective. 2. Non-existent 3. My husband's GP was fully aware of problems at Torbay regarding Roger. He was very supportive. 4. Although delays in the doctor not getting the letter quick enough meant medication that now needs to be taken for life took a month to get. 5. I understand that many of the staff come across to Dartmouth by ferry from Kingswear. How difficult would it be to Totnes. 6. In terms of referral very good. But no follow-up as far as we are aware afterwards. 7. Complications following lumbar puncture; extremely slow response from neurologist as short-staffed. 8. Continuity - being able to see the Dr who has got to know you and treats your 'problem' start to finish 9. My wife was in hospital and after care came directly from their outreach team. There was no contact from the surgery to see how she was!! 10. As far as we are aware communication has been satisfactory. 11. URGENT REFERRAL FORGOTTEN! 12. Difficult to quantify due to partner being hospitalised outside of the Devon HCT. Communication was poor from Cornwall HCT 13. The Hospital communicated regularly with the practice - I don't know what communication flowed the other way. 14. Both parties were suspicious and did not like to share vital information. 15. Slight confusion over medications 16. See (17) not known 17. I am in Dartmouth Hospital at present but am not aware of any communications 18. my wife has been admitted to Dartmouth Hospital with a broken collar bone following a fall. I am unaware of any communications between the practice and the hospital. 19. Good prior to major surgery, not good afterwards. 20. No satisfactory communication between the two. 21. Communications sometimes seem to take forever 22. It all worked but why the reliance on letters? 23. Slow on tines 24. I was on maternity ward so not really applicable 25. I have been an inpatient 13 years ago. It was so valuable, following brain surgery, it meant my family could visit without disruption to their daily lives. They could walk there and not worry about travel costs or taking a day out. 26. I've been a day patient on a couple of occasions and have found the experience fine, mainly because of the kindness and efficiency of the staff concerned. Procedures aren't always pleasant at the best of times, but being made to feel safe and valued is very much appreciated and of huge help. 27. Have had to chase up my own results most of the time. 28. Very poor. 29. No communication! 30. Most of the time the hospital had to chase the doctors 31. I have been in hospital but this was all done with the midwife team based at the children’s centre. 32. It can take long time for some results to come back ,have known them to get lost . 33. At Mount Stuart on NHS. 34. The referral request failed to transfer from DMP to radiology - at 3 occasions 35. I visit the eye clinic for treatment every few weeks, the Practice is not involved but I assume there is information flow if appropriate 36. I did have a cataract operation, but made my own appointment (optician referred). No communication with Practice 37. Ongoing 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. 38. The Sister and nurses have complained about poor communication and reference had been made to the gradual reduction at the hospital by our local doctors 39. I have not seen any evidence that the GPs read the feedback from the hospital 40. I am not aware of any communication between the hospital and the surgery. 41. Awaiting an operation. Communications from hospital regarding scan, out patients etc good. Not aware what surgery know or not as have had no communication from them. 42. Your surgery weren't aware my husband had been in hospital. Very poor communication 43. Although myself and my husband have been in hospital in the last 5 years communication between the hospital and the practice was very poor. Maybe in the recent past this has improved 44. There was none as far as I can see. 45. I have recently had x rays done at Torbay and had to wait for ten days to get someone to telephone me with the results from Dartmouth medical practice 46. Not sure if the surgery even knows about my treatment at hospital - have never had any contact from my Dr following my radiotherapy /cancer treatment/counselling - haven't had any contact with my Dr about my cancer for over 4 years! 47. 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 always accurate. 48. No 49. My mum tried to get an appointment with HCA for blood test as directed by cardiologists the next day. Receptionists said she couldn't have one for a week. Cardiology nurse phoned surgery on behalf of my mum and managed to get on for the next day. Once again receptionist could have stopped a vital blood test. 50. 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. 51. Torbay hospital is first class. 52. As stated above, 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. I have also felt this after other smaller operations and short spells in hospital in the past. 53. Dr Hendy was reluctant to refer my husband even though he was in pain and the eventual referral resulted in hip replacement surgery a mere two months later 54. It took from June, after a fall, until October to finally get a scan that i had asked for from day 1 and then l became urgent for a new hip replacement. Meanwhile l had done more damage. I had two xrays which l knew would not show the right details and finally got a scan. I saw the specialist in November and operation on January 5th. 6 months after a bad fall!!!!! 55. I am not sure as I have not been contacted post-op of 4th May 2016 by my Doctor, I am still puzzled and shocked by the whole post-op experience of looking after myself together with my Partner not knowing whether 56. But I think it was an administrative intervention at the hospital that caused me to be mis-directed to a department other than that which my GP had correctly directed me to. I am still waiting to be seen. 57. As previously explained. 58. The poor transfer of information was the fault of the hospital not the practice. I still don't know the results of my scan in detail as they were relayed by a member of staff who had no technical knowledge. 59. GP tried hard to communicate with Derriford but (like Derriford to me) they chose not to reply. Torbay is much better. 60. Not aware of any communications between them. 61. I am including x-rays and blood results in my answer , copies of results should be sent to patients. Even if results are within normal limits patients really should be informed. |

**Q.23 Do you have any suggestions for practical steps that might be taken to improve your health care?**

