



# Rutland County Council

Catmose Oakham Rutland LE15 6HP.

Telephone 01572 722577 Email [governance@rutland.gov.uk](mailto:governance@rutland.gov.uk)

Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE**  
held via Zoom on Thursday, 24th September, 2020 at 7.00 pm

**PRESENT:** Mrs S Harvey (Chair)  
Mr P Ainsley  
Mr E Baines  
Mr W Cross  
Mrs J Fox  
Mrs R Powell  
Mrs G Waller

**OFFICERS PRESENT:** Mr J Morley Interim Director – Adult Services  
Mrs K Sorsky Head of Service – Adult Social Care  
Head of Service – Community Care Services  
Mrs E-J Perkins  
Mrs J Morley Governance Officer

**IN ATTENDANCE:** Mr A Walters Portfolio Holder for Safeguarding – Adults,  
Public Health, Health Commissioning &  
Community Safety  
Mr O Hemsley Leader of the Council & Portfolio Holder for  
Rutland One public Estate & Growth,  
Tourism & Economic Development,  
Communications, Resources and Finance.  
Dr J Underwood Chair of Healthwatch Rutland

## 1 APOLOGIES

No apologies were received.

## 2 RECORD OF MEETING

The minutes of the meeting held on 20 February 2020, copies of which had been previously circulated, were confirmed.

## 3 DECLARATIONS OF INTEREST

No declarations of interest were received.

#### **4 PETITIONS, DEPUTATIONS AND QUESTIONS**

No deputations, petitions or questions had been received.

#### **5 QUESTIONS WITH NOTICE FROM MEMBERS**

No questions with notice had been received from Members.

#### **6 NOTICES OF MOTION FROM MEMBERS**

No notices of motion had been received from Members.

#### **7 APPOINTMENT OF VICE CHAIR**

Nominations were invited for the position of Vice- Chair of the Committee for the municipal year 2020-21. Councillor Waller was proposed by Councillor Cross and seconded by Councillor Powell. Councillor Fox was proposed by Councillor Harvey and seconded by Councillor Ainsley.

Councillor Waller and Councillor Fox both confirmed that they wished to stand for election and gave a short speech to members outlining their suitability for the role.

A recorded vote was taken and the votes cast were as follows:

There voted for Councillor Waller: Councillors Cross, Powell and Waller

There voted for Councillor Fox: Councillors Ainsley, Harvey and Fox

Abstained: Councillor Baines

As the result was even at three votes each, the Chair, Councillor Harvey had an additional casting vote and voted in favour of Councillor Fox.

#### **RESOLVED:**

That Councillor Fox be appointed Vice-Chair of the Adults and Health Scrutiny Committee.

#### **8 ADULT SOCIAL CARE SERVICE RESPONSE TO COVID-19**

Three short presentations were given as part of this agenda item.

Before the presentations, John Morley, Director of Adult Social Services, took the opportunity to say how immensely proud he was of his staff and praised them for supporting and protecting the people of Rutland in these unprecedented times whilst also dealing with their own worries around Covid. Staff had worked exceptionally long hours and were very tired but even so were potentially getting ready to do it all over again.

The presentations (appended to the minutes) covered Support for Care Providers during Covid-19, the Rutland Shielding response and Support for Carers during Covid-19 and were delivered by John Morley, Emma-Jane Perkins and Kim Sorsky respectively.

During discussion the following points were noted:

- Mr Morley was standing in for Karen Kibblewhite, Head of Commissioning- Health and Wellbeing, who had led on providing support for care homes and care providers.
- RCC had an excellent relationship with care providers who they considered to be partners. The advance payments that had been made to them to support them during this time had been very well received.
- The Infection Control Grant had been extended until March 2021.
- The RISE Team was a group of very adept practitioners who had worked very closely with the 4 GP practices within Rutland to identify and follow-up with patients who may not have been on a national list but who the GPs had concerns about.
- There were now 3 Rutland Admiral nurses who supported the work of the Primary Care Network.
- Contingency planning had been done in the event that the Carer, or those in their network, became ill.
- The Carers Team were working with partners across LLR to introduce a Carers Passport which would give Carers priority to access services and also assist in identifying hidden carers.
- Councillor Cross thanked staff for their dedication to their work and all that they had done and this sentiment was echoed by the rest of the Committee. Councillor Ainsley asked what was being done by the Council to support staff during this time. Mr Morley reassured the Committee that the issue of staff wellbeing was very much on the leadership agenda and a staff Health and Wellbeing board had been set up. At these meetings, which Mr Morley chaired and the Leader of the Council, Councillor Hemsley attended, staff were able to talk openly and share problems and ideas which were then fed back into HR.
- A member of the RISE Team was looking at setting up a peer support group between staff.
- The new Government announcement on Covid had been a sledgehammer blow for staff who had been expecting to see light at the end of the tunnel but who were now facing an expected second wave over a further six months.
- Recognition of the pressures that staff were dealing with and Members asking after their welfare had a positive effect on staff morale.
- On the winter plan just published by the Government, Care Homes would get free PPE and would be able to order it directly using a special healthcare portal. However, local authorities would be responsible for supplying PPE to unregistered carers and so there was still some concern around how this would be administered and paid for.
- The increased workload and loss of a staff member had meant that not all reviews had been recorded which had resulted in a dip in the recorded number of carer reviews completed on time. Going forward, staff would work smarter to ensure reviews were properly recorded.
- The Chair ended the discussion on this agenda item by requesting that the Committee's thanks to Adult Social Care staff who had worked tirelessly during lockdown and who were continuing to do so, be put on record.

## **9 EXPERIENCE OF HEALTH AND SOCIAL CARE IN RUTLAND DURING THE COVID 19 LOCKDOWN**

A presentation (appended to the minutes) on the survey that was carried out to highlight the experiences of health and social care in Rutland during the Covid-19 lockdown was received from Dr. Janet Underwood, Chair of Healthwatch Rutland. The full report from Healthwatch Rutland can be found here: [HWR Survey- Experience of health and social care in Rutland](#)

During discussions the following points were noted:

- The survey had been carried out jointly with Health Watch Leicester and Leicestershire and the CCG.
- In comparison to Leicester and Leicestershire, Rutland residents were better informed.
- The survey showed that the 60-75 age group were least likely to need mental health support. Dr. Underwood suggested that this may be because in general they were retired, children had left home and they had less money worries.
- The Healthwatch Rutland Manager had alerted the Primary Care Network (PCN) to problems patients were having trying to get through to surgeries on the telephone line.
- The long queues outside pharmacies was greatly disliked and many felt that it was inappropriate to have the elderly waiting outside for 45 minutes to collect their prescriptions; this would be especially so as the weather got worse.
- The internet had been the most common source of information for Rutland residents.
- Healthwatch Rutland and Healthwatch Leicester and Leicestershire would be undertaking a survey with the CCG to uncover the extent of the problem of digital exclusion. Dr. Underwood acknowledged that they faced a conundrum in how to get the survey out to and reach the very people who had experienced digital exclusion, especially as there was an infection control risk with any material that was handled. Advertisements on television, radio and in the local press were all being considered with residents being then able to access telephone answering services.
- Members reiterated their concerns about the length of time residents were left hanging on before they got to speak to anyone at their GP surgery. Dr Underwood agreed that this was an issue even before the Covid crisis and something that urgently needed addressing. Councillor Walters offered to speak to the surgeries to find out what they were doing to improve their call handling services and would provide the Committee with an update.
- Dr. Underwood took the opportunity to thank the Council for their efforts and said that it was a testament to their hard work that Rutland had come out so well in the survey.

### **ACTION:**

Councillor Walters, Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning & Community Safety would speak to the Rutland GP surgeries regarding the length of time it took for patients to get through on the telephone line and would update the Committee with their response at the next meeting.

## 10 ANNUAL WORK PLAN 2020-21

The Committee discussed items that were provisionally included in the Adults and Health Scrutiny Committee work programme for the municipal year 2020-21.

