

Rutland County Council

Catmose, Oakham, Rutland, LE15 6HP

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Ladies and Gentlemen,

A **SPECIAL** meeting of the **RUTLAND HEALTH AND WELLBEING BOARD** will be held via Zoom - [https://us06web/zoom.us/j/83022946065](https://us06web.zoom.us/j/83022946065) on **Tuesday, 22nd February, 2022** commencing at 2.00 pm when it is hoped you will be able to attend.

Please note that this meeting has been extended until 5.00 p.m.

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) 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.

3) 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 93.

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.

4) QUESTIONS SUBMITTED AT SHORT NOTICE

To consider any questions received at short notice under [Procedure Rule 93.](#)

5) QUESTIONS WITH NOTICE FROM MEMBERS

To consider any questions from Members received under [Procedure Rule 95.](#)

6) JOINT HEALTH AND WELLBEING STRATEGY AND PLACE LED DELIVERY PLAN

To receive Report No. 42/2022 – Joint Health and Wellbeing Strategy and Place Led Delivery Plan from Councillor S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care
(Pages 5 - 150)

a) UPDATE ON STEP UP TO GREAT MENTAL HEALTH

To receive a verbal update from John Edwards, Associate Director for Transformation for Mental Health and Rob Melling, Head of Community Development, Leicestershire Partnership NHS Trust

b) PRIMARY CARE TASK AND FINISH GROUP: PRELIMINARY REPORT

To receive the Primary Care Task and Finish Group's preliminary report from Councillor Paul Ainsley, Chair of the Primary Care Task and Finish Group
(Pages 151 - 322)

7) DATE OF NEXT MEETING

The next ordinary meeting of the Rutland Health and Wellbeing Board will be on Tuesday, 5th April at 2.00 p.m. and will be held via Zoom.

Proposed Agenda Items:

1. New Terms of Reference
2. Rutland Health and Wellbeing Strategy (Place Led Plan)
3. Changes to Transport for Accessing Health Care (inc. the new Bus Service Improvement Plan)
4. Primary Care Task and Finish Group: Final Report

DISTRIBUTION**MEMBERS OF THE RUTLAND HEALTH AND WELLBEING BOARD:**

Name		Title
1.	Councillor S Harvey (Chair)	Portfolio Holder for Health, Wellbeing and Adult Care
2.	Fay Bayliss	Deputy Director of Integration and Transformation LLR CCG
3.	Lindsey Booth (Insp)	NPA Commander Melton & Rutland, Leicestershire Police
4.	Fiona Myers	Interim Director of Mental Health Services, Leicestershire Partnership NHS Trust
5.	Hilary Fox (Dr)	Clinical Director, Rutland Health Primary Care Network
6.	Janet Underwood (Dr)	Chair of Healthwatch Rutland
7.	Louise Platt	Executive Director of Care and Business Partnerships, Longhurst Group
8.	Mark Powell	Deputy Chief Executive, Leicestershire Partnership NHS Trust
9.	Mel Thwaites	Associate Director: Children and Families, LLR CCG
10.	Mike Sandys	Director of Public Health for Leicestershire & Rutland, LCC
11.	Rachel Dewar	Head of Community Health Services, Leicestershire NHS Partnership
12.	Sandra Taylor	Health and Wellbeing Integration Lead
13.	Sheila Fletcher	Chief Operating Officer, Citizens Advice Rutland
14.	Simon Down	Acting Chief Executive/Monitoring Officer, Office of Police and Crime Commissioner
15.	Vivienne Robbins	Consultant in Public Health, RCC

PORTFOLIO HOLDER:

Name		Title
16.	Councillor D Wilby	Portfolio Holder for Education and Children's Services

OFFICERS:

Name		Title
17.	John Morley	Strategic Director for Adults and Health (DASS)
18.	Dawn Godfrey	Strategic Director of Children and Families (DCS)
19.	Karen Kibblewhite	Head of Commissioning
20.	Emma Jane Perkins	Head of Community Care Services
21.	Kim Sorsky	Head of Adult Social Care

FOR INFORMATION

Name		Title
22.	Angela Hillery	Chief Executive, Leicestershire Partnership NHS Trust

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**SPECIAL MEETING OF
THE HEALTH AND WELLBEING BOARD**

22 February 2022

**JOINT HEALTH AND WELLBEING STRATEGY AND
PLACE LED DELIVERY PLAN**

Report of the Portfolio Holder for Health, Wellbeing and Adult Care

Strategic Aim:	Protecting the vulnerable	
Exempt Information	No	
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care	
Contact Officer(s):	John Morley, Strategic Director for Adult Services and Health	01572 758442 jmorley@rutland.gov.uk
	Mike Sandys, Director Public Health RCC	0116 3054259 mike.sandys@leics.gov.uk
	Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs	07717 346584 fay.bayliss@leicestercityccg.nhs.uk
Ward Councillors	n/a	

DECISION RECOMMENDATIONS

That the Committee:

1. Notes the context and purpose of the Joint Health and Wellbeing Strategy (JHWS).
2. Notes the report detailing the outcomes of the JHWS consultation exercise.
3. Reviews and endorses the Rutland Joint Health and Wellbeing Strategy and its associated initial Delivery Plan, attached at Appendices A and B of this report, including: an extension to the life of the strategy from three to five years (2022-27); and adjustments to the structure of the Delivery Plan's priorities.
4. Authorises the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch, working with local stakeholders.

5. Approves the proposed evolution of the Health and Wellbeing Board, including adopting the 'Do, sponsor, watch' approach to prioritising actions, reviewing the terms of reference of the board and subgroups and developing an engagement strategy including a participation group to support development of the board.

1 PURPOSE OF THE REPORT

- 1.1 The purpose of this report is to share the outcomes of the Health and Wellbeing Strategy consultation exercise and to present the resulting Joint Health and Wellbeing Strategy: A Plan for Place 2022-27 (the JHWS) for discussion and approval. The strategy and plan are a statutory responsibility of the Health and Wellbeing Board (HWB) and fall under its governance.
- 1.2 To propose that delegated authority be given to the Directors for Adult Social Care and Public Health, in consultation with the Cabinet Member with portfolio for Health, Wellbeing and Adult Care to oversee work to further refine the delivery plan leading up to the Strategy launch for April 2022, working with local stakeholders.

2 BACKGROUND AND MAIN CONSIDERATIONS

- 2.1 In February 2021, the Department of Health and Social Care (DHSC) published proposals through the White paper *Integration and Innovation: Working together to improve health and social care for all* to replace the former Sustainability and Transformation Partnership (STP) arrangements for health and care system footprints with statutory Integrated Care Systems (ICS). The ICS for Leicester, Leicestershire and Rutland (LLR) was approved in April 2021 in shadow form, coming into full existence in July 2022. As part of this transition, partnership relationships are being reshaped into a multi-scale hierarchy, across system (LLR collectively), place (Leicester, Leicestershire and Rutland separately) and neighbourhood (at locality level). The NHS long term plan highlights the importance of joint working, and the White Paper outlines a duty for the NHS and Local Authorities to collaborate with the introduction of Health and Care Partnerships to support integration and address health, public health and social care need, with a key responsibility being to support 'place-based' joint work, including in the form of a Place Led Plan in each HWB area. N.B. Due to Rutland's population size (~40,000) and being an upper tier local authority, it is both a place and neighbourhood within the LLR ICS.
- 2.2 The Health and Wellbeing Board has an ongoing statutory duty under the Health and Social Care Act 2012 to develop and deliver a Joint Health and Wellbeing Strategy. With the agreement of the HWB, the Joint Health and Wellbeing Strategy (JHWS) and Place Led Plan have been aligned for Rutland into a single strategy and its associated delivery plan, which will reflect local needs, define local health and care priorities and feed up to help inform the wider Leicester, Leicestershire and Rutland ICS vision.
- 2.3 The national ambition for place planning sets the aim of creating a tailored offer for the local population of each place, which ensures that everyone is able to access: clear advice on staying well; a range of preventative services; simple, joined-up care and treatment when they need it; proactive support to keep as well as possible, where they are vulnerable or at high risk; and digital services that put the citizen at

the heart of their own care (with non-digital alternatives as required). It should also ensure that the NHS, alongside other key partners, through its employment, training, procurement and volunteering activities, and as a major estate owner, will play a full part in both social and economic development and the environmental sustainability of places i.e. act an anchor institution.

2.4 On 5 October 2021, the Rutland HWB

- endorsed the vision, goal, principles, and priorities of the draft JHWS for Rutland, which was informed by wide-ranging analysis of local intelligence and a public engagement exercise commissioned from Health Watch Rutland (What matters to you?) and the Future Rutland conversation;
- authorised the Integrated Delivery Group to run a public consultation on the draft strategy; and
- approved the timetable for further development of the JHWS and associated Delivery Plan.

2.5 Following this meeting, the working group have run a public consultation and undertaken a series of stakeholder workshops, each attended by between 20 and 33 participants, together representing nearly 30 different organisations, to inform the production of the resulting JHWS and initial version of the associated Delivery Plan (Appendices A and B). It is acknowledged that an initial version of the Delivery Plan is presented with this paper, and that it will need to be a live document that will evolve and change as the strategy implementation develops. These are presented to the HWB for their approval. An easy read version of the strategy will be developed once the overall content has been approved.

3 THE PUBLIC CONSULTATION

3.1 A seven-week public consultation on the Draft Joint Health and Wellbeing Strategy was undertaken from 25 November 2021 until 16 January 2022, facilitated by a multi-partner working group. The closure of the consultation was extended by a week (from 7 January) to enable more people to respond, in recognition of the impact of the festive season and of the Easy Read version of the strategy and survey, produced by a new third party supplier, only being available late on in the consultation period.

3.2 The Report of Findings from the consultation, written by LLR CCGs, is at Appendix C.

3.3 **Conduct of the consultation:** A survey was designed for completion via a Rutland County Council online survey platform which also gave access to the draft strategy. The survey, which included both structured and free text questions, was publicised widely, including via a press release, regular Facebook posts, inclusion in newsletters, and direct contact with diverse statutory and voluntary, community and faith organisations across Rutland. It was carried out across a period with Covid restrictions in force which limited the scope to reach non-digital audiences, although telephone, postal and Covid-safe face-to-face options were offered for those not digitally enabled. Large print and illustrated 'easy read' versions of the strategy and survey were also produced to increase accessibility for respondents requiring this (the easy read being found to be more inviting to young people more generally).

- 3.4 Alongside members of the public, the survey invited professionals to respond, and gave the opportunity for responses on behalf of organisations. Where wished, respondents could send in lengthier narrative responses rather than completing the online form. In parallel, five workshops were held with stakeholders to further develop the delivery plan, where strategy-related feedback was captured and conveyed to the consultation working group.
- 3.5 **Consultation response:** There were 177 responses to the online survey, 7 easy read form completions and 4 sets of more extensive organisational feedback. In terms of most effective publicity channels, 50.3% had heard of the survey via email and 22.6% via Facebook.
- 3.6 **Consultation results:** Overall, there was very strong support for the strategy's vision, goals and priorities, with between 83% and 94% agreement for all elements.

Subject Area	Percentage agreement
Vision for Rutland	90.3
Overall goal	92.0
Priority 1: Best start to life	84.5
Priority 2: Healthy and independent for as long as possible	94.3
Priority 3: Reducing health inequalities	82.9
Priority 4: Equitable access to health and wellbeing services	91.4
Priority 5: Preparing for growth	94.0
Priority 6: Dying well	92.0

- 3.7 A range of supportive comments were made, as well as suggestions for improvement, with some key themes illustrated below by subject area.

Subject Area	Emerging Themes/Gaps
Overall strategy	Detail under-developed Lack of specifics – indicators and deadlines Understanding of how ambitions would be achieved Lacking detail on how the strategy relates to ICS role and activities
Vision and goal	Goals not specific to Rutland's unique problems Limited timescale for implementation (3 years)
Priority 1	Failure to include maternity services Failure to address unresolved issues such as the closure of the LGH obstetrics and the St Mary's birthing unit
Priority 2	Gaps e.g. continuity of care, health education and promotion and access to diagnostic and screening services.
Priority 3	Addressing deprivation in Rutland
Priority 4	Access to health services was a problem Transportation issues needed to be addressed Digital services, where there were people in favour and against Promoting health and care services closer to home
Priority 5	Lack of clarity on the detail
Priority 6	Poor integration of end-of-life services Making options available for location of end-of-life care

Cross-cutting comments	Increasing staff capacity and infrastructure (linked to growth) Collaboration between organisations
Indicative delivery plan	High level statements of intent with no performance indicators Does not highlight responsibilities for delivery No strategic objectives Encompasses medium- and long-term plans – longer than plan Without budgetary information

3.8 When asked what other areas should be included, the commonly mentioned themes were the following: mental health, access to health care, promoting good housing, and strengthening the workforce. Some of the suggested areas had been considered as cross cutting themes.

3.9 Responses were diverse, with a number of less common themes including: the importance of environmental factors such as green space, noise, and air pollution; the value of music and the arts to wellbeing; access to leisure and employment for people living with disabilities; promoting physical activity; preparedness for future pandemics; access to social care services; and support for carers.

4 STAKEHOLDER INPUTS

4.1 In addition to a range of ongoing and more structured collaboration to elaborate the delivery plan, five two-hour workshops were held to engage a wider range of stakeholders in the design of the Delivery Plan, as follows:

Workshops by main Theme The cross-cutting themes including inequity were addressed across the workshops	Participants	Organisations Some had multiple depts represented, esp Rutland County Council
Best start for life	20	5
Prevention of ill health	33	17
Living with ill health	24	8
Dying well	30	17
Access to services	26	12

4.2 Participating organisations included: Rutland County Council departments (including adult social care, hospital discharge, public health, therapy, children’s services, planning, transport, housing Active Rutland, adult education, libraries, RISE, MiCare, Rutland Information Service, Visions Children’s Centre), a range of LLR CCG roles, the Primary Care Network, Leicestershire Partnership Trust, East Midlands Ambulance Service, Healthwatch Rutland, Longhurst Housing Association, Loros, Sue Ryder, Vita Minds, Age UK, the Sexual Health Service, Voluntary Action Rutland, Dying Matters, Active Together/Leicestershire and Rutland Sport, Inspire2Tri, Uppingham First/Uppingham Parish Council, the Lord Lieutenant, a churches representative, Military medical centre and welfare officers, a care home, commercial care provider and funeral director.

4.3 Some stakeholders were unable to attend and either have fed in separately or plan to do this. All participants were also invited to feed back a further time on the

resulting initial delivery plan.

5 THE REVISED STRATEGY AND DEILVERY PLAN

5.1 The working group has worked with stakeholders to build key points from the consultation into the updated strategy and delivery plan presented here, and a cross-check has also been undertaken of issues raised in *What Matters to You?* To ensure all feedback and future developments are reflected, it is acknowledged that further refinement work is expected on the Delivery Plan throughout the life of the strategy. The HWB is asked to endorse delegation of this activity under the direction of the Directors for Adult Services and Health and of Public Health, with regular updates presented to the HWB. Further collaborative planning has also been scheduled for parts of the programme which will help to further define actions and to consolidate collaborative relationships, for example in Priority 6 Dying Well.

5.2 The strategy and its associated delivery plan remain structured around a life course approach. After triangulating the feedback from the public consultation, partners and stakeholder workshops the following changes have been made to the Strategy document, for the consideration of the HWB:

- Extension of the strategy from three years to five in response to consistent feedback from the consultation, workshops and Adults and Health Scrutiny, on the basis that three years is too soon to deliver some of the aims of the plan, and that there is an imbalance of effort between planning and delivery.
- Splitting Priority 2 into two priorities, for prevention and complex care, first because the target audience and delivery agencies are sufficiently distinct, and second to provide more visibility for actions targeting those living with ill health.
- Adding Priority 7 to bring together actions under the cross-cutting themes (reducing health inequalities including for the armed forces community, supporting good mental health and COVID-19 recovery) as they were felt to be diluted when spread across the programme.
- To support delivery of the strategy, the principles and enablers have been reorganised and extended. The principles are:
 - i) **Person-centred.** People told us they want a plan that is built around them as individuals, whatever their circumstances, that supports them to live independently with good health and wellbeing.
 - ii) **Joined up services.** We will build on Rutland's strong track record of integration and partnership, working to shape and deliver effective joined-up services that meet needs, promote equity and offer value for money. This includes building on our strong community led, strength-based approach to improving outcomes for and with our local resident and working closely with our voluntary sector partners and specific communities to understand and effectively respond to their strengths and needs.
- Alongside this, a number of enablers have been highlighted to underpin delivery. These comprise:

- i) That the strategy will be **evidence led**, with renewal of the Joint Strategic Needs assessment and further thematic analysis proposed in a number of areas to ensure the right issues are addressed and in the most effective, evidence-based way.
- ii) That we will develop an **engagement plan to run alongside the strategy** enabling service users to be involved in delivery of the strategy through ongoing engagement (sharing of information), consultation (eliciting of views) and co-production (co-creation of solutions). This builds on the *What matters to you?* study, the Future Rutland Conversation, RCC Scrutiny feedback, and the consultation exercise reported here. This will also include an equalities dimension to better understand cohorts with less good take-up or outcomes so that the design and promotion of interventions can be tailored to be more inclusive. Following approval, a public-facing version of the strategy will also be published as part of this, to ensure it is accessible and meaningful to the public.
- iii) **Information sharing, supported by technology**, enabling professionals to access the information they need efficiently and securely to collaborate and deliver care.
- iv) **Workforce development** as our workforce is a key asset to drive change and improve outcomes.
- v) An approach of **health and equity in all policies and plans**, ensuring that more of the policies and investments made in the county also play their full role in health and wellbeing.

5.3 The Delivery Plan now includes the following key priorities, each to be delivered through a number of action areas (listed here with roman numerals), as set out in the Delivery Plan (Appendix B), each in turn entailing a number of actions.

1. Best start for life

- i) Healthy child development in the first 1001 days
- ii) Confident families and young people
- iii) Access to health services

2. Staying healthy and independent: prevention

- i) Taking an active part in your community
- ii) Looking after yourself and staying well in mind and body
- iii) Encourage and enable take-up of preventative health services

3. Healthy ageing and living well with long term conditions

- i) Healthy ageing, including living well with long term conditions and frailty, and falls prevention
- ii) Integrating services to support people with long term health conditions
- iii) Support, advice and community involvement for carers

- iv) Healthy fulfilled lives for people living with learning or cognitive disabilities and dementia

4. Ensuring equitable access to services for all Rutland residents

- i) Understanding the access issues
- ii) Increase the availability of diagnostic and elective health services closer to home
- iii) Improving access to primary and community health and care services
- iv) Improving access to services and opportunities for people less able to travel
- v) Enhance cross boundary working across health and care

5. Preparing for our growing and changing population

- i) Planning and developing fit for the future health and care infrastructure
- ii) Health and care workforce fit for the future
- iii) Health and equity in all policies, including developing a healthy built environment for projected growth

6. Dying well

- i) Each person is seen as an individual
- ii) Each person has fair access to care
- iii) Maximising comfort and wellbeing
- iv) Care is coordinated
- v) All staff are prepared to care
- vi) Each community is prepared to help

7. Cross cutting themes

- i) Supporting good Mental health
- ii) Reducing health inequalities
- iii) COVID-19 recovery

5.4 Answering the need for implementation readiness, each action includes: a short description of the action, the lead agency, funding details, where the action is led from (Place or System), the timescale for delivery, metrics to measure progress and impact, and an indication of the type of HWB oversight required (do, sponsor or watch, see section 7.1).

6 DELIVERING AND MONITORING THE PROGRESS OF THE STRATEGY

6.1 To enable the HWB to track progress in delivering the JHWS Delivery Plan, an annual plan of this year's commitments will be drawn up from the overall plan, highlighting the immediate priorities. A data dashboard created by Public Health

(see Appendix D), will track the metrics in the plan, providing a means to capture progress (acknowledging that it will take several years for some outcomes to be achieved e.g. childhood obesity, healthy life expectancy, reducing health inequalities), and an up-to-date reference point for delivery teams. Each priority will have a senior responsible officer to drive it forward, and update reports will be brought to the HWB each quarter, unless otherwise indicated by the HWB.

7 HEALTH AND WELLBEING BOARD DEVELOPMENT

7.1 To allow the HWB to effectively oversee, support and develop the implementation of the JHWS, a 'do, sponsor, watch' approach to prioritising the work of the board is proposed. Here the HWB would have the greatest interest and involvement in those actions tagged as 'Do', with less oversight and intervention in Sponsor and Watch actions. These are defined below.

- 'Do': The HWS will identify a small number of actions under each priority which will be the main focus of attention, to ensure effective and efficient multiagency delivery and accountability for progress. There will be an expectation of a sponsor on the board and regular quarterly reporting/discussion on these actions. The HWB agenda will ensure adequate, dedicated time is allocated and that HWB partners are clear about their role and accountability in progressing the specific priority.
- 'Sponsor': These are additional key actions that contribute to wider health and care integration, reduction of health inequalities and/or prevention. They are likely to be areas where work has already started but may need a renewed focus. The actions would be supported by a sponsor from the HWB who is accountable to ensure they are delivered. However, they would not be routinely discussed by the board unless the sponsor highlights the need for this (i.e., escalation of risk/delays in delivery, wider impacts on the system). A highlight report will be submitted to the board on an annual basis addressing 'sponsor' actions. Potential areas may include specific workstreams from the LLR ICS design groups and HWB subgroups.
- 'Watch': These are actions that are still important to prevention and reducing health inequalities but are more aligned to a single organisation, already feature as 'business and usual' or already have an established infrastructure to support implementation. The work is acknowledged, but they will not be specifically brought to HWB unless further action is requested at Board level. The 'watch' list will be published and reviewed on an annual basis and each action will have a board link to ensure escalation to the board is made as needed.