1. Far more use of initial phone consultation and by email. Quick questions should be answered by email.
2. Get more GPs, more receptionists, institute longer opening hours and a numbered phone queueing system
3. All under one roof in an up-to-date facility at the top of town with parking (surgery, clinic, hospital, MIU and chemist) would be fabulous.
4. Open up a new Practice, the competition would be good.
5. Just do your best is all we ask.
6. 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.
7. Clearly our doctors are overstretched, but a bit more effort dedicated to the ever aging population would be welcome, offering perhaps printed advice (distributed free by volunteers perhaps) e.g. psa advice, etc.
8. Move to one central place - accessible, served by public transport open evenings and weekends or at least on the telephone during those times.
9. Not have to wait so long for an appointment
10. I'm quite content with my health care, thank you, other than the lack of MIU facilities, out-of-hours.
11. Being able to get an appointment on the same day when we are already in town. Waiting for a call means there can often be a further delay and extra journeys.
12. When you phone the surgery the phone message needs to go through.
13. Re-open the MIU. Why not post the GP doing telephone conversations there so that patients can have a (strictly time limited, e.g. 5 minute) consultation if necessary.
14. Wait times in surgery are very poor.
15. Continuity of GPs is a major problem for patients. Whilst it is understood why some GPs have 2nd or even 3rd jobs to grow their experience and training too much time away from the surgery is causing problems of access to known GPs who seem not aware of patient or family health history unless it is pointed out to them.
16. Build new hospital in Dartmouth first, fully equipped and up and running first. Impossible for people sick,unwell, to go to Totnes. Unreal and unrealistic to think people take sick, elderly and children to Totnes.
17. Reverting back to having a full-time doctor reasonably available at all times, especially at night and at weekends. I expect there is as much to hope for there than having local police station and 'bobbies' on the beat.
18. Better continuity of care through seeing the same practitioner wherever possible would be appreciated.
19. In an ideal world we need more doctors. Appointments when we need them.
20. Reverting back to having a full-time doctor reasonably available at all times, especially at night and at weekends..
21. I am very happy with my GP (Dr Chopin) and I think the nursing staff are very good.
22. Automatic regular checks. Phone call to confirm whether a test needs a follow-up or not needed. More liaison between doctors. Quicker service on blood tests.
23. The hospital and MIU should carry on as it used to ! Dartmouth is going backwards in everything!
24. We must keep our X-Ray and physio departments, we are so cut off from other hospitals
25. Some doctors could work more than two days a week!
26. Walk as much as possible, eat well but do not put on any weight and no late nights.
27. 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.
28. Apply stricter time constraints on appointments to reduce long waiting time.
29. Need a more effective ambulance service--waited 97 mins which was unacceptable.
30. More full time Doctors See your own Doctor who will know you and your Medical History. No Mistakes (if Medication Treatment)
31. Keep the hospital and transfer the surgery to the clinic. Have an extra surgery in Townstal if necessary. If the hospital is closed, let's have a realistic value of the site which is worth a great deal more than has been quoted.
32. Little or no follow-up after a change of prescribed drugs or after discharge from hospital or out-patient appointments. Nor is preparation made for the latter. This too wastes NHS resources.
33. Keep Dartmouth hospital open!
34. We need an out of town all-in medical facility!
35. Another full time female doctor would be a great step forward.
36. No
37. To move forward with health care plans is essential for the future. However, we must have hospital beds available with trained nurses to give first class service to Dartmouth.