During discussion the following points were noted:

- Mr Morley agreed to Councillor Waller's request that further information on the contracts that were up for renewal be provided to the Committee.
- Councillor Cross queried why there was nothing specific on the plan about the Rutland Memorial Hospital (RMH). The Chair responded that concerns about RMH had been noted but that currently the consultation on the reconfiguration of UHL was concerned with urgent care and did not include community health and hospitals. When it did, the Committee would keep a very close watch on it.
- The Joint LLR Health Scrutiny Committee had looked extensively at the consultation document which was due for launch on the 28 September 2020 (Please see link [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)). Councillor Waller urged everyone to respond individually to the consultation.
- Councillor Walters also encouraged people to respond to the consultation and stressed that he had been working with Comms and colleagues in health care to ensure that the message was consistent and reached all residents. The encouragement to respond would not include any indication of *how* they should respond as it was not the Council's place to influence opinion.
- Once the consultation had closed and the responses had been analysed, the various bodies involved would be invited to attend Scrutiny to let the Committee know how Rutland had responded and how this would affect final outcomes.
- Councillors Cross and Baines stressed again their concerns about the consultation and any affect this would have on RMH as the services offered there assisted the people of Rutland to live independently for as long as possible.
- Healthwatch Rutland (HWR) was going to be heavily involved with consulting the public and had already discussed having virtual drop-in cafes to assist with this. They wanted to reach the people who were often underrepresented and would be speaking with for example, the disabled, the elderly, people with dementia and their carers. HWR were also intending to hold an online public meeting for the general public to air their views. If this meeting was oversubscribed an additional meeting would be organised.
- The pre-consultation business case had stated categorically that there was no dependency of the acute reconfiguration on the community hospitals however in the same document it stated that they were planning for 4,000 outpatient appointments, 600 day cases and 18 hospital and home beds at RMH. There clearly was, therefore, some sort of dependency on there being a community facility in Rutland. Dr Underwood had asked the question about what would happen to all those appointments if RMH was closed and was told that there would still be care closer to home and facilities to accommodate this.
- Aside from the future of RMH, the other factor that Healthwatch felt would affect most residents was the travel distance because of the plan to close Leicester General and patients therefore having to go to Glenfield, Peterborough Hospital or the Royal Infirmary. Rutland residents were the most severely impacted as far as travel was concerned in the whole of the LLR area.
- Councillor Walters stated that his priority was to save and enhance the service provision in Rutland but that did not necessarily mean that that would happen within the same building.

- The Chair reminded everyone that the consultation would be going live on the 28 September and that every household in Rutland would be receiving an information booklet that explained exactly what was under consultation. There were two further meetings of the joint LLR Scrutiny Committee during the consultation period and Councillor Waller and Councillor Harvey, as the two RCC representatives on the Committee, would keep the Committee updated on the discussions relating to the consultation.
- Flu vaccinations had been raised as a concern at the Joint LLR Health Scrutiny Committee meeting that had been held the day before. The Chair and Councillor Waller felt that this issue should be brought onto the agenda for the December meeting as there were concerns about the availability and roll-out of the vaccinations especially because of the age demographic of Rutland residents and in light of the approaching second Covid wave.
- The Committee agreed that the substantial contract for the wellbeing service which would be out to procurement soon, should be discussed by the Committee at an additional meeting. The timing and nature of such a meeting to be decided after consultation with officers.

## **RESOLVED**

That the Committee;

1. invites representatives from UHL Leicester and those involved in the consultation to attend the December meeting of the Committee to comment on the responses received from Rutland residents and how this would impact on the final decisions taken.
2. includes on the agenda for the December Committee meeting the issue of flu vaccinations.
3. holds a special meeting of the Adults and Health Scrutiny Committee to discuss the contract for the Provision of Community Prevention and Wellbeing Services in Rutland before it goes out to procurement. The timing, and whether the meeting should be held in private session due to the nature of the procurement process, to be advised.

## **11 ANY OTHER URGENT BUSINESS**

No items of urgent business had been previously notified to the Chairman.

## **12 DATE OF NEXT MEETING**

The next scheduled meeting of the Adults and Health Scrutiny Committee would be held on Thursday 10 December 2020 at 7pm.

Before closing the meeting the Chair took the opportunity to say how proud she was to be a Rutlander and praised the entire Rutland community for the extraordinary support they had provided during the crisis to those in need.

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The Chair closed the meeting at 9.01pm

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# Rutland County Council

## Support for Care Providers during COVID

## Care Homes & Home Care Providers

### 11 care homes in Rutland:

- 9 for older people (317 beds),  
2 for those with Learning Disabilities (40 beds).
- All our homes bar one, are rated 'Good' or 'Outstanding' by CQC and we are confident the remainder now reaches a 'Good' standard.

