

# Dartmouth Medical Practice & Dart Patients Group Patient Survey 2022

883

Responses

12:44

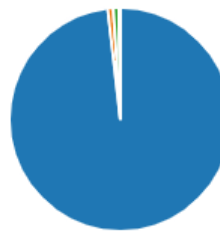
Average time to complete

Closed

Status

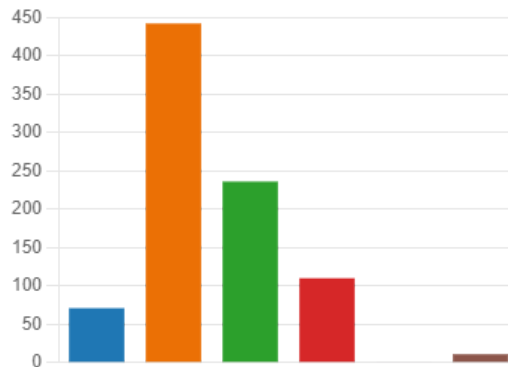
1. Which of the following best describes you?

- A registered patient of the practice 857
- A parent, relative, friend or carer 7
- Someone who is interested in the practice 7
- Other 2
- All of the above 0



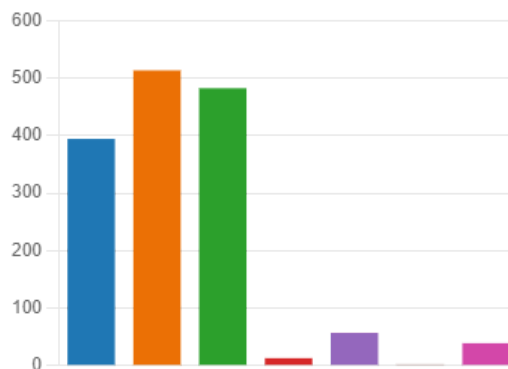
2. How many times have you visited Dartmouth Medical Practice in the last 12 months?

- Not at all 71
- 1 to 3 times 442
- 3 to 6 times 236
- More than 6 times 110
- I attend weekly for regular appointments 1
- I attend monthly for regular appointments 11



3. What services do you currently use at the practice?

- GP or other clinician for urgent care 394
- GP or other clinician for routine care 513
- Practice Nurse or Healthcare Assistant 482
- Mental Health and Counselling 13
- Physiotherapy 57
- Social Prescribing Link Worker 2
- Other 39



4. How do you prefer access services at the practice?

<span style="color: blue;">●</span> By telephone	405
<span style="color: orange;">●</span> Patient Online Services	123
<span style="color: green;">●</span> Online Consultation	58
<span style="color: red;">●</span> Walk In	264
<span style="color: purple;">●</span> Other	11



5. How do you feel about the proposed plans to move to a new site?

<span style="color: blue;">●</span> I think it is positive and support it	695
<span style="color: orange;">●</span> I have concerns and wish to find...	85
<span style="color: green;">●</span> I'm not keen on the move as thi...	90



6. Do you have any concerns about the proposed move to the Health & Wellbeing centre at the top of town?

<span style="color: blue;">●</span> Yes	233
<span style="color: orange;">●</span> No	632



7. Please inform us of any concerns you may have

310  
Responses

Latest Responses

[Update](#)

75 respondents (24%) answered **parking** for this question.



8. Is there anything else you think we should take into consideration when relocating to a new site?

342  
Responses

Latest Responses

[Update](#)

122 respondents (36%) answered **Parking** for this question.



9. In addition to General Practice services (GPs/nursing etc) - what other services do you think the health centre could provide?

442  
Responses

Latest Responses  
"clinics ENT"

[Update](#)

76 respondents (17%) answered **minor injuries** for this question.



10. If you needed to, how would you travel to the new health centre?

● Walk	178
● Car	568
● Public Transport	82
● Taxi	12
● Other	4



11. How far would you have to travel to the new health centre?

● Less than 1 mile	310
● 1-3 miles	368
● 3-6 miles	122
● Over 6 miles	40



12. What is your experience of getting through to the practice by phone?

● I generally have a good experie...	413
● Most of the time it is good, but ...	337
● Its always difficult to get through	82
● I have never phoned the practice	20
● Other	8



13. How helpful do you find the receptionists at the practice?

● Very helpful	581
● Somewhat helpful	195
● Neither helpful nor unhelpful	55
● Somewhat unhelpful	19
● Very unhelpful	7



14. Why is this?

439  
Responses

Latest Responses

[Update](#)

111 respondents (25%) answered **helpful** for this question.



15. The last time you wanted to see or speak to a GP, nurse or other clinical staff member, were you able to get an appointment to speak to or see someone?