7.2 As the strategy spans a five-year period and addresses place led health and wellbeing interventions for the whole Rutland population, including in a range of areas where inequalities are experienced, the Delivery Plan is extensive. It also includes dedicated local actions and references relevant actions under wider parallel strategies.

7.3 In addition to using the 'do, sponsor, watch approach', it is proposed that: each priority has a nominated lead officer who will be a member of the Integrated Delivery Board and report regularly on progress; annual workplans focus partners towards current priorities; and the plan be treated as a dynamic document under the governance of the HWB, which evolves as work progresses, needs are better

understood and collaboration or funding sources open up new opportunities.

- 7.4 A proposal for governance structures to support the delivery of the strategy will be brought to the next HWB meeting. The Children's Trust Board (CTB) and the Integrated Delivery Group (IDG) already report to the HWB. Priority 1 Best Start for Life maps directly to the remit of the CPB, while the other priorities map more so to the IDG, while also including some elements of relevance to children and young people.
- 7.5 To facilitate integrated working supporting the delivery of Priorities 2-7, it is proposed that further working groups be established, or existing thematic working groups linked into the governance. To avoid silo working and duplication developing across inevitably overlapping sub-domains, there is a strong argument for working group leads being members of the monthly IDG, and using IDG proactively to operationally steer plan delivery, coordinate and troubleshoot.
- 7.6 Linked to this, a review of the membership of the HWB, CTB and IDG will also be undertaken to recommend adjustments conducive to successful delivery of the strategy.
- 7.7 The development of the JHWS and initial Delivery Plan were the start of the evolving conversation with our local population. It is therefore proposed that an engagement plan is developed to consider how the HWB ensures it is effectively reflecting the local views of the population and evolving the JHWS and Delivery Plan, including a participation group. This engagement plan will be presented at the next HWB.

8 ALTERNATIVE OPTIONS

- 8.1 A consultation was undertaken on the draft strategy, and workshops held to further develop the strategy and plan, both of these exercises feeding into the proposals at Appendix B. A number of proposed structural changes have been built into the strategy and plan presented here in response to consultation and workshop feedback, where the endorsement of the HWB is sought (see 5.2 and 5.3).

9 FINANCIAL IMPLICATIONS

- 9.1 In common with previous JHWS, the strategy brings together and influences the spending plans of its constituent partners or programmes (including the Better Care Fund), and will enhance the ability to bid for national, regional or ICS funding to drive forward change.
- 9.2 The JHWS, in setting out shared priorities across health and care partners, is intended to support and inform the commissioning of local health and care services for Rutland for 2022-27.
- 9.3 The HWS is not associated at this stage with new recurrent funding.

10 LEGAL AND GOVERNANCE CONSIDERATIONS

- 10.1 This plan answers the statutory duty of the HWB to produce a JHWS and Place Led Plan for the local population.
- 10.2 The strategy and plan will need to be endorsed by the HWB. JHWS actions will be delivered on behalf of the HWB via the CTB and IDG, which will monitor progress

using a dashboard and report regularly on progress to the HWB.

11 DATA PROTECTION IMPLICATIONS

11.1 A Data Protection Impact Assessment (DPIA) has not been completed for the strategy as a whole as the strategy in itself does not change how personal data is processed. DPIAs will be undertaken for individual projects as and when required to ensure that any risks to the rights and freedoms of natural persons through proposed changes to the processing of personal data are appropriately managed and mitigated. An example is the Share Care Record project, which is already underway, and where development has been underpinned by a DPIA and appropriate sharing agreements and other protocols.

12 EQUALITY IMPACT ASSESSMENT

12.1 Equality and human rights are key themes in embedding an equitable approach to the development and implementation of the Plan. A high-level Equality Impact Assessment (EqIA) has been completed for review within RCC (Appendix E). An important pillar of the strategy is to better understand inequities in health and care across Rutland populations, and to reduce this inequity, 'levelling up' outcomes. Targeted populations include:

- those with protected characteristics (e.g. people of all ages living with disabilities, including those with learning disabilities who, nationally, have been found to live shorter lives on average than the wider population; females, whose healthy life expectancy is declining more rapidly in Rutland than the national average, and people of different ages who may be disadvantaged, here, children and young people facing challenges which may impact on their future development, and older people with complex care needs who may struggle to access services),
- those who are protected otherwise by law (e.g. the Armed Forces community under the new provisions of the Armed Forces Covenant), and
- other populations facing disadvantage, including those because of wider determinants of health (e.g. those living on low incomes or in professions which impact on their wellbeing e.g. the farming community).

12.2 The initial Equality Impact Assessment sets out how the Strategy, successfully implemented, could help to reduce a wide range of inequities. It is acknowledged that the strategy and delivery plan are high level and therefore additional equality impact assessments will be completed as services are redesigned or recommissioned within the life of the strategy.

13 COMMUNITY SAFETY IMPLICATIONS

13.1 Having a safe and resilient environment has a positive impact on your health and wellbeing. National evidence has also shown that more equal societies experience less crime and higher levels of feeling safe than unequal communities. The Plan has no specific community safety implications but will work to build relationships across the Community Safety Partnership and to build strong resilient communities across Rutland.

14 HEALTH AND WELLBEING IMPLICATIONS

- 14.1 The Plan will be a central tool in supporting local partners to work together effectively with the Rutland population to enhance and maintain health and wellbeing.

15 ORGANISATIONAL IMPLICATIONS

- 15.1 **Environmental implications:** Rutland's JHWS strategy uses the Dahlgren and Whitehead (2006) social model of health to recognise the importance of the wider determinants on health on our health and wellbeing. This includes the importance of the impact of the environment in which we are born, live and grow. Links have been made with relevant Council departments to ensure environmental implications are considered both during plan development and in implementation. Among the key priorities identified have been the importance of access to green space and active transport opportunities.

- 15.2 **Human Resource implications:** The JHWS delivery plan includes measures designed to ensure the sufficiency and good fit of the health and care workforce serving Rutland residents into the future, including in number and skills. This is an important enabler for the strategy with implications for all member organisations of the HWB.

- 15.3 **Procurement Implications:** Once approved, the JHWS, alongside the Joint Strategic Needs Assessment, will be a key reference point guiding the (re)commissioning of health and wellbeing services for Rutland residents of all ages. There will be an increased emphasis on integration and joint commissioning across health and care where this has potential to improve service quality, reach and/or value for money for Rutland residents.

16 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 16.1 The proposed JHWS and Delivery Plan for Rutland as a place will provide a clear, single vision for health and care that will drive change and improve health and wellbeing outcomes for Rutland residents. This will meet the statutory duty of the HWB and the need to develop a Place Led Plan as part of the emerging ICS.
- 16.2 The draft strategy presents seven key priorities with associated actions and principles for implementation from April 2022.

17 BACKGROUND PAPERS

- 17.1 Additional background papers:

- i) Department of Health and Social Care (February 2021) White paper: Integration and Innovation: Working together to improve health and social care for all, <https://www.gov.uk/government/publications/working-together-toimprove-health-and-social-care-for-all>
- ii) Healthwatch Rutland (2021) What matters to you?
<https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-youreport>

18 APPENDICES

- 18.1 Appendices are as follows:

- A. Health and Wellbeing Strategy 2022-27
- B. Place Led Delivery Plan
- C. Report of Findings: Rutland Health and Wellbeing Draft Strategy Consultation
- D. Monitoring Report/Data dashboard
- E. Equality Impact Assessment

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**Rutland Joint Health and
Wellbeing Strategy: The
Rutland Place based Plan
2022 – 2027**

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Foreword

Rutland is a very special community in which to live, work and study. The Rutland Joint Health and Wellbeing Strategy sets out our vision to create a place where we all work together in partnership to improve health outcomes and opportunities for all our residents.

The past two years have tested our community like no others; we have lost friends and family and our frontline staff have been tested to their limit. And yet, the community spirit of Rutland has risen to the challenge. Many ways of partnership working we thought impossible have been achieved. These are the seedlings through which our integrated care strategy can grow.

As we emerge from the pandemic and with the reorganisation of Health and Social Care, we have the opportunity to develop a system for us all.

This strategy sets out our vision and commitment, and is a living document that will grow as we need it with the voice of our community at its heart.

I would like to thank the Health and Wellbeing Board and all of our colleagues and partners for their time and commitment developing this strategy, especially as it was produced during the peak of the pandemic. Special thanks also go to all our community who took the opportunity to feed in their own experiences and views, and develop its heart.

Together we can build an ever healthier community for Rutland.

Councillor Samantha Harvey

Rutland County Council Portfolio Holder for Health, Wellbeing and Adult Care,
on behalf of the Rutland Health and Wellbeing Board

1. Introduction

1.1 Rutland Health and Wellbeing Context

People in Rutland on the whole live long and healthy lives, enjoying better than average mental and physical health when compared with many parts of the country. The county's health and care partners have a strong track record of working together effectively to support health and wellbeing, developing integrated approaches which prioritise prevention and place the individual front and centre, and supporting change for people of all ages facing a range of disadvantages which can lead to poorer outcomes. There are always new challenges, however, and we cannot stand still. The population is growing and changing, and patterns of inequality are evolving. We are also facing new demands recovering from the COVID-19 pandemic. This document aims to share our collaborative journey in how we will set a clear single vision for Rutland over the next five years that responds to meet the health and wellbeing needs of our population, building on the excellent foundations in place already.

1.2 Wider System Context

- **NHS Long Term Plan (LTP) (January 2019):** The [LTP](#) created Integrated Care Systems (ICS), giving a platform for partnership working and integration. Across the Leicester, Leicestershire and Rutland (LLR) system, we are now approved as an ICS, consisting of the NHS bodies of the LLR Clinical Commissioning Groups (CCG's), the three local authorities: Leicester City Council, Leicestershire County Council, and Rutland County Council, and wider partners such as the voluntary and community sector and key provider agencies.
- **Integration and innovation: working together to improve health and social care for all (January 2021):** This [white paper](#) put ICS's on a statutory footing and **created** an ICS Health and Social Care partnership, bringing together local authorities, the voluntary and community sector, NHS bodies and others to look collectively at the needs of the population at the various partnership levels i.e. System, Place and Neighbourhood. At the Place level, i.e. for the Leicester, Leicestershire and Rutland local authority areas respectively, local partnerships are responsible for developing 'place led plans' to meet the population's health, public health, and social care needs. This Joint Health and Wellbeing Strategy (JHWS) is the 'place led plan' for Rutland, and will provide the place and neighbourhood level priorities reflecting the differences in need and the services required across Rutland and its neighbouring areas.
- **Building Better Hospitals** – This [programme](#) represents a significant and ambitious capital investment **change** programme for the University Hospitals Leicester (UHL), which will inform key changes in hospital provision across LLR.

1.3 Leadership and Governance for the Plan – the Health and Wellbeing Board

This Plan will be delivered under the governance and leadership of Rutland’s Health and Wellbeing Board (HWB).¹ The Board’s purpose is to achieve better health, wellbeing and social care outcomes for Rutland’s population. The HWB is a statutory committee of the County Council, chaired by the Council’s Portfolio Holder for Adult Social Care, Public Health, Health and Leisure. It has senior representation from partner organisations responsible for shaping and delivering local health and social care services.

1.4 Collaborative and Evidence-Based Strategic Commissioning

Going forward, we recognise that a wide range of partnership resources and use of Rutland community assets are imperative to address the priorities in this strategy. We will seek to bring funding/resource streams together along with future place based funding allocations as and when they become available to Rutland. This will allow shared strategic investment decisions based on an evidence driven approach.

1.5 Implementing the Plan and Measuring Progress

This is a high-level document setting out broad health and wellbeing priorities and principles to be progressed in and for Rutland over the coming five years.

Whilst we have been careful to select priorities for the plan that reflect the future need as well as the present, inevitably these may change over time. For this reason, our partnership action planning will be reviewed on an annual basis, with HWB approval to ensure these priorities are still the right ones.

We will develop a dashboard to monitor progress and provide regular progress updates to the HWB. We will also share our progress with you and celebrate our successes by publishing an annual report each year and promoting its findings through the partnership and community events.

2. Insights into the current Health and Wellbeing Picture of Rutland

To provide the foundation to our evidence-based approach in developing this strategy we have recognised that real world intelligence is key to texturing the data picture for Rutland. Below are examples of sources of intelligence:

- Engagement with the local population including through surveys, focus groups and interviews, including analysis of levels of happiness and satisfaction with life (e.g. for users of social prescribing services).
- National datasets on health and care outcomes including the Public Health Outcomes Framework, the Social Care Outcomes Framework and NHS metrics including overall levels of healthy life expectancy, prevalence of specific diseases and uptake of screening programmes and immunisations.

¹ For further details and Terms of Reference, see: <https://www.rutland.gov.uk/my-services/health-and-family/health-and-nhs/health-and-well-being-board>

- Local and national performance and uptake data on health and care services including use of prevention, routine and crisis services.
- Geographical mapping of Health and Care Strategic Assets to understand pockets of deprivation and provide a deeper population profile of people on Rutland borders and in receipt of local health and care services.

2.1 Rutland's Population

The total resident population of Rutland in 2019 was 39,927, an increase of 0.6% since 2018.² The total GP registered population of Rutland was 40,710 as at July 2021.³ Compared to nationally, Rutland has a significantly higher proportion of the population aged 65 years and over. Using the 2020 estimated population as a baseline, the population of Rutland is projected to grow by 5% to 42,277 by 2025 (an increase of 1,890 residents).

2.2 The Wider Determinants of Health

Health can be defined as: *“a state of wellbeing with physical, cultural, psychosocial, economic and spiritual attributes, not simply the absence of illness”*.⁴ This recognises the social model of health (as defined by [Dahlgren and Whitehead](#) (1991)⁵) and highlights the significant impact of the wider determinants of health (including social, economic and environmental factors) on people's mental and physical health. It also identifies that all factors except for age, sex and hereditary factors are modifiable to change, and therefore lie within the scope of this plan, particularly in relation to primary prevention.

2.3 Life Expectancy and Health Inequalities

Life expectancy at birth for males and females living in Rutland is generally better than the national average⁶.

Inequalities in health outcomes exist between areas within Rutland. Oakham North West ward has significantly worse values compared to England for hospital admissions for hip fractures, life expectancy at birth (females), deaths from all causes and circulatory diseases. Cottesmore and Greetham, respectively, have significantly worse values for emergency hospital admissions in under 5 year olds and for Chronic Obstructive Pulmonary Disease (COPD).⁶ Specific groups in Rutland are also known to have poorer outcomes than the wider population, including people living on low incomes, SEND children, the Armed Forces community, the prison population, carers, people living with learning disabilities and some farming communities.

² Source: <https://www.ons.gov.uk/releases/nationalpopulationprojections2018based>

³ Source: <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

⁴ Health Psychology: Theory, research and practice (5th Edition), London: SAGE, (2018), Marks, D et al.

⁵ European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF), 1991, Dahlgren and Whitehead, https://www.euro.who.int/_data/assets/pdf_file/0018/103824/E89384.pdf.

⁶ Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

2.4 Overview of Health - Children

Overall, health outcomes for children in Rutland are statistically similar to the national averages.

In terms of education, the average attainment 8 score for pupils in Rutland has remained significantly better than the national average since 2016/17. The percentage of school pupils with special education needs for Rutland in secondary school age children in 2018 is 14.0%, this is significantly worse in comparison to the England average of 12.3%.⁷

However, there are a number of areas where Rutland performs significantly less well than the England or benchmark averages, including low birth weight babies at term, visible tooth decay in 5 year olds, and school readiness in females receiving free school meals. **Error! Bookmark not defined.** The percentage of children in care who are up to date with their vaccinations in Rutland has also decreased since 2017 and has remained significantly worse in comparison to England since 2019.

2.5 Overview of Health - Adults

A number of other health outcomes for residents in Rutland are significantly worse in comparison to the England average or benchmark goal. Key examples are dementia diagnosis rates in those aged 65 years and over, the rate of hip fractures and shingles vaccination coverage.⁷

Health indicators relating to wider determinants and behaviours for adults in Rutland are generally similar to or better than the national average for most indicators⁷. While Rutland compares favourably in relative terms, the figures still indicate that two out of three people are overweight, one in three is inactive and one in ten is a smoker.⁸ These factors diminish the potential for future good health. There is room for Rutland to further improve on these patterns to ensure we have the most active communities, living well.

2.6 Key Outcomes from Engagement

To gain an understanding of our residents' needs, we have reviewed insights and intelligence collected through ongoing engagement, involvement and consultation over recent years. We have examined existing local reports, produced by NHS bodies, Rutland County Council and other local organisations, which represent feedback from local people - including staff, patients and carers. In addition, recent LLR consultation and engagement findings were taken into account:

- Building Better Hospitals consultation (Leicester Hospitals Reconfiguration published in May 2021)
- Step Up to Great Mental Health consultation (published late Autumn 2021)
- Primary care engagement (published September 2021)

⁷ Source: <https://fingertips.phe.org.uk/>

⁸ Source: <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/1/gid/1938132768/pat/6/par/E12000004/ati/102/are/E06000017/yr/1/cid/4/tbm/1>

- Covid-19 hesitancy engagement (published in April 2021).

In addition, insight of Rutland people’s views was sought in spring 2021 using a focused lens of *wellbeing* and what people need in Rutland to help them when they are ill and to live healthy lives in the **Future Rutland Conversation**⁹ undertaken by Rutland County Council and **What Matters to you?**¹⁰ research conducted by Healthwatch Rutland. In November 2021-January 2022, the public were also consulted on the draft of this strategy.

2.6.1 Key themes

The following table shows what people have told us. What you have said has greatly influenced this Strategy and shaped the priority themes in section 4.



⁹ Future Rutland Conversation, 2021, Rutland County Council, <https://future.rutland.gov.uk>

¹⁰ What Matters to You? Our report on what people in the county want from Place-based Health and Care , 2021, Healthwatch Rutland, <https://www.healthwatchrutland.co.uk/report/2021-08-19/what-matters-you-report>



3. Vision and Approach

3.1 Strategic vision and goal

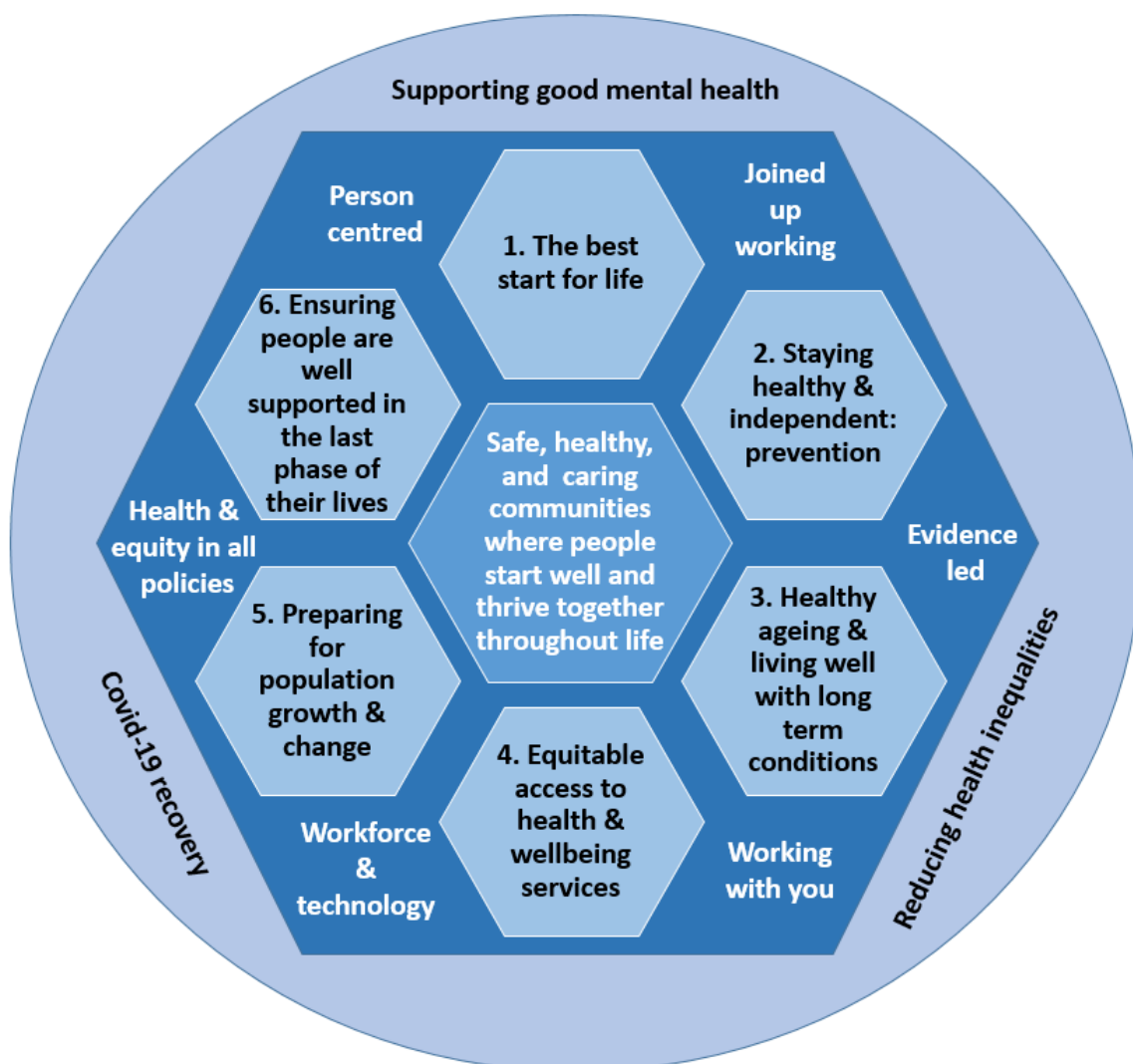
Good health is the result of much more than clinical healthcare. It is also the product of our circumstances, our lifestyles and choices, our environment, and our engagement with the communities in which we live. Our overall vision is to nurture **safe, healthy and caring communities in which people start well and thrive together throughout their lives.**

The essence of the strategy's goal is **'people living well in active communities'**.

