



Dart Patients

Dartmouth Medical Practice Patient Participation Group Report for 2016-17

The National Health Service England requires each General Practice to have a representative body of patients, called the Patients Participation Group (or PPG), who represent you, the Dart Patients' Group, and voice patients' views. All Dartmouth Medical Practice (or DMP) patients automatically belong to the Dart Patients Group which was established three years ago. The Group is required to meet once a year at an annual meeting to elect the PPG and its Chair, Vice Chair and Secretary. This happened in 2014 and 2015, but not in 2016 when it was displaced by the extensive NHS consultations about providing a new 'model of care'. The main purpose of the meeting today is to reinstate Dart Patients Annual Meeting in order to renew the PPG and elect its officers. We also wish to take advantage of this occasion to exchange views on topics of central interest to the patient community so that the PPG may better represent you.

Your PPG has three purposes:

1. To act as a sounding board for patients, bringing patient concerns and preferences to the attention of the Practice.
2. To act as a 'Critical Friend', helping the Practice to achieve the best health outcomes for all.
3. To represent Dartmouth patients at discussions of the local Clinical Commissioning Group, the Torbay and South Devon NHS Foundation Trust and the related Integrated Care Organisation which are responsible for acute and emergency care, community hospitals, intermediate care, district nursing, the treatment of minor injuries, and a range of clinical services delivered locally.

Identifying and Responding to Patients' Concerns

A basic challenge for the PPG has been to identify the concerns of patients and to present them in a form which will be useful to the Practice. Random conversations that bring out compliments or complaints are helpful in pointing to issues which need to be addressed, but the PPG recognised that there was need to be more systematic. So, with support from the DMP, the PPG undertook two in-depth surveys, one in mid-2014 and one in mid-2016, to seek a more solid basis for knowing what bothered patients most and what they most appreciated. These have been immensely valuable in clarifying how well the services provided by the Practice are perceived by patients to meet their health care needs.

These surveys covered a wide range of issues—such as the appointments and prescription systems, the way patients were treated, the effectiveness of communications between patients and doctors, health awareness messages and the follow-up of tests and of patients discharged from hospital.

Most valuable of all were the large number of comments and suggestions that survey respondents made. The surveys' results were summarised in two reports—one in 2014 and one in 2016 which were reported in the Dartmouth Chronicle and are available on the Dart Patients website (www.dartpatients.co.uk). These surveys provided the Practice with extensive patient feedback on its services which had never before available. Based on the survey results, the PPG has collaborated with the Practice in producing Joint PPG-DMP Action Plans for each year which are also posted on

our website. For the current 2017 Action Plan the PPG suggested 21 specific actions, 15 of which the Practice has responded to positively. Again, the details may be found on our website. The PPG surveys form a key part of the on-going dialogue between the Practice and the PPG.

The PPG and the NHS proposed New Model of Care for Dartmouth

Much of your PPG's efforts over the past two years have been taken up with the major changes proposed for the provision of health care in our area. You will all have seen newspaper reports that the NHS has initiated a number of major reorganisations and hospitals are being closed or the number of beds reduced. Dartmouth is no exception. However, because of its isolated geographical position and great efforts made to argue its case, Dartmouth is coming out of this exercise comparatively favourably

It is understandable that the closure of our much-loved hospital on the river has resulted in great disquiet. But we must also recognise that in recent years Dartmouth patients had rarely occupied more than 6 out of the 16 beds. The building required extensive updating, and the great majority of patients only needed intermediate or palliative care—care that could be provided more cost effectively in a care home or, even better, in the patient's own home.

Therefore the central theme of NHS's ***new model of care*** for Dartmouth has now been approved, and plans are well advanced for creating a new health facility at River View which will include

- 4-6 beds for intermediate and palliative care which replace those at Dartmouth Hospital,
- the Surgery and NHS clinics relocated from downtown with increased space,
- Expanded facilities for Dartmouth Caring and a pharmacy.

The current plan is for the new facility to open by the end of 2017 but this depends on finalising a complex set of leasing and financing arrangements.

Independent research has shown that it is far better for patients to be treated at home, and the public consultations held in Dartmouth revealed that where possible patients also would prefer to be treated at home. Moreover, home care is both less costly and results in better patient outcomes. While expanded home care may work well for urban communities, the successful implementation of this approach may prove more difficult in rural areas. In our locality the NHS has already taking steps to increase staff and resources for home care.

The PPG believes that the proposed new arrangements when implemented will be overall a significant improvement on what we had before and has supported the plan, while arguing that Dartmouth Hospital should not have been closed until the new River View was up and running.

Carers, home care and end-of-life care

For some time now, the PPG has been raising with the NHS whether sufficient resources are available for care for patients at home and why the system of care can sometimes seem to fail. In practice, the staff has generally done a marvellous job with very constrained resources, but it is still true that more could be done to: (i) augment resources and, (ii) help patients and their families or carers become far more aware of what support is available and, how the system works. The complexities of social and health care and the way arrangements vary among localities makes for confusion; people need to know what to expect. Moreover changes have been made in recent months which need to be better known. The PPG is working on producing an information note to help guide patients' expectations on this matter.

