

Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

Telephone 01572 722577 Email: governance@rutland.gov.uk

Ladies and Gentlemen,

A meeting of the **ADULTS AND HEALTH SCRUTINY COMMITTEE** will be held Via Zoom - <https://us06web.zoom.us/j/88619727037> on **Thursday, 31st March, 2022** commencing at 7.00 pm when it is hoped you will be able to attend.

Yours faithfully

Mark Andrews
Chief Executive

Recording of Council Meetings: Any member of the public may film, audio-record, take photographs and use social media to report the proceedings of any meeting that is open to the public. A protocol on this facility is available at www.rutland.gov.uk/my-council/have-your-say/

A G E N D A

1) WELCOME AND APOLOGIES RECEIVED

2) RECORD OF MEETING

To confirm the record of the meeting of the Adults and Health Scrutiny Committee held on 17th February 2022.

(Pages 5 - 12)

3) DECLARATIONS OF INTEREST

In accordance with the Regulations, Members are invited to declare any personal or prejudicial interests they may have and the nature of those interests in respect of items on this Agenda and/or indicate if Section 106 of the Local Government Finance Act 1992 applies to them.

4) PETITIONS, DEPUTATIONS AND QUESTIONS

To receive any petitions, deputations and questions received from Members of the Public in accordance with the provisions of Procedure Rule 216.

The total time allowed for this item shall be 30 minutes. Petitions, declarations and questions shall be dealt with in the order in which they are received. Questions may also be submitted at short notice by giving a written copy to the Committee Administrator 15 minutes before the start of the meeting.

The total time allowed for questions at short notice is 15 minutes out of the total time of 30 minutes. Any petitions, deputations and questions that have been submitted with prior formal notice will take precedence over questions submitted at short notice. Any questions that are not considered within the time limit shall receive a written response after the meeting and be the subject of a report to the next meeting.

5) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions with notice from Members received in accordance with the provisions of Procedure Rule No 218 and No 218A.

6) NOTICES OF MOTION FROM MEMBERS

To consider any Notices of Motion from Members submitted in accordance with the provisions of Procedure Rule No 219.

7) CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

To consider any matter referred to the Committee for a decision in relation to call in of a decision in accordance with Procedure Rule 206.

8) ACCESS TO PRIMARY CARE FOR RUTLAND RESIDENTS

To receive an update from Lakeside Health Care Stamford regarding how the surgeries in Stamford are operating and the progress made regarding the improvement plans.

9) PRIMARY CARE TASK & FINISH GROUP: FINAL REPORT

To receive the final report from the Primary Care Task & Finish Group including recommendations for the long-term demand for primary care.
(Pages 13 - 58)

10) ADULT SERVICES PERFORMANCE DATA AND RISK REGISTER

To receive a report on the current performance data, ensure that it matches the current identified risks and identify any possible priorities for review in 2022/23. [FOR INFORMATION ONLY]

If members of the Committee have any questions on this data, please submit to the clerk who will arrange for a response.
(Pages 59 - 62)

11) REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

To consider the current Forward Plan and identify any relevant items for inclusion in the Adults and Health Scrutiny Committee Annual Work Plan, or to request further information.

The Forward Plan is available on the website at:

<https://rutlandcounty.moderngov.co.uk/mgListPlans.aspx?RPId=133&RD=0>

(Pages 63 - 66)

12) ANY OTHER URGENT BUSINESS

To receive any other items of urgent business which have been previously notified to the person presiding.

13) DATE AND PREVIEW OF NEXT MEETING

Future meeting dates will be confirmed at Annual Council on the 9th May 2022

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TO: ELECTED MEMBERS OF THE ADULTS AND HEALTH SCRUTINY COMMITTEE

Name	
1.	Councillor G Waller (Chair)
2.	Councillor R Powell (Vice Chair)
3.	Councillor P Ainsley
4.	Councillor K Bool
5.	Councillor W Cross
6.	Councillor J Fox
7.	Councillor L Toseland

PORTFOLIO HOLDER:

Name	Title
8. Councillor S Harvey	Portfolio Holder for Health, Wellbeing and Adult Care

OFFICERS:

Name	Title
9. John Morley	Strategic Director of Adults and Health
10. Jane Narey	Scrutiny Officer

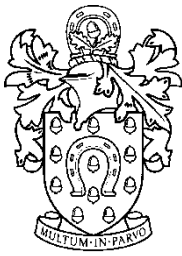
ADVISORS:

Name	Title
11. Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
12. Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
13. Dr Janet Underwood	Chair, Healthwatch Rutland

FOR INFORMATION ONLY

Name	Title
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14.	Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust
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Rutland County Council

Catmose Oakham Rutland LE15 6HP

Telephone 01572 722577 Email: governance@rutland.gov.uk

Minutes of the **MEETING of the ADULTS AND HEALTH SCRUTINY COMMITTEE** held via Via Zoom - <https://us06web.zoom.us/j/92326124304> on Thursday, 17th February, 2022 at 7.00 pm

PRESENT:	Councillor G Waller (Chair) Councillor P Ainsley Councillor W Cross Councillor R Powell Councillor L Toseland	
APOLOGIES:	Councillor K Bool Councillor J Fox Fiona Myers Mark Powell	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust Deputy Chief Executive, Leicestershire Partnership NHS Trust
PORTFOLIO HOLDER	Councillor S Harvey	Portfolio Holder for Health, Wellbeing and Adult Care
PRESENT:	Councillor D Wilby	Portfolio Holder for Education and Children's Services
OFFICERS PRESENT:	John Morley Vivienne Robbins Sandra Taylor Jane Narey	Strategic Director of Adults and Health Consultant in Public Health Health and Wellbeing Integration Lead Scrutiny Officer
IN ATTENDANCE:	Fay Bayliss Laura Norton Janet Underwood (Dr)	Deputy Director of Integration and Transformation, Leicester, Leicestershire and Rutland CCGs Head of Transformation and Integration Chair, Healthwatch Rutland

1 WELCOME AND APOLOGIES RECEIVED

Councillor Waller welcomed everyone to the meeting. She informed attendees that as Chair she would reorganise that evening's agenda as an Officer needed to attend another meeting later that evening. She also advised that she had received apologies from Lakeside Healthcare Stamford who could not attend the meeting due to an imminent CQC inspection. However, they had confirmed that they would be attending the next scrutiny committee meeting at the end of March.

Apologies were received from Councillor Bool, Councillor Fox, Mark Powell and Fiona Myers

2 RECORD OF MEETING

The minutes of the meeting held on the 9th December 2021 were approved as an accurate record.

ACTIONS

Action 1

Dr Janet Underwood requested that the last sentence under Item 8 in the previous minutes be amended to read: It was agreed that Janet would expand on the matter via email with John Morley but that she would not reveal specific details which could reveal identities etc and breach rules of Confidentiality

The Scrutiny Officer confirmed action completed.

Action 2

It was agreed that Viv Robbins would contact Councillor Waller with the data regarding item 2.4 Overview of Health – Children and why Rutland secondary school children were worse than the national average.

The Public Health Consultant confirmed action completed.

Action 3

Redacted correspondence with Lakeside Healthcare Stamford to be circulated with the minutes

The Scrutiny Officer confirmed action completed.

Action 4

Appointment of a new Vice Chair to be added to the agenda for the meeting after the budget meeting in January.

The Scrutiny Officer confirmed the item was on the agenda.

The minutes of the Special Joint Scrutiny Committee meeting held on the 26th January 2022 were approved as an accurate record. There were no actions from this meeting.

3 DECLARATIONS OF INTEREST

Dr Underwood declared a non-pecuniary interest in agenda item 10 – Joint Health and Wellbeing Strategy as she was a member of the Rutland Health and Wellbeing Board and also a registered patient at Oakham Medical Practice.

Councillors Cross and Powell declared a non-pecuniary interest in agenda item 10 as they were registered patients at Oakham Medical Practice.

4 ENHANCED PUBLIC HEALTH OFFER

Report No. 28/2022 was received from Viv Robbins, Consultant in Public Health. During the discussion, the following points were noted:

- The revised Public Health Team for Rutland was as follows:

1. Director of Public Health (0.2 whole time equivalent [WTE])
2. Consultant in Public Health (0.4WTE)
3. Strategic Leads for Rutland and Rutland Commissioning (1.8WTE)
4. Public Health Analyst (0.2WTE)
5. Additional support from within RCC including Sandra Taylor as the Health and Wellbeing Integration Lead.

- The Public Health Team had expanded through the Public Health Consultant, additional Strategic Lead and Health and Wellbeing Integration Lead posts.
- A clear strategic direction and future objectives were being worked on and these would link in with the development of the Rutland Joint Health and Wellbeing Strategy.
- Rutland County Council would now receive 2 days per week of dedicated Public Health Consultant time and the capacity of the Strategic Leads had doubled.
- The Public Health Team was working closely with Adult Services to continue to provide an innovative and dynamic service to the community.
- Councillor Waller requested that more details be provided as to why people were not engaging with a healthy lifestyle and what the barriers the public were experiencing in trying to gain good health. These pieces of work would be picked up by the team through actions in the Joint Health and Wellbeing Strategy.

RESOLVED

That the Committee:

- **NOTED** the content of the paper and revised public health offer for Rutland.
- **PROVIDED** recommendations for priority public health areas to focus on over the next year.

5 PETITIONS, DEPUTATIONS AND QUESTIONS

The Scrutiny Officer confirmed that a deputation and a question submitted at short notice had been received.

Councillor Waller notified all attendees of the process regarding petitions, deputations and questions as detailed in Procedure Rule 28 of the Council's constitution.

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Mr Ramsay Ross joined the meeting at 7.19 p.m.

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Mr Ramsay Ross, on behalf of the Rutland Health & Social Care Policy Consortium, addressed the Chair and the Committee with his deputation regarding the Joint Health and Wellbeing Strategy.

The Committee thanked Mr Ross for his important and interesting deputation.

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Mr Ramsay Ross left the meeting and Mr Andrew Nebel joined the meeting at 7.26 p.m.

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Mr Andrew Nebel, as Co-Chair of the Empingham Medical Centre Patient Participation Group and as a Ryhall Parish Councillor addressed the Chair and the Committee with his question regarding the Joint Health and Wellbeing Strategy.

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Mr Andrew Nebel left the meeting at 7.28 p.m.

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6 QUESTIONS WITH NOTICE FROM MEMBERS

There were no questions with notice from members

7 NOTICES OF MOTION FROM MEMBERS

There were no notices of motion from members

8 CONSIDERATION OF ANY MATTER REFERRED TO THE COMMITTEE FOR A DECISIONS IN RELATION TO CALL IN OF A DECISION

There was no call in

9 ELECTION OF A NEW VICE CHAIR

- Following the appointment of Councillor Harvey to Cabinet and the promotion of Councillor Waller to Chair, the post of Vice Chair was now vacant.
- Councillor Waller requested nominations for the post of Vice Chair.
- Councillor Cross proposed Councillor Powell. This was seconded by Councillor Toseland.

RESOLVED

That the Committee:

- a) **APPOINTED** Councillor R Powell as the Vice-Chair of the Adults and Health Scrutiny Committee.

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The Deputy Director of Integration and Transformation left the meeting at 7.24 p.m.

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10 RUTLAND JOINT HEALTH AND WELLBEING STRATEGY

Report No. 41/2022 was received from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care regarding the Rutland Joint Health and Wellbeing Strategy (Place Based Delivery Plan). During the discussion, the following points were noted:

- The strategy is a complex document but an easy-read version would be produced for ease of reading by the public.
- The delivery plan was outlined in seven sections and these linked in with existing work streams/priorities in the Strategy.
- A matrix would be incorporated so that the delivery plan could be monitored on a regular basis.

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The Deputy Director of Integration and Transformation re-joined the meeting at 7.35 p.m.

