

# Rutland County Council

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## COUNCIL - 11 APRIL 2022

### AGENDA SUPPLEMENT

#### 7) QUESTIONS FROM MEMBERS OF THE COUNCIL (Pages 3 - 4)

To receive questions submitted by Councillors A Brown, A Walters, L Toseland and P Ainsley in accordance with the provisions of Procedure Rules 30 and 30A.

#### 12) REPORTS FROM SCRUTINY COMMISSION / SCRUTINY COMMITTEES (Pages 5 - 8)

Following the meeting of the Adults and Health Scrutiny Committee on 31 March 2022, an updated list of recommendations for the final report from the Primary Care Task and Finish Group have been created.

The Adults and Health Scrutiny Committee has also requested Council to:

Approve the amended report and commend it to Leicester, Leicestershire and Rutland Clinical Commissioning Group, Lincolnshire Clinical Commissioning Group, the Council's Health and Wellbeing Board, each Rutland GP practice and their Patient Participation Groups with a request that the recommendations in section 8 be actioned by the appropriate body

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#### TO: MEMBERS OF THE COUNCIL

Councillor J Dale – Chairman of the Council

Councillor N Begy – Vice-Chairman of the Council

Councillor P Ainsley

Councillor D Blanksby

Councillor A Brown

Councillor P Browne

Councillor W Cross

Councillor S Harvey

Councillor A MacCartney

Councillor K Payne

Councillor I Razzell

Councillor L Toseland

Councillor G Waller

Councillor D Wilby

Councillor E Baines

Councillor K Bool

Councillor G Brown

Councillor J Burrows

Councillor J Fox

Councillor O Hemsley

Councillor M Oxley

Councillor R Powell

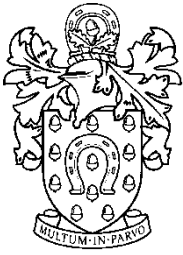
Councillor L Stephenson

Councillor A Walters

Councillor S Webb

Councillor R Wilson

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**MEETING: COUNCIL**

**MEETING DATE: 11 APRIL 2022**

**ITEM 7: QUESTIONS FROM MEMBERS OF THE COUNCIL**

No.	Name of Member	Question Addressed to:
1	Councillor A Brown	Councillor O Hemsley, Member appointed to the Constitution Review Working Group

**DETAILS**

When will a better method of recorded voting be brought in? The current system allows those at the end of the alphabet to see which way the vote is going and change their position or abstain if it is not going their way. In the interests of democracy this needs to change.

2.	Councillor A Walters	Councillor O Hemsley, Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships, Economy and Infrastructure
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**DETAILS**

At the Full Council meeting on the 21st March 2022 the Leader, in response to a question from Councillor W Cross, indicated that no signed agreement had been made between Rutland County Council and South Kesteven District Council that transferred the planned 650 homes at Quarry Farm, Rutland to be used to be meet the housing needs of South Kesteven District Council. Rather the leader relied on a draft version of a Local Plan that has been rejected by a meeting of the full membership of the Council. Will the leader of Rutland County Council now agree the following?

The Chief Executive of Rutland County Council will write to the Chief Executive of South Kesteven District Council within 7 days confirming that no such formal agreement has been made or signed, and that the membership of Rutland County Council has made no formal decision to allow the planned households to be used towards South Kesteven District Council's housing needs, and that no individual officer nor member of the Council nor the Cabinet of Rutland County Council has the authority to make such a decision nor to indicate that it is likely to be accepted by the full membership of the Council.

Will the leader arrange to bring a motion to Council within two months regarding future developments situated within the Rutland boundary but adjacent to neighbouring authorities, at which time the full membership of the Council will make a decision on how such matters can be addressed in the new emerging draft local plan before it is considered for consultation?

3.	Councillor L Toseland	Councillor O Hemsley, Leader of the Council and Portfolio Holder for Policy, Strategy, Partnerships, Economy and Infrastructure
<p><b>DETAILS</b></p> <p>Could the leader of the Council confirm whether he shares my concern at the announcement of Voluntary Action Rutland of its plans to cease operating from its current site, and to place that land and buildings for sale?</p>		
4.	Councillor Paul Ainsley	Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care, and Chair of the Health and Wellbeing Board.
<p><b>DETAILS</b></p> <p>The Primary Care Task and Finish group presented its findings to the most recent meeting of the Rutland Health and Wellbeing Board on the 5th April 2022.</p> <p>Could the portfolio holder please summarise the response of the members of the Health and Wellbeing board to the content and recommendations of the report, and could she please clarify how any or all these recommendations may be taken forward by our partners contributing to the health and wellbeing of residents in Rutland?</p>		

## 8.0 RECOMMENDATIONS

8.1 Five key recommendations in no particular order:

1. **Accessing Primary Care Services**
2. **Communication to/from Patients Regarding System Changes**
3. **Physical and Staffing Restraints**
4. **Use of Public Funds**
5. **Monitoring of Improvements**