38. Better access to doctors who are best suited to patients. Need adequate time with doctors.
39. How come it takes so long to answer phone in morning, I end up coming in to book
40. Something like a two-yearly health checks (blood pressure, cholesterol, kidney function, lung function etc.)
41. More doctors
42. Dartmouth needs more doctors
43. I believe I am supposed to have an annual review. I haven't had one yet, due to lack of staff apparently.
44. A Well Persons clinic
45. A less rushed consultation with the doctor of your choice. This might, in the long term, actually cut down the number of consultations and the overall time spent on them, thus beneficial to doctor and patient.
46. Access to my own health records?
47. While telephone system works reasonably well, would it be possible to have an on-line duty doctor, maybe making use of Skype or something similar?
48. Regular health screening for over 65's (scans, bloods, prostate checks, etc.)
49. Continuity of care
50. Being able to talk with my doctor
51. You could have included the FFT question in this survey which would have increased response rates
52. Move the Dartmouth surgery to Townstal open every Saturday as well. Reopen MIU or include in the planned move uptown
53. Move the surgery to Townstal to include Saturdays. Keep Dartmouth MIU open (re-open)
54. Move services to top of town where all facilities can be under one roof
55. More full time doctors
56. Keep Dartmouth Hospital open especially for weekends and evenings to help duty out of hours
57. Full time doctors not part time who come to Dartmouth for a pleasant life style.
58. Better access to regular doctor
59. Do not close Dartmouth Hospital. We have to wait far too long fer an ambulance to arrive. This will kill Dartmouth.
60. An annual check-up would be useful
61. Make it easier to get appointments. Telephone appointments are a great idea but if the doctor misses the allotted slot, please get a receptionist to let the patient know so that the patient doesn't wait by the phone when the doctor knows he is unable to make the call.
62. Should be easier to get appointments sooner.
63. Out of hours doctor in Dartmouth, make sure the doctor/nurse calls the patient when promised.
64. For goodness sake maintain the hospital with MIU, X-ray and Physio Departments where they are - It may be considered a prime site BUT it is of PRIME importance to the town. Leave it where it is and make more use of it. Torbay is vastly overcrowded.
65. If I am not sure if an appointment is necessary, as I may just need reassurance, I would appreciate a phone call on the same day. i.e. I am SLIGHTLY breathless or SLIGHTLY dizzy. It may be important or it may not.
66. Wish we did not have to wait so long to see our nominated GP; it's currently 8 weeks
67. Standard practice In hospital and doctor staff
68. Retention of Physiotherapy service in Dartmouth
69. An annual 'MOT' clinic to monitor patients' health care.
70. Please try to increase the overall doctor resource, so that we have better access to care; more full-time and less part-time doctors would also improve care.
71. Try to recruit doctors who are willing to devote the whole working week to the patients in Dartmouth and district. Why did they go into the medical profession if they are not willing to devote themselves to the practice.
72. HCA's trained to do undertake health checks on over 80's
73. Communicate with patients via email informing them what is going on or likely to be implemented - we are in the 21st century and there are a lot of intelligent people out there.
74. I am satisfied with the care I have received so far.
75. Encourage patients to take responsibility for their own health with diet, exercise and parenting skills.
76. Weekend cover
77. Letter requested BP readings from doctor, receipt/results never acknowledged even though readings were high.
78. Employ full-time doctors
79. No
80. More schemes to promote wellness
81. Home visits
82. More GPs
83. Swimming pool vouchers
84. More access at local level.
85. More GP cover
86. I have found the care for contraception and women’s health very poor. I have needed a new coil fitted but was not notified that it was a year out of date, I think it would be a good idea to notify patients. My coil could only then be taken out but not replaced, I was told for 5 months.
87. Improve the appointment system - it's failing so badly, it borders on embarrassing. A doctor, let alone a patient CANNOT diagnose over the telephone. Only once this is accepted, can DMP make the appropriate steps to serve their community in the appropriate fashion.
88. More appointments.
89. There's been no proactive offer of age appropriate health checks or screening.
90. Some kind of IT communication. For example when dealing with your Torbay and Derriford... Change of address at one does all... Atm its a ppain in the ass
91. More information about preventative screening. When will it happen etc., e.g. breast scans, cholesterol and checks.
92. Having more doctors so it doesn't take 3 weeks for an appointment
93. The Leisure Centre or Townstal Community Hall could be used for groups and therapy for people with chronic conditions.