Yes	669
Yes, but I had to call back closer ...	90
No	67
Not applicable	41



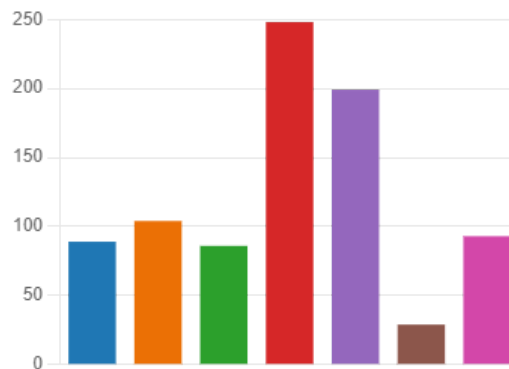
16. On this occasion, who did you want to see or speak to?

GP	657
Nurse	112
Other clinical staff member	13
Didn't have a preference	40
Not applicable	41



17. How long did you have to wait for your last NON URGENT appointment?

Got an appointment the same d...	89
1-3 days	104
4-5 days	86
1-2 weeks	248
From 2-4 weeks	199
Over 4 weeks	29
Can't remember	93



18. On this occasion, who did you want to book an appointment with?

GP	645
Nurse	136
Other clinical staff member	18
Not applicable	57



19. Was this appointment with a GP or clinician of your choice?

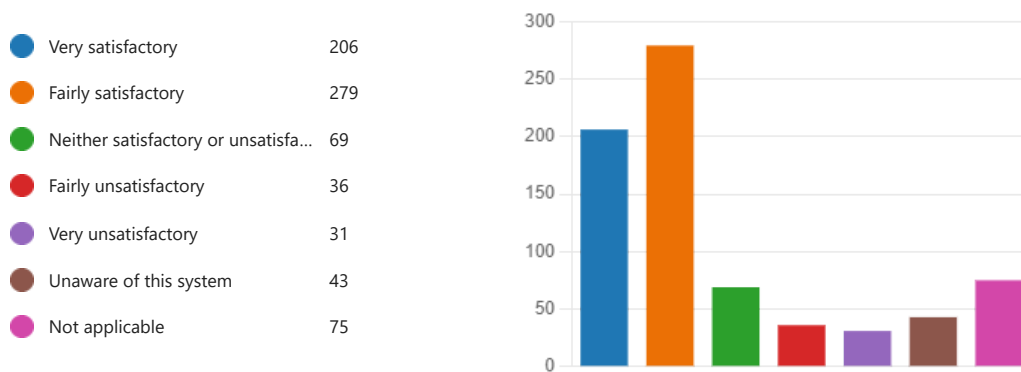
Yes	312
No	150
I didn't have a preference	301
Not applicable	77



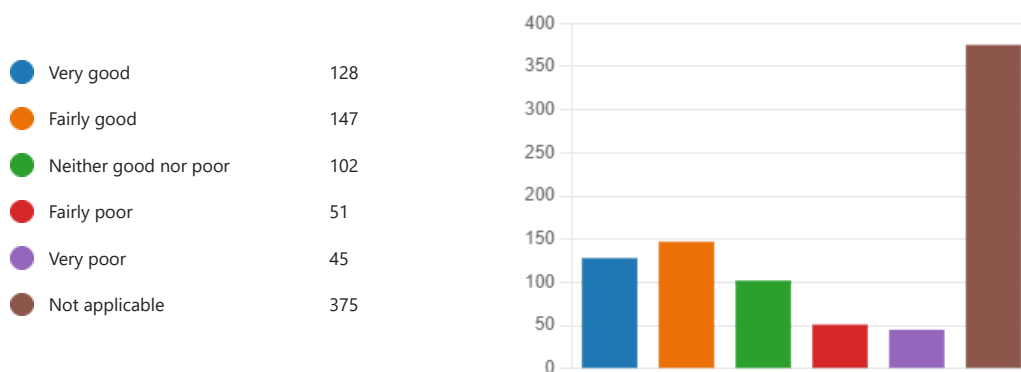
20. Are you aware of the appointment system for patients with an URGENT NEED



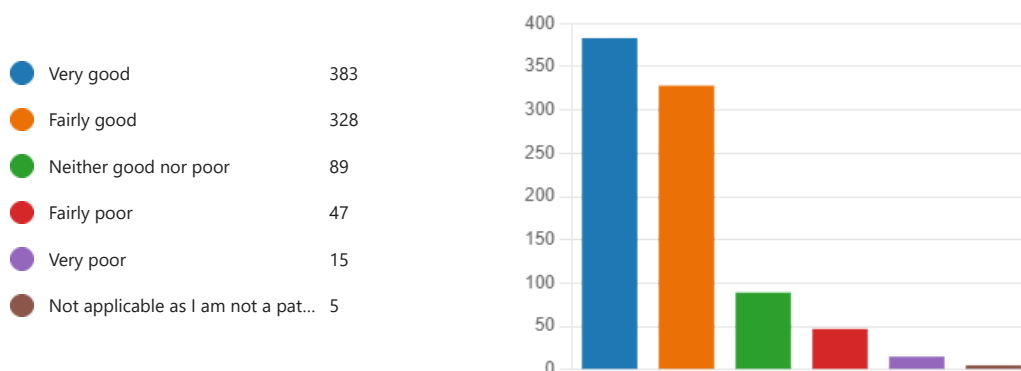
21. If yes - do you consider that the present appointment system for URGENT NEEDS is:



22. If you, a close relative or a close friend has been to the hospital in the last year, how good were the communications between the practice and the hospital?