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- It was confirmed that 4 non-executive directors had been appointed to the Integrated Care System (ICS) with David Sissling appointed as the independent chair of the ICS for Leicester, Leicestershire and Rutland.
- Work was ongoing in defining the roles of the ICS and the ICB but one of the non-executive directors would be a member of RCC as the Rutland representative but no further details were currently available.
- Membership of the Integrated Care Partnership (ICP) was currently being defined but it would have significant representation from Rutland including lead members and directors.
- Active engagement was ongoing with all partners to ensure flexible cross border working, which was an important major factor to Rutland County Council.
- An initial outcomes report had been produced but not in time for discussion at this meeting. However, it would be reported to the Rutland Health and Wellbeing Board on the 22 February 2022 and it was agreed that the initial outcomes report would be published with the minutes of this meeting.

ACTION: Jane Narey

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The Head of Transformation and Integration joined the meeting at 7.38 p.m.

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- It was reported that Rutland Memorial Hospital (RMH), as a cottage hospital, was indispensable as the bigger hospitals must discharge patients as soon as possible so relied on cottage hospitals to be able to do this.
- It was confirmed that the Joint Strategic Needs Assessment (JSNA) was a separate piece of work to this strategy but that it would feed into the strategy following an update of census data, which was expected to be published within the next few months.
- Dr Underwood confirmed that Healthwatch Rutland, Leicester and Leicestershire had regular meetings with Andy Williams, Chief Executive, LLR CCGs and he had confirmed that each Healthwatch Chair would have a non-voting seat on the ICB and ICP.
- Councillor Waller requested that the sponsor report be six monthly instead of annually.

RESOLVED

That the Committee:

- **REVIEWED** and provided feedback on the draft Rutland Joint Health and Wellbeing Strategy Delivery Plan.

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The Head of Transformation and Integration, the Public Health Consultant and the Health and Wellbeing Integration Lead left the meeting at 8.18 p.m.

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11 PRIMARY CARE TASK & FINISH GROUP: PRELIMINARY REPORT

Report No. 29/2022 was received from Councillor Paul Ainsley, Chair of the Primary Care Task & Finish Group. During the discussion, the following points were noted:

- Over 900 responses were received as part of the patient survey which had been undertaken via leaflet distribution, face-to-face meetings and telephone conversations as well as online.
- The Task and Finish Group was still collating information for publication in the final report.
- The final report would detail recommendations and proposed actions for each committee before being presented to the Rutland Health and Wellbeing Board and Council.
- The feedback from patients differed between the various medical practices and had been very informative.
- The preliminary report had been distributed to the medical practices, the ICS and the LLR CCG.
- The Committee thanked the 900+ members of the public for completing the survey and giving a comprehensive view of the community feeling regarding accessing primary care services.
- Councillor Ainsley confirmed that no demographic information had been taken regarding the survey participants so no analysis could be done regarding how different age groups etc accessed the primary care services and no information had been gathered regarding the Winter Access Fund.

12 REVIEW OF THE FORWARD PLAN AND ANNUAL WORK PLAN

- Councillor Harvey read out a written statement as follows:

Following on from the decision by 'My Dentist' to reduce the NHS list of two of their dentists, we have received correspondence from residents and Councillors regarding the ability to access NHS Dentistry in Rutland.

We were already aware of problems and this had been heard by the LLR Joint Health Scrutiny Committee in [November 2021](#)

Healthwatch Rutland are currently asking residents for their experience of accessing Dentistry. I ask that the survey is shared widely so we can gain the experience of as many residents as possible: [Healthwatch Dental Survey](#)

Please find below a detailed response from NHS England, Primary Care Dental Lead, who commission dentistry services in Rutland:

'At the onset of the Covid-19 pandemic, NHS Dental Services were suspended in March 2020. Although face-to-face services have resumed, NHS dental practices are working at a much lower capacity, as they are following social distancing and hygiene rules as per the national guidelines set by Public Health England, to ensure the safety of both our clinical colleagues and patients. As a result, patients may experience a delay in accessing routine NHS appointments.

Practices are being asked to see all regular and non-regular patients (historically referred to as registered patients), where they can accommodate. There are limited routine appointments available as this is dependent on the capacity of each practice, following treating any urgent patients. This can mean that even patients who (before the pandemic) would regularly attend a dental practice, are currently only able to be seen in practice if they meet the criteria for safely accessing an urgent face to face

appointment. If a patient is deemed not urgent then they may wish to enquire about joining a local practice's waiting list for routine care.

There is no patient registration process for dental practices, therefore any patient can ring any practice at any time. For assistance with locating an NHS dental provider, patients can visit <https://www.nhs.uk/service-search/find-a-dentist> or can contact the NHS England Customer Contact Centre on 0300 311 22 33. We appreciate that some practices may be listed as not accepting new NHS patients, however, may still be able to help by providing urgent care, self-care advice and signposting to another relevant service if necessary.

If a patient requires urgent general dental care, they are advised to call a local NHS dental practice, where the clinician will then assess if the patient requires an urgent face to face appointment and will endeavour to accommodate by offering the next available urgent slot. If they are unable to offer an appointment suitable to their needs, but the patient requires intervention, the patient could be referred to an Urgent Dental Care (UDC) centre where they will be contacted to arrange a convenient appointment. A COVID-19 assessment for the patient will also be undertaken at this time to ensure that the patient attends the appropriate clinic requiring the relevant level of protection.'

It is worth reiterating the comments regarding registration for dentistry as patients are used to being 'registered' at their dentist. This changed a few years ago and as detailed above, a patient can contact any dentist. For emergency cases, our closest UDC is in Melton Mowbray.

- It was reported that the responsibility for dentistry services would be moving from the NHS to the ICS.
- Detailed dentistry data for Rutland was currently not available for analysis by the ICS.
- If anybody had any items they would like adding to the work plan for 2022/23 would they please contact Governance (governance@rutland.gov.uk)

13 ANY OTHER URGENT BUSINESS

There was no urgent business

14 DATE AND PREVIEW OF NEXT MEETING

Thursday, 31st March 2022 at 7 pm via Zoom

Proposed Agenda Items

1. Lakeside Healthcare Stamford
2. Dentistry in Rutland: Update
3. Primary Care T&F Group: Final Report
4. Adult Services Performance Data and Risk Register – for information only
5. Public Health and CCG Performance Data – for information only

SUMMARY OF ACTIONS

No.	Ref.	Action	Person
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1.	10	Initial outcomes report to be published with the minutes of this meeting.	Jane Narey
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The Chairman declared the meeting closed at 8.27 pm.

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Primary Care Task and Finish Group: Final Report

Version	Version 1.0
Guardian	Councillor Paul Ainsley
Date Produced	16 March 2022

Approved by Adults & Health Scrutiny Committee	
Release to Rutland Health and Wellbeing Board	
Approved by Council	



Summary of document

The final report follows up on the issues raised by the patient survey and seeks to make recommendations, as well as consider the longer-term demand for primary care. The final report will be subject to approval as detailed in the terms of reference.

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1.0 INTRODUCTION

- 1.1 At its meeting on 11th October 2021, Rutland County Council (RCC) resolved to establish a cross-party Task and Finish Group (the Group) to understand issues that residents were facing in accessing primary care services and to consider the longer-term demand for primary care due to increasing demand including new housing developments.
- 1.2 As part of that work, the Group was tasked to bring forward a report on its provisional findings. The 'Phase 1' or [preliminary report](#) presented the data gathered by the Group with a high-level analysis highlighting the key issues which residents faced. Copies of the results and the individual patient comments were passed to the respective surgeries to seek their comments. They responded to the Group through a presentation from the Primary Care Network (PCN), which represents all four surgeries in Rutland.
- 1.3 Subsequent work built upon the evidence presented in the [preliminary report](#) to understand current and future demand for primary care services, the impact of new housing developments in the county and the resulting pressures on the PCN.

2.0 CONTEXT

- 2.1 It is recognised that the patient survey was carried out just as the Omicron variant was taking hold within the community and the resulting need for health professionals to be diverted to support the vaccination booster programme. However, from the patients' comments, it is clear that the issues raised are much deeper seated than just the last few months.
- 2.2 The impact of the pandemic has created a pent-up demand for services as patients have both stayed away from surgeries to avoid 'bothering' the medical staff for what they perceived as minor ailments, while at the same time surgeries had internal issues due to Covid pressures such as the 2-metre physical separation and requirements for self-isolation; all whilst trying to deliver normal services.
- 2.3 For at least the last 5 years, surgeries have experienced issues with staff retention and recruitment, although this does not seem to have been universal across all surgeries. Alongside retirement, there has been a shift in working patterns, with more GPs choosing to work part-time or more locum working. The number of permanent GPs has dropped significantly in the last 4 years
- 2.4 According to the World Health Organisation (WHO), there are nearly 2.8 doctors per 1000 people in the UK, which is lower than the number of doctors available in most of the European Union countries (3.4 per 1000 people). The British Medical Association (BMA) has suggested that we could see a shortfall of 7,000 GPs by 2023.

3.0 SUPPORT CURRENTLY PROVIDED TO GP PRACTICES

- 3.1 RCC provides considerable support to Rutland practices when compared to the other authorities within the Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG). The Strategic Director of Adult Services and Health at RCC detailed the role of the Rutland Integrated Social Empowerment (RISE) and the Mi Care teams and the support provided to Rutland's medical practices. This support assists the acute care sector by enabling the discharge of patients from hospital and reducing re-admissions so saving money in that sector. However, it does mean that patients are seen more often by the wider Rutland team (RCC and PCN) so increasing their costs with no compensation for the benefits provided.
- 3.2 RCC has made available two Integrated Care Co-ordinators; a Community Mental Health Worker; one Social Prescriber and a Line Worker for liaising with care homes. The Integration and Transformation Team at the CCG gave a wide ranging and useful presentation to members of the Group, describing how they appreciated this level of help and how impressive this was compared to other councils in their area and even to the extent that our approach was nationally significant. This support was also recognised as being valuable to the PCN members, by the Clinical Director of Rutland Health PCN.
- 3.3 The RISE Team has grown in the past 3 years and Rutland is seen as an exemplar of good practice. It has proved so successful that the service is no longer funded by the Local Authority but by the Better Care Fund and the PCN; all because of the resulting improved outcomes for patients.
- 3.4 Empingham Medical Centre recently reached a critical point as it was unable to provide consulting space for vital patient services. An additional 3 consulting rooms were required and more than £103,700 was provided by RCC for this, which came principally from Section 106 agreement money.

4.0 SURVEY METHODOLOGY

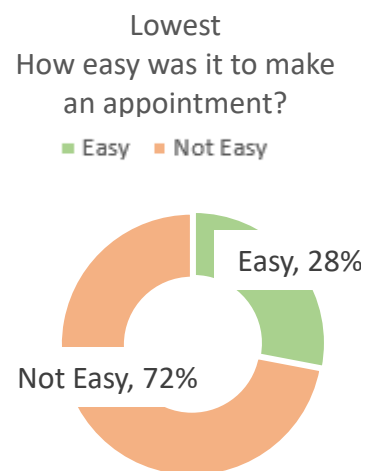
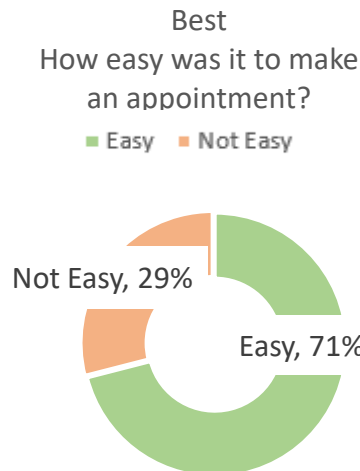
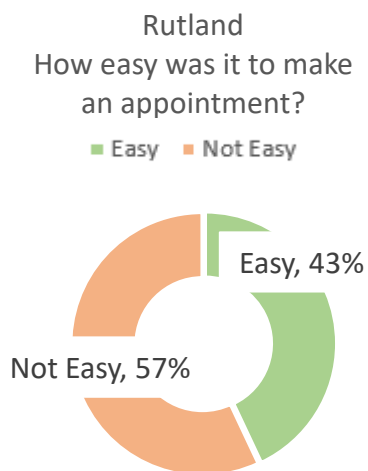
- 4.1 The core activity of the Group was to gather information from residents about their experiences in accessing primary care services. The Group generated a resident survey principally using an online form supported by a press/social media campaign and leaflets delivered by Councillors within their Wards and Parish Councils. The survey was broadly similar to the questionnaire detailed in Appendix 4.
- 4.2 Residents' views were also sought in face-to-face meetings on the high streets, including supermarkets and on market days as well as meetings held with most of the Practice Patient Participation Groups.
- 4.3 A GP survey was sent out to each practice but due to pressures on the GP's and their staff with the Omicron variant, the Clinical Director of the PCN contacted the Chief Executive of RCC advising that the GP practices did not have the capacity or time to

complete the survey. Many GP practices still have ongoing staffing issues due to staff sickness, holidays and staff having to isolate or support the vaccination centres.