### 1. **Accessing Primary Care Service**

- a. **Telephone systems should be straightforward and not based on ‘call centre’ concepts with multiple options at multiple access levels.** Recent comments from patients at Oakham Medical Practice have indicated that while the new system is an improvement, the messages and levels of options can result in 4 minutes of hanging on before the telephone reaches a point where it is actually ringing and waiting for a human response. This is especially frustrating for those who have to contact the surgery on a regular basis.
- b. **Consider how vulnerable patients can access the telephone system and other appointment systems.** Concerns were expressed to the Group about those with lower cognitive capabilities, those hard of hearing, those with limited digital skills and those without any internet access at all and how they would be able to use the new technology systems.
- c. **A ‘patient user group’ should be established to review web-based systems to provide feedback about the ease of use and ability to understand the terminology used.** It is good practice when developing websites to seek feedback from a range of users as to the experiences they have and to recognise any shortcomings in the way that information is presented.
- d. **Ensure that the ‘NHS speak’ is minimal in all communications avoiding such words as pathways, critical care, acute care, primary care networks, etc.** It is important that the words used in communications with patients are words that they use on a day-to-day basis especially by the more elderly, rather than the terminology that is part of the NHS internal communications. What is a nurse practitioner, phlebotomist or a clinical pharmacist and how different are they from a nurse, a nurse that takes blood or chemist?
- e. **The CCG provides support to surgeries to improve website accessibility (font size, design contrast etc.) and the visibility of the Patient Participation Groups from the practice websites.** This will allow the surgeries to provide better more accessible websites for patients to use, improve communications with patients and so meet the recommendations identified above.
- f. **That the Rutland PPG’s contact Lakeside Healthcare Stamford PPG to share good practice for the best interests of Rutland residents.**

### 2. **Communication to/from Patients Regarding System Changes**

- a. **Accept comments and criticism from patients as positive feedback to continuously improve the service provided.** While some patients may not express themselves in the most appropriate way, it is important to listen to all points of view and use them to recognise any shortcomings and make continuous improvements to the patient surgery interface.
- b. **Improve the understanding of patients of the new and developing approach to primary care and the broader service, which is now offered by qualified clinical professional staff and not just GPs.** This was an important issue raised in many conversations as patients do not understand how surgeries are organised. They do not fully understand the changes being made to primary care services, how they as patients fit into these new structures and how these changes will benefit them in being treated quickly, effectively and efficiently.
- c. **Increase the reach of messages about improved access to general practice, by working with relevant partners including local authorities, voluntary and community sector organisations or other groups that support patients and the public who are likely to have a need for general practice services, to communicate these messages through their channels.** To implement recommendation 2b, it will be necessary to use as many channels as possible to raise the knowledge of patients in the new methods of working.
- d. **All clinical staff to assist in the promotion of the new service during face-to-face appointments with patients to improve the understanding of the new methods of working and the benefits.** This would provide feedback as to the effectiveness of recommendation 2b but also help patients to better understand why they are being seen by that particular clinician and how they are being treated in the most appropriate way.
- e. **Webinars for patients, County and Parish Councillors, led by the GPs and/or clinicians should be held to explain the new process and seek feedback.** This could be done through the PPG and would assist the implementation of recommendation 2b.

### 3. Physical and Staffing restraints

- a. **RCC and LLR CCG to lead a strategic review of all current surgeries in conjunction with Lincolnshire CCG, to identify where and when additional physical facilities will be delivered and develop an action plan.** It is difficult to make any recommendations as to how we can presently help the substantial minority of residents living in the eastern part of Rutland who gravitate for their primary care to areas outside our CCG and PCN group (see Appendix 6). Reciprocal offers of suggested help would have to be after consultation with the Lakeside Healthcare Group (Stamford) and Lincolnshire CCG. However, early engagement is unlikely until the CQC is satisfied in the progress made regarding issues at that practice.
- b. **Increase the use of existing space during out of hours e.g. increased number of appointments at evenings and weekends.** This action has already been recommended by the Department of Health to improve access to primary care services and this would also increase space utilisation in the short term until more permanent solutions can be achieved.

- c. **Consider the potential use of Council property.** In addition to the future proposals planned from the CCG regarding RMH and, as part of the RCC property asset review, the use of Council facilities i.e. Jules House could be considered as an additional short-term resource for the Oakham Medical Practice.

#### 4. Use of Public Funds

- a. **While not in the remit of this Group, the issue of using public funds to support the increase in available facilities was discussed.** It was queried if funds from Section 106 or CIL could be used to support the increase in physical space and other service improvements within the medical practices. Surgeries, although funded by the NHS on the basis of their premises, are in many cases owned by the partners in the surgery or third party and are not funded by the public sector.
- b. **Recording of public funded assets.** Consideration should be given by the CCG and RCC to find a mechanism where assets, if added through public funds, are retained on the public balance sheet and are not counted as surgery assets in the event of disposal, etc.

#### 5. Monitoring of Improvements

- a. **New patient survey to be undertaken.** A new, simple patient survey should be carried out by January 2023 to ascertain if any of the recommendations/changes put in place have had any effect or improvement for patients regarding accessing primary care services in Rutland.

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