23. Overall, how would you describe your experience of the practice?



24. What three things would you most like to improve about the services you receive from the practice?

522  
Responses

Latest Responses

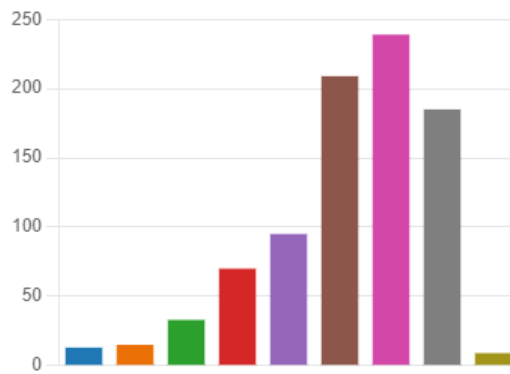
[Update](#)

117 respondents (22%) answered **Doctor** for this question.



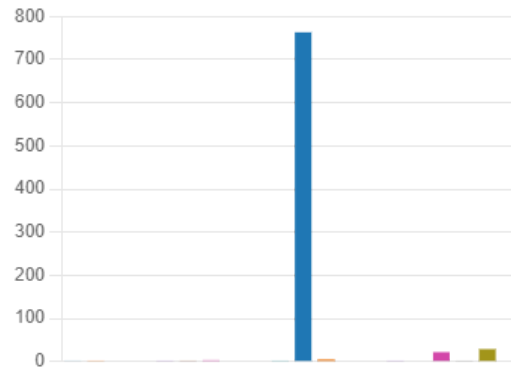
25. How old are you?

Under 18	13
18-24	15
25-34	33
35-44	70
45-54	95
55-64	209
65-74	239
75 and over	185
Prefer not to say	9



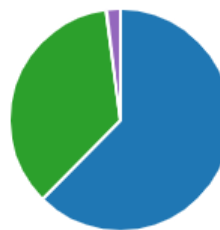
26. How would you describe your ethnicity?

● Asian or Asian British	2
● Indian	1
● Pakistani	0
● Bangladeshi	0
● Chinese	1
● Other Asian background	1
● Black or Black British	3
● Caribbean	0
● African	0
● Other Black background	1
● White British (Welsh/English/...	763
● Irish	5
● Gypsy or Irish Traveller	0
● White and Black Caribbean	0
● White and Black African	1
● White and Asian	0
● Any other white background	22
● Any other mixed background	1
● Prefer not say	29
● Option 2	0



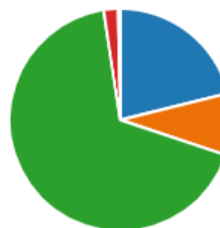
27. How would you describe your gender identity?

● Female	533
● Intersex	0
● Male	303
● Non-binary	1
● Prefer not to say	17



28. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months ?

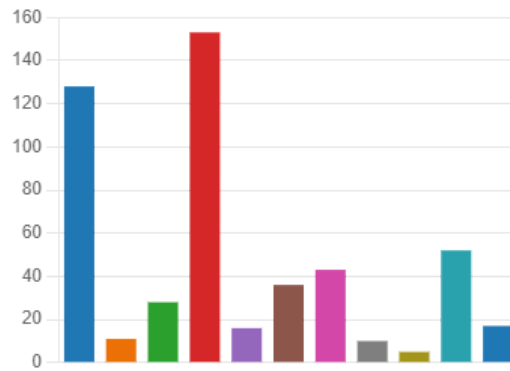
● Yes, limited a little	182
● Yes, limited a lot	77
● No	580
● Prefer not to say	18
● Option 2	3





29. If you answered 'yes' please indicate your disability:

● N/A	128
● Vision (e.g. due to blindness or ...	11
● Hearing (e.g. due to deafness or...	28
● Mobility, such as difficulty walki...	153
● Learning or concentrating or re...	16
● Mental Health	36
● Stamina or breathing difficulty	43
● Social or behavioural issues (e.g....	10
● Attention Deficit Disorder or As...	5
● Other impairment	52
● Prefer not to say	17



30. Do you provide care support to family, friends, neighbours because of their physical / mental health issues and / or problems related to old age?