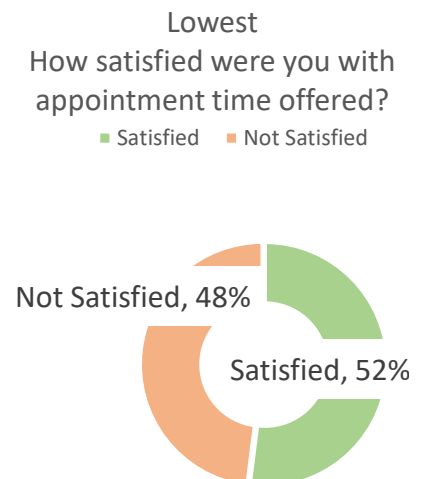
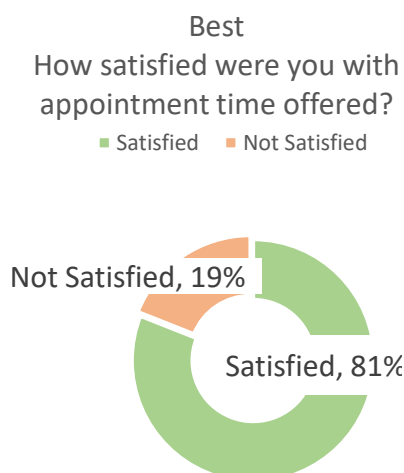
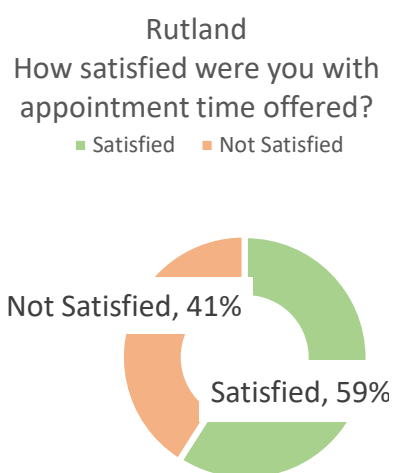
- 4.4 As an alternative to completing the GP survey, the Clinical Director of the PCN made a detailed presentation to the Group and dealt with many of the issues which members of the Group wished to cover. Concern was expressed during the meeting that some of the practices were unhappy about the detailed comments from patients being made public as they felt it had a detrimental impact on their staff.
- 4.5 It was confirmed that it had never been the intention of the Group for the practices to feel that its approach was targeted as being negative. However, the Group did feel that the patients' survey was evidential as there was a disconnect between how the practices, the CCG and the general practitioners perceived their operations and the patients' perception, which as a member of the Group stated, "In the view of the patients, their perception is their reality".

5.0 ANALYSIS OF THE DATA

- 5.1 The on-line survey was completed on the 10th January 2022. The survey had a good response with a total of 902 valid responses across Rutland. A summary of the results by practice can be found at Appendix 5 but the responses can be broken down by Rutland surgery as follows:
- Empingham Medical Centre – 150 valid responses
 - Market Overby and Somerby Surgery – 92 valid responses
 - Oakham Medical Practice (OMP) – 536 valid responses
 - Uppingham Surgery – 124 valid responses
- 5.2 The Group felt that the patient survey showed there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.
- 5.3 Although each practice decides its own approach to managing the practice and the delivery of services, the Group was informed that there was a Joint Practices Committee to promote joint working. This Committee had established an IT system that had a good level of interflow on operational matters between practices and RCC and was aiming at the establishment of common 'best practice' procedures throughout the county's medical centres.
- 5.4 There were wide differences between individual surgeries, with 72% finding it not easy to make an appointment in the lowest performing practice. Whilst in the best performing practice, 29% found it not easy and 71% found it easy to make an appointment.



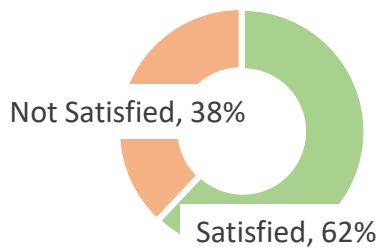
5.5 On reviewing the question, ‘How satisfied were you with the appointment time offered?’, the best practice had a satisfaction rate of 81%, surely an exemplar. Whilst the average across Rutland was a much lower 59% with the lowest performing practice at 48%.



5.6 When examining the results of the question, ‘How satisfied were you with your level of care?’, there were stark differences across Rutland with the best performing practice achieving an 81% satisfaction rate, possibly an achievable target standard for all of Rutland.

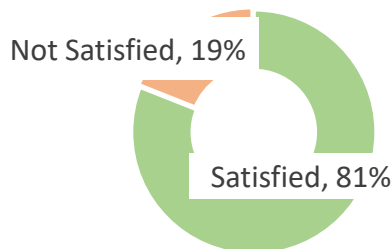
Rutland
How satisfied were you with your level of care?

■ Satisfied ■ Not Satisfied



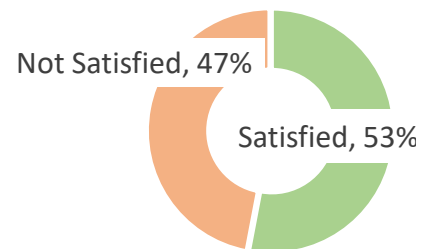
Best
How satisfied were you with your level of care?

■ Satisfied ■ Not Satisfied



Lowest
How satisfied were you with your level of care?

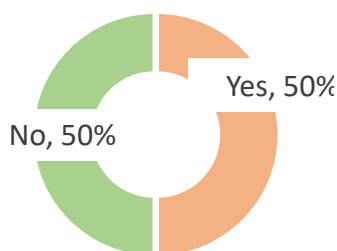
■ Satisfied ■ Not Satisfied



5.7 As part of the survey the question was asked, 'When you called, did you get an engaged tone?', the Rutland average was split 50/50 whilst in the best surgery 88% of patients who called got through at the first attempt. Whilst in the lowest, only 23% of patients got through on the first attempt.

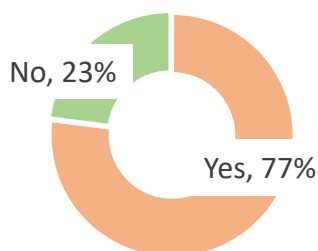
Rutland
When you called did you get an engaged tone?

■ Yes ■ No



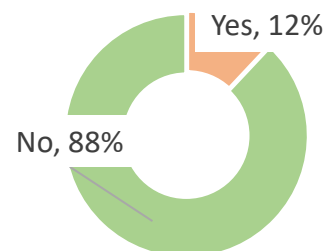
Lowest
When you called did you get an engaged tone?

■ Yes ■ No



Best
When you called did you get an engaged tone?

■ Yes ■ No



6.0 PATIENT ENGAGEMENT ISSUES

6.1 Technology

Although the responses to the public survey were by digital means, this may have excluded a significant proportion of patients (most likely elderly). Yet, of those responders who clearly exhibited proficiency in digital matters, a substantial proportion still had difficulties in using the practices' digital systems. This raises the

issue of ensuring that the patient/surgery interface is suitable for all, whether digitally capable or not and especially to the more vulnerable in the community.

6.2 Modern Clinical Practices

6.2.1 The patient survey indicates that the traditional methods of initial patient contact by telephone or personal attendance, are being replaced in all practices by a combination of telephone and digital means. It is understood that this may be in response to NHS national directives especially as a result of the pandemic.

6.2.2 In respect of the patients' initial contact with medical practices, there is now an initial triaged approach leading to an alternative hierarchy of practitioners. The message from our patients' survey is that the public wishes to continue in the traditional format of booking to see their GP in the first instance.

6.2.3 This transition has not met with patient satisfaction as demonstrated by the evidenced comments detailed in the [Preliminary Report](#) nor do patients understand why these changes are taking place or the benefits which might flow from them. Change inevitably is never popular and concern will always follow, but the evidence repeatedly cites, to varying degrees, differences between practices.

6.2.4 As to telephone contact:

- Failure in practices' ability to promptly respond and deal with enquiries, in some instances, to an alarming extent.
- Call-handlers making decisions as to which treatment pathway would be appropriate, which patients find difficult to accept.
- Anecdotal evidence suggests that telephone contact at Oakham Medical Practice may have improved following the introduction of a cloud-based telephone system after the survey had been completed in January 2022

6.2.5 As to digital means of contact:

- Releasing appointments via digital pathways for any type of clinical help, sometimes at unreasonable times i.e., only opening appointments on the system at 07.30 and/or midnight,
- Failure to offer sufficient, sometimes any, appointments with any general practitioner in the practice. Appointments only available with other clinicians. Concerned patients then have to revert to the telephone to discuss alternatives. Which defeats the object of improving the speed of transactions and quality of service.

- Evidence, to varying degrees, shows increasing frustration, sometimes to the point of anger, with delays, choice of appointments and approach of call-handlers, typically medically trained staff. All of which must be counter-productive to the well-being of both the patients and the medical staff at the affected practices.
- Patients are largely unaware of the problems the practices face. They do not know how the practices are dealing with these problems or how the delivery of medical services has changed and will continue to change. Patients' anticipations will need to change to meet the limitations of the medical practice's ability to delivery in both the current and foreseeable future.

6.3 Surgery Performances and Factors Affecting Access to Services

6.3.1 The Group felt the patient survey showed that there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.

6.3.2 The patient survey clearly evidenced certain aspects of patient services that varied considerably between practices. When considering the average across Rutland, the question '*How easy was it to make an appointment?*', 57% found it was **not easy** to make an appointment.

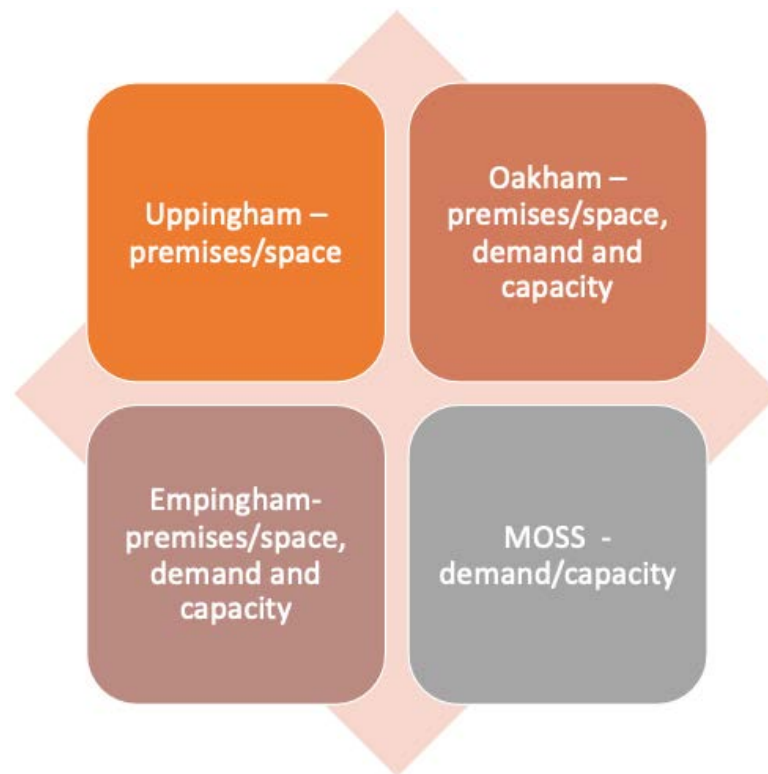
7.0 CURRENT PRESSURES

7.1 The Group received details of the deficits in both the existing practices' estates and the facilities within them. This was made unambiguously clear by both the CCG & the PCN.