3.2 Strategic Approach

Our strategic approach for the next five years has seven priority areas for action. These priorities are not standalone; they are mutually supported and may have interrelated actions where relevant to ensure the greatest overall impact on health and wellbeing outcomes.

Figure 2: The strategy, illustrating its vision, priorities, principles and enablers, and cross-cutting themes



This strategy has also been built around a number of guiding principles and key enablers that will support its delivery.

3.2.1. Guiding Principles

- **Person centred.** People told us they want a plan that is built around them as individuals, whatever their circumstances, that supports them to live independently with good health and wellbeing. This will mean that significant engagement will be needed with local residents, listening to and learning from those with relevant lived experience.
- **Joined up working.** We will build on Rutland’s strong track record of integration and partnership to shape and deliver effective joined-up services, including to achieve value for money. This includes building on our strong community led, strength-based approach to improving outcomes for and with local residents. We will use our combined resources to deliver the best value and outcomes in Rutland and will consider relevant

funding sources and shared resources where this can enable us to improve outcomes through targeted and more collaborative delivery action whilst enhancing partnership working. We will also continue to work closely with voluntary sector partners, business and specific communities (including the armed forces, travelling families and rural farming communities) to understand and effectively respond to their strengths and needs.

3.2.2. Enablers underpinning Plan Delivery

- **Evidence-led.** We will be evidence-led, calling on a wide range of sources of data to cast light on the health and wellbeing situation and challenges in Rutland. We will also generate evidence around what works by monitoring and evaluating services and interventions. This will help to ensure we target actions in the right way and to those who need them most. We will renew the core Rutland Joint Strategic Needs Assessment (JSNA), using new Census data available from April 2022. This will offer a baseline for the Strategy and will be supplemented with periodic thematic chapters, guided by the Rutland Health and Wellbeing Board, supporting the design and targeting of health and wellbeing interventions and informing funding decisions across Rutland bodies.
- **Working with you through ongoing engagement, consultation and co-production.** We will develop an engagement plan to run alongside this delivery plan addressing ongoing engagement (sharing of information), consultation (eliciting of views) and co-production (co-creation of solutions). The engagement plan will seek to ensure that the delivery plan is informed by an ongoing process of listening to what residents need from their local services when they are ill and to live well. This will include an equalities dimension to better understand seldom heard groups with lower uptake or worse outcomes so that the design and promotion of interventions can be tailored to be more inclusive. Users of services will also be involved in the co-design of interventions to tackle needs, working alongside other stakeholders. We will work together to strengthen co-production as an approach to design and problem solving, working with organisations like HealthWatch Rutland.
- **Workforce development.** Our workforce is a valuable asset to drive change and improve health and wellbeing outcomes across Rutland. However, we know it is under additional pressures due to growing needs and the COVID-19 pandemic. We will therefore continue to build and develop our integrated workforce, making Rutland an attractive place to work and thrive.
- **Information sharing, supported by technology.** Patients and service users often complain about having to tell their story multiple times. In parallel, health and care professionals involved in a person's direct care can find it difficult to access the information they need to support that person effectively. We are committed to using technology and appropriate information sharing effectively to guide and inform patient care, so that people can be better served.

- **Health and equity in all policies and plans.** The Health and Wellbeing Board will be asking all partners to consider making an ongoing commitment to systematically consider the impact of their plans and interventions on health, wellbeing and equity, so that more opportunities are taken to make Rutland a healthy place to live for everyone.

3.2.3. Cross-cutting Themes

A number of cross-cutting themes have also been identified which interlink with multiple priorities across the strategy. These themes - addressing mental health, reducing inequalities and COVID-19 recovery - have been collected together as a seventh priority (see Section 4).

4. Priority Themes

Priority 1: The best start for life

The best start for life recognises that a stable and supportive childhood sets the foundation for future physical and mental health. “Positive early experiences provide a foundation for sturdy brain architecture and a broad range of skills and learning capacities. Health in the earliest years—beginning with the future mother’s well-being before she becomes pregnant—strengthens developing biological systems that enable children to thrive and grow up to be healthy adults.”¹¹ Disruptions to early healthy development can have the opposite effect, leading to lifelong impacts on learning, health and wellbeing.

Creating a positive environment starts at home and extends into many aspects of our communities and services. Children and young people must have the emotional and physical well-being to navigate and prosper in society.

Where are we now and what do we want to achieve?

Rutland performs similarly to the national average for several indicators related to early years, children and young people. However, there is a significantly higher proportion of secondary school pupils with special educational needs in Rutland with 14.0% in 2018 compared to the England value of 12.3%. **Error! Bookmark not defined.** Therefore, although most children and young people start out well in Rutland, some face challenges which could impede their healthy development and affect their future potential. There are a number of other areas where Rutland performs significantly less well than the England or benchmark averages, including low birth weight babies at term, school readiness in females receiving free school meals and visible tooth decay in 5 year olds. **Error! Bookmark not defined.** The public also highlighted a number of further opportunities for improvement, including a wish for enhanced information about children’s and young people’s services, the practical challenges of accessing distant appointments with children, and a need for quicker and

¹¹ In brief: the foundations of lifelong health, Harvard University, 2021, Center on the Developing Child <https://developingchild.harvard.edu/resources/inbrief-the-foundations-of-lifelong-health/>

easier access to dental and mental health services. Families also indicated they wanted to be at the centre of any decision-making relating to them.

We will work together to further strengthen our approaches in 2022-27 to ensure that all children and young people get the best start in life that they can. This will include prioritising the first 1,001 critical days (from conception to aged 2 years), supporting confident families and young people, and having access to the health services. Future plans to work together are being brought together into a renewed Children's and Young People's Partnership Plan for Rutland which will run alongside and inform this Plan.

Priority 2: Staying healthy and independent: Prevention

Good health and social wellbeing is an asset to individuals, communities and the wider population. Maintaining good health and social wellbeing throughout our lives will allow Rutland the opportunity to have active communities that live well. To achieve this, we must look wider than health and wellbeing focussed services to acknowledge and consider a wide range of social, economic and environmental factors which impact on people's health. We must also recognise that Rutland has an aging population, so ensuring older people live with good health and social wellbeing for as long as possible will benefit the whole population.

Where are we now and what do we want to achieve?

The Rutland population enjoys better than average health and a lengthy life expectancy¹². However, we also face some challenges. The percentage of those offered an NHS health check in 2016/17-2020/2021 in Rutland was significantly worse than the national average¹³; this could represent a missed opportunity for early diagnosis and treatment. Take-up rates for vaccinations and screening offers are also not uniformly good, meaning that some people are missing out on opportunities to prevent sometimes serious illness or to be diagnosed sooner, when conditions such as cancer are more easily treated. At a more fundamental level, three very effective actions people can take for their health are to move more, maintain a healthy weight and avoid loneliness. Although Rutland performs relatively well here, there is scope to improve in all of these areas, with potentially significant impacts for health and wellbeing.

We want people in Rutland to live long and healthy lives. This broad area of work aims to embed prevention in everything we do, create active and inclusive communities, and increase the opportunities to maintain good mental and physical health. It will support increasing access to preventative interventions, including information and advice, vaccination, screening and social prescribing which reconnects people with the goals that motivate them and empowers them towards self-care

¹² Source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

¹³ Source: <https://fingertips.phe.org.uk/profile/nhs-health-check-detailed/data#page/0/gid/1938132726/pat/6/par/E12000004/ati/102/are/E06000015>

Priority 3: Healthy ageing and living well with long term conditions

Evidence suggests that as the number of long-term conditions (rather than age) of an individual increases, so does the level of health and social care support needed and the impact on their health outcomes. When people develop ill health, timely and well-coordinated support is needed to ensure this does not dominate their lives and to allow them to stay independent for as long as possible. People also have a key role to play in their own care, monitoring and managing their conditions to help them to have more good days. Family and friends can also play a critical role as carers and may themselves need support to maintain their own wellbeing alongside their caring role.

Where are we now and what do we want to achieve?

People of all ages may be living with long term health conditions. Rutland also has an older population, which is predicted to grow over the coming years. While ensuring good care services for people of all ages with impaired health, we also want to support healthy ageing, in particular for those with several long term conditions, complex care or frailty (a state which makes people more vulnerable to serious consequences from fairly minor health events such as an infection or fall). This includes encouraging and enabling earlier diagnosis of conditions. The dementia diagnosis rate, for example, (the proportion of people with a formal diagnosis relative to the number predicted to be living with the condition) in 2020 for Rutland was significantly lower than the target of 66.7%.**Error! Bookmark not defined.**

We also want to work together to ensure coordinated, joined up services that respond to people in the round, not just in terms of their health conditions, and which involve individuals and support and empower them to live well. This priority also addresses the important role of carers and support for those with learning or cognitive disabilities and dementia.

Priority 4: Ensuring equitable access to services for all Rutland residents

The aim of this priority is to understand and take steps to ameliorate some of the inequities that are faced in Rutland in the ability to access services. This has a number of aspects which are set out below. Related to this, the sufficiency of GP services is also addressed in Priority 5, which looks at evolving services in response to a growing and changing population.

Where are we now and what do we want to achieve?

Rutland is a rural county that borders a number of other local authorities and healthcare systems and has no acute healthcare facilities within its boundaries. This creates challenges for many in accessing services which can often be distant, requiring long travel times by car and even longer times by public transport.

The challenge of accessing services in Rutland is one of the public's most frequently raised health and care issues, with experiences varying depending on individual factors such as the extent of health need, any access needs, the remoteness of the home address, modes of transport, and time and money available. While we cannot entirely remove the challenges

around access to services, we will work to improve access to health and wellbeing services and opportunities, by working on a number of dimensions of this problem.

Equity of access to services across borders is a challenge for Rutland. The Council can only provide statutory services to people defined as living in Rutland, but some people registered with the Rutland GP practices live outside the area and require other solutions if a Council service is needed. Likewise, some people living in Rutland are served by GP practices outside the county. This can lead to inequities between the health and care support available to different residents and patients. We will work with cross border partners to understand and reduce some of these barriers.

To reduce the overall distances that need to be travelled, we also intend to bring a wider range of planned and diagnostic health services closer to Rutland residents. We will also be working to improve access to primary and community health and care services in Rutland, including community pharmacy. We will also consider the implications of the UHL reconfiguration on Rutland residents specifically.

We will work to improve access to services and wider opportunities for people who are less able to travel, including through access to public transport and increased use of technology where appropriate, while recognising that suitable options need to be in place for those who are vulnerable or isolated or who do not have access to suitable technology.

Priority 5: Preparing for significant population growth and change

For Rutland to remain a great place to live, work and grow we need to ensure the appropriate infrastructure and services are in place to support its current and increasing population.

Where are we now and what do we want to achieve?

The overall population of Rutland is projected to grow by 5% to 42,277 by 2025, an increase of 1,890 residents. Additional demand for health and care services is expected, particularly in Oakham and Empingham, requiring local capacity to be increased.¹⁴

The population is also ageing, requiring expansion of some services more than others, and posing the need for the health and care workforce to keep pace. Our young people are an important asset in that regard.

A Primary Care Estates Strategy is in development, with joint work underway with local GP practices, Strategic Health partners and the Council to understand local issues and solutions, including consideration of the cross-border impact of changes to GP services in Stamford. Planning takes place against population change predictions and housing growth plans which are currently in flux. During the duration of this Strategy, we will take opportunities to

¹⁴ ONS Subnational Population Projections 2018
<https://www.ons.gov.uk/releases/subnationalpopulationprojectionsforengland2018based>

review the trajectory of developments alongside the Local Authority and Voluntary Sector Asset Reviews to ensure we have a health and care infrastructure that is fit for the future.

Readiness in terms of infrastructure only goes so far if we do not work actively to develop a health and care workforce that keeps pace in terms of size and skills to deliver future models of care.

We will also embed a 'Health and Equity in all Policies' approach across Rutland to ensure that future housing planning and wider infrastructure decisions have due regard to their potential impact on improving health and reducing health inequalities.

Priority 6: Ensuring people are well supported in the last phase of their lives

The aim of this priority is to support and care for people to live well during the last period of their life, and to ensure those important to them are given the support during this phase and after the death of a loved one. This support is needed whether the loss of someone is sudden or takes place following a life limiting diagnosis. The aim is to support people to comfortably, proactively plan ahead for the end of their life by working in partnership with the person, family, services and the local community. This priority aims to normalise end of life as an important part of the life course and extends the support to their carers (including young carers) and families throughout this period and into bereavement.

Where we are now and what do we want to achieve?

Rutland currently performs significantly higher than England for the percentage of deaths that occur in care homes and at home, and significantly lower than England for the percentage of deaths occurring in hospital and in a hospice. In terms of premature mortality, the highest percentage of deaths from the indicators presented on the underlying causes for the under 65 age group were cancer (50.0%), followed by circulatory disease (22.2%).**Error! Bookmark not defined.**

We want to ensure that people are supported to be cared for and, where possible, to die in the place of their choice with the people around them whom they are familiar with. We want to support people in Rutland to have as good a quality as life as they can for as long as possible, irrespective of their life limiting conditions. We want people to feel comfortable to have conversations about end of life care planning when they are well and their wishes to be clearly documented to ensure they get the right for care and integrated support at the end of their lives. We want to support carers and families when they are caring for a loved one who is nearing the end of their life, and after their bereavement.

Priority 7: Cross-cutting themes

This priority brings together three cross-cutting themes that interlink with multiple priorities across the strategy as follows:

Supporting good mental health.

Mental health issues will affect at least one in four people at some point in their life. Good mental health is an important part of our overall health and wellbeing, and the impacts of

poor mental health are wide-reaching including lower employment, reduced social contributions and reduced life expectancy.

The NHS Long-term plan and NHS 5 year forward view for mental health have highlighted that mental health has been proportionally under-funded and had insufficient focus through statutory services. The national strategies set out a commitment to achieve parity of funding, esteem and outcomes between mental and physical health needs. A sizeable investment programme is being put in place to enhance and increase support targeting mental health needs including:

- Accessible mental health self-management, guidance and support.
- Joining up mental health, physical health, wider care and voluntary sector support in local geographical areas.
- Increasing access and strengthening offers for children and young people, and for women and families before, during and after pregnancy.
- Earlier intervention for people presenting with early signs of psychosis.
- Psychological offers for the full range of defined mental health conditions.
- Increasing retention and attainment of employment for people with mental health illness.

The LLR vision for mental health of both children and adults across the system is ‘We will deliver the right care to meet the needs of individual patients at the right time. We will integrate with health and social care partners to care for people when they feel they have mental health needs’. This strategy will progress the Rutland place specific elements of this work to champion Rutland’s needs and support delivery of mental health prevention, care and treatment services that improve local patient experience and outcomes.

[Reducing health inequalities across Rutland.](#)

In large part, Rutland is a healthy place to live. However, not everyone enjoys the same prospects for health and wellbeing. “Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that **arise from the unequal distribution of social, environmental and economic** conditions within societies” (NHS England) [5]. They are determined by the broad social and economic circumstances into which people are born, live, work and grow old and exist between different geographical areas and vulnerable/ socially excluded groups within Rutland.

To ensure all people in Rutland have the help and support they need, we will focus on those living in the most deprived areas and households of Rutland and some specific groups (for example the military, carers and learning disability population and those experiencing significant rural isolation) as a priority over the time of this strategy.

We will embed a ‘proportionate universalism’ approach to the overall strategy and services, meaning there will be a universal offer to all, but with equitable variation in service provision in response to differences in need within and between groups of people, that will

aim to 'level up' the gradient in health outcomes to those achieving the best outcomes across Rutland.

COVID-19 recovery

The Covid-19 pandemic has and continues to be a long and difficult period for everyone in Rutland and will continue to impact on our mental and physical health and wellbeing for some time. This strategy will acknowledge what the local population has been through, and the losses it has felt, and support the population and services to live with Covid-19 in the longer term. This will include harnessing the community spirit and innovation that has emerged throughout the pandemic and maintaining a strong health protection response.

5. Rutland Health and Wellbeing Delivery Action Plan

Building on previous joint working, this strategy provides a new opportunity for a wider range of partners to work together to improve health and wellbeing across Rutland as part of the evolving LLR Integrated Care System. This is a high level strategy that complements and is supported by a wide range of more detailed strategies and plans including: the NHS Long term plan; the national Enhanced Health in Care Homes framework; the LLR Health Inequalities Framework; LLR ICS programmes including 'Step up to great mental health' and Home First; UHL's Building Better Hospitals; the LLR and Rutland dementia and carers strategies; the Rutland Corporate Plan; the Rutland Local Plan; the Rutland Transport Plan; the Rutland Children, Young People and Families Plan, and the Rutland Better Care Fund programme.

It is acknowledged that some actions will be delivered at system as well as place and these will be carefully reviewed through the newly developed LLR Integrated Care Partnership and translated to Rutland by the HWB. The HWB will also evolve its approach to ensure effective support, monitoring, engagement and co-production during implementation of the strategy.

Whilst we have been careful to select priorities for the plan that reflect the future need as well as the present, inevitably needs may change over time. For this reason, our partnership action planning will be reviewed on an annual basis, with HWB approval to ensure these priorities are still the right ones. The overall action plan will be supplemented by a specific implementation plan for each financial year with clear commitments and timescales from the various participating partners.

A dashboard will be employed to monitor progress against this plan with SMART performance measures (Specific, Measurable, Achievable, Realistic, and anchored in a Time frame) and we will provide regular performance reports and progress updates to the HWB.

We will also share our progress with you and celebrate our successes by publishing an annual report each year and promoting its findings through the partnership and community events.

Plan priorities and action areas: Summary

The overall structure of the plan, set out in full in Appendix 1, is as follows.

Priority 1: Best start for life

- 1.1 Healthy child development in the first 1001 days
- 1.2 Confident families and young people
- 1.3 Access to health services

Priority 2: Staying healthy and independent: prevention

- 2.1 Taking an active part in your community
- 2.2 Looking after yourself and staying well in mind and body
- 2.3 Encouraging and enabling take-up of preventative health services

Priority 3: Healthy ageing and living well with ill health

- 3.1 Healthy ageing, including living well with long term conditions and frailty, and falls prevention
- 3.2 Integrating services to support people with long term health conditions
- 3.3 Support, advice and community involvement for carers
- 3.4 Healthy fulfilled lives for people living with learning or cognitive disabilities and dementia

Priority 4: Equitable access to services

- 4.1 Understanding the access issues
- 4.2 Increasing the availability of diagnostic and elective health services closer to home
- 4.3 Improving access to primary and community health and care services
- 4.4 Improving access to services and opportunities for people less able to travel
- 4.5 Enhancing cross boundary working across health and care

Priority 5: Preparing for our growing and changing population

- 5.1 Planning and developing fit for the future health and care infrastructure
- 5.2 Health and care workforce fit for the future
- 5.3 Health and equity in all policies, including developing a healthy built environment for projected growth

Priority 6: Dying well

- 6.1 Each person is seen as an individual
- 6.2 Each person has fair access to care
- 6.3 Maximising comfort and wellbeing
- 6.4 Care is coordinated
- 6.5 All staff are prepared to care
- 6.6 Each community is prepared to help

Priority 7: Cross-cutting themes

- 7.1 Supporting good Mental health
- 7.2 Reducing health inequalities
- 7.3 COVID-19 recovery

Glossary and Acronyms

A&E	Accident and Emergency
ACG	Adjusted Clinical Groups (tool for health risk assessment)
BCF	Better Care Fund
CAR	Citizens Advice Rutland
CIL	Community Infrastructure Levy
CCG	Clinical Commissioning Group(s)
Core20PLUS5	NHS England and Improvement approach to reducing health inequalities
CPCS	Community Pharmacy Consulting Service
CVD	Cardio Vascular Disease
CYP	Children and Young People
EHCP	Education and Health Care Plan
FSM	Free School Meals
HEE	Health Education England
HIA	Health Impact Assessment
HWB	Health and Wellbeing Board
ICON	Framework to prevent shaking of crying babies (Infant crying is normal, Comfort methods can work, Ok to take 5, Never shake a baby)
ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Child
LD	Learning Disability
LeDER	Learning from deaths of people with a learning disability programme
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LTC	Long Term Condition
MDT	Multi-Disciplinary Team
MECC+	Making Every Contact Count
MH	Mental Health
NCMP	National Child Measurement Programme
NEWS	National Early Warning Score
NHS LTP	NHS Long Term Plan
ONS4	A 4-factor measurement of personal wellbeing
OOA	Out of Area
OOH	Out of Hospital
OPCC	Office of the Police and Crime Commissioner
PCH	Peterborough City Hospital
PCN	Primary Care Network
PH	Public Health
RCC	Rutland County Council
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIS	Rutland Information System
RISE	Rutland Integrated Social Empowerment
RMH	Rutland Memorial Hospital
RR	Resilient Rutland

SEND	Special Educational Needs and Disability
SMI	Serious Mental Illness
TBC	To be confirmed
UHL	University Hospitals of Leicester
VAR	Voluntary Action Rutland
VCF	Voluntary Community and Faith
VCS	Voluntary and Community Sector

Appendix 1: Delivery Plan

Rutland Joint Health and Wellbeing Strategy

Appendix 1: Initial Place Based Delivery Plan 2022 – 2027

V1.0

February 2022

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The Rutland Joint Health and Wellbeing Strategy Delivery Plan

This Delivery Plan sets out the programme of work through which the Rutland Joint Health and Wellbeing Strategy (JHWS) 2022-27 will be delivered. The plan should be viewed in conjunction with the JHWS. Please note the following:

- In keeping with the collaborative nature of this Strategy, further joint work is anticipated to finalise these plans, and the plans will therefore be subject to some further change, including to timescales. Governance structures are being adjusted to support delivery of the Strategy, including through thematic sub-groups which will work together to prioritise and schedule their actions to a confirmed timetable.
- In common with previous JHWS, this plan brings together and influences the spending plans of its constituent partners or programmes (including the Better Care Fund), and will enhance the ability to bid for national, regional or ICS funding to drive forward change. The JHWS, in setting out shared priorities across health and care partners, is intended to support and inform commissioning of local health and care services for 2022-27. It is not associated at this stage with new recurrent funding.
- While lead organisations are identified at a high level below, many of the plans will be implemented through the participation or collaboration of wider groups of partners.
- After July 2022, when the Leicester, Leicestershire and Rutland (LLR) Integrated Care System is fully operational, the LLR Clinical Commissioning Groups (CCGs) will transition to the LLR Integrated Care Board (LLR ICB). ‘CCG’ should then be read to mean ‘ICB’.