One continuing challenge is the shortage of trained carers. The PPG has urged the NHS in South Devon to put in place enhanced training for carers which may give young people better career prospects. It is generally agreed that this should be done in the hope that school leavers within the community may be attracted to work as carers.

Knowledge of end-of-life care has greatly improved over the years. EoLC provided by DMP has been rated by the Care Quality Commission as excellent. Many members of the public are poorly informed about this service, about what is available and how to access it. The PPG has an on-going initiative aiming to produce an information note on how the EoLC system works and what families should expect to happen when one of their members is dying.

Other PPG activities

The contacts we have with patients and the responses given in our surveys have led us to focus on, in addition to the concerns discussed above, the following other matters:

1. *Reduction of waiting times:* For urgent appointments, the triage system now seems to work well and patients are mostly seen with very little delay. However, in the past month over 300 patients (about a sixth of those requesting appointments) have had to wait more than 7 days for a standard (non-urgent) appointment. The average for England is nearer 12 days. We have agreed with DMP that the ideal is for every justified request for an appointment to be met within 5 days. While recognising that this is aspirational, we believe the DMP could and should achieve a steady reduction in waiting times. We are encouraged to note that DMP has improved its performance in recent weeks and we will continue to discuss with DMP how further improvements may be achieved. One approach is to reduce the number of requests to see a GP by making greater use of other medical staff and reducing the number of (i) unnecessary requests, and (ii) those who fail to attend. The latter runs at around 150 appointments a month.
2. *The need to improve DMP-patient communications.* This has been on the PPG agenda since the beginning. We have constantly urged the DMP to keep its *website* up-to-date with only partial success. Promises have been made and we wait keenly to see them fulfilled. We have collaborated with the DMP in producing a joint quarterly *Newsletter*; the challenge here, so far unmet, is to achieve a wide distribution. This would be easily done if patients would give the DMP their email addresses and allow the Practice to send out the Newsletter by email. So far, despite constant urging, less than an eighth of patients have done so. To get round these problems, DMP have opened a *Facebook page* which has been a great success. We applaud this initiative and would urge all patients with computer access to take a regular look at <https://www.facebook.com/dartmouthmp>. It is not necessary to sign up to Facebook to have access to this page. In addition, over the past two years your PPG has worked with the DMP to produce two information notes: (i) on support for mental health; and (ii) on services available from the Practice. Lastly, we have worked with the DMP to improve the management of health information sheets and booklets in the Surgery waiting area and to install video screens conveying health awareness messages.
3. *Exploiting the potential of information technology.* The PPG has successfully argued first, for patients' health records to be available on line and, second, for a system where appointments and prescriptions may be requested online. The DMP's online new online system is now up and running and patients are urged wherever possible to make use of it. Patients should all give the DMP their email addresses and then register online, if they have not already done so, and then make full use of the capabilities of the system. They will

benefit and so will the Practice. It is reported that over 70% of Dartmouth residents use email and have access to the internet but only 10% currently have registered online with the Practice. Even a high proportion of patients over 65 are now “on line” so there is no excuse for claiming old age as a reason not to get online unless you are indeed very old and very computer illiterate!

4. *Youth Health Initiative.* The PPG has had a number of exchanges with the Dartmouth Academy with a view to engaging interested students in our activities and to understand their special health care needs. There are two aspects to this. First, we would like to assist students who may be interested in a career in the health and social care sectors to gain exposure to the health care system and to learn more about the career opportunities that exist. Second, we know that young students have a range of unmet health concerns and that much more needs to be done to increase health awareness. This is an initiative we are determined to take forward in the year ahead. Three students have been participating in our PPG meetings and their contributions have been much valued.

Looking to the future.

The NHS intends the PPGs to be GPs’ ‘critical friend’. We have tried our best to walk the tight rope between being supporter of the DMP (and more broadly the NHS) and reporting to them what we perceive to be their failings. We believe that the DMP staff and the NHS in South Devon are generally doing their level best to look after our health care needs while our Government is bent on tightening the budget for public health services and needs grow ever faster as the population ages and medical technology becomes increasingly sophisticated. Nonetheless, there remains plenty of scope to improve the management of scarce health care resources.

Your PPG aims to identify and voice patients’ concerns and suggestions to improve collaboration between the DMP and the PPG and hence improve patient experience. The NHS system is under intense stress and your PPG has constantly urged local NHS staff to be much more open and upfront about the problems they face so that public engagement in this area is as honest as possible. In this way we believe that trust may be built up and together we may achieve better health outcomes.

Pierre Landell-Mills
Chair, Dartmouth Medical Practice Patient Participation Group
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