● Yes	192
● No	663





**Dart Patients**

## **Report on the PPG-DMP Survey of Patients' Opinions 2022**

The Dart Patients Participation Group (PPG), in collaboration with Dartmouth Medical Practice, carried out a survey of the opinions of the Dartmouth Medical Practice patients between 10<sup>th</sup> November and 15<sup>th</sup> December 2022. Respondents were requested to answer 29 questions as described below with a special focus on patient views on the plans to move the Surgery to the new Dartmouth Health and Wellbeing Centre in April 2023. The questionnaire was based in part on the questionnaire used in the Patients' Opinion Survey carried out in 2019. A total of 883 responses were received which compares very favourably to the 329 patients who responded in 2019, and covers approximately 10% of the patients registered with the Practice, or an even higher percentage if we assume that many respondents were answering for their family. This response rate was significantly higher than that achieved in the patients' opinion survey carried out in 2016, which amounted to 8 percent of registered patients and was our best result to date. This good outcome is a mostly a result of contacting all patients with an SMS text providing a link to the on-line questionnaire, an approach not used in earlier surveys.

### **Ten Key findings**

- 1. Marked improvement in reported patients' overall experience.** 82% of respondents considered the Practice to be "very or fairly good" compared to 55% in the 2019 survey. Nearly half (44%) described their experience of the Practice as "very good" which is a positive finding.
- 2. A high level of satisfaction with the present triage system for urgent appointments.** Of those who had used the system, 78% said it was satisfactory, while 7% of respondents were unaware of the system. A small but significant minority (12%) were unhappy about not having face-to-face meetings with GPs when they felt the need without triage. A number of respondents were uncomfortable discussing the reasons for asking for an appointment with a receptionist and were worried about privacy.
- 3. Difficult for patients to get quick access to doctors for non-urgent treatment.** The high level of overall satisfaction is in part due to 81% of respondents reporting that they were able to get an appointment to see a GP, nurse or other clinical staff member on request—12% on the same day and 37% within a week. Less satisfactorily, 30% had to wait more than two weeks and a few much longer. In the comments section of the survey, 52% of respondents list who listed three improvements they wanted mentioned more timely appointments to see doctors,

some adding their preferred doctor, for “non-urgent” health problems. A few respondents complained of the lack of doctors’ appointments on Saturdays or over the weekend and their inability to book appointments on-line. Some others wanted drop-in sessions.

- 4. Poor continuity of care and follow-up.** While only 86 respondents (10%) reported that they were unable to see the clinician of their choice, the many comments made by respondents revealed concern at the lack of continuity of care and long delays in seeing a doctor of choice. Other concerns included: the lack of systematic follow-up with patients on the results of tests, difficulties with e-consult and, in a few cases, a “lack of empathy” from staff both doctors and receptionists, and insufficient capacity to address “women’s issues” and to provide mental health support.
- 5. Strong support for the planned move of the Surgery to the new site.** 81% of respondents supported transferring the Surgery to the new Health and Wellbeing Centre. A small core of patients, particularly among those living in downtown Dartmouth, remain opposed to the move. The numbers in this group may diminish when they experience the benefits of the new Centre with its greatly enhanced facilities which could not be provided in the present Surgery.
- 6. Regarding the Surgery’s move to the new site, the principal concern of patients was parking.** Nearly two-thirds of the respondents live more than a mile away from the Centre and two-thirds of patients plan to travel to the new Centre by car. Consequently, patients need to be reassured that there will be adequate free parking at the new Centre and easy access for the disabled.
- 7. Regarding services at the new Centre, patients’ main concern was the absence of any plans to provide a minor injuries unit.** Patients are as yet generally unaware of what services are to be provided at the Centre. A greater effort is needed to make the patient community better informed of which services are to be provided and which are not and to explain the rationale for this. The extent to which such care is available, and why more care cannot be provided for minor injuries, needs to be better communicated to the patient community.
- 8. Strong appreciation of the performance of the receptionists.** Two thirds of respondents described the receptionists as “very helpful”; altogether 91% reported that receptionists were helpful. Only 3% said receptionists were unhelpful. Given the stressful situation patients are often in, this is a remarkably low figure.
- 9. An improved experience in getting through on the phone.** Less than 10% of respondents reported always encountering difficulties in getting through to the Practice by phone. In 2019 34% said they had difficulties. While the categories are not exactly comparable, the data suggests that it is now easier to get through to the

Surgery by phone than it was three years ago; only a dozen respondents mentioned having difficulty getting through on the phone.

**10. Respondents reported very low use of the Practice for mental health support and social prescribing.** Only 13 respondents reported using mental health services and just 2 mentioned social prescribing. This finding may well be explained by a low response rate from MH/SP patients.

## **The profile of those responding**

As in previous years, there was a strong respondent bias towards the older age groups, which is not surprising considering the age profile of the practice and the fact that older people depend far more on health care. Only 3% were under 25, while almost half were over 65. This reflects reasonably accurately the use of the Practice by different age groups, assuming children and parents should be taken as a single responding group. Nonetheless, the views and opinions of young adults are under-represented in the responses. 22% of responders being over 75 is consistent with the size of that age group in the Dartmouth area and is almost exactly the same proportion as those completing our survey as in 2016 and in 2018. The strong preponderance of female responders (64%) is comparable to the that in 2016 and 2018 and may partly be explained by mothers also answering for their children.