Priority 1: The best start for life

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
1.1	Healthy child development in the 1,001 critical days from conception to 2 years old						
1.1.1	<p>Clear ‘Start for Life’ offer for parents and carers, showing families what support they can expect during the 1,001 critical days.</p> <p>Including development of family hubs. Feasibility study and project manager appointed.</p>	RCC	RCC General Fund	TBC March 22	Place	<ul style="list-style-type: none"> • Healthy Together 2.5 year development checks (communication, fine and gross motor skills) • Early Years Foundation Stage Progress Check between 2-3 years of age, including communication and language, physical development and personal, social and emotional development • Attainment of a Good Level of Development (GLD) at the end of reception year, taking into consideration children eligible for Free School Meals (FSM) • Qualitative feedback from parents on feeling supported through 1,001 critical days 	Do Do
1.1.2	<p>Healthy lifestyle information and advice for pregnant women or those planning to conceive, Including:</p> <p>a) Implementation of MECC+ healthy conversations across prevention services including GP and integrated sexual health service.</p> <p>b) Targeted communication campaigns.</p>	RCC/ CCG/ LPT/ PCN	RCC/ PH budget/ CCG	23/24	System and Place	<ul style="list-style-type: none"> • Smoking in pregnancy and at time of delivery • Proportion of pregnant women that are overweight/obese • Relevant immunisation rates • Mental health indicator re postnatal depression - number of MECC conversations with pregnant women highlighting possible causes of PND 	Sponsor

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>c) Increase awareness of postnatal depression and social isolation through midwifery and 0-10 children's public health service.</p> <p>d) Immunisations in pregnancy (flu/Covid)</p> <p>e) Ensuring women are also reached who have chosen to give birth out of area.</p> <p>Link to 2.1.1 communications and 2.2.3 healthy conversations, 7.1.1 Perinatal mental health support.</p>					<p>and provision of information such as that provided by the Royal College of Psychiatrists.</p> <ul style="list-style-type: none"> Screening in pregnancy by healthcare professionals - using validated self-report questionnaires, such as the Edinburgh Postnatal Depression Scale [EPDS], Patient Health Questionnaire [PHQ-9] or the 7-item Generalized Anxiety Disorder scale [GAD-7]) as per NICE Guidelines. 	<p>Do</p> <p>Do</p> <p>Do Sponsor</p>
1.1.3	<p>Local implementation of the Maternity Transformation Programme considering:</p> <p>a) The implications of the UHL reconfiguration (including LGH obstetrics and St Mary's birthing unit) on maternity services for Rutland residents.</p> <p>b) Access to cross border maternity services and implications including relating to funding and the flow of clinical information.</p>	CCGs	LLR LMS Transformation Funding	22/23	Place and system	<ul style="list-style-type: none"> Maternity service patient satisfaction surveys Qualitative feedback re maternity service access, including cross border Location of Rutland births Low birth weight for term babies Infant mortality 	Sponsor
1.1.4	<p>Implementation of 0-19 Healthy Child Programme – 0-10year Public Health service, to support the Family Hub national Programme. Including: 0-10year mandated child development checks (including 3-4month and 3.5year checks), a digital offer, evidence-based interventions for children (antenatal,</p>	RCC/ PH/ LPT	PH budget	0-10year service starts Sep 2022	Place	<ul style="list-style-type: none"> New Born Visits within 14 days Breast milk is baby's first feed Breastfeeding initiation and continuation rates 2.5 year development checks (fine, gross and motor skills) Healthy Together 2.5 year development checks 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	breastfeeding, dental care and peer support for developing active, resilient children, awareness around shaking and head trauma (ICON)), and safeguarding. Consideration of accessibility of related health services, including dental. Specific consideration for military population.					<p>(communication, fine and gross motor skills)</p> <ul style="list-style-type: none"> • Early Years Foundation Stage Progress Check between 2-3 years of age, including communication and language, physical development and personal, social and emotional development • Attainment of a Good Level of Development (GLD) at the end of reception year, taking into consideration children eligible for Free School Meals (FSM) • Immunisation rates in under 2years • School readiness at the end of foundation year (especially those receiving Free School Meals) • Children with visibly obvious tooth decay at age 5years • A&E attendance for children aged under 1years and aged under 4years. • Qualitative feedback from parents on feeling supported through 1,001 critical days 	
1.1.5	<p>Further investigation into</p> <ul style="list-style-type: none"> • High proportion of low birth weights at term in Rutland. • Children and Young People’s dental care in Rutland, including dental education and access to services. 	RCC/ PH	PH Grant	22/23	Place	<ul style="list-style-type: none"> • Report into low birth weights in Rutland presented to HWB/ subgroups. • Report into dental education and care to HWB/subgroups. 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
1.2	Confident families and young people						
1.2.1	<p>Implementation of 0-19 Healthy Child Programme, 11-19year element, reflecting the Family Hub national programme - including face to face element, a digital offer, health promotion campaigns including via schools, health behaviours survey, safeguarding, evidence-based interventions for healthy, active resilient children and young people who are able to transition effectively into adulthood. Specific work on transitions for children with LD (up to the age of 25years.)</p> <p>Link to 1.4 for vaccinations, 2.1 communication campaigns, 4.4.1 Digital inclusion, 7.1.3 Children and Young People’s mental health need.</p>	RCC/ PH	RCC General fund/ PH Budget	11+ service implemen ted for Sep 2022	Place and system	<ul style="list-style-type: none"> • Immunisation uptake (Covid, HPV, school leavers booster especially for those in care) • Proportion of children at a healthy weight (NCMP data at reception and year 6) • Under 18year conceptions • Health behaviour survey results indicating positive lifestyle choices and access to a trusted adult • A&E attendance for under 18years • Rate of hospital admissions caused by unintentional and deliberate injuries (Children aged 0-14yrs) • Educational attainment • Proportion of young people not in education, employment or training • Specific split of data from those with LD including qualitative feedback on transition from CYP service to Adult Services for those with additional needs. 	Do
1.2.2	<p>Strengths-based approach to growing and supporting confident families across Rutland. Including</p> <p>a) Peer support including for fathers, face to face wherever possible.</p> <p>b) Links to Rutland voluntary sector.</p>	RCC, VCS	RCC General Fund/ PH budget	23/24	Place	<ul style="list-style-type: none"> • Qualitative feedback from parents on feeling supported through 1,001 critical days • Social prescribing referrals for families 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>c) Increased awareness and access to local children's services. Link to RIS development action 2.1.</p> <p>d) Family social prescribing referrals.</p> <p>Link to 1.1.1 Family hub and 1.1.4 0-10years public health service.</p>					<ul style="list-style-type: none"> ONS4 surveys showing improvements to wellbeing from social prescribing 	
1.2.3	<p>Targeted, coordinated support for disadvantaged or vulnerable children to access their 2-2.5 year and Early Years Foundation Stage Progress Check (including those in care, SEND, Free school meals (FSM), young carers and those with parents actively or recently serving in the Armed Forces).</p> <p>Option of family social prescribing referrals.</p> <p>Link to 1.1.1 Family hub and 1.1.4 0-10years public health service.</p>	RCC/ PH	RCC General Fund/ PH budget	22/23	Place	<ul style="list-style-type: none"> 0-5 year development indicators specifically for target groups Healthy lifestyle indicators reviewed for specific groups including immunisation uptake for SEND in over 14years Proportion of annual Looked After Child Reviews carried out by Looked after Children Nurses Proportion of Strengths and Difficulties Questionnaires (SDQ) undertaken for Looked After Children Proportion of Education and Health Care Plans completed 	Do
1.2.4	<p>Reduce the impact of Adverse Childhood Experiences on children and their families by embedding a 'trauma informed approach' to the workforce.</p>	PH/ RCC/ CCG/	RCC/ CCG	TBC	System	<ul style="list-style-type: none"> Workforce trained in trauma informed approach 	Sponsor
1.3	Access to health services						

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
1.3.1	Increase health checks for SEND children aged 14years and over ensuring that status is built into the education and health provision set in a Child's Education and Health Care Plan.	LA/G P/PH	CCG	22/23	Place	<ul style="list-style-type: none"> Immunisation uptake especially in SEND over 14s Proportion of SEND Health check completed 	Do
1.3.2	Increase immunisation take-up for children and young people where this is low, including identifying sub-groups where take-up is lower and understanding why.	RCC PH/ PCN	CCG/ PH budget	23/24	Place and system	<ul style="list-style-type: none"> Review into immunisation uptake across Rutland Immunisation uptake rates (Covid, HPV, school leavers' booster especially for those in care) 	Do
1.3.3	Coordinated services for children and young people with long term conditions (LTCs). Long term condition support for children and young people with asthma, diabetes and obesity including access to appropriate medication, care planning and information to self-manage their conditions, and to relevant support services. To include learning from the Leicester City CYP asthma review and take-up of Tier 3 weight management services. Link to 1.1.1 Family hub and 3.2 Integrated care for LTCs and 7.1 Integrated Neighbourhood Team development.	LPT/ UHL PCN	CCG	22/25	Place and System	<ul style="list-style-type: none"> Report with review of Leicester City Evaluation in context of Rutland needs 	Do (Place) Sponsor (System)

Priority 2: Staying healthy and independent: prevention

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
2.1	Supporting people to take an active part in their communities						
2.1.1	<p>Communication of Rutland’s community and health and wellbeing offer including;</p> <ul style="list-style-type: none"> Develop and implement a multi-channel communication plan to enhance information for signposters and for the public, including distinctive groups. This will also align with the work of the HWB and cater for those that are digitally excluded or use cross border services. To include enhancing the reach and scope of the Rutland Information Service (RIS) via multiple channels (web, social media, print). Enhancement of online functionality for clearer routes into preventative services. 	RCC	RCC General Fund/ BCF/ further investment required	22/23 22/24	Place	<ul style="list-style-type: none"> Completed Health and Wellbeing Communication plan aligned with the HWB RIS monthly visitor figures Indicators to demonstrate the reach of the communication campaigns including social media followers, posts and shares Qualitative feedback on the awareness and access to service across Rutland 	Do
2.1.2	<p>VCF collaboration. Further strengthening collaborative relationships across the voluntary, community and faith (VCF) sector via:</p> <p>a) The VCF forum coordinated by Citizens Advice Rutland (CAR), also working with wider bodies and services e.g. Parish Councils, statutory and commissioned services. Sharing intelligence, skills and resources; mutual aid; joint responses to community needs and funding opportunities.</p>	CAR/ RCC	RCC General Fund/ VCS	22/23	Place	<ul style="list-style-type: none"> VCF forum participants Collaborations including events, shared resources, joint services, grants obtained Number of new community groups formed or placed on a more robust/ sustainable footing Mapping of Rutland voluntary and community sector 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>b) VCF groupings with a shared focus e.g. deprivation, armed forces.</p> <p>c) Community development encouraging the formation and confident operation of new groups in Rutland for shared interests.</p> <p>d) Mapping of the Rutland voluntary and community sector to understand its strengths and areas for development.</p> <p>e) Collaboration, also with statutory and commissioned services, around sustainable improvement for households with multiple and/or complex needs impacting on health and wellbeing.</p> <p>Link to 7.2.1 mapping inequity, including deprivation.</p>						
2.1.3	Increase volunteering , including through the Citizens Advice Rutland (CAR) volunteering marketplace, building on positive experiences in the pandemic.	CAR	RCC General Fund	22/23	Place	<ul style="list-style-type: none"> Number of volunteers registered Number of hours of volunteering committed to 	Do
2.1.4	Building Community Conversations. Explore the potential application of innovative models to empower individuals and communities, including: the Healthier Fleetwood model in which facilitated conversation spaces enable communities/groups with a common interest to meet informally to discuss opportunities and issues and progress improvements; and	TBC	TBC	24/25	Place	<ul style="list-style-type: none"> Feasibility study on implementation of potential community models in Rutland Qualitative feedback that community conversations are taking place Number of participants in the model 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Camerados, an approach designed around people looking out for each other.						
2.2	Looking after yourself and staying well in mind and body						
2.2.1	<p>Living more active lives. Including:</p> <p>a) Increasing exercise on referral and promotion of active opportunities – helping people to increase activity positively in ways that work for them - personalised approach building on strengths. Also targeting groups such as patients on waiting lists, with mental ill health or living with dementia or cancer, people isolated or unable to travel.</p> <p>b) Local progress of the LLR Active Together strategy, including engaging organisations including businesses, care homes and schools in facilitating active lives.</p> <p>c) Secure funding for the active referral scheme following leisure contract review. Consider feasibility of subsidised participation for people on lower incomes.</p> <p>d) Secure funding via PCN to develop a wider offer e.g. hip, knee and back school.</p> <p>Link to 2.1 Active Communities, 2.4.1 Health in all policies.</p>	Active Rutland/Active Together/PCN	Multiple incl PH Budget, CCG, RCC	22/25	Place	<ul style="list-style-type: none"> • Exercise referrals made • Exercise referral service user numbers • Reduction in the proportion of adults overweight or obese • Increased proportion of physically active adults • Increased proportion of adults engaging in active travel (cycling or walking) at least 3 days a week • Proportion of health checks completed 	Do Sponsor Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
2.2.2	<p>Health awareness and self-care. Including:</p> <p>a) Providing information to increase awareness of changing health needs, and confidence to self-care.</p> <p>b) Clear prevention ‘front doors’ for additional support (See 2.2.4 Social Prescribing).</p> <p>c) Increase uptake of Weight Management Rutland service for adults, and family-focused support programmes, including Holiday Activities and Food Programme. Encourage take-up of NHS health checks and ongoing blood pressure monitoring for early diagnosis of cardio vascular risk.</p> <p>d) Review Chlamydia screening across Rutland to identify reasons for low level of Chlamydia detection and screening.</p>	RCC (incl RIS, RISE, libraries), PCN, VCF sector	Yes	23/24	Place	<ul style="list-style-type: none"> Communication measures on Health awareness campaigns and RIS webpages (reach, shares, posts etc.) Uptake of prevention services Uptake of NHS health checks and numbers of referrals to prevention services No. of blood pressure checks in the community Improvement in Chlamydia screening rate and understanding of detection rate 	Do
2.2.3	<p>Healthy conversations. Implement Healthy Conversations training (Making Every Contact Count Plus – MECC+) to empower Rutland’s diverse front line staff to discuss health and wellbeing with service users and signpost them To include professionals working with housebound and digitally excluded people, and those who struggle to travel. Accessible signposting resources. See development of the RIS in 2.1.1.</p>	RCC/ PH/ LPT	PH Budget/ LLR Cancer funding	23/24	Place and System	<ul style="list-style-type: none"> Numbers trained in MECC+, train the trainers and super trainers in Rutland Data on source of referrals to prevention services Reach of RIS website Qualitative feedback and evaluation of MECC+ training package 	Do and sponsor for wider system roll out

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
2.2.4	<p>Increase and enhance social prescribing for wellbeing, focussing on personalised, strengths based care assessment and planning via the joint RCC and PCN 'RISE team' and other local providers. Including;</p> <p>a) Promote clear routes for wellbeing enquiries/ requests for support through Rise front door and RIS.</p> <p>b) Enhance social prescribing tools by developing:</p> <ul style="list-style-type: none"> • Consistent assessment frameworks for use across agencies. • Social prescribing signposting network. • Service maps for consistent referral. • Social prescribing platform managed by RISE, aiding referral between agencies and monitoring of pathways and outcomes. 	RCC (RISE)/PCN	BCF and PCN	22/23	Place	<ul style="list-style-type: none"> • Increased social prescribing referrals • Social prescribing platform users and activity • Development of signposting network • Number of groups/activities referred to by RISE team • Patient changes to ONS4 scores (a 4 element self-assessed measure of wellbeing) • Evaluation of the impact on social prescribing including understanding the impact on GP practices by service users 	Do
2.3	Encourage and enable take up of preventative health services						
2.3.1	<p>Increase uptake of immunisation and screening programmes. Including;</p> <p>a) Completion of a health equity audits on immunisation and screening programme uptake across Rutland. (Including childhood immunisations.) See 1.1 and 1.2.</p> <p>b) Targeted communications campaigns using behavioural science to support increasing uptake. (See 2.1)</p>	PH/NHS England	PH Budget/NHS EI	24/25 as required	Place and System	<ul style="list-style-type: none"> • Health Equity audits completed on areas of concern. Results/ recommendations reported to HWB and LLR Health Protection Board. • Uptake of specific immunisation and screening programmes. Specifically reviewing vulnerable or under-served groups. • Including offer/ uptake of health checks (including those for LD), uptake of screening programmes (including breast and bowel scope screening), 	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>c) Use the Health and Wellbeing Coach, healthy conversations (MECC+) and other routes to increase cancer screening uptake including mammograms, bowel scope screening and cervical screening [see 2.2]</p> <p>d) Considering how services could be delivered closer to home (for example breast and bowel scope screening) See 4.2.</p>					uptake of screening programmes closer to home.	
2.4	Maintaining and developing the environmental, economic and social conditions to encourage healthy living for all						
2.4.1	<p>Health and equity in all policies. Focus will include the economic, social and environmental contributions to health (wider determinants of health).</p> <p>a. Aiming for an overall commitment of relevant organisations in Rutland to building in consideration of health and equity in all that they do.</p> <p>b. Health Impact Assessments (HIA) or Integrated Assessments for decision making and policy development. Health Impact Assessment (HIA) of individual policies/investments, considering social value.</p> <p>c. Produce a wider determinants review with partners for Rutland. The review will explore existing work across Rutland, identifying any gaps to consider additional action across partners. Focus will include the built environment; open and green spaces; active</p>	RCC PH	RCC General Fund/ PH budget	24/25 22/23	Place	<ul style="list-style-type: none"> Organisations committed to a Health and Equity in all Policies approach. Evidence that organisations have embedded a process to systematically consider health, wellbeing and equity in everything they do. Evidence of enhanced designs/decisions from HIAs Development of wider determinants review. 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	travel; fuel poverty; air quality; and healthy housing.						