94. New government!??
95. Have a good look at the attitude from staff
96. Access to A&E and weekend/evening surgery.
97. I need to exercise more.
98. Be able to see and speak to your own doctor when able to .
99. Keep the surgery, minor injuries dept and physio unit together in Dartmouth under the same roof.
100. Doctors need to be accessible.
101. Open later evenings & Saturdays
102. 7 days a week surgery or doctors that actually work s full week in Dartmouth and not go off teaching and working else where they need to be committed to the surgery they work for on a full time basics
103. I had to wait a week to speak to a Dr for the Dr to have to tell me my test results were clear. why could the letter I was sent telling me to the Dr not have said everything was clear. Rather than weeks of extra worry, and Dr's time to say all ok! !
104. Move up to town with parking
105. Move the surgery to Townstal to make it more accessible
106. Earlier and later appointment service.
107. Some sort of walk-in clinic would be useful
108. Non-judgemental reception staff and their diagnosis wouldn't be missed, bigger effort to prioritise sick children before non-urgent regular malingerers.
109. Better access to out of hours care! To be made to feel like you’re not an inconvenience regardless of your /age!
110. Hospital under same roof as GP practice
111. More continuity in the doctors most partners are part time and often unable to see your own G.P.
112. Care for the people of Dartmouth and listen to what we need
113. Charge patient £10 for cancellation or for all appointments.
114. Better regular health check system
115. Full time GPs!!
116. Men over 40 should have a heart check-up - it would have saved my son's life.
117. No
118. A much more personal service by the GP who knew the patient. For instance my new allocated GP has not been in touch and I have no idea of his qualifications! Would you see a lawyer without knowing his qualifications, experience and ability for your need?!!
119. To try to establish a stable panel of Doctors for Dartmouth
120. Reviews of medication. Weekend cover.
121. Regular health checks for the elderly could nip any problems in the bud.
122. Increase the number of full time GPs. Ensure a good range of GP specialisations.
123. Better IT. Paper records at hospital is severely outdated and no digital link with medical practice.
124. Consultation appointments with a practice nurse without having to be referred by a doctor
125. Revert to our doctors working a full normal week and providing week-0end service on a rota basis. Goodness knows they earn enough!!!
126. Better follow up and more regular tests
127. More doctors who remain with the Practice full-time
128. Greater use of telephone for communication.
129. Increase availability of appointments for blood tests etc., often have to wait for more than a week to get a test done.
130. No
131. Only not having to wait so long for non-urgent appointments
132. Further use of email and electronic communication.
133. No
134. I would like to see the "well woman" sessions return
135. Scrap appointments - walk in surgery.
136. I try to be responsible for my health by living a healthy lifestyle
137. Be able to have a health check late afternoon
138. 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.
139. In this age of computerisation it should be so easy to keep up to date
140. yes all in one treatment area
141. 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 issue .very surprised that there was no ' new patient check (BP etc)
142. When a GP calls to provide blood test results, reading the notes to know the name of the person you are calling 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)
143. New facilities at the top of town
144. Access to my medical records/blood test results online.
145. Make it easier to get an appt. with your allocated GP
146. Would appreciate the over-50s health check being set up in the near future.
147. 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.
148. ability to see Drs when we need to, not wait 2 weeks
149. Phone call access 24/7 to doctor on call in our practice.
150. Longer prescription cycle - see above
151. I'm doing everything I can to remain fit and healthy - good diet, plenty of social interaction, plenty of exercise. I absolutely DREAD the prospect of what it will be like for us if this no longer applies.
152. Full time doctors, new location.
153. Faster access to usual doctor
154. 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.
155. Yearly healthcare/review for people with ongoing health issues - even if just an email asking how things are - any worries or concerns
156. More regular review of medication and condition management.
157. Is the Dartmouth clinic usable, if so would it be available?
158. Privatisation
159. At a very personal level, many years ago I had an examination on some kind of machine after which the nurse left to speak to a doctor who prescribed an addition to my BP medication. I'd love to know the current situation .
160. Dedicated carers appointments. Priority for carers
161. Keep Dartmouth Hospital Minor Injuries Unit and the hospital it's self OPEN
162. I am 90 in July, I have three problems at present. No comment.
163. More doctors availability full time.
164. Willingness to do full regular screening for routine issues (PSAs, cholesterol, renal/liver functions, etc) - it seems to be on a needs must basis and not a matter of prevention (which is better than cure).