Regarding ethnic composition, the overwhelming number of respondents described themselves as White British or Irish. Only 9 respondents were Asian or African. None were Gypsies or Travellers. 29 preferred not to say.

Since the respondents are self-selected, they are not a fully representative sample. However, it is likely that the majority of non-respondents are not frequent users of health services, mainly healthy residents under 65.

## **What would respondents most like to improve about the services they receive from the Practice?**

Respondents made 845 comments and suggestions covering a wide range of issues. These provide a good insight into patients' concerns and merit consideration. These concerns may be grouped under the following headings:

1. **Access to doctors.** Over two hundred comments related to the difficulty of seeing a doctor. Examples include: e.g. "*More face-to-face appointments*"; "*bring back online appointments*"; "*less waiting time for appointments*"; "*being 'non-urgent' to the Practice still gives anxiety to the patient*"; "*get an appointment within two days of enquiring*"; "*get an appointment within days rather than weeks*"; "*more GPs*"; "*being able to actually see someone*"; etc. etc. Access to doctors appears to have worsened since the last Survey in 2018 despite recruiting more doctors.

2. **Continuity of care.** 83 respondents asked for continuity of care which they commented was missing: e.g., *“more continuity of care.... difficult to feel your issues are taken seriously long term”*; *“availability of doctor you want to see”*; *“would like to see same doctor each time”*; *“unsatisfactory to speak to a doctor who does not know me”*; *“being able to see a doctor who knows and understands me well”*; and many more similar requests.
3. **Follow-up of test results.** The present arrangement is that laboratory results are reviewed daily by a GP and patients are only contacted if there is an abnormality. As in 2018, some patients find this unsatisfactory. The opportunity to review one’s test results online (via the Patient Access app) is one method of addressing this issue, but is only used by those who have access to online facilities and are comfortable using digital devices. But there is a weakness with the presentation of test results on the app in that it may describe a specific result as being “in the normal range” without taking account of an individual patient’s idiosyncrasies—what may be normal for one patient, may not be normal for another, and vice versa. Patients would prefer the reassurance that their GP has actually reviewed the result and is satisfied that there is nothing in the result to be concerned about. This often may lead to helpful explanations of the meaning of the test result. Examples of comments include: *“Ensure test results are acted on and followed-up”*; *“despite being advised that we would be contacted if there are abnormal blood results, we usually aren’t contacted”*; *“merge hospital test results with Practice test results online via Patient Access”*; *“more follow-up when a test is done when it shows nothing but one is still poorly”*; *“not just assume that no news is good news”*; *“provide a better explanation of blood results and scans”* and so on.
4. **The telephone system.** While the satisfaction with getting through by phone has markedly improved since 2018, a small number of respondents still raised this an issue: e.g., *“quicker more efficient phone handling”*; *“too often the line is engaged”*; and *“more staff to handle the phone”*.
5. **The repeat prescription system.** This survey had far fewer references to the prescription system than that of 2018. The main suggestion is to: *“issue repeat prescriptions for two months, rather than every four weeks”*.
6. **Minor injuries.** Some respondents are still arguing for the return of minor injury services to Dartmouth or at least the provision of some basic minor injuries care to be provided at the new Health and Wellbeing Centre: e.g., *“treatment of minor injuries or lumps and bumps”*.
7. **Better communications between patients and staff.** Several respondents raised this as an issue: e.g. *“doctors need to use headsets to talk to you when you call, rather than a speaker phone, to be able to hear them more clearly”*; *“Practice needs to improve its communications”*; *“joined up working between doctors, hospital,*

nurses, physio, district nurses functions quite well but communications with patients depends on patients taking the initiative”.

**8. Other requests worth noting in no order of priority:**

- “end of life care and bereavement counselling and support”
- “more holistic view of treatment”
- “more tests done in the Surgery to save patient travel”
- “enhanced physio”
- “transport of patients to Torbay”
- “provision of free NHS dental treatment”
- “more support for new parents and for women’s health”
- “simple minor ops to be done in the Surgery”
- “provide ear syringing as going privately can cost me as much as £120 a year”
- “higher chairs for patients with mobility and back problems”
- “urgent help if required weekends and night times, e.g., catheters for men”
- “more privacy for conversations with reception staff”
- “regular check-ups for new ailments”
- “more specialist clinics for e.g., podiatry and hearing”
- “more systematic check-ups after an operation, or stroke, or depression”
- “provide an annual health check which would allow for a review of medication and routine tests”
- “when medication is prescribed by phone, it needs to be properly checked against the patient’s age e.g., for a child”
- “when referred to another part of the Surgery, staff should be clear why”
- “promote health and wellbeing through community links”
- “more social proscripting”
- “simplify system for sending an email to one’s doctor”
- “having more time for an appointment to reduce the number of visits”
- “better links between hospital and GPs for post-operative follow-up”
- “electronic repeat prescriptions without physically having to hand in a paper copy to the Surgery”
- “reduce preamble on the Surgery’s phone answering service and receptionist should state name when answering”
- “allow booking of non-urgent appointments more than one month ahead”