Priority 3: Healthy ageing and living well with long term conditions

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
3.1	Healthy ageing, including living well with long-term health conditions, and reducing frailty and over 65s falls						
3.1.1	Accessible information and advice supporting people to adapt their self-care as they age for optimum health, tailored to populations with worse outcomes. (Links to 2.1)	RCC/ CCG	Yes	24/25	Place	<ul style="list-style-type: none"> See 2.1. 	Do
3.1.2	<p>Tailored support to help individuals live well with changing health circumstances, including through the Proactive Care @home programme. Including;</p> <p>d. Personalised information, advice and support to help people and their families to adapt as they become more vulnerable to illness or are diagnosed with long term conditions, to play a full role in their care and to manage the wider impact of ill health on their lives.</p> <p>e. Building patient and family skills in managing illnesses at home, including using monitoring equipment/ telehealth such as SystemOne Airmid, Whzapp and over the counter monitoring equipment.</p> <p>f. Wider involvement in recognising and assessing signs of deterioration including using NEWS.</p> <p>g. Extended local rehabilitation offer.</p>	RCC RISE. PCN, comm unity pharm acy	Partial	24/25	Place & System	<ul style="list-style-type: none"> Numbers taking up these 1:1 services Positive changes to service users' ONS4 self-assessed wellbeing scores. Telehealth and monitoring: TBC based on target conditions and PCN metrics. Numbers assessed at key levels of frailty No. of individuals with active care plans. Rate of ambulatory admissions in categories considered as preventable (BCF) 	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Link to 3.1.3 Falls, 3.3 Carers, 3.4 Learning disabilities and cognitive impairment, 4.4.1 Digital inclusion.						
3.1.3	<p>Falls prevention, including promoting strength and balance and faller response. Including;</p> <p>a) Awareness raising re strength and balance preventing falls and availability of preventative exercise referral, plus what to do in the case of a fall (See 2.1)</p> <p>b) Exercise for strength and balance offered to patients who have fallen or are at risk of falling, including Steady Steps courses and enabling virtual as well as in person delivery. Putting Steady Steps on a sustainable financial footing.</p> <p>c) Embedding the DHU quick response pilot for fallers not seriously injured.</p> <p>d) Personalised falls prevention plans for Rutland care homes, tailored to individual residents. Frailty champions and training. Initial priority to reduce the impact of lockdown deconditioning through reablement/ social prescribing/ self-help.</p> <p>e) Patients with frailty flag referred for assessment by integrated care</p>	RCC incl Active Rutland, LPT Therapy/OTs/ PCN	Partial	22/25	Place & System	<ul style="list-style-type: none"> No. of Steady Steps participants Rate of hip fractures in people aged 65-79 and 80+ Rate of emergency admissions due to falls injuries in people aged over 65yrs Number and proportion of people rated at different levels of frailty (defined by ACG tool) Integrated care coordinator referrals relating to falls/frailty Structured Medication Reviews relating to falls/frailty 	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	coordinator and for structured medication reviews (SMR).						
3.1.4	<p>Peer support. Encouraging and enabling peer support for people living with related challenges (both physical and mental health). Build expertise and materials supporting high quality peer support.</p> <p>Develop via support groups and via shared interests or experiences e.g. art and exercise classes, veterans.</p> <p>Link to building strong communities 2.1</p>	RCC incl RISE/ VCS	RCC/ VCS	TBC	Place	<ul style="list-style-type: none"> Peer support groups established No. of service users participating Qualitative feedback on impact of peer support groups. 	
3.2	Integrating services to support people living with long-term health conditions						
3.2.1	<p>Collaborative coordinated care. Including;</p> <p>a) Planning for greater structural integration across and between health and care services through a population health management approach.</p> <p>b) Working together to shape integrated neighbourhood teams, multidisciplinary working and services to better serve the needs of the Rutland population living with ill health. (Including relationships between nursing and therapy.)</p>	RCC, PCN, LPT	RCC/ CCG	TBC	Place	<ul style="list-style-type: none"> Pooled budgets Qualitative feedback from patients that services are more integrated. Including families and friends test. Reduced delays in hospital discharges, length of stay etc. Increased scope and use of trusted assessments as appropriate. Proportion of complex patients that have an active, up to date care plan 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>c) All staff working to the top of their capabilities. Using trusted assessment and delegated tasking to expand capacity.</p> <p>d) Enhancing coordinated care planning, including with specialist support for the most complex patients.</p> <p>e) Clear and coordinated communication with patients.</p>						
3.2.2	<p>Building a resilient care sector</p> <p>Working with the care sector in all its forms to support a clear and sufficient offer providing choice in high quality services to service users and reducing pressure on acute hospitals through collaborative care and prompt hospital discharge.</p> <p>a) Further progress implementation of the Enhanced Health in Care Homes (EHCH) model, led by the Rutland Clinical Care Home Coordinator, including multi-disciplinary team working, use of technology to support collaborative care, and frameworks to identify and manage health deterioration.</p> <p>b) Supporting a resilient care sector, including workforce development to make the care sector in Rutland an attractive place to work.</p>	RCC Clinical Care Home Coordinator and Broker Commissioning team	RCC/ Care sector	TBC	Place and System	<ul style="list-style-type: none"> • Participation in the provider forum • Covid related compliance (e.g. vaccination take-up) • Care sector capacity • Number of homes participating in MDT working for residents • Breadth of MDT working in place • Care home hospital admissions 	Do (place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Link to 3.2.4 Hospital discharge.						
3.2.3	<p>Sharing information for better informed direct care. Embedding use of the LLR electronic Shared Care Record across the Rutland health and care workforce and pathways to support coordinated, fully informed patient care, initially within LLR.</p> <p>Link to 4.5.2 which addresses future cross-boundary sharing, building on 3.2.3.</p>	LHIS	DHSC	TBC	System and place	<ul style="list-style-type: none"> Number of organisations connected to the LLR care record Number of accesses made to the LLR CR for direct care. 	Watch
3.2.4	<p>Prompt, safe hospital discharge. Working together including out of area to minimise long hospital stays and to get people home promptly to their usual place of residence and reabled whenever possible.</p>	RCC discharge team, Micare		24/25	System and place	<ul style="list-style-type: none"> Rate of patients staying in hospital 14+ and 21+ days (BCF) Rate of discharge to usual place of residence (BCF) 	Sponsor (System) Do (Place)
3.3	Support, advice, and community involvement for carers						
3.3.1	<p>Understanding carer needs. Understand carers' support needs to ensure interventions are well tailored, including transitions to adulthood for child carers and appropriate respite opportunities.</p>	RCC carers team	RCC	24/25	Place	<ul style="list-style-type: none"> Qualitative feedback on carers needs. 	Do
3.3.2	<p>Carer recognition and wellbeing. Identifying more carers of all ages and offering support.</p> <p>a) Increasing take-up of carer health checks and eligible benefits.</p>	RCC carers team	Existing budgets	24/25	Place	<ul style="list-style-type: none"> Proportion of estimated carers identified (including young carers) 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>b) Addressing barriers to social contact for carers, including via peer support opportunities, social prescribing and digital channels.</p> <p>c) Support for carer mental health.</p> <p>d) Contingency planning for carers.</p> <p>e) Build the role of the VCF sector, including armed forces groups, in enhancing carer wellbeing.</p> <p>Link to 2.1 Active communities, 2.2.2 Health awareness and self-care, 2.2.3 Healthy conversations, 2.2.4 Social prescribing, 2.3.1 Preventative health services, 3.1.4 Peer support, 4.4.1 Digital inclusion, 7.2 Good mental health.</p>					<ul style="list-style-type: none"> Proportion of carers who have as much social contact as they would like Proportion of carers taking up health checks 	
3.3.3	<p>Supporting households during hospitalisation of the cared for person or carer.</p> <p>Multi-disciplinary working across involved teams when a carer or an individual with a carer is hospitalised.</p> <p>Inclusion of the carer in home first planning for discharge - confirming realistically what the carer is able to undertake and what additional support may be needed. Enabling honest dialogue for safe, sustainable discharge.</p>	RCC carers, discharge, hospital teams, PCH carer liaison	Existing budgets	24/25	Place	<ul style="list-style-type: none"> Carer feedback on hospital episodes 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Link to 3.2.4 Prompt, safe hospital discharge.						
3.4	Healthy, fulfilled lives for people living with learning or cognitive disabilities or impairments, or dementia						
3.4.1	Timely annual health checks for people with learning disabilities to identify health issues early, supporting good quality care.	PCN	CCG	22/23	Place	<ul style="list-style-type: none"> Increased % people registered with learning disabilities who have had an annual health check 	Do
3.4.2	Active learning to enhance care for people with learning disabilities. Sharing LeDER findings widely and acting on them to enhance care for people with learning disabilities. Ensuring safe discharge for people with learning disabilities.	LLR LD group	CCG/ RCC	24/25	System	<ul style="list-style-type: none"> LeDER recommendations actioned Qualitative feedback on quality of life from people with LD 	Sponsor
3.4.3	Meeting care needs in Rutland for people with significant disabilities. Wherever possible, pursuing creative solutions enabling people with significant disabilities to be cared for in Rutland rather than having to go out of area See Bring care closer to home 4.2.	RCC (ASC, CSS)	Allocated personal budgets	24/25	Place	<ul style="list-style-type: none"> Service users brought fully or partially in-county If care is returned to Rutland, cost differential Proportion of people with LD in their own homes 	Do
3.4.4	Community involvement. Further strengthening opportunities in Rutland for people with learning disabilities to have	RCC/ VCS	RCC General	24/25	Place	<ul style="list-style-type: none"> Proportion of those with learning disabilities in work and volunteering 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	healthy, fulfilled lives and be a full part of Rutland's communities, including engagement in education, work and volunteering.		fund/CCG				
3.4.5	Dementia friendly communities in Rutland. Explore the potential to progress accreditation as dementia friendly villages, high streets, facilities and tourist attractions in Rutland.	TBC	TBC	24/25	Place	<ul style="list-style-type: none"> No. of dementia friends trained No. of venues advertising themselves as dementia friendly Improved dementia diagnosis rate 	Do
3.4.6	Increase the diagnosis rate for dementia including: a) Giving people confidence to come forward when they are experiencing memory issues. b) Addressing the backlog in diagnosis of memory issues.	PCN, RCC	CCG	23/24	Place & System	<ul style="list-style-type: none"> Improved Dementia diagnosis rate Reduced waiting list for memory services diagnosis 	Sponsor
3.4.7	Equity in access to Admiral Nurse support provided by RCC. Confirm approach enabling everyone registered with a Rutland GP practice to benefit from Rutland Admiral Nurse support or its equivalent. Ensure Rutland residents with a GP outside Rutland are aware they are able to use the RCC service.	RCC, PCN, Alzheimer's UK	BCF. funding required	22/23	Place	<ul style="list-style-type: none"> Confirmation that all Rutland residents and Rutland GP practice patients have access to a service 	Do

Priority 4: Ensuring equitable access to services for all Rutland residents and patients

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.1	Understanding the access issues						
4.1.1	<p>Map inequities and patient experience feedback in health and care services across boundaries between Rutland residents and those registered with a Rutland GP and living outside Rutland.</p> <p>Findings to inform future pathway design.</p> <p>To also include the challenges for patients using non-GP services out of area.</p>	RCC, CCG, PH	CCG/ PH/BCF Budget	22/23	Place	<ul style="list-style-type: none"> Report on border issues Agreement on areas of focus of inequalities as part of delivery of PCN Network DES 	Do
4.1.2	<p>Ensure equitable services are developed and available ensuring Rutland's residents and those registered at a Rutland GP have greater choice, enabled through cross boundary service contractual agreements and other solutions.</p> <p>Build equitable access into pathway design.</p> <p>See 4.5.3 cross border collaboration.</p>	RCC, CCG				<ul style="list-style-type: none"> Improved patient feedback from people reporting health and care inequity 	Do
4.2	Increase the availability of diagnostic and elective health services closer to the population of Rutland						
4.2.1	<p>Improving public information about local diagnostic and planned care services as part of increasing access (e.g. including urgent care and when mobile facilities such as the mobile</p>	RCC	RCC, LPT, CCG	22/23	Place	<ul style="list-style-type: none"> See 2.1. Local communication plan and RIS development including specific campaign on out of hours access 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	breast screening unit are in the area, and accessible out of area provision). See 2.1. Improving communication.						
4.2.2	Develop understanding of used and vacant space at Rutland Memorial Hospital to inform scope for potential solutions. Followed by strategic review of other vacant space that could enable health services closer to the population.	CCG / LPT	TBC	22/23	Place	<ul style="list-style-type: none"> Quantified understanding of available space and existing medical facilities' appropriateness for clinical activity 	Do
4.2.3	Review and identify immediate potential solutions for Elective and Community services feasible for closer local delivery, through optimising existing Estate Infrastructure whilst facilitating restoration and recovery including considering e.g. cancer 2 week wait, cardio respiratory service and orthopaedics and the delivery methods for such services i.e. virtual or face or face. Consider longer term options for children's services (incl phlebotomy), end of life, chemotherapy and diagnostics. Consider existing infrastructure sites including Rutland Memorial Hospital (RMH).	CCG	CCG	22/23	Place	<ul style="list-style-type: none"> Review of current and potential services delivered at RMH Evaluation of AI Tele - dermatology service 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.2.4	Explore the possibility for a localised Pulmonary Rehabilitation Service through the evaluation of the pilot project in train to inform local feasibility models/review in Rutland.	PCN/C CG LPT/In spire2 Tri	CCG	22/23	Place	<ul style="list-style-type: none"> Evaluation of local pulmonary rehabilitation take-up Increased take-up of pulmonary rehabilitation by relevant patients 	Do
4.2.5	Develop a longer term locally based integrated primary and community offer and supporting infrastructure for the residents of Rutland , driven forward by a dedicated partnership Strategic Health Development Group.	CCG	CCG / National/ RCC	23/24	Place	<ul style="list-style-type: none"> Partnership agreement on way forward and dedicated plan on next steps 	Do
4.3	Improving access to primary and community health and care services						
4.3.1	<p>Improve access to primary and community health care: In primary care, take steps to increase the overall number of appointments in comparison to a baseline of 2019 and to ensure an appropriate balance between virtual and face to face appointments. (NB dependency on premises constraints).</p> <p>Increase uptake of community eye scheme provided by local optometrists and monitor usage.</p> <p>In community health, understand and work to reduce waiting lists/wait times for key services</p>	CCG, GP practic es, optom etrists LPT	CCG	23/24	Place	<ul style="list-style-type: none"> Increased access to GP practice appointment in comparison to 2019 Appropriate proportion of appointments delivered face to face in comparison to Aug 21 baseline Qualitative feedback on GP practice access across Rutland 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>such as dementia assessment, community paediatrics and mental health.</p> <p>See also 4.3.3 b Community Pharmacy Consultation Service.</p>					<ul style="list-style-type: none"> Identified waiting lists/wait times reduced 	
4.3.2	<p>Informing patients. Review PCN and practice website developments and online tools including review of usage data analysis to inform further website enhancements and engagement with registered population.</p> <p>Link to 4.4.1 Digital inclusion.</p>	PCN	CCG	22/23	Place	<ul style="list-style-type: none"> Evaluation of PCN and practice websites and future developments. 	Do
4.3.3	<p>Review local pathways, with focus on:</p> <p>a) Satellite clinics nearer to Rutland – e.g. Joint injections at RMH being explored to manage local backlog</p> <p>b) Community Pharmacy Consultation Service (CPCS) pilot to support increase in referrals in key areas and reduce pressures in Primary care. This will be supported by the Rutland Pharmaceutical Needs Assessment.</p>	CCG	CCG	23/24	Place	<ul style="list-style-type: none"> Review of joint injections pathway Reduced joint injection backlog Reduced pressure on primary care Review of community pharmacy services PNA complete for October 22 	Do
4.3.4	<p>Investigation and follow up to increase primary care consulting space capacity, including within existing primary care premises.</p>	PCN CCG	TBC	23/26	Place	<ul style="list-style-type: none"> Practices with increased consulting spaces Increased appointment capacity 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.3.5	<p>Review of GP registrations in the context of seldom heard or under-served groups to increase coverage where required for communities such as the travelling community, veterans and armed forces families (i.e. health equity audit learning from Leicester City Approach). Link to health inequalities needs assessment 7.2.1.</p>	CCG/ PH	CCG/ PH budget	23/24	Place	<ul style="list-style-type: none"> Health equity audit on GP registrations 	Do
4.3.6	<p>Ensuring full use of specialist primary care roles tailored to needs (e.g. practice pharmacist, muscular-skeletal first contact, health coach). Link to 4.3.4 Primary care infrastructure capacity.</p>	PCN	CCG	TBC	Place	<ul style="list-style-type: none"> Employment and delivery of specialist primary care roles in Rutland Impact on primary care capacity of specialist roles 	Do
4.3.7	<p>Engage with local Armed Forces Defence Medical Services (DMS) facilities to inform changes in local Health and Care services including referral processes/documentation e.g. RMH provision. Due regard for the armed forces in health referral (e.g. duty to consider this population in pathway design and communicate health pathways to military primary care).</p>	CCGs/ PCNs	CCG	TBC	Place	<ul style="list-style-type: none"> Qualitative feedback that local services better reflect the needs of the military population 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
4.3.8	Development of a Rutland wide partnership community transport project to look at demand and response bus service models with outline of enabling financial models. This will include current pilots e.g. CPRE Community Transport pilot in Uppingham.	RCC with CPRE and Parish Councils	RCC	TBC	Place	<ul style="list-style-type: none"> CPRE Pilot evaluation report of findings and recommendations Options appraisal of community transport models including collaborative financial strategy with Parish Councils 	Do
4.4	Improving access to services and opportunities for people less able to travel, including through technology						
4.4.1	<p>Increase digital inclusion targeting people who want to use technology to improve access to services and/or reduce social isolation.</p> <p>a. Collaborative approach across involved agencies and services. Tailor responses to reasons for digital exclusion (affordability, skills, confidence, connectivity). Include supporting to take up digital services e.g. access to medical record, prescription ordering (POMI)</p> <p>b. Fit for purpose access to the internet across Rutland including access to high speed broadband within community setting such as libraries. Advice to support household choices.</p>	TBC RCC	TBC RCC/ individual budgets	22/25	Place	<ul style="list-style-type: none"> Number of people digitally enabled. Residents in Rutland have the option to subscribe to high speed broadband No. of public access points for high speed broadband Number of people with access to their GP record Numbers of people using the NHS app to order repeat prescriptions and make GP appointments 	Do
4.4.2	Identify existing issues and routes /modes to improve physical access to services from rural areas by working with RCC Transport Plan team (including through further travel time	RCC	RCC	22/23	Place	<ul style="list-style-type: none"> Review of current transport routes and health inequalities needs assessment 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	mapping for different modes of transport and times of day, to support wider planning, also considering out of area access to services and ambulance response times). Link to access and health inequalities needs assessment 7.2.1.					<ul style="list-style-type: none"> Rutland travel time and bus route napping including costs 	
4.4.3	Delivering commissioned services within Rutland. Encouraging LLR services commissioned from third party providers to be offered directly in Rutland including through venue support. See 7.1.6.d VitaMinds local delivery.	RCC	RCC/ VCS	22/25	Place	<ul style="list-style-type: none"> More services delivered within Rutland wherever possible 	Do
4.5	Enhance cross boundary working across health and care with key neighbouring areas						
4.5.1	Undertake an Out of Area contract review of LLR CCG commissioned services	CCG	CCG	23/24	System	<ul style="list-style-type: none"> Review of cross boundary working across health and care 	Watch
4.5.2	Phase 2 of electronic shared care records including sharing with organisations not on the LLR Care Record system, notably out of area providers and other specialist providers including Defence Medical Services. Dependency on national shared care record programme.	CCG	National funding	26/27	System	<ul style="list-style-type: none"> Electronic shared records implemented across a range of health and care providers 	Watch Do for specific links to Rutland services

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	Explore potential for future digital referral routes from out of area. See 3.2.3 LLR Care Record.						
4.5.3	Maintain close operational working with neighbouring CCGs, Councils and associate commissioners in Lincolnshire, Northamptonshire, Peterborough and Cambridgeshire with an initial focus on Primary Care impact on local provision, and implications of UHL restructure on demand for out of area services. Consider representation on respective governance groups.	CCG/ RCC	CCG/ RCC	22/23	Place	<ul style="list-style-type: none"> Clear links with local CCGs and LAs re cross boundary working 	Do

Priority 5: Preparing for our growing and changing population

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
5.1	Planning and developing 'fit for the future' health and care infrastructure						
5.1.1	Work with neighbouring areas around cross border development impact and opportunities through Strategic Infrastructure Development Planning (notably currently South Kesteven CCG and Lincolnshire CCGs) to support future cross border funding allocation commensurate to local impact of out of area growth.	CCGs	CCG	22/23	Place	<ul style="list-style-type: none"> Aligned fit for the future plans with neighbouring ICS's 	Do
5.1.2	Reviewing the implications of the UHL reconfiguration and redistribution of planned and diagnostic care for Rutland patients, feeding Rutland population needs into wider system planning, including consideration of key needs such as children and young people's services closer to home. To include out of area use patterns and impact on budgets.	CCG, UHL, RCC, PH for HWB	CCG, RCC	26/27	System and Place	<ul style="list-style-type: none"> Rutland feedback and insight supplied into system level reconfiguration 	Do
5.1.3	Undertake a Community Infrastructure Levy (CIL) policy review with due consideration of enabling greater support for local healthcare infrastructure to ensure this is a key priority area of support going forward	RCC	RCC	22/23	Place	<ul style="list-style-type: none"> Health Strategic Partners Involvement in CIL review process and receipt of report on new policy implications 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
5.1.4	<p>Develop and agree a Rutland population model to inform future Health funding decisions and CIL application to enable Strategic Health Infrastructure Investment commensurate to future population healthcare needs. Including;</p> <p>a) Ensuring health partners have visibility of Rutland’s latest non-local plan trajectory of speculative and planned developments to enable development of joint strategic planning for future growth.</p> <p>b) Ensuring the Board has access to CCG estates information relating to the Rutland PCN area.</p> <p>c) Consideration of anticipated growth in care home population and impact on local health services.</p> <p>d) Consideration of the impact of rurality and distance from acute services on demand for primary and community care.</p>	CCG/RC C	RCC/ CCG	As required	Place	<ul style="list-style-type: none"> Monitoring of the number of speculative and planned applications Reviewed CIL policy Clear plan for future health infrastructure 	Do
5.2	Health and care workforce fit for the future						
5.2.1	Adapt PCN roles to changing needs. Plan for and undertake recruitment of the Rutland Health PCN Additional Roles reimbursement scheme and align with RISE team.	PCN	CCG	23/24	Place	<ul style="list-style-type: none"> PCN additional roles recruited and services delivered. Roles meeting their objectives 	Do
5.2.2	Workforce sufficiency. Develop links with Health Education England (HEE) around	CCG	CCG	24/25	System	<ul style="list-style-type: none"> Sustainable health and social care workforce 	Watch

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	sustainable long-term recruitment and succession planning for clinicians.						
5.2.3	Career development structures. Consider projects to increase career development and satisfaction for retention e.g. via delegation of health tasks to care workers, transition from carers to nursing associates	CCG	CCG	TBC	System	<ul style="list-style-type: none"> • Carer development and increased potential for workforce • Proportion of health and care staff remaining in work after 55 	Watch
5.2.4	Promoting career opportunities. Increase engagement with local young people around careers in health and care, including through collaboration with schools and opportunities for work experience	CCG	CCG	TBC	System	<ul style="list-style-type: none"> • Sustainable health and social care workforce • Increase in proportion of staff in health and care sector locally 	Watch
5.2.5	Meet training needs. Identify training needs for the PCN in relation to the Enhanced Basket of services where agreed for local delivery in Rutland. Also consider training needs of associated teams/professionals working with PCN roles.	PCN	CCG	22/23	Place	<ul style="list-style-type: none"> • Completion of PCN training courses and evaluation of training and impact on patient outcomes 	Do
5.3	Health and equity in all policies, in particular developing a healthy built environment aligned to projected growth in Rutland						
5.3.1	Embed Health and Equity in all strategies and policies across Rutland County Council and then partner organisations, considering their impact on mental and physical health, health	RCC/CC G/ PH	RCC/ PH budget	24/25	Place	<ul style="list-style-type: none"> • Completion of a Local Plan Health Impact Assessment with clear and achievable recommendations 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
	<p>inequalities and climate change. This will include Health and Equity Impact assessment development and training. See 2.4.</p> <p>Public Health and Health Strategic partners to support the Planning Authority on the RCC Local Plan development to maximise the opportunity for a healthy built environment aligned to projected growth in Rutland. Work will utilise the national evidence base combined with locally developed resource, for example the 'Active Together – Healthy Place Making' toolkit.</p> <p>Completion of a Health Impact Assessment of the Local Plan at the appropriate point of development with clear recommendations for mitigation and/or enhancement.</p>					<ul style="list-style-type: none"> • Progress against identified recommendations in the Local Plan development • Health and Equity in all policies embedded across Rutland 	

Priority 6: Dying well

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB role: Do Sponsor Watch
6.1	Each person is seen as an individual						
6.1.1	Ensure there is choice at the end of life , in terms of place and type of care, to include continuity of care.	CGG/ RCC / LPT/ LOROS	CCG/ RCC	TBC	Place and system	<ul style="list-style-type: none"> Qualitative feedback on end of life experience and quality of services including from family and carers 	Do (Place) Sponsor (System)
6.1.2	Support individuals in achieving their wishes around end of life care , including through awareness raising about support already available for them and their carers, and how to access it, including the Integrated Community Specialist Palliative Care Service, specialist nursing, virtual day therapy, befriending support and training	CCG/ RCC/ LPT/ LOROS	CCG/ RCC existing budgets	TBC	Place and System	<ul style="list-style-type: none"> Qualitative feedback on the quality of support received Proportion of people dying in usual place of residence (DiAPR) 	Do (Place) Sponsor (System)
6.2	Each person has fair access to care						
6.2.1	Explore the possibility of delivering more end of life care services closer to home , with consideration for the use of the Rutland Memorial Hospital. Also consider out of hours palliative care access. See 4.2 Care closer to home.						