### 15 domiciliary care providers:

- 400 packages of care commissioned by RCC, Health or by self-funders.
- 10 providers rated as 'Good' or 'Outstanding'; 2 providers with an overall rating as 'requires improvement'. There are no safeguarding or compliance concerns. 2 providers have not been inspected yet due to newly registered services.
- Weekly sitrep recording capacity, suspected and confirmed cases, number of staff self-isolating, and PPE stock levels. This is shared with the Chief Executive and Director of Adult Services.

## Local Resilience Forum Structure

Three 'cells' have been established under the Local Resilience Forum structures:

- **Care Home Cell** which looks at issues and solutions for our care homes and is joined with health colleagues. Provider representatives also attend.
- **Homecare and Supported Living Cell** as the Care Home Cell but with a focus on Homecare and Supported Living providers. This is especially helpful as a number of our providers work across the LLR area.
- **PPE Cell** to manage the guidance for PPE and the LRF's emergency stock. This cell has recently been stood down and the responsibility passed back to local authorities.

## **Discharge**

day per week multi-disciplinary LLR Discharge Coordination Hub (DCH).

All patients tested prior to discharge. None of our care homes and very few homecare providers are willing to accept COVID positive service users.

Roll out of digital consultations/proactive multi-disciplinary meetings across care homes; distribution of smart phones to care homes.

## **Communication**

Single point of dissemination of information via the Council from all partners using a generic email

Daily weekly conference call with providers and daily email updates. This has now reduced as things stabilise.

## **Infection Control**

- All IPC guidance is circulated to providers via email.
- Local Public Health Infection Prevention and Control helpline on all aspects of infection control, which providers can access seven days a week.
- All care homes have the ability to isolate their residents.
- All residents discharged from hospital are routinely isolated for 10 days.

## **Testing**

- Encouraged care providers to ensure all staff are tested.
- Log of providers who have staff self-isolating and any staff that have tested positive.
- All 11 homes have taken up the national offer of testing for all staff and residents. The results of this are collated by Public Health and monitored on a weekly basis.
- Details of in-county mobile testing are shared with providers.

## PPE

- Providers continue to raise PPE as a risk.
- Dedicated email address for local providers to contact regarding any Personal Protective Equipment queries or issues.
- Provided a number of items free of charge, sourced additional donated PPE from businesses locally to bolster providers' supplies.
- → Maintain a central emergency supply and facilitate access to the Local Resilience Forum's stock.
- Provided a supplier list of local businesses who can provide PPE.
- Regular updates on changes to government guidance on PPE.
- Trainer within RCC on donning and doffing who provide additional support.

## Financial Support

- Annual inflationary uplift to rates was applied as always from 1st April this year.
- From April moved to a position of paying providers on planned care delivered and in advance. The difference between actual delivered care and planned care has been very low.
- In May, provided a lump sum payment equating to 10% of April's Local Authority funded care package fees for April, May, and June.
- Allocated £458,233 Adult Social Care Infection Control Fund Grant; 75% specifically for care homes; 25% allocated to domiciliary care providers and Personal Assistants. This was regardless of LA commissioned care.
- Government have announced the Adult Social Care Infection Control Fund Grant will continue to 31<sup>st</sup> March 2021.

## Workforce

- Maintain a list of minimum staffing numbers for homes to assess risk of any staff self-isolating.
- Emergency staff from our in-house domiciliary care service and/or from local staffing agencies if necessary.
- Maintain a RAG rating for care packages for homecare agencies

# Rutland Shielding response

The shielding programme was led nationally

The GOV:

- Defined the Clinically Vulnerable & the Clinically Extremely Vulnerable
- Gave guidance for those asked to shield
- Provided Online registration for shielders to register needs and obtain food delivery slots
- National team made calls to unregistered shielders to encourage registration
- ↪ National food parcels delivered– now ceased
- Gave data updates to LAs

**RCC & Rutland PCN** wanted greater reassurance locally on the wellbeing of people asked to shield

We needed to ensure there were local mechanisms for people confined to home to resolve issues raised for those shielding

## Supplementing the national programme:

The Rutland G.P surgeries provided a list with **1000+** of their patients whose medical history meant that they are most at risk from infections.

The practices sent a SMS to all confirmed high risk patients to advise them to expect a call from the Rise team.