## Concerns about moving to the new Centre

The Survey asked whether respondents had any concerns about the Surgery moving to the new Health and Wellbeing Centre. Most of the concerns mentioned related to access to the centre. The overwhelming concern was the adequacy of the provision for parking, particularly free parking, or having adequate bus services, included connecting patients in the surrounding villages. At the very least, respondents felt that transport should be provided for the elderly and disabled. Some wanted a regular clinic downtown. Others mentioned the need for a pharmacy on site, preferably not Lloyds. A few in full time employment wanted evening or Saturday appointments. Mention was also made of providing resources for community involvement without spelling out what that meant. There was some concern for elderly people who might not be computer literate and thus unable to use online services. Again, mention was also made of the need for a minor injuries unit and for physio treatment and other specialist services such as dermatology, podiatry, social prescribing, and mental health support. Lastly, mention was made of the need for the Centre's services to be joined up with social care and nursing beds (intermediate care). Many of the matters raised indicate that the respondents are for the most part poorly informed about the services to be provided at the new Centre suggesting that, as a matter of some urgency, the Trust needs to distribute widely an information leaflet explaining in some detail what is being planned.

## Conclusions

The high response rate of this survey provides a significant and detailed insight into the current concerns and preoccupations of Dartmouth Medical Practice patients. It gives valuable feedback to the Practice and should help guide the provision of future care. Notable patients' concerns which merit being addressed include:

1. Reduce the long delays in securing a non-urgent appointment to see a doctor.
2. Provide better continuity of care and make it easier for patients to get appointments with one's doctor of choice. Recent health research has underlined how important continuity of care is for the effectiveness of primary care and patient wellbeing.
3. Systematic follow up of test results with patients.
4. Contact patients leaving hospital after a serious operation to check whether their needs are being met.
5. Make on-line systems more user friendly.
6. Introduce regular health checks and more preventive care.
7. Arrange for repeat prescriptions to cover 3 months rather than one.
8. Clarify and publicise what elements of minor injuries will be dealt with by the Surgery.
9. Ensure reliable public transport to the new Centre and provide adequate free parking.

Surprisingly, there was no mention in the Survey's responses of any concern regarding the effectiveness of domiciliary intermediate care or the provision of intermediate care beds which were big issues raised in previous surveys.

## Thanks

The PPG would like to thank the Dartmouth Medical Practice for its support in carrying out this Survey. Also, our thanks go to those patients who took the time to complete the questionnaire.

Pierre Landell-Mills

14 January 2023





Tel: 01803 832212

35 Victoria Road, Dartmouth, Devon, TQ6 9RT

Email: [Scripts.L83094@nhs.net](mailto:Scripts.L83094@nhs.net)

---

## **Dartmouth Medical Practice (DMP) Response to the Dart Patients Survey of Patients' opinions 2022**

Dartmouth Medical Practice (DMP) would like to thank all those patients who took the time to complete the recent Dart Patients/DMP Survey of Patients' Opinions. We would also like to extend our gratitude to Dart Patients Participation Group (DPPG) for working with us on the planning, promotion, and implementation of the survey and for collating the results and producing this informative Report.

The survey took place following the Covid- 19 pandemic, when delivery of health care across the world in both primary and secondary care was dramatically changed. The provision of care from the DMP was almost exclusively 'telephone first', with hugely reduced face-to-face consultations and no pre-bookable ones. It was only in the six months prior to the survey that the DMP has transitioned to the 'new normal' and it reasonable to assume that some responses might reflect patient experiences during the covid pandemic.

### **The Survey**

The number of responses to the survey was far greater than we had anticipated and there are a number of activities which might have facilitated this, from which we can learn and apply when undertaking future surveys. The activities include:

- Use of block patient text messaging, to include the link to the survey
- Promotion of the survey as a collaborative venture between the DMP and the Patients' Group
- Advertising the survey through posters and paper reminders in the surgery and through both DMP and DPPG Facebook pages and the DMP website, with an accessible link to the survey
- The adoption of Microsoft Forms as a user-friendly platform
- Relevance of the questions and the opportunity for respondents to offer free-text comments
- The number and structure of the questions enabled the survey to be completed in under 12 minutes
- Having a major issue- the move of the practice- to provide feedback on

Reference has been made in the report on the profile of respondents and the likelihood these represent the greatest users of the surgery. There is more for us to do in capturing the views

of the under 44-year-olds, who are likely to have young children and face different challenges than the older age group, and also the children/ young adults themselves.