7.2 In the evidence presented by the PCN, there are two types of problems facing the surgeries at the present time and to some degree both are interrelated.

7.3 Facilities and Access

7.3.1 The problem for Rutland is not only that improvements and expansions in existing and more progressive primary care facilities are needed throughout the County but that certain elements of out-patient secondary care also have to be addressed. Round trips for patients will get longer and more remote with the ongoing consolidation of hospitals that have to be utilised by Rutlanders. This is an aspect of care which the CCG recognises and they are currently looking at this with a view to reporting in late summer regarding the use of Rutland Memorial Hospital (RMH).



7.3.2 As can be seen, there are already physical constraints at Oakham, Uppingham and Market Overton (MOSS). There is insufficient space within the existing premises to accommodate and deliver the range of services now being offered by GP surgeries based on the current demand. In addition, there are staff shortages at Oakham, Empingham and Market Overton so, even if staff can be recruited for a surgery, there will not be the space for them to operate in. This was made unambiguously clear by both the CCG & the PCN.

7.3.3 It appears that capital investment is needed for an improved practice in Stamford and, in the immediate future up to 2025, support for those existing practices. The problem for Rutland is that improvements and expansions are needed throughout the county in existing and more progressive primary care facilities. Certain elements of out-patient secondary care also have to be addressed, as round trips for needy patients will get longer and more remote with the ongoing consolidation of hospitals that have to be utilised by Rutlanders.

7.3.4 GPs have to provide their own surgery premises, whilst being totally controlled by the CCG as to what those should be. The CCG then pay an assessed rent to the GPs and Medical practices continue to be quasi-independent franchises from the NHS.

7.4 Housing Demand

7.4.1 The withdrawn Local Plan identified capital expenditure to support the expansion of GP surgeries as part of the Infrastructure Delivery Plan (published in December 2020) see Appendix 2 project reference SI/04 to SI/10.

This plan was based on a document jointly agreed between RCC and LLR CCG, a statement of common ground, relating to healthcare provision in the county. Para 3.1.3 of that report stated that: -

The available capacity at existing medical practices that serve the current residents of Rutland County is currently insufficient to meet the identified increases in homes and resulting increases in population. Any increase in population will require a commensurate increase in GP practice facilities.

- 7.4.2 It also stated that the proposed housing growth, within the withdrawn Local Plan, could generate some 5380 additional patients by 2036.
- 7.4.3 This position has not changed even following the withdrawal of the Local Plan, in fact, it is probably worse, given that the opportunity of delivering a new medical facility at St George's Barracks to serve the east of the county is unlikely to occur before the early 2030s, if ever. It is also likely that new homes will be delivered at a faster rate than was anticipated in the withdrawn Local Plan particularly up to 2025.
- 7.4.4 The Infrastructure Delivery Plan, written in February 2020, identified additional capacity requirements at Oakham Medical Practice, which is currently 33% over design capacity. It also identified that Uppingham Surgery would require the existing building to be reconfigured. Despite the addition of a temporary building at Empingham in 2021, the capacity constraints remain and it was recognised that a new surgery at St George's Barracks would be a means of dealing with the increase in demand coming from the 2000 new homes at the Stamford Northern extension (which included up to 650 homes inside Rutland County) as well as improving consolidated and accessible facilities in Stamford.
- 7.4.5 It appears from the current evidence that the bulk of the new housing will be in the north of the county around Oakham and in the east at Ketton and Stamford. With the lack of a facility planned for St George's within the foreseeable future, additional physical capacity will need to be delivered in Oakham, Empingham and Stamford as an immediate priority.
- 7.4.6 Work carried out by the CCG suggest that only Empingham out of the Rutland surgeries is in the top 50 surgeries requiring immediate action to be taken in terms of physical capacity.

7.5 Residential Care Homes

- 7.5.1 The number of care home beds in Rutland has increased dramatically in the last 5 years, which has led to an increase in the workload for both GPs and for RCC's Adult Services.
- 7.5.2 This raises a potential future problem because if people come into Rutland to live in the new care homes as a self-funder i.e., they pay for their own care and accommodation and they then run out of money, it would be the

responsibility of the Local Authority to pay for their care and accommodation. In these unfortunate circumstances the Local Authority could move people to cheaper accommodation if medically and morally appropriate, following consultation with families and the care homes, but it would still have potentially serious implications for the Local Authority's budget in the future and just as importantly for the purposes of this report, additional pressures on the surgeries.

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, RCC and/or Public Health provide 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.

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.

A large print version of this document is available on request



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Primary Care Task and Finish Group – Terms of Reference

Approved by Council: 11 October 2021

1. Purpose

The purpose of this document is to define the Terms of Reference for the scrutiny task and finish group on Primary Care in Rutland.

2. Background

- As the pandemic has progressed, so has members correspondence from Residents highlighting concerns on accessing Primary Care.
- Healthwatch Rutland have been receiving reports from residents and raising concerns since December 2020
- Nationally, face to face access to General Practice is a concern.
- In September 2021, Rutland County Council voted to withdraw the Draft Local Plan and begin the process again, this means the strategic medium to long-term infrastructure plan now has to be reviewed.
- Housing growth and access (alongside transport) are some of the key concerns/issues that have been raised recently and form part of the emerging Rutland Place led Plan (otherwise known as the joint health and well-being strategy)
- In April 2022, the new Integrated Care System (ICS) will be implemented, this is a service led system.
- There is therefore an urgency in reviewing this matter and the wider contribution the Council can play in resolving these issues

3. Aims and Objectives

- To understand what Primary Care is available to the residents and how this can be accessed and understand the resident's perspective of this, highlighting the gaps.
- To understand the current and projected demand for primary care services
- To understand the projections and potential locations of new housing developments within the County
- To develop an understanding on the medium-term pressures on the infrastructure estate of Primary Care
- To develop an understanding of the NHS Capital Investment programme and the local funding priorities
- To make recommendations on "quick wins" to help close the gap between what is available and the resident's perspective of this.

- To explore how different delivery models, including the use of technology, could reduce pressures on the operational estate
- To make recommendation based on the findings for the long-term infrastructure planning for Primary Care in Rutland.

4. Proposed Scrutiny Task and Finish Group Members

At a meeting on the 22nd September 2021, the Scrutiny Commission proposed to bring forward a combined scrutiny Task & Finish Group to evaluate and gain evidence on the matter.

It is proposed that the Adults and Health Scrutiny Committee oversee the work of the Task and Finish Group.

Membership of the group will be politically balanced in accordance with Procedure Rule 15 and nominations should be sent to Governance by 29 October.

- There is an expectation that members will be co-ordinating and delivering face to face and telephone interviews as part of the initial evidence gathering sessions, as such, members will need to have some flexibility of time, especially in the first two months.
- It is proposed that the Group will comprise 7 Councillors to enable the Group to be comprised of those Councillors who have the time available to enable them to actively participate.

5. Chairman

Councillor Paul Ainsley will Chair. Councillor P Browne will be Vice-Chair.

6. Length of Review

The review is expected to take no more than six months and the Group will be aiming to deliver their final report to Adults and Health Scrutiny Committee for referral to April's Council meeting.

7. Timetable

The timetable, and the frequency and timing of meetings will be determined by the Task and Finish Group at their first meeting. However, there will be a meeting in November 2021, December 2021 and March 2022.

8. Methodology/Approach

The following information will be considered by the Group:

- Gain evidence from patients, carers, residents and Healthwatch on their experience of accessing care.
- Gain evidence from practices on the delivery of care
- Gain an understanding of how different models and technology can help improve access
- Understand and report on how infrastructure is modelled by the CCG and the operational estate is currently maintained
- Gain an understanding of how the NHS capital investment programme is developed and funded and the implications for the local area
- Understand how, as a Local Authority, we can work with, and influence, stakeholders to improve medium- and long-term infrastructure planning.

9. Reporting

- An interim report will be delivered with provisional findings and recommendations in January 2022, this also allows time to support and supplement the Rutland Place-led plan.
- The Group will submit a final report to Adults and Health Scrutiny Committee for endorsement and approval of its recommendations to Cabinet and Council

10. Officer Support

The Group will be assisted by the Governance Team for secretariat

The group will also be assisted by John Morley, Strategic Director of Adult Services and Health, and Penny Sharp, Strategic Director Place.

11. Finance

It is not anticipated to require additional budget in this financial year.

ENDS

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Appendix 2

Project Reference	Infrastructure Project	Location	Short Term 2020-2025	Medium Term 2025-2030	Long Term 2030-2040	Trigger for Timing of Delivery	Delivery Lead	Delivery Partners and Stakeholders	Indicative Cost (£)	Delivery Mechanism / Potential Funding Source	Prioritisation 1 – Critical 2 – Necessary 3 - Important	Contributing Sites	Comments (including risks and contingencies)
HEALTH													
S1/04	Enhanced primary care provision	Oakham	X	X		Not dependent on Local Plan	ELR CCG	Oakham Medical Practice	Not known at this stage	ELR CCG, CIL	2		Decision on preferred approach to be made Funding availability
S1/07	GP Practice Expansion	Uppingham Surgery		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG	Uppingham Surgery	Not known at this stage	ELR CCG, CIL	2		Funding availability
S1/08	GP Practice Expansion	Empingham Medical Practice		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG	Empingham Medical Practice	Not known at this stage	ELR CCG, CIL	2		Funding availability Depending on preferred approach on primary healthcare provision on St George's Barracks
33													
S1/09	Primary Health Care Provision	St. George's Barracks		X		Actual timing to be agreed through planning application process and further discussion with CCG and secured through condition on planning permission or S106	ELR CCG	Developer	£1,900,000	ELR CCG, CIL	2	EDI/03, St George's Barracks (EDI/04)	Requires land from developer
S1/10	Expansion of Primary Health Care Facilities	To be determined		X		Actual timing to be agreed through planning application process and further discussion with CCG	ELR CCG, SWL CCG	Developer	Not known at this stage	ELR CCG, SWL CCG, CIL	2	Stamford North (UT/01)	Further discussion with CCGs to determine receiving practice Allocation of CIL funding

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Evidence Base — Initial Report Jan 2022



Information Gathering

Rutland residents experience accessing primary care

Rutland residents who use an out of county practice

Patients from out of county who use a Rutland practice

Surgery perspective

Commissioning Groups



Collation and Reporting

What is Good

Patient engagement issues

- Use of Technology
- Modern Clinical Practice
- Selection of Appointments
- Practice Hours

Surgery performance and factors affecting access

Infrastructure — Final Report April 2022



Further analysis

Current and Emerging Housing Development Pressures

Current and Emerging Care Home Pressures



Recommendations

Sources of Finance

Changes already started and future plans

Where / what next ?

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Appendix 4 - Accessing GP services in Rutland

Future Rutland

GP services survey

Please help us by answering the following questions about your experiences when you accessed you local medical centre or surgery.

Please enter your postcode:

Which medical centre or surgery are you registered with?

(Choose any one option)

- Empingham Medical Centre
- Market Overton and Somerby Surgery
- Oakham Medical Centre
- Uppingham Surgery
- Other - not located in Rutland

Accessing GP services in Rutland

Future Rutland

Which non-Rutland medical centre or surgery are you with?

(Choose any one option)

- Billesdon Surgery
- Glenside Country Practice - Castle Bytham
- Gretton Surgery
- Lakeside Healthcare - Stamford
- Latham House Medical Practice
- The Welby Practice - Waltham
- Other

Answer this question only if you have chosen Other for Which non-Rutland medical centre or surgery are you with?