6.2.2	Improve access to hospice care , including transport issues, and facilitating commissioning where the provider is not within LLR. See 4.4	CCG/ RCC	CCG/ RCC existing budgets	TBC	Place and Syste m	<ul style="list-style-type: none"> Qualitative feedback on the quality of support received 	Do (Place) Sponsor (System)
6.2.3	Support early identification of those likely to be in the last year of their life , through the use of assessment tools (e.g. Aristotle Population Health Management system validated tools) to support further ReSPECT planning.	CCG/ PCN	CCG/ PCN	23/24	Place and Syste m	<ul style="list-style-type: none"> Defined list of patients nearing the end of their lives Increased proportion of those at the end of life with a ReSPECT plan in place 	Do (Place) Sponsor (System)
6.3	Maximising comfort and wellbeing						
6.3.1	Review bereavement support services for families and carers , including for armed forces, and children and young people.	CCG/ RCC	CCG/ RCC existing budgets	TBC	Place and Syste m	<ul style="list-style-type: none"> No. of people accessing bereavement support Qualitative feedback on the quality of support received 	Do (Place) Sponsor (System)
6.3.2	Understand access to hospice and other services for End of Life care , and requirements for these commissioned services.	RCC/ PH/ VSC	RCC/ PH budget/ VCS	22/23	Place	<ul style="list-style-type: none"> JSNA chapter recommendations 	Do
6.3.3	Timely management of medical equipment and small aids for palliative/terminal care at home - provision and removal	RCC	RCC	22/23	Place	<ul style="list-style-type: none"> Qualitative feedback on support around equipment to remain at home 	Sponsor
6.4	Care is coordinated						

6.4.1	Full and confident embedding of the ReSPECT process to capture and share wishes for care, and increasing coverage of advance care plans for those likely to be in the last year of life.	CCG/ PCN	CCG	TBC	Place and system	<ul style="list-style-type: none"> Proportion of people at end of life that have ReSPECT plans in place 	Do (Place) Sponsor (System)
6.4.2	Utilise responsive and flexible pathways to allow for rapid discharge from hospital where needed.	CCG/ RCC	CCG/ RCC existing budgets	TBC	Place and System	<ul style="list-style-type: none"> Qualitative feedback on the quality of support received 	Do (Place) Sponsor (System)
6.4.3	Review of end of life care coordination. To include cross border coordination and hospital discharge facilitating next steps of palliative support. Link to needs assessment (see 6.6.4)	RCC/ PH/ VCS	PH budget	22/23	Place and System	<ul style="list-style-type: none"> Review of end of life coordination as part of JSNA chapter 	Do (Place) Sponsor (System)
6.5	All staff are prepared to care						
6.5.1	Provide training for carers (formal and informal) in end of life care , so that individuals can receive appropriate care irrespective of place, with awareness raising around advance care planning and Power of Attorney.	CCG/ PCN/ LOROS/ Carers Matter Stake- holder Group	CCG	TBC	Place and system	<ul style="list-style-type: none"> Proportion of people at end of life that have ReSPECT plans in place 	Do (Place) Sponsor (System)
6.5.2	Provide training to support the care of those identified through a population health management approach as approaching the end of their lives . Training can help identify major life events that serve as trigger points	CCG/ PCN	CCG/ PCN	23/24	Place and System	<ul style="list-style-type: none"> Defined list of patients nearing the end of their lives No. of people trained in palliative and End of Life support No, dying in usual place of residence (DiAPR) 	Do (Place) Sponsor (System)

	for conversations. Support transition to palliative care phase.						
6.6	Each community is prepared to help						
6.6.1	Further develop the Dying Matters website to support coordination and choice of End of Life services.	Dying Matters	TBC	23/24	Place	More accessible website and links to RIS	Do
6.6.2	Support a Compassionate Community approach across Rutland, developing volunteer networks skilled to work with people facing terminal illness or at end of life.	Dying Matters / RCC / LOROS	TBC	TBC	Place	<ul style="list-style-type: none"> Volunteers trained Rutland achieving Compassionate County status. 	Do
6.6.3	Behavioural change campaign to work towards changing social norms, to promote greater acceptance of discussions relating to end of life. This may include the use of alternative terminology and promote conversations about getting affairs in order. Use of behaviour change wheel methodology.	RCC/ PH/ Dying Matters	RCC/ PH Budget	24/25	Place	<ul style="list-style-type: none"> Behavioural change campaign. Communication indicators re reach and shares etc. Qualitative feedback that people feel more comfortable to discuss end of life 	Do
6.6.4	Joint Strategic Needs Assessment (JSNA) to be undertaken to understand the needs of the local population (including those nearing the end of their lives, their carers and the bereaved), the services available, and the quality of care provided. A focus will be given to capturing the views of those who use and provide services.	PH/ RCC	PH Budget	22/23	Place	<ul style="list-style-type: none"> End of Life JSNA chapter with clear recommendations to the HWB. Including self-assessment against national ambitions 	Do

	To include a comparison of progress against the National Ambitions for Palliative and End of Life Care, using the self-assessment tool.						
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Priority 7: Cross cutting themes

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.1	Mental health						
7.1.1	<p>Increase access to perinatal Mental health support services, wherever Rutland women have chosen to give birth.</p> <p>Link to 1.2.2 Healthy lifestyle information for women pregnant or planning to conceive (c) mental health.</p>	LPT	LLR LMS Transformation Budget	22/23	System	<ul style="list-style-type: none"> No. of people accessing perinatal support Qualitative feedback on the support provided 	Sponsor
7.1.2	<p>Understand the gaps in service reported by service users where children and young people need help with their mental health but have not reached the thresholds for mainstream mental health services, or have reached thresholds but are on waiting lists for CAMHS services, and ways to address these, including via new local services and low level/interim support offers delivered through library and wider commissioned and community services.</p> <p>Factor in anticipated future changes e.g. end of Resilient Rutland funding for children and young people's counselling in 2023.</p>	LPT/PH	LLR LMS Transformation Budget	TBC	Place and system	<ul style="list-style-type: none"> Gap analysis on service provision for children and young people and recommendations for the HWB 	Do (Place) Sponsor (System)

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.1.3	<p>Increasing local resource to respond to children and young people's mental health need through implementation of Key Worker role, Mental Health support workers support in Schools, contribution of Resilient Rutland programme (funding ending Jan 23).</p> <p>Support to families on waiting lists and for those requiring support but not reaching CAMHS thresholds.</p> <p>Parallel support for parents and carers of children and young people with mental health needs.</p>	LA/ Vol sector /CCG	TBC	22/23	Place	<ul style="list-style-type: none"> Reduced presentation of children and young people at urgent care settings in crisis 	
7.1.4	<p>Support system implementation of 'Step up to Great' LLR Mental Health Transformation Programme, following results of the consultation.</p> <p>Transformation project for Rutland- Ensuring MH services are delivered in Rutland including;</p> <p>a) Mental Health VCS grant scheme – crisis café - £30k - open from 14/1 - 4/2 2022</p> <p>b) Small grants - £3k - £50k - open until 31/1/22</p> <p>c) OPCC commissioner safety fund – up to £10k</p>	LPT/ CCG/ RCC	LLR MH transformation budget	22/23	System Place Place	<ul style="list-style-type: none"> Waiting times reduced for VitaMinds service users Mental Health neighbourhood lead in post Crisis café in Rutland Rutland voluntary sector access to grant funding 	Sponsor Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
	<p>d) Covid permitting, face to face provision in Rutland of relevant commissioned services e.g. VitaMinds</p> <p>e) A clear co-designed approach to supporting farmers' and other individuals' needs linked to rurality</p> <p>f) A clear co-designed approach to better meeting veterans' and armed forces families' mental health needs</p> <p>g) A clear local plan to better coordinate care across neighbouring service areas</p>					<ul style="list-style-type: none"> Commissioned services accessible face to face in Rutland 	
7.1.5	<p>Increased response for low level mental health issues. Promotion of recognised self-service self-help tools and frameworks notably <i>Five ways to wellbeing</i>. Expansion of capacity in local low level mental health services and closer working between involved local agencies and services, including in the voluntary and community sector and peer support, so more people access help sooner in their journey.</p> <p>Opportunities to develop resilience skills, e.g. through the Recovery College.</p>	PCN, LPT, RCC, VCS	CCG	TBC	Place	<ul style="list-style-type: none"> Increased support for low level mental health conditions for all ages Self-help tools promoted 	Do
7.1.6	<p>Deliver on the Long-term plan objectives for mental health for the people of Rutland:</p>	LPT, PCN, RCC, Vita	CCG - LLR LMS Transfor	22/23	System and place	<ul style="list-style-type: none"> 60% physical health checks for individuals with Serious Mental Illness (SMI) 	Sponsor

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
	a) Move towards an integrated neighbourhood based approach to meeting mental health needs in Rutland b) Annually assessing the physical health needs of people with Serious Mental Illness (SMI) in Rutland c) Aiding people with serious mental illness into employment d) Delivering psychological therapies (IAPT - VitaMinds) for individuals as locally as possible to Rutland		mation Budget			<ul style="list-style-type: none"> Evidence of integrated working (e.g. 3 conversation innovation site) Increase in people with SMI being supported into employment Increase in people accessing IAPT treatment 	Do Watch Watch
7.2	Reducing Health Inequalities						
7.2.1	Complete a needs assessment to understand the current health inequalities in Rutland. Including understanding specific factors contributing to the decline of Rutland Female Life Expectancy. This will include understanding impact of isolation, lifestyle factors, carer status and local end of life patterns for females. To also consider deprivation, including hidden, and the resultant needs, calling on wider sources of intelligence across the community, voluntary and faith sector.	PH	PH Budget	22/23	Place	<ul style="list-style-type: none"> Completed needs assessment and recommendations to HWB 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.2.2	<p>Embedding a proportionate universalism approach to service delivery including principles of the CORE 20 PLUS 5.</p> <p>Targeted support based on need including for families and communities who experience the worst health outcomes across Rutland e.g. military, rurally isolated, carers, SEND, LD children in care etc.</p>	All	Existing budgets	24/25	Place and System	<ul style="list-style-type: none"> Tailoring of service delivery to meet the needs of specific vulnerable groups. Reduction in social gradient of health. (Index slope of inequality.) Improved healthy life expectancy in females. 	Do (Place) Sponsor (System)
7.2.3	<p>Strengthen leadership and accountability for health inequalities including health inequalities training with senior leaders and use of the Inclusive Decision Making framework</p>	CCG/ PH/ LLR Academy	CCG	23/24	System	<ul style="list-style-type: none"> Take-up of senior Rutland leaders on training course. 	Sponsor
7.2.4	<p>Embed Military Covenant duties across all key organisations across the system but specifically in Rutland (due regard for armed forces in health, housing, and education).</p>	RCC/ CCG/ Providers		22/23	Place / System	<ul style="list-style-type: none"> Update report on how organisations have embedded this legislation Armed forces health needs assessment 	Do
7.2.5	<p>Complete military and veteran health needs assessment to understand the inequalities facing this group</p>	CCG/ PH	CCG/ PH budget	22/23	Place and System	<ul style="list-style-type: none"> Completed needs assessment on military and veteran population. Recommendations taken to HWB to progress 	Do (System)
7.2.6	<p>Mapping Rutland community assets, including its voluntary and community sector.</p>	RCC	RCC	TBC	Place	<ul style="list-style-type: none"> Single register of local community assets to support development of 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
						RIS, community development and inclusive design of interventions	
7.2.7	<p>Role of anchor institutions in reducing health inequalities Working with key Rutland organisations considering how they can support reducing health inequalities through employees, resources and estate.</p>	System plus RCC	RCC/ CCG/ ICS	24/25	System	<ul style="list-style-type: none"> Organisational plans and commitments to reduce health inequalities. Regular uptakes on progress Slope index of inequality Rate of improvement on life and healthy life expectancy between the most and least deprived groups in Rutland 	Sponsor (Do for Rutland specific organisations)
7.2.8	<p>Ensuring complete and timely datasets. Collecting data on protected characteristics (including ethnicity and disabilities) to support future service needs and development</p>	All providers	RCC/ CCG/ ICS	24/25	System	<ul style="list-style-type: none"> Accurate recording of protected characteristic including ethnicity and disabilities 	Sponsor
7.3	Covid recovery						
7.3.1	<p>Review the impact of the Covid-19 pandemic period on emerging demand for prevention services including sexual health and provide recommendations for service adjustments or future commissioning of services to respond to these changing needs. This will take place in response to intelligence about patterns of need, and/or as each service is recommissioned.</p>	RCC/ Public Health	Various Covid funds/ RCC/ PH budget	22/23	Place	<ul style="list-style-type: none"> Services adjusted/ increased/introduced in response to post-pandemic needs Outcomes in those services 	Do

Ref	Key Activities	Lead	Funding	Indicative Timescale	Place or System Led	Metrics	HWB interest Do, Sponsor, Watch
7.3.2	Consider the service offer for patients with long Covid , including accessibility.	LPT	CCG/ Covid funding	TBC	Place	<ul style="list-style-type: none"> Clear pathway and accessible service offer for long Covid patients 	Do (Rutland)
7.3.3	Pandemic readiness. Maintaining a collaborative health protection approach and response ready for future Covid-19 surges or other future pandemics.	PH	PH budget	Ongoing	Place and System		Do (Rutland) Sponsor (System)

Glossary

A&E	Accident and Emergency
ACG	Adjusted Clinical Groups (tool for health risk assessment)
BCF	Better Care Fund
CAR	Citizens Advice Rutland
CIL	Community Infrastructure Levy
CCG	Clinical Commissioning Group(s)
Core20PLUS5	NHS England and Improvement approach to reducing health inequalities
CPCS	Community Pharmacy Consulting Service
CVD	Cardio Vascular Disease
CYP	Children and Young People
EHCP	Education and Health Care Plan
FSM	Free School Meals
HEE	Health Education England
HIA	Health Impact Assessment
HWB	Health and Wellbeing Board
ICON	Framework to prevent shaking of crying babies (Infant crying is normal, Comfort methods can work, Ok to take five, Never shake a baby)

ICB	Integrated Care Board
ICS	Integrated Care System
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LAC	Looked After Child
LD	Learning Disability
LeDER	Learning from deaths of people with a learning disability programme
LLR	Leicester, Leicestershire and Rutland
LPT	Leicestershire Partnership Trust
LTC	Long Term Condition
MDT	Multi-Disciplinary Team
MECC+	Making Every Contact Count
MH	Mental Health
NCMP	National Child Measurement Programme
NEWS	National Early Warning Score
ONS4	A 4-factor measurement of personal wellbeing
OOA	Out of Area
OOH	Out of Hospital
OPCC	Office of the Police and Crime Commissioner
PCH	Peterborough City Hospital
PCN	Primary Care Network
PH	Public Health
RCC	Rutland County Council
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIS	Rutland Information System
RISE	Rutland Integrated Social Empowerment
RMH	Rutland Memorial Hospital
RR	Resilient Rutland
SEND	Special Educational Needs and Disability
SMI	Serious Mental Illness
TBC	To be confirmed
UHL	University Hospitals of Leicester

VAR Voluntary Action Rutland
VCF Voluntary Community and Faith
VCS Voluntary and Community Sector

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REPORT OF FINDINGS

RUTLAND HEALTH AND WELLBEING DRAFT STRATEGY CONSULTATION

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Overview of the Consultation

The Rutland Health and wellbeing strategy 2022-2025 was put together by the Rutland Health and Wellbeing Board – a committee of Rutland County Council that brings together organisations responsible for people’s health and care. As part of new ways of working between the NHS and local councils across the country, local areas are looking at how they can best improve the health and wellbeing of their population.

This consultation was undertaken to hear what you think about the strategy because your views are important to us in helping shape local health and care services and people’s health and wellbeing. It was carried out from 22nd November 2021 to 16th January 2022. During this period, the consultation survey was available online, in hardcopy format, through email, by attending online events, in an easy read format and by telephone.

This report has included findings from online surveys (177 responses), in-depth one-to-one interviews, focus group discussions and online events expressing the views of people and organisations such as: Healthwatch Rutland, Rutland health and social care policy consortium, Rutland Health Primary Care Network (PCN) Patient Participation Group (PPG) at Oakham Medical Practice, Greetham Parish Council, Oakham Youth Club, Voluntary and community sector groups. Most of the 133 (75%) of the respondents who completed the online survey were aged between 35-75 years. Also, most of the 149 (84%) identified as being white British. The majority - 125 (70.6%) did not consider themselves as having a disability and most of the 125 respondents (71%) do not provide care for anyone (Section 2).

Analysis

Findings from the online questionnaire were analysed and reported in frequencies and percentages. The qualitative findings from other correspondence and the open-ended questions from the online survey were categorised into themes. Purely to illustrate the themes, we have provided a selection of the quotes of what people said across the various consultation sources. A theme was categorised as a “**commonly reoccurring theme**” when it appeared repeatedly from 5 or more respondents and identified as “**not commonly reoccurring theme**” when it was repeated by less than 5 respondents.

The strengths of this consultation include:

- The high number of respondents who participated in the online survey (177)
- A high number of the older age group participated (106 persons aged 60-75+ years)
- We had 14 responses from people who had served in the armed forces.

Weaknesses of this consultation include:

- The findings from this consultation may not be representative of the profile of the tire Rutland population. From the demographic information of respondents to the online survey (Section 2), only 5 (2.8%) of the respondents identified as belonging to an ethnic minority population.
- Whilst we have recorded qualitative comments from people in focus groups, the number of people who attended each focus groups, the number of focus groups and the strength of each response was not recorded making analysis of this information difficult.
- There were also concerns from some respondents relating to the consultation process itself who pointed out that the easy-read version of the document and the survey was published late in the consultation period. Although the deadline was extended by 9 days, it may not have provided sufficient time to advertise and specifically encourage carers and people who benefit from easy read materials to complete the survey.
- The consultation attracted feedback from 7 young people aged between 12-17 years)

Section 1

Overall vision and goal of the health and wellbeing strategy

Respondents were asked about the extent of their agreement with the overall vision, goal and priorities of the Rutland health and wellbeing strategy for the next three years.

To what extent do you agree with the overall vision of the strategy: “safe, healthy, happy and caring communities in which people start well and thrive together throughout their lives.”						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly agree	Don’t know	Total
76 (43.7%)	81 (46.6%)	13 (7.5%)	4 (2.3%)	0 (0%)	0 (0%)	174

To what extent do you agree with the overall goal of the strategy, “people living well in active communities”						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly agree	Don’t know	Total
80 (46.2%)	79 (45.7%)	9 (5.2%)	4 (2.3%)	1 (0.6%)	0 (0%)	173

Majority 157 (90.3%) of the respondents agree with the overall vision of the strategy while 159 (92.0%) agree with the overall goal of the strategy. However, some concerns were raised such as:

Commonly reoccurring themes

Lack of indicators

This was a concern to many respondents. This is because indicators can be used in evaluating achievements which is vital for improvement.