165. Generally I believe the NHS is still a brilliant system for all. Am generally very satisfied with service but just occasionally get irritated when try to book say, an extended breath test and told this is three weeks away for an appointment which is then cancelled due to nurse being ill (not her fault I know) but the next appointment for my test is then another several weeks away...
166. Provision of the well person's clinic
167. I think its satisfactory, in hard times ref. funding by the NHS.
168. I think I am managing to keep well - Lloyds Chemist v. helpful.
169. Need the chosen doctor to write a care plan and oversee progress even if seen by another doctor
170. Stop all this talk of down grading health care for Dartmouth and surrounding villages
171. I know the doctor is right but sometimes listening to the patients is also worthwhile.
172. Regular checks with your doctor about my medical conditions
173. Able to see our own doctor at the Surgery.
174. In general health care in this area is a VAST IMPROVEMENT on that which I and my family experienced and still experience in the Solihull and East Birmingham area. Give yourselves a pat on the back!!!
175. Make people aware of NHS costs right down to the buying paracetamol over the counter verses getting it on prescription.
176. annual check up
177. I want a doctor whose priority is my well-being and not his/her time off duty
178. Due to difficulty in getting appointments there is a tendency to almost self-diagnose, telephone the Doctor and ask for medication...Dangerous...
179. Have more doctors available and a local minor injuries unit available for emergencies
180. Maybe take on doctors that are willing to work full time.
181. Continuity of care from same doctor
182. It would be helpful if you kept your blog up to
183. I may have missed it, but it would be quite 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
184. More downstairs consultation rooms and more appointments with all the GP's not just locums.
185. More full time Doctors!!!
186. wheelchair accessible buildings.
187. Better communication when tests of any kind have been taken/done re results
188. Prescriptions for "wellbeing" products such as herbal remedies, shampoos etc
189. Regular assessment of ongoing medical conditions
190. Add one more doctor and various paramedic staff to the Surgery.

**Q. 24 Please rate your overall experience in being treated by the Dartmouth Medical Practice.**

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| --- |
| 1. Not good enough; a lot of improvements need to be made. 2. Please put into the phone system which number you are in the phone queue? 3. Most doctors are good, but one told me to learn to live with my headaches was not good. I saw another doctor who changed my meds and all is now much better. 4. Useful to have some disinfecting gel available in the waiting room 5. Thank you for your wonderful work. 6. Pharmacy staff unhelpful and unwelcoming. 7. Need more phone lines, please, and more doctors--waiting over a week to see a doctor is not acceptable. 8. Has certainly improved over the past 14 years I have lived in the area. 9. In many ways we are exceedingly lucky to have such facilities so comparatively readily available to us--so well done. 10. I find it very difficult to accept that our primary carers is provided by a group that only operates less than 25% of the time. 11. My only comment is that I would rather ring up make an appointment with a doctor, instead of a consulation by telephone 12. Once in the system can't fault it 13. As an old (over 80) and handicapped patient I have found the care and kindness exemplary. 14. My husband and I registered as new patients recently, and mistakes were made with both our repeat prescriptions. So perhaps a little more care needs to be taken. 15. I have noticed that the staff need new chairs in reception - they are often standing which is not good. 16. Generally, all is good, thank you, with occasional hiccoughs! 17. There is always room for improvement but sadly often the solutions can mean extra costs. We have no crystal ball so have no sensible suggestion to help in general. 18. Sam and all the receptionists are very helpful and sometimes do not get the credit they deserve. Doctors are great. 19. The prescription line is from 10.00am-12noon, but it’s very hard to get through its always engaged. 20. Following a blood test, I wanted to discuss my future needs but couldn't see the doctor I wished to see for a month because of is reduced working time. 21. You have to wait weeks for appointments, then a long time in the waiting room, the doctors just want to get the next patient in, huge lack of communication. It's awful 22. Generally I think the whole surgery has gone down very badly. 23. The booking system has broken down when compared with other surgeries. If there was an alternative practice then I and many of my friends and family would move. 24. Getting worse by the day. 25. Over 50 years in Dartmouth pretty good. I try to keep fit so that I do not need to take up space that others need more than me. 26. Having returned to the area after an absence of nine years I am surprised that I have had no contact with either GP or nurse after registration. 27. Normally satisfactory 28. The best medical practice I have experienced. 29. Overall very happy - caring attitude. Rarely feel rushed but when I have (e.g. daughter shy) it took longer in the long run. 30. Easier if more full-time doctors and set times for part-timers with Saturday morning appointments and cover out of hours. 