What is the name of the medical practice or surgery?

Answer this question only if you have chosen Other for Which non-Rutland medical centre or surgery are you with?

Please tell us the postcode of the medical practice or surgery, if known:

Accessing GP services in Rutland

Future Rutland

In a few words, please tell us why you chose to use a medical centre or surgery that's not in Rutland:

Have you contacted your medical centre or surgery in the last 12 months?

(Choose any one option)

Yes

No

Accessing GP services in Rutland

Future Rutland

Did you make an appointment for yourself, or someone else?

(Choose any one option)

- Myself
- Someone else

Answer this question only if you have chosen Someone else for Did you make an appointment for yourself, or someone else?

Who were you making an appointment for? (Select one option)

(Choose any one option)

- A child
- Elderly relative
- A neighbour or friend
- Someone who has additional needs
- Other

Accessing GP services in Rutland

Future Rutland

How did you last make an appointment at the medical centre or surgery?

(Choose any one option)

- Phone
- Website
- App
- In person

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

When you called, did you get an engaged tone?

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

If you got an engaged tone, how many times did you call before you can an answer?

(Choose any one option)

- Answered on second attempt
- More than two attempts

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

How long until your call was answered?

(Choose any one option)

- Less than 5 minutes
- 5 to 15 minutes
- 15 to 30 minutes
- Over 30 minutes

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

Were you triaged (did the staff member who answered the telephone ask questions about your condition)?

Many people are unaware that staff answering the surgery telephones are not receptionists, but care navigators who are trained to signpost people to the most appropriate professional.

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen Phone for How did you last make an appointment at the medical centre or surgery?

Did you find the receptionist helpful?

(Choose any one option)

- Yes
- No

Accessing GP services in Rutland

Future Rutland

How long did you wait for an appointment?

(Choose any one option)

- Same day
- Within 48 hours
- Within 72 hours
- Within a week
- Over a week

How satisfied were you with the appointment time offered?

Questions	1	2	3	4	5
1 = not at all satisfied, 5 = very satisfied					

Who was your appointment with?

(Choose any one option)

- GP
- Nurse practitioner
- Nurse
- Pharmacist
- Other (please specify)

Did you see the person you wanted to?

(Choose any one option)

- Yes
- No

Was your appointment face to face, or remote?

(Choose any one option)

- Telephone
- Video
- Face to face
- Home visit

Were you happy with your level of care?

(Choose any one option)

- Yes
- No

Answer this question only if you have chosen No for Were you happy with your level of care?

Why were you unhappy with your level of care?

Accessing GP services in Rutland

Future Rutland

Overall, how easy was it make an appointment?

Questions	1	2	3	4	5
1 = not at all easy, 5 = very easy					

Overall, how satisfied were you with your level of care?

Questions	1	2	3	4	5
1 = not at all satisfied, 5 = very satisfied					

Please enter a few words detailing your experience when engaging with your medical practice or surgery:

Can we contact you for more information?

(Choose any one option)

- Yes
 No

Answer this question only if you have chosen Yes for Can we contact you for more information?

Please give your email address:

Answer this question only if you have chosen Yes for Can we contact you for more information?

Please give your phone number:

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Primary Care Survey Dataset volume 2

Short Survey Responses and Maps

9 December 2021 to 10 January 2022

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Appendix 5

RUTLAND

Responses: 902 Date: 09/12 to 10/01/2022

Rutland Surgeries have 41624 registered patients, which includes 3529 patients outside the combined commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	782	88%	59	7%	1	0%	8	1%	35	4%
How did you last make an appointment?	In Person		Phone		App		Website			
	20	2%	693	77%	28	3%	161	18%		
When you called, did you get an engaged tone?	Yes		No							
	345	50%	345	50%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	232	40%	35	6%	320	55%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	164	24%	260	38%	145	21%	119	17%		
Were you triaged ?	Yes		No							
	562	81%	131	19%						
Did you find the receptionist helpful?	Yes		No							
	582	84%	131	19%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
			< 3 days		46%		A week or more		54%	
	181	20%	163	18%	71	8%	150	17%	337	37%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	450	50%	119	13%	229	25%	11	1%	87	10%
Did you see the person you wanted to?	Yes		No							
	465	52%	437	48%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	358	40%	528	59%	15	2%	6	1%		
Were you happy with your level of care?	Yes		No							
	559	63%	333	37%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
			Easy		43%		Not Easy		57%	
	141	16%	91	10%	158	18%	129	14%	383	42%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
			Satisfied		59%		Not Satisfied		41%	
	224	25%	107	12%	200	22%	100	11%	271	30%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
			Satisfied		62%		Not Satisfied		38%	
	225	25%	147	16%	189	21%	119	13%	222	25%

Appendix 5

EMPINGHAM MEDICAL CENTRE

Responses: 150

Date: 09/12 to 10/01/2022

The centre has 9027 registered patients, which includes 1335 patients outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	138	95%	6	4%	0	0%	1	1%	0	0%
How did you last make an appointment?	In Person		Phone		App		Website			
	1	1%	147	98%	0	0%	2	1%		
When you called, did you get an engaged tone?	Yes		No							
	18	12%	128	88%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	87	82%	9	8%	10	9%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	97	68%	44	31%	1	1%	1	1%		
Were you triaged ?	Yes		No							
	130	88%	17	12%						
Did you find the receptionist helpful?	Yes		No							
	125	85%	22	15%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 42%				A week or more 58%					
	33	22%	22	15%	8	5%	12	8%	75	50%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	92	61%	10	7%	40	27%	1	1%	7	5%
Did you see the person you wanted to?	Yes		No							
	95	63%	55	37%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	56	37%	91	61%	0	0%	3	2%		
Were you happy with your level of care?	Yes		No							
	108	72%	41	28%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 68%				Not Easy 32%					
	57	38%	20	13%	25	17%	17	11%	31	21%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 63%				Not Satisfied 37%					
	51	34%	15	10%	29	19%	15	10%	40	27%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 75%				Not Satisfied 25%					
	63	42%	20	13%	29	19%	16	11%	22	15%

Appendix 5

OAKHAM MEDICAL PRACTICE

Responses 536

Date: 09/12 to 10/01/2022

OMP has 15,507 registered patients, which includes 9 patients outside outside the commissioning CCG										
Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	449	86%	42	8%	1	0%	3	1%	30	6%
How did you last make an appointment?	In Person		Phone		App		Website			
	13	2%	391	73%	22	4%	110	21%		
When you called, did you get an engaged tone?	Yes		No							
	298	77%	91	23%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	61	17%	21	6%	286	78%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	26	7%	145	37%	119	31%	100	26%		
Were you triaged ?	Yes		No							
	313	80%	78	20%						
Did you find the receptionist helpful?	Yes		No							
	230	59%	161	41%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
			< 3 days		43%		A week or more		56%	
	114	21%	81	15%	38	7%	86	16%	215	40%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	259	48%	79	15%	133	25%	4	1%	61	11%
Did you see the person you wanted to?	Yes		No							
	234	44%	302	56%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	185	35%	337	63%	2	0%	12	2%		
Were you happy with your level of care?	Yes		No							
	286	54%	244	46%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
			Easy		28%		Not Easy		72%	
	30	6%	35	7%	83	15%	87	16%	301	56%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
			Satisfied		52%		Not Satisfied		48%	
	98	18%	61	11%	121	23%	66	12%	190	35%
Overall, how satisfied were you with your level of care?	5		4		3		2		1	
			Satisfied		53%		Not Satisfied		47%	
	80	15%	87	16%	116	22%	80	15%	173	32%

Reponses: 51 Date 09/12 to 10/01/2022

MARKET OVERTON AND SOMERBY SURGERY

The surgery has 4920 registered patients, which includes 456 patient outside the commissioning CCG

Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	80	90%	5	6%	0	0%	1	1%	3	3%
How did you last make an appointment?	In Person		Phone		App		Website			
	2	2%	85	92%	3	3%	2	2%		
When you called, did you get an engaged tone?	Yes		No							
	14	16%	71	84%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	43	75%	1	2%	13	23%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	23	27%	34	40%	19	22%	9	11%		
Were you triaged ?	Yes		No							
	66	78%	19	22%						
Did you find the receptionist helpful?	Yes		No							
	62	73%	23	27%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 47%						A week or more 53%			
	15	16%	19	21%	9	10%	18	20%	31	34%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	53	58%	11	12%	16	17%	1	1%	11	12%
Did you see the person you wanted to?	Yes		No							
	47	51%	45	49%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	31	34%	58	63%	3	3%	0	0%		
Were you happy with your level of care?	Yes		No							
	62	69%	28	31%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 57%						Not Easy 43%			
	14	15%	12	13%	26	28%	14	15%	26	28%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 61%						Not Satisfied 39%			
	21	23%	12	13%	23	25%	13	14%	23	25%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 68%						Not Satisfied 29%			
	26	28%	16	17%	21	23%	11	12%	16	17%