Finally, it is worth noting that although the practice and Dart Patients collaborated on the creation and promotion of the survey, the Survey Report was written wholly by the DPPG and presented to the DMP for comment.

Actions: 1 Future surveys: in collaboration with Dart Patients and other stakeholders schedule a survey in say eighteen months following the move to gather patients' views.

2 The DMP to employ the successful survey methods for more 'targeted' surveys focussing on specific areas of enquiry to support quality improvement initiatives.

3 The DMP to work with Dartmouth Academy (and other relevant schools) to identify the views and needs of schoolchildren registered with the practice.

4 The full survey report and the response from the DMP be made publicly available and promoted, through online platforms, paper copies, notices. A summary report being forwarded to the local newspaper for publication

5 The DMP and DPPG share their work with other patient groups within the South Hams Primary Care Network

6 DMP and DPPG sent a 'block text' to patients thanking them for their participation, to include a link to the summary report

### **The move to the Health & Wellbeing Centre (HBWC)**

Any planned change of surgery premises needs to be informed by the view of patients and these views are shared with the body responsible for primary care services in Devon; currently the Devon Integrated Care Board (ICB). The findings show that an overwhelming number of patients 81% support the move. Not unsurprisingly, there are some patients, particularly those residing in the centre of Dartmouth for whom the change is not desirable. There are a number of 'sheltered' housing establishments in the bottom of town and within these reside several patients with significant mobility issues, who can currently attend the surgery but who might struggle with buses and taxis. It will be important we work with our partner organisations in the town to establish options for this group. Nevertheless, for most patients the move will result in the surgery being more accessible and it will be well positioned to accommodate the projected increase in population taking place near to the Health & Wellbeing Centre (HWBC) and in surrounding villages. The move will also avoid the potential dangers of accessing the current surgery – crossing a busy road with numerous illegally parked cars as obstacles.

Although most patients support the move there remain uncertainty regarding the services which will be provided in addition to those provided by the medical practice. There is a need for the Torbay and South Devon NHS Foundation Trust (SDNHSFT) to better publicise what these services are to be and for the Trust, the DMP and DPPG to work together in further developing services in response to patients' views. The call for clarity regarding the provision of minor injury care is well made in the survey. The DMP will initially be providing the same

services as it currently provides and will seek out opportunities to develop services with relevant stakeholders.

The overwhelming concern relates to parking, unsurprising given most patients will be driving to the surgery. There is a need for SDNHSFT and South Hams Council to state the intended parking arrangements, which need to consider the relatively short stays needed on visiting the surgery. Payment for parking will need to reflect these shorter parking times – at present the surrounding parking area is used for longer term parking supporting the Park & Ride facility. Consideration is also needed regarding the provision of buses and the location of bus stops and facilities for taxis to drop off/ pick up.

Actions: 1. The DMP and DPPG to inform the SDNHSFT (and through the Trust, South Hams Council) of the large number of concerns patients have regarding parking and public transport.

2. The DMP and DPPG to inform the Trust of the lack of understanding by many patients of which services will be available at the HWBC and of patients views on which services they would like to see provided. There is a need for improved communications from the Trust on these issues.

3. The DMP to work with relevant stakeholders, to include the DPPG, to develop services to better address patient needs

## **Improving Patient Experiences**

It is gratifying that the vast majority of patients experiences of the practice are positive and the appreciation shown towards our reception team is much valued. It is pleasing that the change of phone systems prompted by the PPG survey 2019 and the additional staffing have resulted in most patients not reporting issues with getting through to the practice by telephone. The 'on the day' OTD, Triage/Duty Dr system has generated high levels of satisfaction and the introduction of colour coding on the appointment template for identified patient groups (the under 5year olds, patients receiving palliative care, and calls initiative by other health and social care organisations) has facilitated more timely responses from the practice to these callers, another issue raised in the 2019 survey.

The pressure on securing timely non-urgent appointments is a nationwide challenge and although 30% reported having to wait greater than two weeks for an appointment, almost fifty percent reported being able to make an appointment within two weeks. Whilst acknowledging that short waits are preferred, longer waits are not always inappropriate; it would not be possible for all non-urgent requests to be booked within two weeks, especially if the practice is to continuing offering its successful on the day urgent service. It is noteworthy, that the survey took place at a time when nationally there is a huge backlog of unmet health needs, generated by the covid-19 pandemic restrictions to accessing healthcare and this additional demand for appointments is likely to have lengthened waiting times during the survey and generated frustrations for some patients, for which we apologise. The continual increase in the number of patients registered with the DMP may also be a factor. Recently, patients from the practice have been able to book weekend telephone consultations and face-to-face consultations as part of the GP Connect/Enhanced access scheme. These

appointments are held at Leatside surgery, Totnes and our reception team are now offering these as an option, especially for patients who have difficulty attending weekday appointments.