### **The Rise team made telephone contact to the GP list of people**

**Why am I on the list?** - Most people on our list were due to one of the following categories of

### **Highest risk patients:**

#### **For example:**

- people with an organ transplant and remain on medication
- people with cancer who are undergoing active treatment
- people with severe chest conditions - cystic fibrosis or severe asthma
- people with severe diseases of body systems - severe kidney disease

If no contact via phone was established then staff from Micare made an In-person distanced visit to the home to check on safety

## We asked 6 questions :

- Who is helping you? What happens if that person becomes unwell?
- How are you getting food? If this is a problem, clarify if affordability or access
- How are you getting medicines?
- Do you have an urgent question about your medical condition?
- Do you have other needs
- Are you or the person supporting you able to access information on-line?

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## We divided the responses into 3 outcomes :

- 1. Sustainable**
- 2. Monitoring**
- 3. Concern**

### **Response given:**

- Addressed immediate needs via new local support structures (medication pick-up services, food deliveries, RISE mental health and wellbeing support, carers team, Admiral Nurses, bereavement support).
- Crisis line details offered to everyone just in case. (line is still open)
- Where needed, services avoided dependency. Individuals were helped to choose sustainable solutions that worked for them. Service offer from supermarkets for people not online improved across lockdown.

### **National Shielding support closed-down at the end of July**

- RISE proactively contacted people receiving regular national food parcels to ensure that they knew this service was ending and had alternative arrangements in place. There were 24 ongoing regular food deliveries taking place. All were able to set up alternatives at the end of shielding.

# Support for Carers During Covid 19

- Throughout Covid 19 both the Carers Team and Admiral Nurses have continued to support carers in Rutland.
- Whilst face to face contact was initially restricted during the height of the lockdown, the Carers Team continued to receive new referrals and respond to requests for support via telephone or video call.
- 316 Carers known to Adult Social Care across Rutland, whether in receipt of ongoing services or not, were contacted and contingency planning completed.
- Any needs identified through the contingency planning work were addressed through professional support, signposting, referrals to other teams or services and carer support planning as per normal processes.
- Information gathered through contingency planning was used to identify where priority needs were in the event of the carer or cared for person acquiring Coronavirus. Consideration was also given to the impact of changes to informal and or formal support arrangements ie their network of support.
- Records of all known carers were updated. This was particularly relevant to those not in receipt of services, to ensure contact details, information on support networks and communication preferences were accurate.

## **Admiral Nursing providing support to families living with dementia During COVID19**

- During Covid-19 the Rutland Admiral Nurse Service has continued to accept referrals and support carers and families living with dementia.
- Including home visits telephone and video consultations
- Role adapted to work with our local PCN CMHT to support and promote advance care planning and completion of respect documents for people living with dementia and other long term conditions.
- Providing assessment and pre diagnostic support (GP cognitive assessment)
- Aim to ensure that those most at risk of decline from COVID19 were supported to discuss their wishes in the event of decline either due to contracting COVID19 or declining health due to other long term conditions

# Challenges Resulting from Covid 19

- Increased referrals to the Admiral Nurse Service
- March 2019 to March 2020 = 149 compared with March 2020 to September 2020 = 163
- Increased need to support dementia diagnosis from Admiral Nurses
- Managing open case loads, contingency planning and expectations of service users
- Being unable to offer support in the same way and adapting to different methods
- Impact of closure of day services, respite and availability of Personal Assistants on informal carers (or through choosing not to receive services)
- Increased demands in terms of knowledge, information and guidance specific to Covid and implications of lockdown
- Uncertainty and worry amongst carers and others, initially regarding implications of Covid and latterly the risk of a second wave

# Lessons from Lockdown

- Ability to work effectively using remote methods and Improving case management through video and phone consultations
- Wealth of community support within Rutland
- Importance of maintaining relationships with colleagues across services and partnerships eg Healthwatch
- Importance of clear contingency planning incorporating specific outcomes and details and how we communicate this
- The need to promote and maintain a variety of effective communication streams to reach all Rutland residents on emergency plans, grab sheets etc
- promoting access to respite services whilst these are available to reduce the impact of carer fatigue and in planning for a potential second wave
- Documenting a review on Liquid Logic when welfare calls were made, would have ensured monthly performance figures reflected the work undertaken