Appendix 5

Responses: 124

Date: 09/12 to 10/01/2022

UPPINGHAM SURGERY

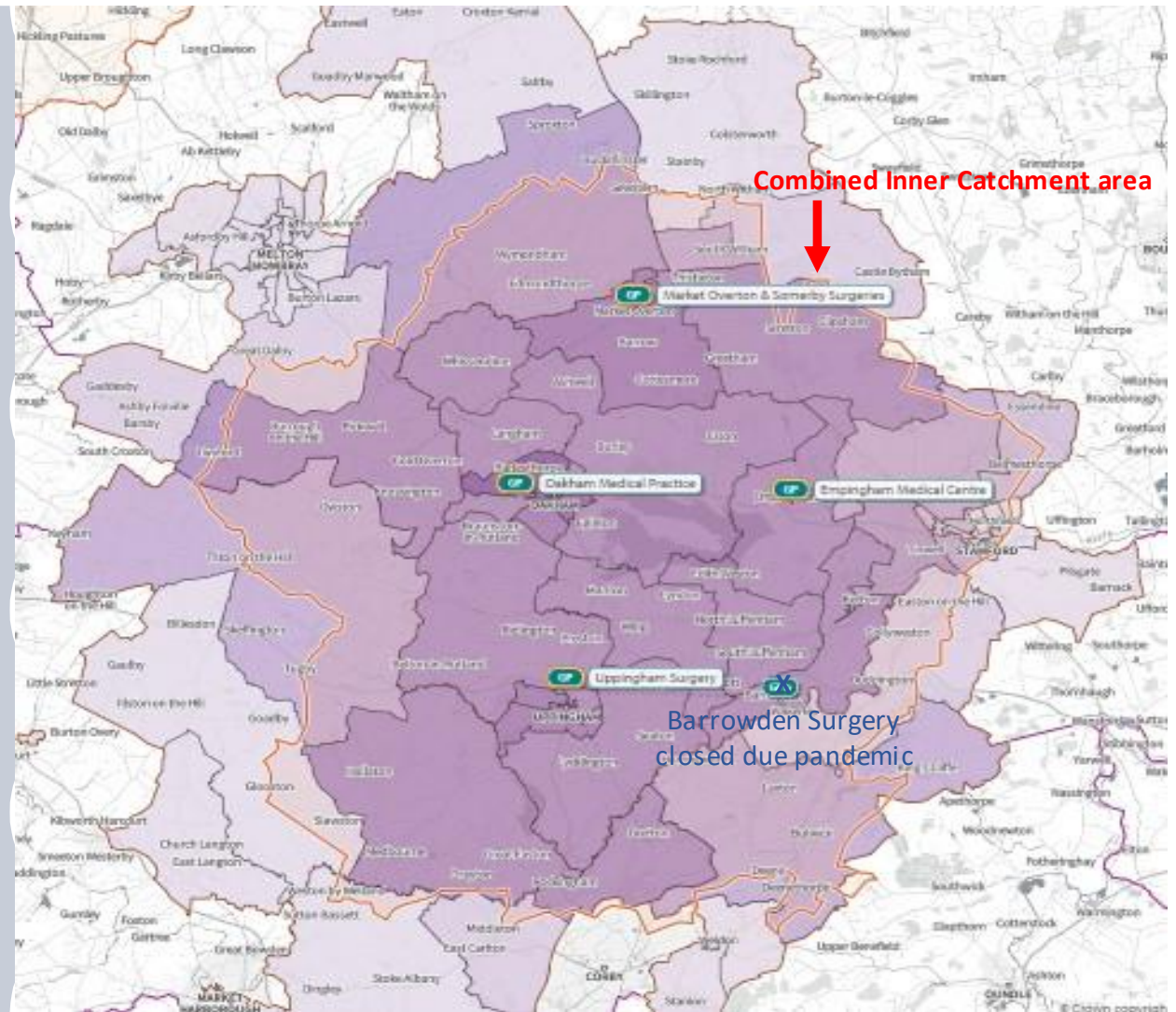
Uppingham has 12170 registered patients, which includes 1729 outside outside the commissioning CCG										
Who were you making an appointment for?	Self		A child		Neighbour or friend		Some one with additional needs		Elderly Relative	
	115	92%	6	5%	2	2%	0	0%	2	2%
How did you last make an appointment?	In Person		Phone		App		Website			
	4	3%	70	56%	4	3%	46	37%		
When you called, did you get an engaged tone?	Yes		No							
	15	21%	55	79%						
How many times did you call before you got an answer?	First Attempt		2nd Attempt		>2					
	41	73%	4	7%	11	20%				
How long until your call was answered?	<5 mins		5 to 15		15 to 30		>30			
	18	26%	37	53%	6	9%	9	13%		
Were you triaged ?	Yes		No							
	53	76%	17	24%						
Did you find the receptionist helpful?	Yes		No							
	56	80%	14	20%						
How long did you wait for an appointment?	Same day		<48 hours		<72 hours		Within a week		Over a week	
	< 3 days 61%						A week or more 39%			
	19	15%	41	33%	16	13%	32	26%	16	13%
Who was your appointment with? (Other (please specify))	GP		Nurse		Nurse P		Pharmacist		Other	
	52	42%	19	15%	40	32%	5	4%	8	6%
Did you see the person you wanted to?	Yes		No							
	89	72%	35	28%						
Was your appointment face to face, or remote?	F2F		Telephone		Home Visit		Virtual			
	84	68%	39	31%	1	1%	0	0%		
Were you happy with your level of care?	Yes		No							
	103	84%	20	16%						
Overall, how easy was it make an appointment? 1 = not at all easy, 5 = very easy:	5		4		3		2		1	
	Easy 71%						Not Easy 29%			
	40	32%	24	19%	24	19%	11	9%	25	20%
How satisfied were you with the appointment time offered? 1 = not at all satisfied, 5 = very satisfied	5		4		3		2		1	
	Satisfied 81%						Not Satisfied 19%			
	54	44%	19	15%	27	22%	6	5%	18	15%
Overall, how satisfied were you with your level of care? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
	Satisfied 81%						Not Satisfied 19%			
	56	45%	22	18%	23	19%	12	10%	11	9%

MAP - RUTLAND SURGERIES CATCHMENT

Rutland Surgeries

Rutland Surgeries have 41624 registered patients

This includes 3529 patients outside the combined inner catchment area.

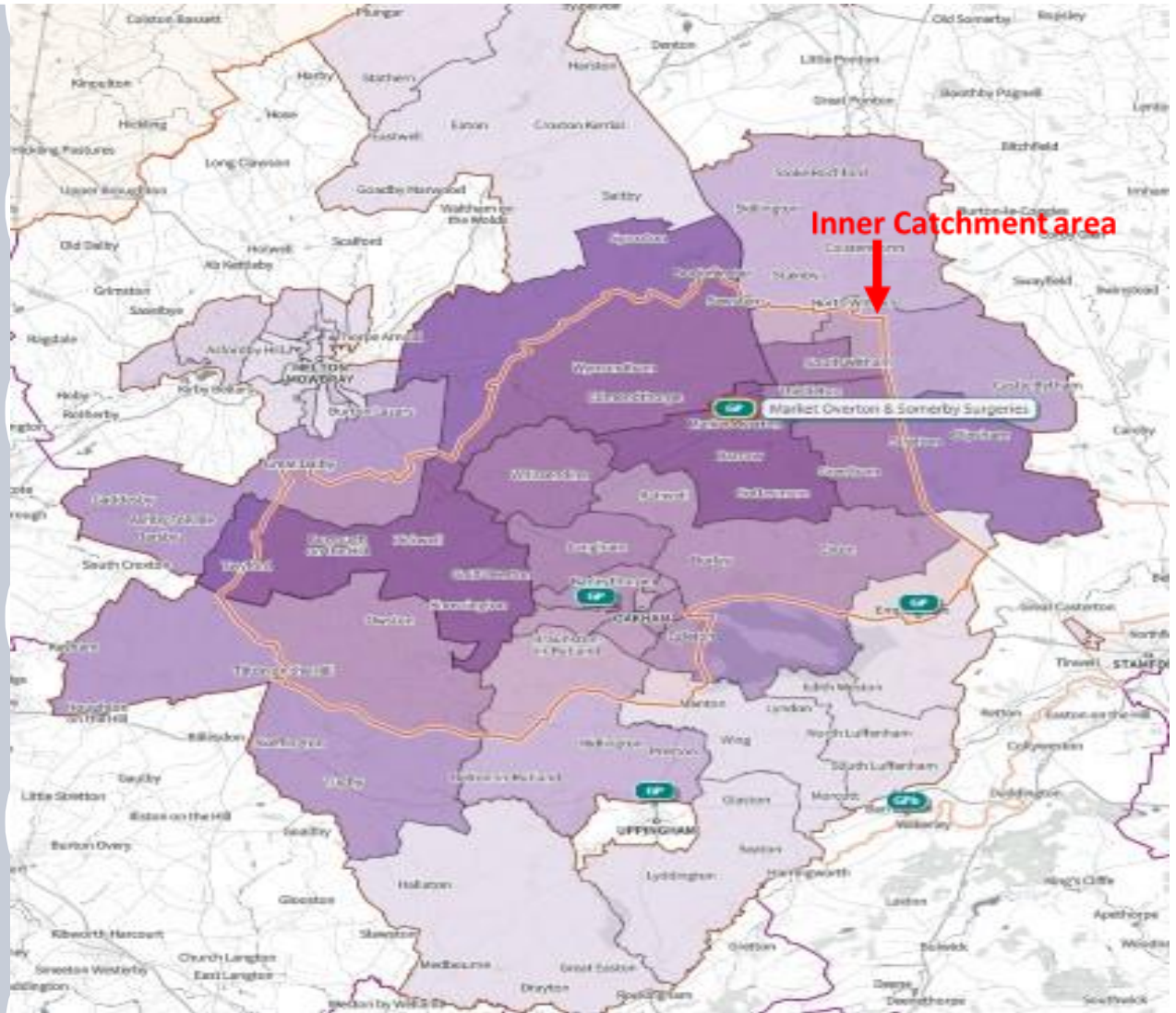


MAP – MARKET OVERBY AND SOMERBY CATCHMENT

Market Overby and Somerby Surgeries

The surgery has 4920 registered patients

This includes 456 patients outside the inner catchment area



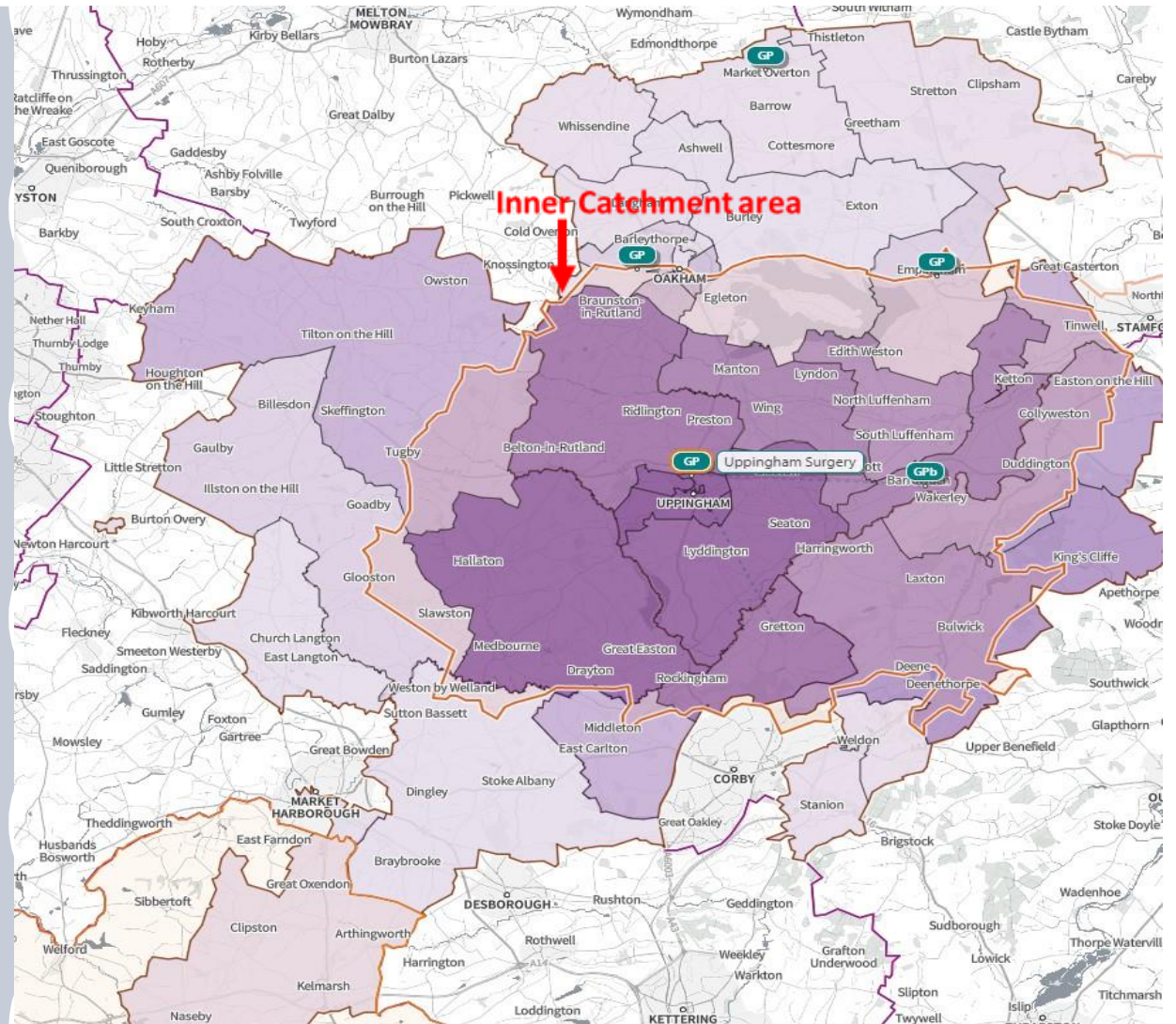
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MAP – UPPINGHAM SURGERY CATCHMENT