31. You can never get to see your own doctor. 32. But only when able to get an appointment quickly. 33. Only because of the difficulty of being able to see your own doctor 34. Only because of the difficulty of being able to see your doctor 35. When I get to see Dr Anderson, he's excellent. So are the asthma nurses and the reception staff. Just getting to see a doctor is the difficult part. 36. Too long waits to see one's GP--up to 3 weeks which is not satisfactory. Nurses are excellent. 37. Phone delays can be irritating. 38. Everyone does their best in trying circumstances 39. Waiting times seem less in recent times. The quality of care is excellent. Only waiting times can be a problem. 40. Broke a bone in my foot Doctor said it was not broken 6 weeks later X-ray showed it had been broken X-ray would have told me it was broken instead of 6 weeks later 41. Would like to keep continuity with my own doctor. 42. See above!!! 43. I don't need to see a doctor often but, although over 85, I have not been given a check up at any time. 44. Many thanks 45. [He has not answered the last 2 questions. At the bottom of the last sheet he has written "Apologies for my writing - Am visually impaired"] 46. I have been lucky always to have first class care from our local GP. 47. From a personal point of view I have had excellent care. No complaints what so ever. (N.B.This patient ticked visiting the surgery over 5 times but qualified it by writing 'Just to pick up prescription'.) 48. We know that having a N.H.S. is a privilege and I hope most people are grateful 49. Would like a waiting list when diaries are not open. 50. I still find many of the doctors arrogant. Lessons should have been learned from the appointment of Dr. Ludwig, she made you feel listened to and cared for and got things done - a GREAT loss to Dartmouth Med. Practice. 51. Overall satisfactory given that all staff were working to an oversubscribed system and more help and funding should be provided. 52. Doctor good! Appointment system shocking! 53. My experience of change is that however it may be intended for the better it almost always makes things worse - with attendant disadvantages. 54. It does seem odd to have a named GP, then be unable to see them when a problem occurs. 55. I think everybody does a good job under difficult circumstances. 56. Try not to de-personalise it too much Q8. You are possibly more personal to us than we are to you 57. Yes. The concept of prevention before cure is a non-starter if you have to wait 2-3 weeks for an appointment 58. I am fortunate not to have needed urgent medical attention but I am not chave received itonfident that I would 59. Everyone has been very helpful and caring, especially the office staff. 60. A marvellous team 61. I think that everyone in the practice does an amazing job...... WELL DONE 62. Train the staff to understand that people come to the surgery as they are unwell. They cone for care not to be made to feel "as bother" or that they are not respected. 63. I do feel that the patient participation group have helped to pull the medical practice together with patients being involved with doctors. Having meetings with the doctors once a year for updates is good for patients. 64. Brilliant 65. For us it was always satisfactory as my little one was always seen and I always got an appointment when needed. Wish some doctors were more friendly. Also from friends know that calls were not returned. 66. Good but please get some good female doctors...need two Dr Chopin 67. Having had tests and X-rays at Torbay recently I have had to wait 7 days for a telephone call from a doctor to review the results, i.e. 7 days after I had been told they had been received in the surgery. Not good enough! 68. If seeing your own doctor fair enough, otherwise complications can arise e.g. Medications being changed. 69. Too long to wait for the phone to be answered. Too long for a non-urgent appointment. All doctors I have seen are excellent. Ambulance response appalling so the Practice Manager phone them but I don't know the outcome. 70. Appointments always too far ahead. 71. A ban on mobile telephones in the waiting room!! Not to be used at all on the premises. Mixed communication with the pharmacy - prescription procedure unclear!! 72. Too many pointless prompting letter about mammograms, smear tests, flu jabs, which all go in the bin and never, ever, SEEN ON TIME, not ONCE!! (in 12 years) 73. I suppose that most of the minor problems (seeing a different doctor almost every visit, long delays for non-urgent requests) are due to understaffing i.e. lack of funding. This is obviously an NHS wide problem which is not being helped by the current government! 74. Forward thinking in Specialist areas 75. You are all doing a great thing! 76. I am really worried about the lack of availability of doctors -- and of continuity. I am resigned to the possibility that something may go seriously wrong for this reason. I listen to friends' experience at other practices and see that they have a better service. (But I do believe that the current doctors are doing the best they can within their time allocations.) 