“There are also no metrics or indicators to define outcomes so no one will know when or if goal objectives have been achieved”

Limited timescale for implementation

Some recommendations were made to allocate more time to the proposed implementation so the overall vision and goals can be achieved.

“The timescale of the plan is also limited to 3 years which is too short for making what are substantial service and capital changes. The time horizon for implementation of these strategies calls out to be extended”

Not commonly reoccurring themes

Proposed goals not specific to Rutland’s unique problems

According to the respondents, some the goals are not reflective of Rutland’s unique problems such as the ageing population, and come across as reflecting issues pertinent to the entire LLR population.

“There remain, however, worries that while the goals are general to Leicester, Leicestershire and Rutland (LLR ICS), the draft action plans do not fully get to grips with Rutland’s unique problems and how they could be put to rights. The issues and solutions are different in this rural and isolated county”.

The priorities of the health and wellbeing strategy

Respondents were asked about the extent of their agreement with the priorities of the health and wellbeing strategy for the next three years.

To what extent do you agree that that the right priorities were chosen?						
PRIORITY 1- the first 1000 days of life from conception						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly agree	Don’t know	Total
76 (43.7%)	71 (40.8%)	20 (11.5%)	4 (2.3%)	0 (0%)	3 (1.7%)	174

147 (84.5%) agree with this priority. Some gaps were noted which include:

Commonly reoccurring themes

Failure to include maternity services

Maternity services are directly related to care within the first 1000 days of life from conception. Some respondents felt that this priority should also include action plans aimed at improving maternity services in Rutland.

“This describes the first 1000 days of life from conception but fails to include maternity services in the action plan”

“Closures of Leicester General obstetrics and St Mary’s birthing unit are arguably the biggest local issues for the first 1000 days in Rutland, but Maternity is not mentioned in the draft action plan. There are unresolved issues that an action plan will need to address”

Some action plans were also recommended to achieve this priority (all responses recorded)

- Utilise the influence of other services such as midwives and health visitors to promote vaccinations for children
- Improved communications between midwives/ health visitors so that continuation of care of children moving in and out of the county is improved.
- Improved technological support for midwives to make their job more efficient so that they can focus on patient care.
- Develop a process with the local authority / midwives / health visitors to ensure that children of communities experiencing health inequalities are still seen and receive care – for example those in the military, living in travelling communities or in care.
- Promote dental services for children in Rutland
- Much support is provided via schools- need to equally support those educated at home

To what extent do you agree that that the right priorities were chosen?						
PRIORITY 2- Healthy and independent for as long as possible						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly agree	Don’t know	Total
106 (60.9%)	58 (33.3%)	6 (3.4%)	2 (1.1%)	0 (0%)	2 (1.1%)	174

Almost all respondents agree with this priority - 164 (94.3%).

Other insights revealed feedback from respondents which identified some gaps.

Commonly reoccurring themes

Continuity of care

Concerns regarding continuity was noted. Due to the complex nature of the health system especially when a patient has long term conditions. There were suggestions that this priority endeavours to simplify the process for patients

“More needs to be added about creating pathways to get people with long term conditions out of hospital and into rehab in intermediate care (e.g., RMH) and onwards to their homes within Rutland”

Communication

Some Rutland residents suggest that this priority should provide action plans aimed at improving communication especially signposting and promoting awareness of services

“A central solution for communication should be sought that can reach all Rutland patients that the GP surgeries, local authority, and community services can utilise to educate and inform patients about services etc”.

Health education and promotion

Many respondents proposed that there should be more focus preventive services - promoting healthy lifestyles, physical activity, and access to self-care

“Improved education surrounding healthy lifestyle and the services available in Rutland, including Active Rutland”

Access to diagnostic and screening services

There were also concerns that currently some Rutland residents have some difficulty accessing diagnostic services and the action plan should address this.

“Easier access to diagnostic testing in Rutland would allow earlier diagnosis and better management of conditions, helping patients’ health to be better controlled”

To what extent do you agree that that the right priorities were chosen? PRIORITY 3- Reducing health inequalities						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
84 (48.0%)	61 (34.9%)	20 (11.4%)	8 (4.6%)	0 (0%)	2 (1.1%)	175

More than three quarters of the respondents 145(82.9%) agree with this priority. Gaps identified were:

Not commonly reoccurring themes

Addressing deprivation in Rutland

There are concerns that the deprivation in Rutland is ignored because it is seen as a less deprived area when compared to Leicester city. Therefore, this often leads to this issue being ignored.

“The deprivation in Rutland must be addressed. We recognise that Leicester has much deprivation but there are considerable pockets of deprivation in Rutland, and, like many rural communities, it is a matter of pride to keep it hidden”

“It is important to recognise household poverty as well as community poverty. These can be hidden within our more affluent areas”

To what extent do you agree that that the right priorities were chosen? PRIORITY 4- Equitable access to health and wellbeing services						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
114 (65.1%)	46 (26.3%)	8 (4.6%)	4 (2.3%)	1 (0.6%)	2 (1.1%)	175

Almost all respondents, 160 (91.4%) agree with this priority. Feedback from collection of insights from other survey methods highlighted some areas which stakeholders find vital to be addressed by this priority

Commonly reoccurring themes

Access to health services

This reoccurred quite often among respondents. Rutland residents are concerned that there is need to travel a long distance to access health services, there are transportation issues and access to care is difficult and more expensive especially for people with disabilities e.g., taxis for wheelchair users

“The journey to the bigger hospitals is not only long but also can cause anxiety and stress in patients. They may not have access to transport, childcare, a replacement carer for someone they care for, or they may not be used to driving in the winter. This stresses the importance of improving the urgent care facility at Rutland Memorial Hospital but also for improving the public transport links and support available to carers/ single parents”

“No account of rural deprivation and in particular inequality of access, there is no serious discussion in the draft Rutland Health and Wellbeing Strategy: A Plan for Place 2022 - 2025, travel being a huge issue for local people”

“No alternative provision has been made or suggested for those unable to access the LRI or Glenfield sites, this issue should have been addressed. It should have been built into the plan but was not. Alternative services must be in place before the LGH acute and outpatient services close. The plan needs to address these issues as a matter of urgency”.

Digital inclusion and access

Currently there is more focus on the use of digital technology in health care. It is essential that future planning recognises the many possibilities. People have identified this as important, but some people living in Rutland feel that there is a need for this strategy to put into place ways to ensure no one is left behind and to improve digital access for the population of Rutland

“Technology support for providers is also important and welcome. It has a role to play in achieving these priorities– will there be a plan for that?”

“In an era where more services are turning to digital solutions and communication, there is a generation of people who are being left behind and not receiving communications.

Communication needs to be provided to those patients, and also education and support in using technology to empower them to be able to access digital services”

Insufficient primary care services

Due to the growing population in Rutland, residents suggest that more primary care services should be provided to meet demand

“There is not enough primary care available in Rutland and this is set to get worse as there is insufficient funding available”

Promote local services

“Relationships with local pharmacies should be improved so that patients feel they can better access the pharmacy other than having to drive and walk in. It would be beneficial to have email or telephone links with them”.

Renovation of local services

Provision of care closer to home was a commonly reoccurring among respondents. It was highlighted that this strategy addresses the need to retain and improve local health services

“The local facility-Rutland Memorial Hospital needs updating and modernising”

“As the population grows it is imperative to evaluate and improve the service provided by Rutland Memorial Hospital. It is the only centre in the county that provides urgent care but the service is a) not always available and b) is confusing to patients as the process for being seen there is unclear”

Not commonly reoccurring themes

Improve ambulance services

Some respondents have highlighted the need to improve ambulance services because currently due to population size and need the ambulance services in Rutland are not efficient

“The rurality of Rutland patients also impacts the availability to them of the ambulance service. Ambulances can sometimes take several hours to arrive to patients. They are also often sent ambulances from other counties due to lack of availability”

Collaboration of PCNs, clinicians and Rutland patient groups

“To ensure equitable access services need to be accessed both within the borders of Rutland as well as outside. We suggest the task of reviewing all clinical pathways be undertaken with the PCN in conjunction with secondary clinicians and Rutland patient groups”

To what extent do you agree that that the right priorities were chosen? PRIORITY 5- Preparing for population growth and change						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
96 (54.9%)	52 (29.7%)	14 (8.0%)	10 (5.7%)	0 (0%)	3(1.75)	175

96 (54.9%) of respondents agreed with this priority area. Some of the concerns raised were:

Not commonly reoccurring themes

Lack of clarity on details

Some respondents felt that the action plans put in place to address this priority are vague and more details are needed

“It sounds as if there is no real clarity on the capacity needed or any indication of how long it will take to achieve such clarity. There can be no confidence, therefore, that this can be achieved during the currency of this strategy”

To what extent do you agree that that the right priorities were chosen? PRIORITY 6- Ensuring people are well supported in the last phase of their lives						
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Total
121(69.9%)	38 (21.9%)	8 (4.6%)	3 (1.7%)	1 (0.6%)	2 (1.2%)	173

159 (92%) of the respondents agree with the priority to ensure people are well supported in the last phase of their lives. Other feedback regarding this priority include:

Not commonly reoccurring themes

Poor integration of end-of-life services

“We do know that Rutland residents greatly value individual end-of- life services but they do not always find them effectively integrated. Many stakeholders (including hospices and the voluntary sector) have been brought together by the Lord Lieutenant under the Umbrella of Dying Matters in Rutland. This group has already developed a valued support information website which now covers the whole of LL&R. Stakeholders include many who could help develop a new End-of- Life strategy, and implementation plan for Rutland”

Making options available on where to spend last days of life

“Patients and their families have expressed a wish to have the options of spending the last days of life either well-supported in their homes or in a local community hospital with hospice-style care. There is no detail in the Strategy and Plan of how these wishes will be fulfilled”.

Meeting the elderly demands

Due to the increasing elderly population in Rutland it was suggested by some respondents that there should be an increase in health services that promote their health and wellbeing.

“Meeting Elderly demands that are increasing dramatically. Mental Health Services need an overhaul and Dementia will be very big as the population ages, disablement increases with age and demands include for example expanded stroke facilities and rehabilitation. These include more physios for hydrotherapy (demand for hydrotherapy is increasing with Long Covid disability but Rutland is without a pool)”

If anything, what else should be a priority for us for the next three years?

Respondents have suggested some areas that they see as vital to be included as a priority for Rutland for the next three years

Commonly reoccurring themes

Mental health services

There were concerns that action plans to promote mental health were not sufficiently addressed in the strategy

“An improved mental health service is desperately needed in Rutland”

“Mental Health receives no mention despite being reported as the biggest concern by Rutland people (both adult and young people) since 2017”

Access to healthcare

“Provision of adequate infrastructure in right locations to support proposed growth and development”

Promoting good housing

Many respondents highlighted the need for more emphasis on promoting quality housing and ensuring that there is an adequate number of houses for the growing Rutland population, because housing is one of the factors that can directly affect the health of the population

“Recognition of housing and its impact on health and well-being. Improving the built environment to support long term health and wellbeing of the growing Rutland population”

“Ensure that future local new housing of Rutland is projected to grow in line with the Local Plan”

Strengthen workforce

“Work with care providers to strengthen the workforce available to those requiring care post discharge and at end of life. This would also improve continuity of care for dying patients as opposed to have different agency staff which can cause stress”.

Not commonly reoccurring themes

Promotion of green spaces, open spaces, and green infrastructure

“Wider health benefits of green infrastructure within development – open space, walking and cycling”

Timely health impact assessments

Some suggestions were made that health impact assessments should be carried out in a timely manner so findings can influence local health plans (such as this strategy)

“Getting the health impact assessment prepared at appropriate time within local plan making process”

Access to care homes and support to carers

Based on the growing elderly population some respondents mentioned that more care homes may be needed, and private care homes should be more open to residents they accept.

“The care homes in Rutland are largely privately owned which means they can be selective in what residents they accept. This needs to be addressed to give fair access to good care to the older population who will be living in care homes”

“We must give attention to carers in end-of-life work. We see many people come into hospital as the only option because the carer cannot find support and eventually lose confidence and faith in the system”

Addressing issues of isolation

There are some concerns that some families feel culturally isolated especially military families and feel that they should be supported

“Our patients and families here can feel almost 'culturally' isolated. They are often new to Military life, and have left their home area to move here - they can feel really isolated, especially if they don't drive, have young children, have a disability, their partner is away on operations”

Social and economic development and environmental sustainability

“We expect the NHS to play a full part in social and economic development and environmental sustainability., through its employment, training, procurement and volunteering activities”

All other non-commonly reoccurring themes listed:

- Creating awareness and promoting community services
- Promote physical health
- Emergency preparedness for future pandemics
- Transportation and ease of access to services
- Staff recruitment to meet the needs of the population
- Actions to reduce air and noise pollution

- Access to employment and leisure opportunities for people living with disabilities
- Provision of a range of care services closer to home

Additional comments on the proposed 6 priority areas

Commonly reoccurring themes

Increasing staffing and capacity of staff (commonly reoccurring theme)

“Preparing for population growth and change is an absolute must. Access to good GP services is already abysmal in the county and this is only going to get worse of the population of Rutland increases further. Increasing capacity is an absolute priority, which will help to achieve the rest of the goals”.

Collaboration between organisations (commonly reoccurring theme)

Provides a strengths-based approach building on the integrated and joint working that has already been achieved, relationships and mutual understanding existing between health and wellbeing and community infrastructure.

“The priority areas appear to cover us from birth to death but am concerned about how working with adjoining health organisations and authorities will actually work in practice”.

“This is a very exciting opportunity to pool resources between agency and pump prime assets (physical and non-physical) mapping and developing a volunteer base to support self-help and illness preventative approaches”

“Need for more joined up working between primary, secondary, mental, physical, and health and social care services”

Not commonly reoccurring themes

Recognition of the role of music and in health and wellbeing

“Access to music & the arts is not mentioned. My hope is that access to music making opportunities will be prioritised as much as sport. The mental health of all ages is positively affected by access to good quality music making”

Well-being and healthy lifestyle of the children, teenagers, and young people

Some respondents highlighted that the strategy did not provide much focus on improving the health of the younger population. Furthermore, feedback from young people provided some areas they felt important to their health such as – more communal leisure areas and safe places to receive support

“The strategy’s main focus is on the needs of the older generation. I couldn’t see ANY proposals which could support well-being and healthy lifestyle of the children, teenagers and young people”.

“Giving people more communal area for the weekend or weekdays”

“The youth group needs to have a safe and secure place. Jules House was the safe place that we could all go to and talk about our feelings. We now use the Baptist Church but this is not a fixed site. The new young people don't have somewhere they can go at any time, and this is why we need Jules back”

How can you/your organisation support the health and wellbeing board to deliver our priorities?

The following support was suggested:

Healthwatch-

“We acknowledge the plan to renew the Children’s and Young People’s Partnership Plan for 2022-2025 and welcome the opportunity to have sight of this through our involvement in the Partnership”

The Rutland Health and Social Care Policy Consortium-

Planning and delivery

Rutland Health PCN-

Help to improve the rates of proactive care such as immunisations and NHS health checks.

Individuals-

Providing continuous feedback

Paying taxes

Further insights to improve the health and wellbeing strategy

Commonly reoccurring themes

Setting deadlines

“The Board has shied away from setting deadlines. We have no idea what will be delivered from the plan in 2022, 2023 and so on”.

“3 Years is far too short for a Strategic Health Plan and needs to be extended to at least 5 years. A Strategic Plan should be comprehensive and extend over 5 years. Within that, goals for the first 2-3 years are important”

Alignment between the health and wellbeing strategy and other health and health-related plans

“There must be alignment between the Rutland Health Plan, Rutland Local Plan, Rutland Transport Plan and Rutland Children, Young People and Families Plan. They should all be aligned based on demography, housing and employment in the same time frames both long and short term.”

Collaboration between the ICS and Health and Wellbeing Board (H&WB) board in implementation of the strategy

“Plans be developed between the ICS and H&WB to implement the enabling measures identified in this document including metric measures of success or failure”

Not commonly reoccurring themes

Outcomes and monitoring of delivery of the plan

“This should involve continuous engagement and ‘checking back’ with residents”

Omission of secondary and tertiary health services

“One major concern is that the draft omits discussion of secondary and tertiary services provided to Rutland people. These stages absorb most health expenditure and are provided

by a wide range of providers across a number of organisational boundaries. Planning of these pathways cannot stop abruptly at the Rutland County boundaries”

Integration in the wider healthcare context

Regarding integration in the wider healthcare context, there were concerns that the strategy highlights little or nothing about this. Some suggestions were brought forward by respondents:

Commonly reoccurring themes

Failure to address the need for effective integration or co-ordination

“There is no clear indication for effective integration or co-ordination with other authorities or with key supporting aspects, particularly transport”.

“The strategy says very little about the need for integration, beyond acknowledging (Paragraph 1.2) that Rutland will be part of the Leicester, Leicestershire and Rutland (LLR) system. As wider integration will be fundamental to its success, I would suggest that the strategy should address effective integration with:

- *The Rutland Local Plan- this strategy should align in terms of population projections (there is no source reference for the figures in the draft strategy, for instance and primary care provision.*
- *The Rutland Transport Plan – it should be a key requirement of the transport planning to ensure that identified health needs are properly accommodated.*
- *Relevant education plans- to connect with mental health*
- *The Children’s and Young People’s Partnership Plan for Rutland*
- *The Primary Care Estates Strategy (The health and transport plans of all neighbouring authorities”*

Not commonly reoccurring themes

Lack of views of service users and providers

“The one thing we seem to be missing is the views of people who've used the service or who supply the service, and it would seem to me that we need a baseline of how was it for you, and it would be very good to actually survey people who've lost relatives in the last last few years or professionals who are providing the service just to find out whether it conforms with both the Nice guidance and this strategy”

The health and wellbeing strategy action delivery plan

Below are some emerging themes relating to the health and wellbeing action delivery plan.

Commonly reoccurring themes

Broad, high-level statements of intent

“Section 6, however, seems to indicate that the Action Plan it contains will fulfil this need and that one-year plans will suffice thereafter to provide detail. The actions listed, however, are almost all broad, high-level statements of intent, with no metrics or targets to support monitoring achievement, no timescales, and no obvious links to the specific health statistics identified earlier. Detailed planning against these statements to generate the promised SMART performance measures would be pretty challenging, and annual reports based on them would be fairly meaningless”

Failure to highlight the responsibility for delivery

“It is not clear who will have responsibility for the requisite planning; Paragraph 1.3 states that governance will be under the auspices of the HWB but does not indicate who actually will manage the implementation”

Not commonly reoccurring themes

Failure to define strategic objectives

“I am concerned to note that the strategy focuses to a large extent on the priorities for the next three years, but fails to define any strategic objectives”

Encompassing medium to long term

“This is vital to further build collaboration, strengthen prevention and address health inequalities”

Other non-commonly reoccurring themes highlighted to be missing from the action delivery plan include:

- Available resources and budget, including sources of funding
- Allocation of budget and resources to specific areas
- Milestones for assessing achievement of performance measures

- Risks and dependencies on other organisations
- Possible training needs – e.g. in new technology

Further issues and concerns raised by respondents

Below are some other issues and concerns highlighted by the respondents regarding health care in Rutland

Establish and publish the new decision-making process

There is an urgent need for the ICS to publish the new decision-making process including the respective planning roles of “Place” and “ICS” so that local people do not conclude that decisions about important issues are being made behind closed doors.

Co-ordination of planning of local facilities

Our geography also calls out for service planning and capital investment to be done in conjunction with our neighbours. There is scope for co-ordinating planning of local facilities across community centres in Oakham, Stamford, Corby, Market Harborough and Melton. People would value that “integrated planning”

Lack of investment on Rutland

Many people in Rutland fear planning is Leicester-centric and Rutland will degenerate into a “Health Desert” with few facilities

Integration of services

We urge the Rutland Health and Wellbeing Board (RH&WB) and County Councillors to integrate its “Place led plan” with ICS planning. Currently planned and emergency care and community services (which include community hospitals such as Rutland Memorial) are addressed separately and outside Rutland. The two strands of planning need to be integrated

Lack of inclusion of the opinion of Rutland residents

A voice for Rutland. Rutland people are still smarting from UHL consultation which largely rejected the voice of Rutland as being too small to worry about. As a result, no services in mitigation of Leicester General Hospital closure were offered to Rutland. The consultation was followed by the decision to reorganise UHL which was taken by the three CCGs. Despite being a Place, there was little evidence of consideration of the points made by Rutland people

Other concerns from respondents

- Secondary and tertiary provision for Rutland needs to be replanned by sorting out the impact of closing Leicester General and deciding which services can be relocated within Rutland and which secondary and tertiary services need to be funded to go East because people cannot go West.
- Acquiring and funding the new skills for staff to shift services closer to home and deliver services in innovative ways
- Clarifying planning functions between ICS and H&WB ensuring collaborative planning and decision making are clear and public.
- Recognising that equity and equality issues exist in Rutland
- Shifting and properly planning and funding pathways- There is scope for sharing investment across natural rather than artificial formal boundaries. Rutland people are tired of being told by UHL that they are taking more and more services to Glenfield and that people unable to go there can “Go elsewhere”. “Elsewhere” needs to be planned (and funded) and we look to the Rutland Health Plan in conjunction with the primary Care Network to address this gap in provision.
- Diagnostics- We are told that a new multimillion diagnostic centre will be located in the vacated LGH but there is no equivalent centre planned for the East other than Grantham which is not convenient for most.
- Rehabilitation and intermediate care are greatly needed by many to speed their discharge from acute hospitals and, once initially rehabilitated, enable them to move on to “Hospital at home” organised to support their multiple long-term conditions. That would be best done simultaneously rather than planned in separate salami slices service by service.