The issue regarding continuity of care is well made and this is an area of provision we intend to strengthen. Whilst recognising that non urgent booked appointments with the same Dr facilitates continuity and enables better outcomes for both patients and doctors, it is interesting that only ten percent (86) patients stated that they were unable to see a doctor of their choice. For many it is timely access to the doctor or health professional that is the priority. To strengthen continuity of care the practice introduced a new appointment template which was fully operational in September 2022, barely two months prior to the survey and it would be reasonable to consider that the impact of these new templates has not been experienced by many of the patients responding to the survey. Importantly, these appointments include an increased face-to-face appointment time from ten minutes to fifteen minutes and 20-minute appointments for gynaecological examinations. In addition, we have included GP bookable appointments, which may only be booked by the GP whose surgery it is, and bookable telephone consultations. For some chronic diseases continuity is best provided by teams of nurses and GPs, rather than an individual GP. We are currently reviewing this process and the communications supporting them

In addition to the DMP expanding the GP workforce over the last two years, we now have 6.35 whole time equivalents (WTE) GPs providing care to 8,091 patients, we are also recruiting additional health care professionals in collaboration with the neighbouring practices, which with us, constitute the South Hams Primary Care Network (PCN). The introduction in the last eighteen months of these additional healthcare roles (Paramedics, Physios, Pharmacists and Mental Health practitioners), has increased appointment availability, broadened the nature of those appointments and is beginning to make an impact. The success of the direct access physiotherapy appointments has, anecdotally, been very well received by patients and it is our intention to build on this by expanding the other professional roles in delivering patient facing services, complementing, and working with, the GPs and Nurses

Whilst the focus of the survey was on GP booked appointments it is important to appreciate that the surgery also offers other types of appointments: regular minor surgery operating lists; joint injection surgeries; family planning clinics to include insert of Coils and Implants, and chronic disease clinics. We have also scheduled dedicated time to reviewing our patients in the three care homes- a service which is provided by one GP every week- an excellent example of continuity, but which would not have been recognised in the survey.

The communication of practice-initiated test results (for example bloods, urine, X-rays) we acknowledge as being inconsistent and not always informative. The large number of tests presents challenges and although we recognise that online access might provide reassurance for some patients, for others it might heighten uncertainty. The impending change of our computer system will enable us to address this issue. For our Diabetic patients we are currently introducing a text messaging service to provide feedback on their routine diabetic monitoring bloods, and this might act as a model for other chronic disease tests. We would reassure patients that all blood tests are actioned by a GP prior to filing. The reference to three monthly repeat prescriptions is currently not supported by NHS Devon.

Whilst it isn't feasible, given limited resources, for the DMP to contact all patients following discharge, we do contact patients if there are any actions requested by the GP, for example, blood tests, wound checks, stitch removal and if there has been medication changes- patients are informed that these have been actioned. In addition, the SDNHSF Trust have community specialist nurses, who also contact selected frail elderly patients who have been discharged, to include those discharged into care homes, and they also follow these patients up. We are strengthening our working with these specialist nurses who have only been in post for six months. It is also worth referring to the Intermediate Care Team, whom we work with to prevent the admission to hospital of particularly elderly and frail patients, by mobilising at pace, additional care support to enable these patients to be treated in their own homes. This initiative is very active in Dartmouth and has been very successful.

Actions: 1. Continually monitor the appointment system, acknowledging the current increase in demand on the back of covid and undertake a formal review in 2024.

2. Undertake a formal survey of continuity 2024 in collaboration with the DPPG

3 Integrate and support the additional healthcare roles into patient- facing activities and provide communications to patients about these roles and how to access them.

4 Following the transition to the new practice computer system review the processes for managing and communicating test results

5. Strengthen collaboration with community healthcare workforce to improve patients care, prevent hospital admissions and improve post discharge care

6 Seek to expand our education and training of current staff and future healthcare workforce to address the needs of DMP patients

## **Preventative Care**

The DMP is actively engaged in preventative care, with high rates of childhood immunisations, vaccinations (to include covid) and cervical cytology. We have also provided health checks. Future developments in preventative care and addressing health inequalities is something we are actively working on with the other practices in the South Hams PCN (Norton Brook, Chillington, Salcombe and Modbury) and some patients for whom we have no blood pressure measurements, may already been called in for blood pressure checks

Action: 1 Better communicate preventative care activities with patients

2 Audit preventative activities and communicate with patients

3 Consider the challenge of health inequalities in service planning and implementation

## **Summary**

The success of this joint survey of patients' opinions will be through the changes which result from it. The DMP has outlined above the actions it will undertake in response to the survey and will work with the Dart Patient's Group and other relevant stakeholders in taking these forward. The practice very much values the positive comments patients have offered in the survey, which reaffirms to our whole practice team that their hard work is appreciated even during these difficult and challenging time. The overwhelming support for the move to the Health & Wellbeing Centre is well received and it is intention that all patients in time will benefit from this opportunity. A future survey will enable us to capture these benefits and concerns and the DMP looks forward to working with its patient group on this.

AEL 09.02.2023