## In the Event of a Second Wave

- Professional support from The Carers Team and Admiral Nurse service will continue as they did during the initial lockdown period, including close working with the GP surgeries.
- All known carers' information is up to date and contingency plans are in place to inform necessary responses in the event of further lockdown or arising needs.
- Preferred communication methods have been obtained to enable appropriate and timely information sharing by chosen means.
- Colleagues across the service are to ensure that Direct Payments are used flexibly and creatively to meet the needs of the cared for person and support carers in their roles. A good example of this was where someone who attended an art class which was stopped, used drawing equipment in the home with the support of a PA.
- The Carers Team are working with partners across LLR to introduce a Carers Passport. As well as promotional activity to assist in identifying hidden carers, this will act as identification when accessing services.
- The Carers Team are working to maintain and build on links with community groups set up during the initial lockdown period. This will assist in identifying hidden carers, promote support networks and be an additional means of communicating information particularly to those who do not use the internet.
- Time in Nature. Age UK will now work with the Wildlife Trust to re start this group which is outside and supports social distancing.
- A combined project with the Admiral Nurses and Age UK to support carers, with the loan of Tablets and providing Carers Education through AT



# Experiences of health and social care during the Covid-19 lockdown 2020





## Why? How? Who? What?

- **Why?** To understand experiences of care during the lockdown
- **How?** Joint survey with HWLL and CCG
- **Who?** 135 Rutland responses (total for LLR 1304)
- **What?** Key questions: information, GP care, long term conditions, pharmacies, social care, the future
- 2 extra themes noted for Rutland report



## How did Rutland compare with Leicester and Leicestershire?

- Better informed and greater understanding
- More satisfied with face to face and video consultations, same as Leicestershire for telephone triage
- Slightly happier to consult GP about mental health, less happy to consult GP about physical health
- More Rutland people delayed getting help
- Fewer needed help for mental health issues
- Leicestershire (83%) had greater understanding of how to access pharmacies (Rutland 75%)

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## Gender differences

- Of 135 respondents, 29 male, 52 female, 54 blanks
- Men felt better informed with greater understanding
- More women delayed seeking health advice and care
- Women more satisfied with all forms of consultation but preferred face to face... men preferred telephone
- Men slightly happier to see GP about mental health, women slightly happier for physical health
- Women more likely to seek mental health support from friends and family



## Age differences

- Younger age groups less informed and less understanding. 76+ group had most understanding about accessing GP care
- Younger age groups had greater understanding of accessing pharmacies.. 76+ had least understanding
- 76+ most likely not to delay seeking health advice
- 60-75 age group most likely not to need mental health support
- More in 76+ age group felt non-covid related health conditions had been affected
- More in 60-75 age group thought their non-covid related health had NOT been affected.

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## Greatest effects on health, care and wellbeing

- Not being able to see family or friends and being lonely
- Stress anxiety and mood changes
- Lack of exercise



## Reasons for delays in accessing health care?

- Fear of catching covid
- Did not want to overburden NHS
- Problem was not urgent - managing
- Cancelled or postponed appointments
- Difficulties in accessing GP and dental care



## What changes did Rutland people dislike?

- Long queues outside pharmacy (but prescription deliveries and timed slots greatly appreciated)
- Delays and cancellations of procedures and appointments
- Difficulties in getting through by telephone to get GP appointments
- Unclear, non-specific or inconsistent information
- Some prefer to have face to face consultation (but others liked remote consultations)



## Who did Rutland people feel were most disadvantaged by the lockdown?

- People without access to internet
- People who normally receive community, voluntary or charity support
- Elderly people living alone
- Carers
- Vulnerable groups self isolating
- People with learning disabilities
- People with mental health difficulties



## Looking forward - what do Rutland people want?

- Most people want telephone and video consultations to continue - some want a return to face to face
- Timed prescription collection
- Restart services
- More and better information
- Wait until the virus is under control before considering future options
- Return to 'how it was'



## Healthwatch Rutland activities

- Assisted in creation of survey
- Distributed interim results during survey to Rutland stakeholders - early alert to PCN of problems getting through to surgeries by 'phone
- Full report of Rutland results
- 'Deep dive' with CCG into problems of digital exclusion; survey to uncover extent of problem and the public willingness to accept the 'digital first' offer

<https://www.healthwatchrutland.co.uk/report/2020-09-16/HWRCovid19experiences>

(scroll down to download pdf)

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