Uppingham Surgery


The surgery has 12170 registered patients

This includes 1729 patients outside the inner catchment area

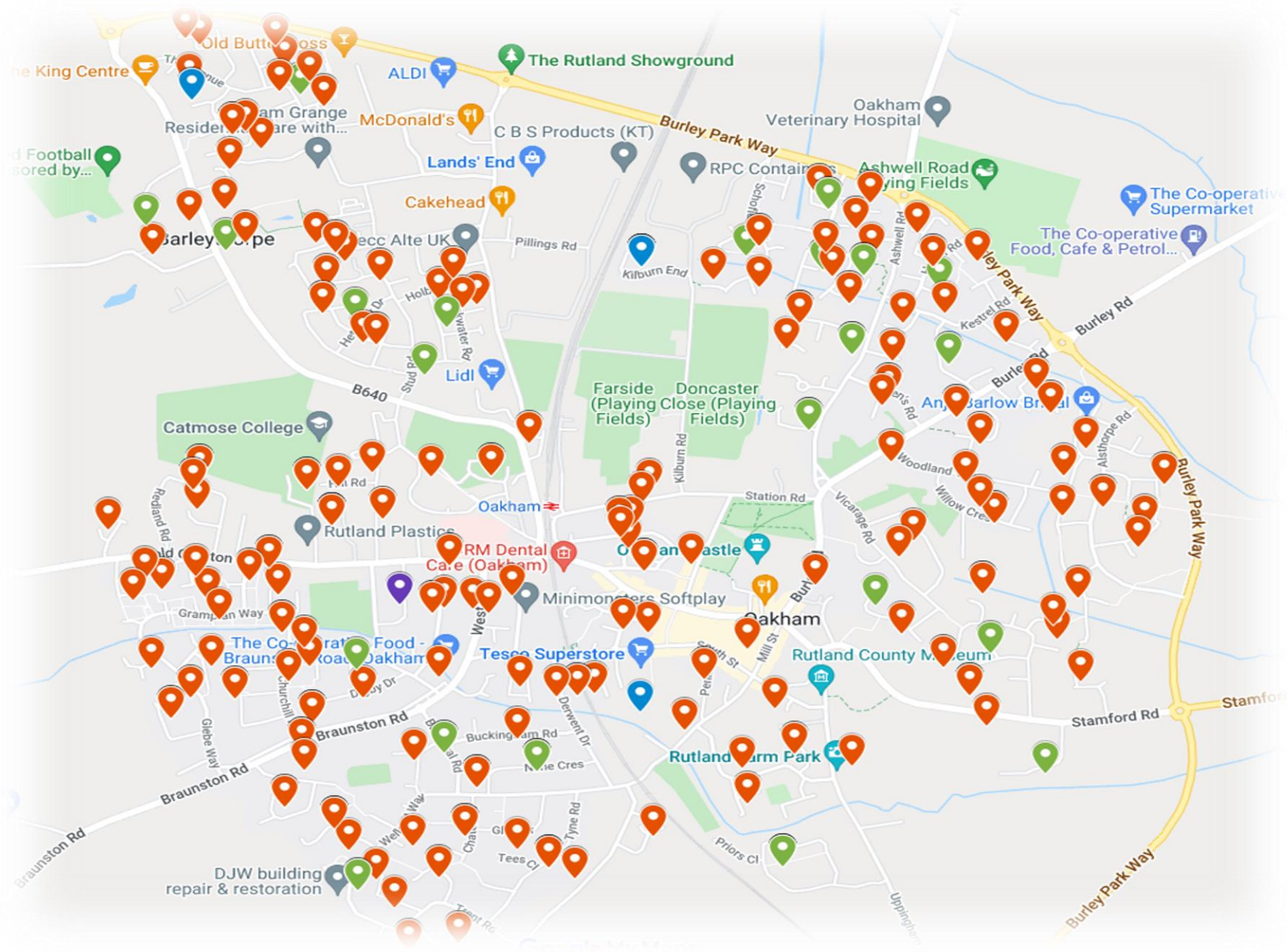


Appendix 6

Survey Responses by Postcode Oakham

-  Oakham Medical Centre
-  Empingham Medical Centre
-  Uppingham Surgery
-  Market Overton and Somerby Surgery
-  Other - not located in Rutland

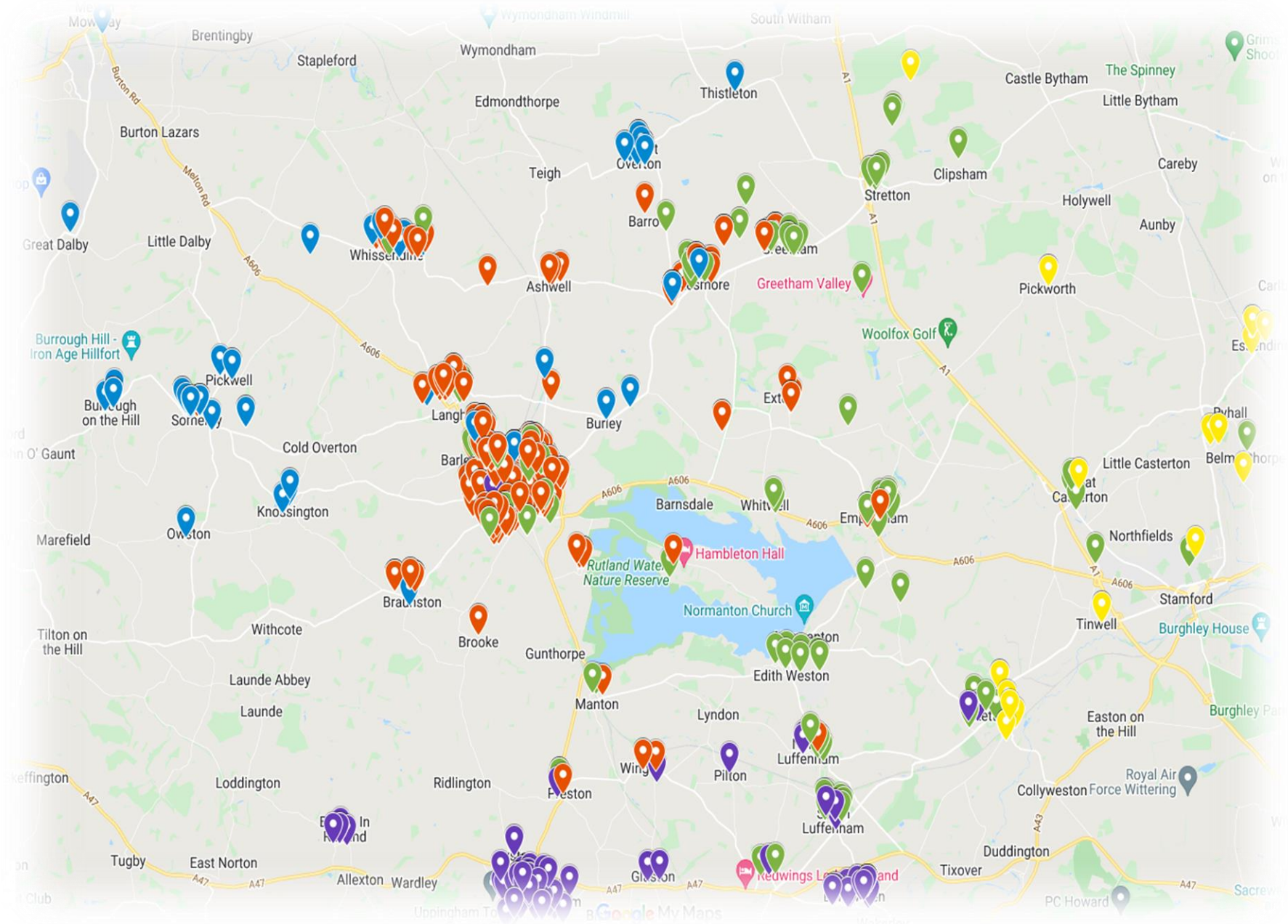
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Appendix 6 Survey Responses by Postcode Rutland

-  Oakham Medical Centre
-  Empingham Medical Centre
-  Uppingham Surgery
-  Market Overton and Somerby Surgery
-  Other - not located in Rutland

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Adults Social Care - Scorecard 2021/22

Service	ID	Performance Indicator	Target	Annual	Q1	Q2	Q3	Q4	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
1. How busy are we?	1.01	Number of new contacts		2,478	854	706	696	222	282	287	285	271	198	237	231	223	242	222			
	1.02	Number of new contacts from people previously unknown to the service		386	132	120	102	32	44	51	37	46	28	46	24	47	31	32			
	1.03	% new contacts progressed to new referral		31%	30%	28%	32%	35%	29%	30%	32%	24%	31%	31%	29%	35%	33%	35%			
	1.04	% new contacts linked to existing referral		17%	20%	14%	18%	17%	18%	20%	21%	12%	13%	16%	15%	17%	21%	17%			
	1.05	% new contacts short term intervention inc. NFA		4%	3%	4%	4%	2%	3%	3%	4%	4%	4%	4%	3%	4%	3%	2%			
	1.06	Current active live cases supported (snapshot)		232	275	256	216	232	0	251	275	291	245	256	259	239	216	232			
	1.07	Number of assessments completed		905	254	288	292	71	84	88	82	85	98	105	98	87	107	71			
	1.08	Number of referrals received by Admiral Nursing Service		149	52	60	25	12	18	18	16	14	21	25	8	10	7	12			
	1.09	Number of cases closed		671	188	197	227	59	64	68	56	58	81	58	66	83	78	59			
2. How effectively and how quickly are we working?	2.01	% of contacts processed within two working days	80%	78%	79%	80%	75%	77%	78%	80%	78%	81%	78%	80%	74%	76%	74%	77%			
	2.02	Average number of days from start of contact to end of assessment (ALL assessments)	28	27	27	29	20	20	24	28	28	24	31	30	27	20	39	20			
	2.03	Average days taken to complete assessment - Needs (from allocation to completion)	28	34	33	28	38	38	38	28	37	35	29	32	56	30	20	34	38		
	2.04	Average days taken to complete assessment - Therapy (from allocation to completion)	28	23	21	23	10	10	10	24	20	20	25	30	28	28	23	18	10		
	2.05	Average days taken to complete assessment - Carers (from allocation to completion)	28	20	26	19	17	17	17	34	18	25	14	21	16	14	26	17	17		
	2.06	Average days taken to complete assessment - MCA (from allocation to completion)	28	51	40	76	28	28	28	34	42	45	35	57	41	46	29	153	28		
	2.07	Average days taken to complete assessment - Contact (from allocation to completion)	28	14	13	14	9	9	9	15	15	10	19	21	12	16	13	13	9		
	2.08	% of reviews completed on time - Carers	80%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%		
	2.09	% of reviews completed on time - Learning disability	80%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	89%	67%	100%	100%		
	2.10	% of reviews completed on time - all others inc. mental health	80%	81%	95%	76%	83%	83%	83%	95%	100%	89%	79%	50%	79%	75%	57%	63%	83%		
3. Customer Outcomes	3.01	Permanent admissions of older people (65+) to residential and nursing care homes (BCF cumulative total)	28	23	15	19	23	23	3	8	15	17	17	19	20	21	23	23			
	3.02	Of non-BCF permanent admissions, number of depleted funds and property cases (additional to BCF cumulative)		23	5	16	23	23	1	2	5	8	13	16	18	20	21	23			
	3.03	Of any depleted funds /property cases, number that we were involved with before admission cumulative)																			
	3.04	% of people receiving direct payments out of all community based services (excluding carers)	35%	43%	36%	41%	43%	43%	43%	35%	34%	36%	37%	39%	41%	43%	41%	43%	43%		
	3.05	Reablement effectiveness (% clients not receiving long-term support following reablement) ASCOF 2D	84%	87%	79%	93%	80%	80%	80%	85%	71%	75%	91%	100%	89%	91%	89%	88%	80%		
	3.08	% unplanned reviews leading to increased support (including move to rescare)		19%	18%	31%	22%	22%	22%	33%	0%	27%	41%	27%	0%	0%	6%	27%	22%		
	3.09	% unplanned reviews leading to DECREASED support		8%	8%	13%	0%	22%	22%	11%	0%	13%	12%	0%	50%	0%	0%	0%	22%		
	3.10	Overall satisfaction of people who use adult services with their care and support	90%	75%	97%	83%	50%	50%	50%	96%	100%	100%	75%	80%	89%	58%	50%	20%	50%		
	3.11	Percentage of repeat referrals from clients who had previously received an intervention/contact within the last 12 months		34%	34%	28%	43%	43%	43%	32%	31%	39%	25%	24%	33%	33%	33%	39%	43%		
	3.12	Percentage of service users who were still at home 91 days after discharge	90%	94%	93%	88%	100%	100%	100%	89%	100%	92%	86%	88%	100%	100%	100%	83%	100%		
	4. Safeguarding	4.01	Total Safeguarding Alerts starting in the period		430	137	123	122	48	41	52	44	37	47	39	42	36	44	48		
		4.02	Total Safeguarding Alerts progressed in period		37	7	15	14	1	5	1	1	7	5	3	0	1	13	1		
4.03		Total Safeguarding Alerts progressed located in Residential Homes		22	5	7	9	1	3	0	2	3	2	2	0	1	8	1			
4.04		Residential Setting - Section 42's concluded in the period		25	4	9	10	2	1	1	2	4	2	3	3	3	4	2			
4.05		Of above the percentage that were substantiated (fully or partly)		80%	100%	89%	60%	100%	100%	100%	100%	100%	100%	100%	67%	33%	67%	75%	100%		
4.06		Community Setting - Section 42's concluded in the period.		10	2	2	4	2	1	0	1	1	0	1	2	2	0	2			
4.07		Of above the percentage that were substantiated (fully or partly)		60%	50%	50%	100%	0%	0%		100%	100%	0%	0%	100%	100%		0%			
4.09		% safeguarding customers who felt that their desired outcome was fully or partially met		90%	100%	100%	85%	75%	75%	100%		100%	100%	100%	100%	100%	80%	75%	75%		
5. Management Information		5.01	New commissioned services - homecare/daycare packages - 65+		85	28	27	25	5	10	8	10	11	6	10	7	9	9	5		
	5.02	New commissioned services - direct payments 65+		10	2	4	4	0	0	1	1	1	2	1	0	1	3	0			
	5.03	New commissioned services - carer direct payments		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
	5.04	Number of existing support plans (long term SALT LTS001b)		305	311	306	308	305	299	312	311	306	304	306	307	304	308	305			
	5.05	Number of existing services commissioned (long term SALT LTS001b)		427	429	426	434	427	416	430	429	424	431	426	431	425	434	427			
	5.06	Number of existing carers supported (SALT LTS003) including IAG		236	121	192	229	236	78	102	121	140	167	192	201	217	229	236			
	5.07	Current number of Section 42's active (snapshot) - ongoing investigations sometimes awaiting other agencies		13	14	16	13	13	16	16	14	16	16	17	16	11	13	13	13		
	5.08	Number of 'best interest' decisions made		80	33	19	24	4	6	16	11	7	6	6	8	4	12	4			
	5.09	Number of open contacts (snapshot) from filter		391	140	136	82	33	58	38	44	57	46	33	30	19	33	33			
	5.10	Number of open employment forms ongoing (new referrals)		213	77	77	45	14	27	25	25	26	26	25	18	14	13	14			
	5.11	2 hr & 2 day responses		125	44	33	32	16	16	11	17	13	11	9	7	11	14	16			
	5.12	Current number of residents in residential/nursing care			101						99	101	102	105	109	106	106	106	106		