77. Need to be able to see your GP on the day or at least a phone call. 78. My doctor was wonderful when I had a TIA five years ago - I was frightened about my future and became very depressed and he really helped me come to terms with things and move on. That, to me, is worth everything. I am now monitored regularly with blood tests and BP checks and the nurses are always so very kind - thank you. x 79. Our doctors are brilliant and dedicated but cost cutting NHS makes life challenging for all. Fight for local services especially as more houses will be coming online and local population rising. Aged population demands more services not less. 80. Sometimes Dartmouth Medical Practice is absolutely outstanding, sometimes it leaves you completely lost. 81. No follow up - not always confident in doctor depending on who it is. Seem to be more Money orientated then patient care. 82. My only reason for this comment is that we simply don't have enough GPs. I especially would like to see more female GPs 83. Some doctors can appear quite dismissive - would not go unless worried. They perhaps ought to glance at the notes to see how often the patient attends before adopting that attitude. 84. A lot of changes need to be made but I feel it's the fault of the government not making enough money available to the NHS. 85. They had really poor contraceptive advice, each time I saw a different person, had to explain the situation all over again and felt some doctors could be judgmental one suggesting 'the best form of contraception is not to have sex' I didn’t want to file a complaint because I felt ashamed and have since stopped using this surgery all together. Newton Abbot and Torquay although nearly an hour away are much better because they actually listen to me and treat me like a person instead of making me do 5 STI tests even when I knew this wasn't a possibility, tried to explain this and all were negative. Pathetic service, hated my experience. 86. I would like to have more female doctors in the practice. More family planning . 87. All the fantastic doctors are leaving and or left the practice. 88. Trying to speak to anyone on the phone is a nightmare! The time it takes for the phone to be answered is far far too long. 89. It's never a pleasure to visit the surgery....least time spent executing the whole process the better....no one enjoys being ill. 90. Doing the best they can on what little they have 91. Rubbish 92. I do not feel confident with patient confidentiality with members of the Reception staff! 93. Can I please say somewhere between moderately and fully satisfactory. Nothing is ever 100% and there are always issues of one sort or another, like personality clashes between patient and doctors. but that is only normal. However, I think people are afraid to say they don't like a particular doctor, as it's bound to get round the rest of the doctors and the patient labelled a nuisance or something similar. 94. Seen by too many different doctors who had different opinions. 95. The individual doctors and nurses seem to try to do their best, but overall, the experience of trying to see a doctor, and seeing one, is very dispiriting. If there was anywhere else in town, I'd move. 96. Terrible surgery. Perhaps another new GP practice might encourage competition and better practice? No choice currently 97. The worst place I have been. Usually leaving in tears. Because of them. I now suffer from depression and refuse to go to the doctor as I have been laughed at called fat and a time waster. They mis-diagnosed my dad's cancer 3 times and almost killed him. They didn't realise my grandmother had collected her blood pressure medicine in 6 months resulting in her death in her own home. I will never recommend them and it will take a lot to put my faith in a doctor ever again because of them. 98. I think if I used the surgery more then I would rate it unsatisfactory and that is largely based on the physical building and location - it's awful. I think waiting times are much better but will never forget being kept waiting over an hour past my appointment for my very poorly child a couple of years ago. 99. They have made numerous mistakes with me and my family since using the surgery for 8 years. And the amount of times I've had cancellations because the same nurse is ill is unreal! 100. My treatment following a miscarriage at 12 weeks was poor although all staff were kind to me 101. To longer waiting times to see get an appointment and to long waiting in the waiting room before your appointment. I can honestly say I've never been in on time to the point of being 1 hour late after my appointment time! Not great when you have to bring kids with you. To be honest I put of going to the doctors for myself as its just too much of a stressful experience! 102. All prescriptions should be sent straight to the pharmacy electronically, for quick pick up 103. Had good and bad treatment there by doctors 104. An annual review of prescribed medicine should be done for all patients to avoid unnecessary usage - think this is meant to be done, but I have never had it in 13 years of being registered at DMP. All patients over 70 should have an annual MOT, especially for possible heart/stroke issues and for suitability to still be driving. 105. In the week before my wife's death she was seen by four different doctors with varying advice. 106. I personally have no issues or problems with the Practice. My husband recently died following a long illness - he was supported 100% by the Practice as I have been following his death. 107. I appreciate that the demands on the Practice are increasing. I very much appreciate the care given to me and remain careful not to add unnecessarily to the work load 108. I prefer to see “my"" doctor when seeking treatment or advice. 109. I have noted a real improvement over the past year/eighteen months, with where necessary, 3 home visits, these were much appreciated. 110. Apart from the reception staff( who are also quietly complaining!!!) the doctors, in my view, have become mechanical and remote now creating the feeling that they don't care what image they create which is made worse by the high turnover of doctors some of whom we have not even met 111. Always wait 15 to 30 minutes over appointment time 112. It is very difficult to get an appointment. The continually changing array of doctors provides no continuity and does not give any confidence to the patient 113. More proactive assessments of patients' condition. 114. Just generally unhappy. The standard of health care seems to differ between regions, and we have been used to a more interested, empathic and joined up service. 115. No relationship with an individual doctor 116. Made to feel I was a time waster. Following private referrals ( no private health insurance) about to have an operation ( NHS) for an urgent problem. 117. I am fairly fit and rarely need to attend. Unfortunately I do worry that should I need attention on a regular basis I might find the services on offer to be somewhat lacking. 118. I would like appointments for my 'usual doctor' to be available each week. 119. my cancer care was superb, I have confidence that when chips are down and urgent help required, it will be given, first class 120. As above I felt there was a lack of positive leadership within the practice 121. All concerns with advice and treatment have been with one particular GP (Dr Hendy). All other GP contact has been fully satisfactory, unfortunately she is our named GP since previous GP left (we are looking to change this). 122. Although I can always get an urgent appointment on the day it is very frustrating to have to wait upwards of two weeks for a non-urgent appointment. 123. We have ticked the 'moderately' box because of some problems with reception and long waiting times for particular nurses/doctors. When you got to them it was fully satisfactory 124. The doctors and nursing staff are excellent. I have never received anything other than excellent care. 125. Hard to make a fair call on this one. It can be one extreme or the other, there are some extremely hard working committed staff but there are also many holes which need filling. Also feel that expenditure pressures have an effect on treatment prescribed and sometimes the best medication is not given because of cost, this is wrong all patients are entitled to the best care. 126. I couldn't be happier with the practice; I think it is a very approachable, easy to use service. It would be good to get a blind in Dr Morris' room, as I have been lying on the bed and seen the people in the flat opposite looking in to the window!! 127. Very friendly and helpful all round 128. It's a great service but I do feel the doctors are under considerable pressure. 129. Other than what I have written I can say no more. There is room for improvement but you will never please everybody. When we get old we get miserable, I don’t but sometimes the truth hurts and others grin and bear it or moan to other people. 130. Room for improvement! 131. Generally very good with occasional niggles. 132. Was very impressed with having had to use 111 which was excellent and subsequent two home visits from two of our Doctors and consequent numerous phone calls over correct medication. Thank You. 133. Will have to wait and see how I get along with my new doctor now that Dr. Mac has retired. I am not anticipating any problems. 134. But if things i.e. Hospital beds and Minor Injuries move to Totnes it may be a different. 135. A bit more continuity and regular check-ups for Cholesterol, blood pressure etc. Apart from blood pressure checked in Hospital l have not had a cholesterol or blood pressure check in the surgery for some time. 136. Less pressure should be put on our own Doctors so that they can see their own Patients. 137. Again, I'd like say something far better than moderately but not quire fully satisfactory. Very, Very Good is more truthful. I am very happy with the service provided. 138. The surgery is under pressure from increasing number of patients however the 'personal touch' needs to be maintained by all staff. The treatment I have received from my own G.P. has been excellent. 139. One had hoped that the resignation of 6/7 senior GPs would herald a new era in Dartmouth. But the replacement posts have been advertised as part time and this could simply perpetuated the problems of the past 140. I have noticed a decline in standards...it seems that Doctors are fire fighting and just want to deal with cases quickly rather than thoroughly 141. Continuity of GP would be helpful 142. It's been most satisfactory, but a recent leg problem was seen by four different doctors, all of whom said something different and it still isn't right. 143. Just want to see the same GP and not wait a month to do so! 144. I recently visited the student doctor, my visit took over 90 minutes! A very long wait and even though the person I saw was very pleasant I then had to wait further to be seen by a doctor, making my wait and visit quite an ordeal. Thankfully this will not happen again as I will not agree to see the student. A shame as they do have to learn! 145. Not bad! bit slow........... 146. Delay in seeing one's usual doctor is a critical failure of the present set up as well as an early move to a new modern surgery. |