Service	ID	Performance Indicator	Target	Annual	Q1	Q2	Q3	Q4	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
6. Housing	6.01	Number of Approaches		178	36	67	48	27	5	8	23	15	32	20	18	11	19	27		
	6.02	Number currently in temp accommodation		2	8	8	4	2	7	8	8	9	8	8	7	7	4	2		
	6.03	Of those (6.02) number in Bed & Breakfast		2	6	7	3	2	6	6	6	7	7	7	6	6	3	2		
	6.04	Of those (6.02) number in self-contained		0	2	1	1	0	2	2	2	2	1	1	1	1	1	0		
	6.05	Cases currently in prevention stage		15	8	9	11	15	0	3	8	4	12	9	8	13	11	15		
	6.06	Cases currently in relief stage		15	4	15	6	15	6	0	4	4	9	15	13	9	6	15		
	6.07	Cases currently in main duty stage		3	6	4	8	3	1	1	6	0	5	4	7	8	8	3		
	6.08	Number of S21s Served		29	0	11	13	5	0	0	0	1	8	2	3	0	10	5		
	6.09	Current number of DV presentations		16	2	8	3	3	1	0	1	1	6	1	2	0	1	3		
	6.1	Number of Rough Sleepers		12	3	5	3	1	1	1	1	2	2	1	1	1	1	1		
	6.11	Number of Live Housing Applications		340	430	189	238	340	445	435	430	400	400	189	210	235	238	340		
	6.12	Relationship breakdown		25	5	9	5	6	1	2	2	4	4	1	1	2	2	6		
	6.13	Asked to leave by family		106			106	106					2	9	1	2	1	1		
	6.14	New Applications (start Jan)							9	19	38	87	62	67	52	59	48	61		

Community Support Services Datasheet 2021-22

Service	ID	Indicator	Labels	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
					7.01	Number of new contacts taken for the RISE team	Contacts	31	17	23	51	25	15
		Source of Contacts GP		29	15	14	42	20	10	20	18	15	13
		Source of Contacts Community Nurse		1	0	0		0	1	1	1	1	
		Source of Contacts Voluntary Organisation		1	0	0	1	0	0				1
		Source of Contacts within LA		0	2	9	4	5	3	1			
		Source of Contacts other		0	0	0	4	0	1	1	4	6	3
		Number of cases being held at end of month					98	105	95	105	90	90	91
		Number of cases awaiting allocation					16	17	5	2	3	3	3
		Number of requests for Rutland GP's but out of county residents		0	0	0	0	7	3	0	2	4	3
		Number of requests for Out of county GP but Rutland residents		0	0	0			0	0			0
		Number of completed Referral forms		39	9	18	20	14	7	45	37	15	38
		Number of started Referral forms per month				20	47	21	20	20	25	23	19
61	7.01a	Triage Objectives: Managing LT Health conditons (2.8.1)	LTCs	5	0	7	0	6	6	10	11	5	11
		Triage Objectives:Managing diagnosed MH Condition (2.8.2)	Diagnosed MH	4	2	1	3	6	2	2	5	4	1
		Triage Objectives: Emotional Well-being (2.8.3)	Emotional wellbeing	17	17	18	33	15	10	17	25	22	15
		Triage Objectives: Social Isolation (2.8.4)	Social isolation	7	10	12	17	5	7	9	16	20	9
		Triage Objectives: Hospital Avoidance (2.8.5)	Hospital avoidance	8	1	8	24	7	5	4	13	6	13
		Triage Objectives: Medication Management (2.8.6)	Meds Management	2	2	2	2	5	1	0	4	1	8
		Triage Objectives: Retaining Independence/Phy Activity (2.8.7)	Independence /activity	21	13	17	34	12	10	13	22	18	14
		Triage Objectives: Other (2.8.8)	Other	3	2	0	11	2	4	1	9	1	3
		Ratio of requests to contacts taken		2.09	2.35	3.25	3.06	2.76	2.25	2.80	4.20	3.35	3.89
	<i>NB - More than one Objective can be selected.</i>												
	7.02	Number of Pathway Zero callbacks completed by RISE		0									
	7.11	Average number of Micare cases per day	SUE GIDDENS	NA	16.13	14.98	13.26	12.37	14.49	13.03	12.35	12.36	13.00
	7.12	sub set Reablement	Reablement	NA	7.23	8.06	7.38	5.79	5.23	3.19	5.56	3.95	3.95
	7.13	sub set Safety Net	Safety net	NA	6.13	4.66	3.45	5.44	7.16	8.23	5.66	6.58	7.03
	7.14	sub set Crisis response	Crisis response	NA	1.48	0.30	0.20	0.14	0.30	0.23	0.13	0.25	0.09

Service	ID	Indicator	Labels	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22
					7.15	sub set Micare complex care	Micare	NA	1.29	1.96	2.23	1.00	1.80
		sub set End of Life	End of life		0								
		D2a cases	D2a		46	58	32	76	38	53	38	29	44
		Starts this month			17	23	18	15	23	22	20	21	20
		Ends this month			12	19	12	7	21	18	18	13	23
		Safety Net length of stay average (recheck past 3 months)		9	9	11	11	12	9	13	19	21	22
		Reablement length of stay average (recheck past 3 months)		11	20	17	19	17	16	17	18	16	14
		EDT calls in total			3	5	2	4	6	4	2	2	4
	8.01	Community response 2 hr to step up cases (hospital prevention)		0	0	1	1	0	0	0	0	0	0
	8.02	Community Response 2 day response to step down cases		47	38	48	42	30	32	53	30	23	
		6. Reablements support provided (post D2a)		16	11	17	13	11	9	7	11	14	16
		Reablement 2 day target met		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	9.01	Reablement effectiveness (% clients not receiving long-term support following reablement) ASCOF 2D (3.05)		85%	71%	75%	91%	100%	89%	91%	89%	88%	80%
	9.04	RISE Improved outcomes ONS4 (on completed cases during mth)											
	9.05	Percentage of service users who were still at home 91 days after discharge (3.12)		89%	100%	92%	86%	88%	100%	100%	100%	83%	100%
MDT WORK		Number of MDT completed?		48	46	13	20	36	51	44	48	38	34
Brokerage Work		Brokerage Referrals received		16	21	14	26	14	19	21	25	26	19
		- Prevention & safeguarding			6	5	3	4	6	6	8	7	8
		- Long Term & Review			2	2	8		0	3	3	4	6
		- Hospital & discharge			13	7	15	9	12	11	14	15	5
		- In- Reach Nurse						1	1	1	0	0	
Kelly Goldthorpe		Outcomes - POC		10	10	9	9	3	3	8	8	9	4
		Outcomes - NFA											
		Outcomes - Declined		2	9	5	6	5	6	8	10	7	9
		Outcomes - Deceased		1									
		Awaiting POC		4	3	0	11	6	18	8	9	8	11

Adult and Health Scrutiny Work Plan 2022/23

Meeting Date	Publication Date	Proposed Item	Why	Author
TBC	TBC	Election of Vice-Chair	Statutory	
		Dentistry Update		Janette Harrison
		FOR INFORMATION ONLY Public Health and CCG Performance Data	Quarterly Update	Hannah Hutchinson
January 2023		Scrutiny of the Budget	Statutory	

LLR Joint Health Scrutiny Committee

28 March 2022	<ol style="list-style-type: none">1) Integrated Care System: Update2) Covid 19 & Vaccination Programme: Update3) Update on General Activities at University Hospitals Leicester4) EMAS – New Clinical Operating Model & Specialist Practitioners5) Re-Procurement of the Non-Emergency Patient Transport Service (NEPTS)6) Interim Update on LPT Response to CQC Inspection – Dormitory Eradication Programme7) Transforming Care in Leicester, Leicestershire and Rutland – Learning Disabilities Update
27 June 2022	
16 November 2022	
9 April 2023	

Prospective Agenda Items	Officer Responsible
1. EMAS - New Clinical Operating Model and Specialist Practitioners	Russell Smalley, EMAS
2. Update on dental services and response to Healthwatch report on children with SEND.	Thomas Bailey, NHS England
3. Community Services/Place based plans overview	Tamsin Hooton, CCGs
4. Progress Updates on the UHL Acute and Maternity Reconfiguration Proposals	CCGs/UHL
5. Neuro – Rehabilitation services	CCGs/UHL
6. LLR NHS System Workforce Group/ Recruitment and Retention/NHS People Plan/Mental Health of workforce	Louise Young, CCGs
7. Transforming Care – Learning Disabilities and Autism progress update	County/City Council and LPT
8. UHL Finances and Accounts for 19-20 and 20-21	UHL
9. Black maternal healthcare and mortality	UHL or CCGs – TBC
10. Covid-19 Vaccination Programme Update	CCGs
11. Leicester, Leicestershire, and Rutland Integrated Care System	CCGs
12. Outcome of LPT CQC inspection	LPT
13. Findings and analysis of the Step Up to Great Mental Health Consultation - Leicester, Leicestershire, and Rutland	CCGs/LPT
14. UHL: update on general activities	UHL
15. Autumn/Winter Vaccination Programme Report	CCGs
16. Progress Report on the Transition of Children’s Services from Glenfield to Kensington	UHL

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