- Identifying areas of fuel poverty in Rutland has to be done with caution – the standard methodology often tends to bring up solid walled historic properties in largely affluent areas and doesn't address areas of moderately well insulated social housing properties where people are on very low incomes. Radon gas being prevalent in some area of Rutland and exposes to the risk of lung cancer.
- Ensuring people are receiving all the benefits they are eligible for
- Promoting other sources of support for warm homes e.g. improvement grants, LEAP scheme
- Ensure people are not stuck on expensive energy tariffs
- Embedding of Healthy Place design characteristics into local applications and planned developments including links with LRS strategic framework
- System Errors- discrepancies are seen between different digital systems. These must be eliminated if credibility and confidence in on-line systems is to prevail
- Cross-border issues-, understanding what they actually are and how they can be addressed.

CONCLUSION

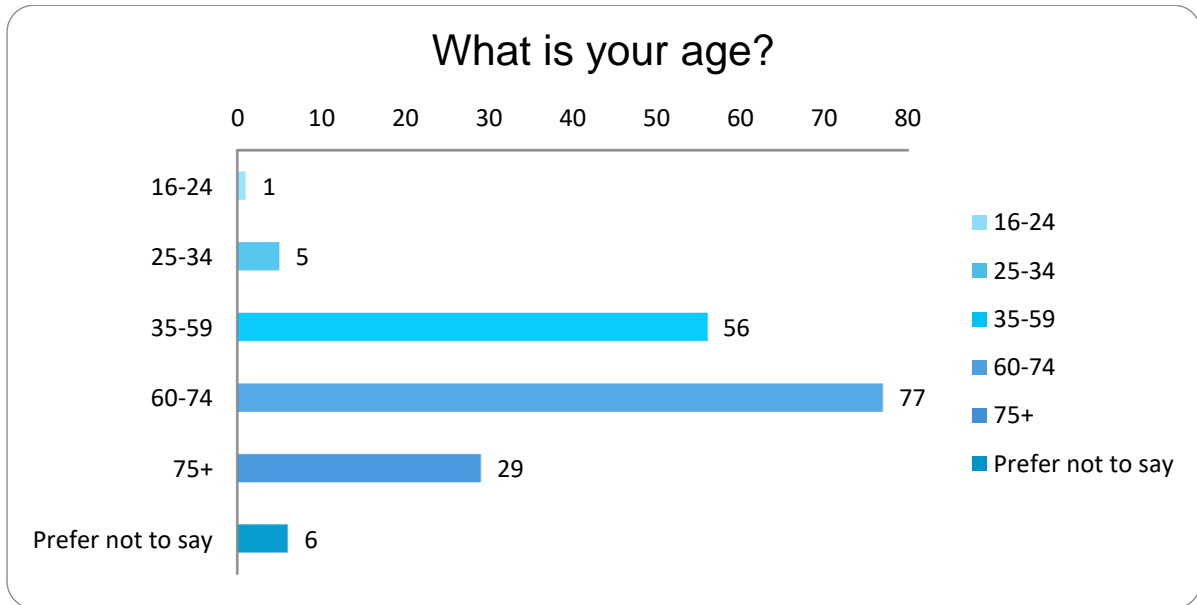
The Rutland health and wellbeing strategy has been referred to by numerous respondents as a Plan - an opportunity to harness the goodwill and support of Rutland people behind an agreed way forward for health and care services.

The majority agree with the proposed overall vision, goal, and priorities and that many of the Rutland health and social problems are noted in the document. However, there were some concerns identified by stakeholders. The action plans are broad, high-level statements of intent with no performance indicators, and do not highlight the responsibility for delivery. Regarding the priorities, some gaps highlighted include the failure to address maternity services in the strategy, poor focus on access to healthcare services, the need for more preventive services, collaboration between organisations, strengthening the health workforce and the need to promote local health services (care closer to home). It is

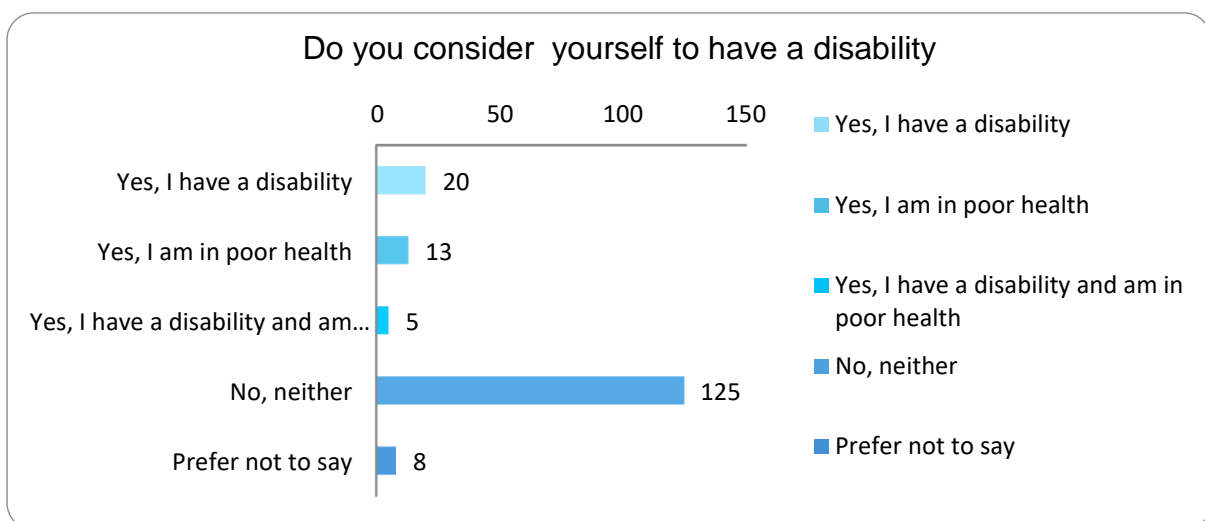
recommended that these gaps and concerns are addressed when developing the final Rutland health and wellbeing strategy.

Section 2

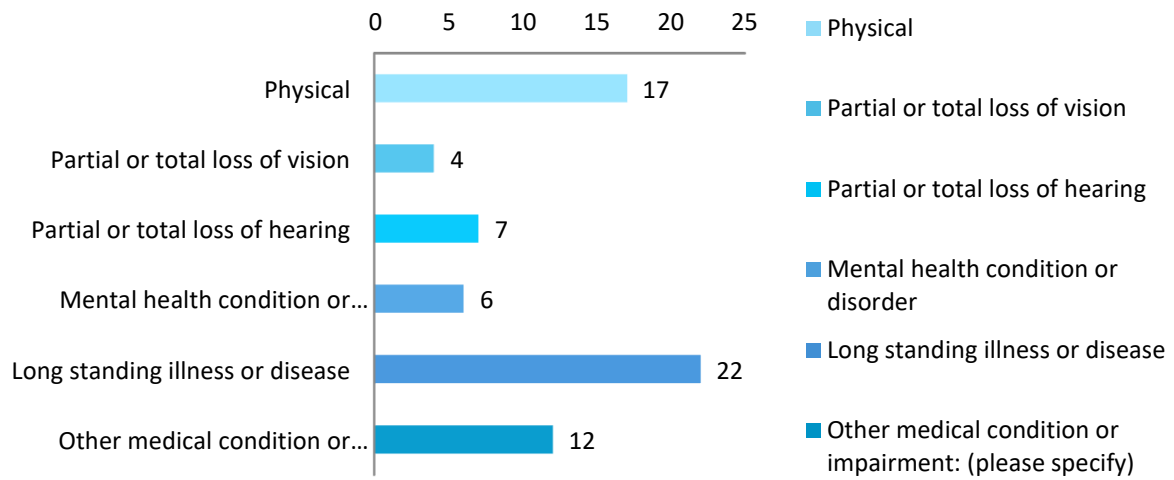
Demographic information of respondents from the online consultation



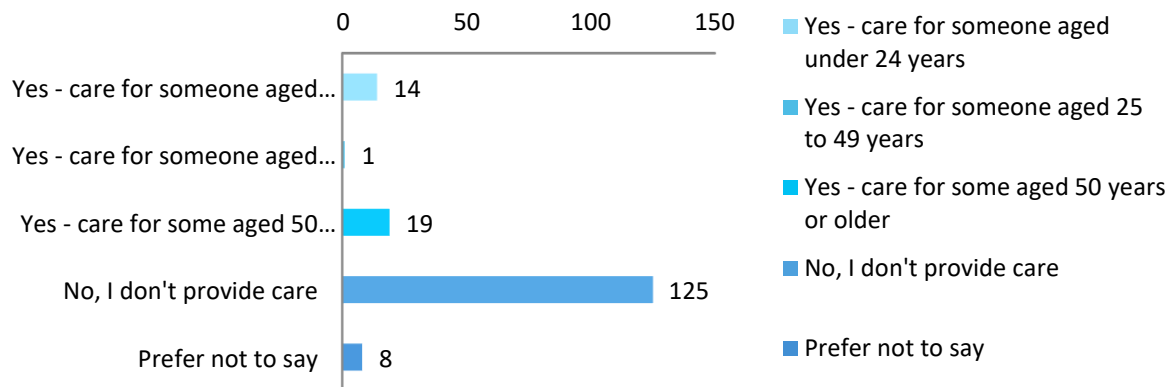
**There were an additional 7 responses from the youth group consisting of people aged 12-16 years*



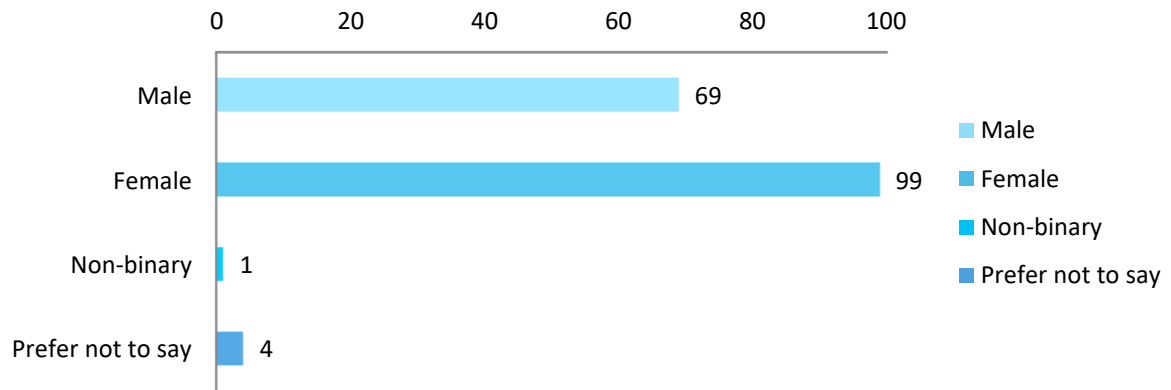
Type of disability



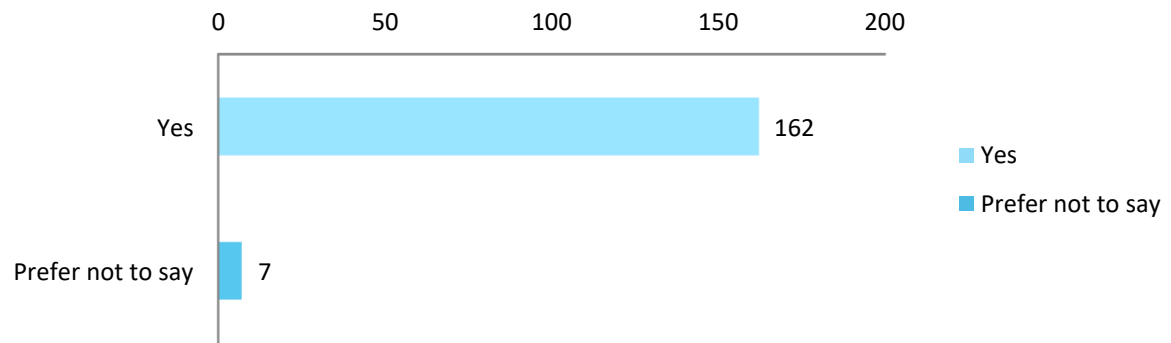
Do you provide care someone?



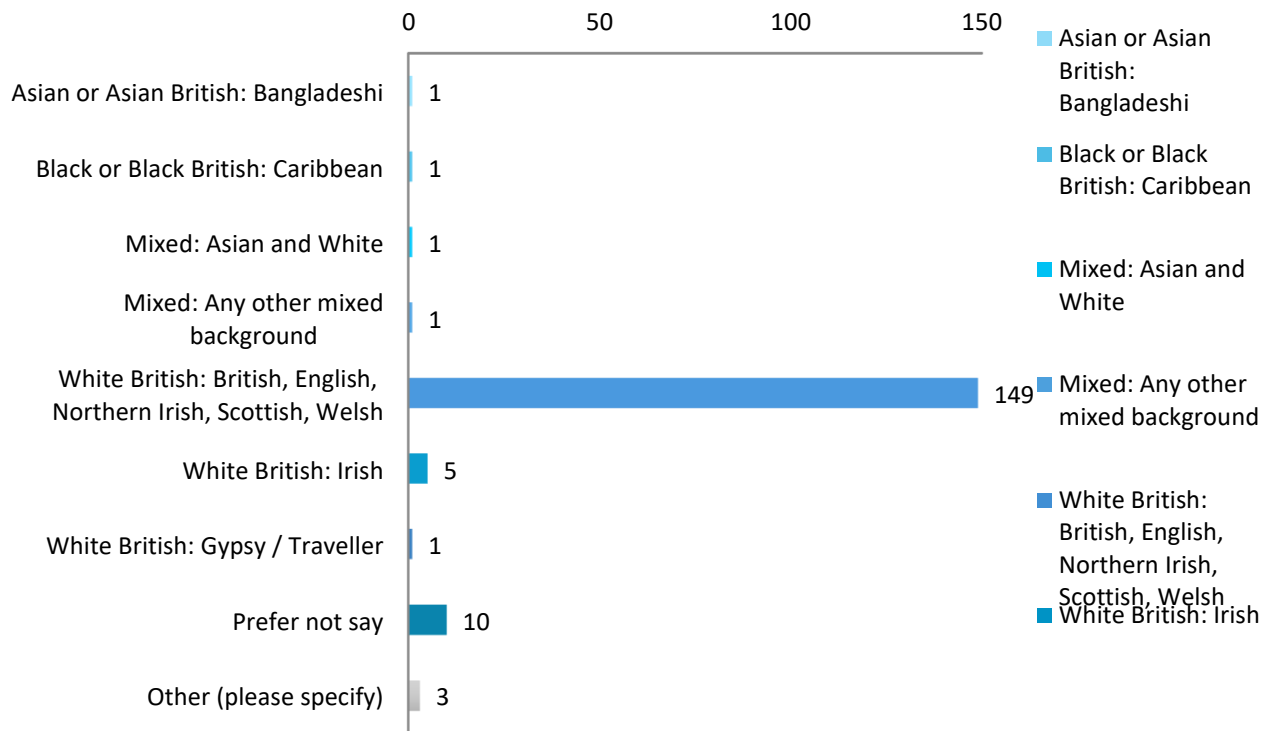
What is your gender?



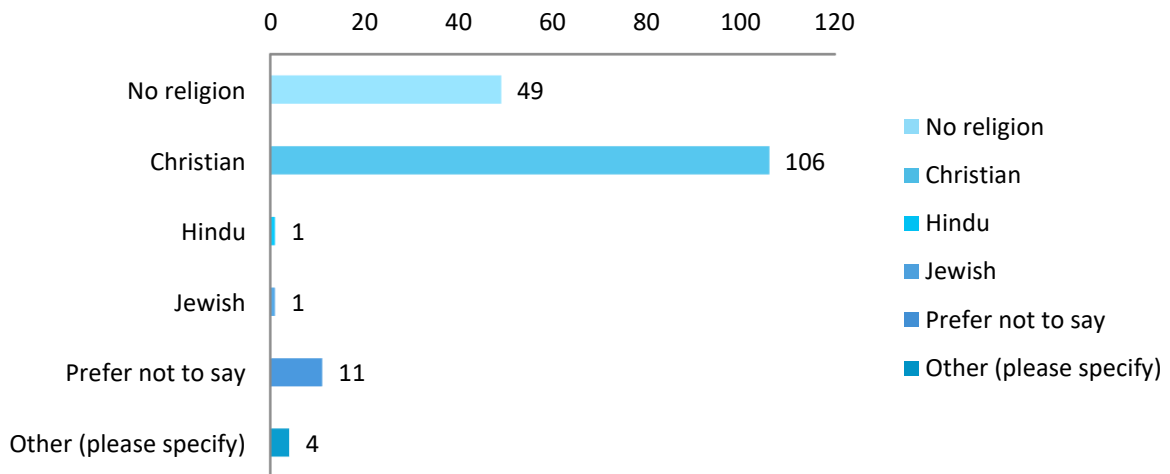
Do you identify as the gender you were assigned at birth?



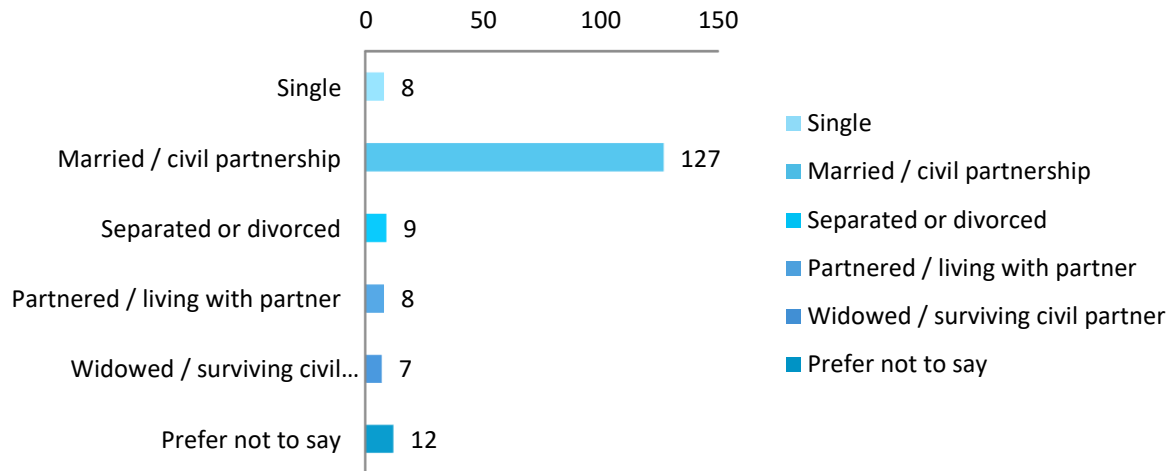
What is your ethnicity?



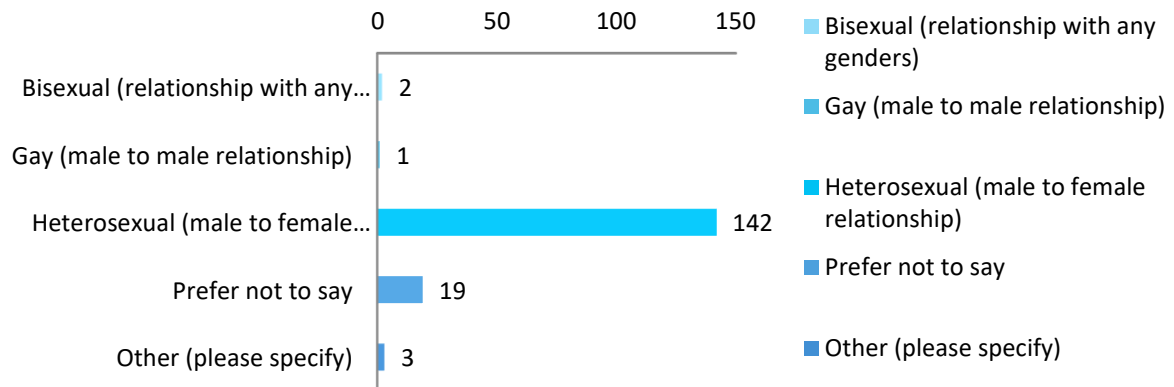
What is your religion?



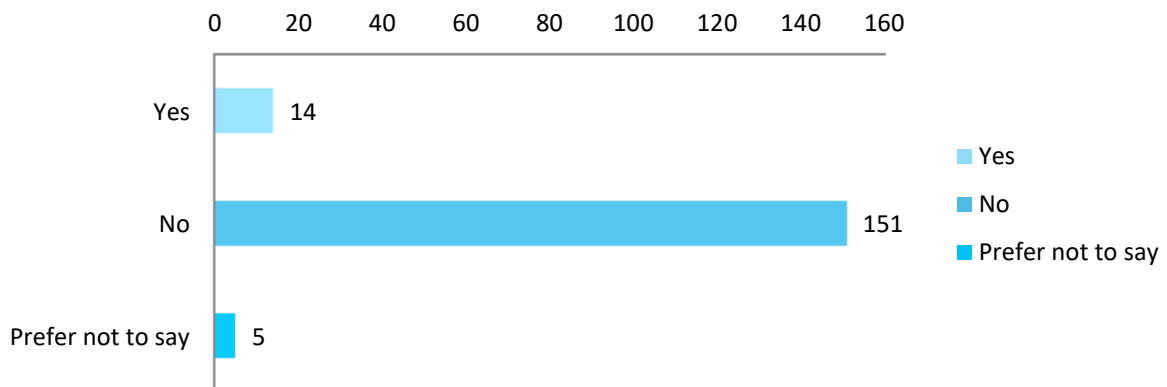
Relationship status



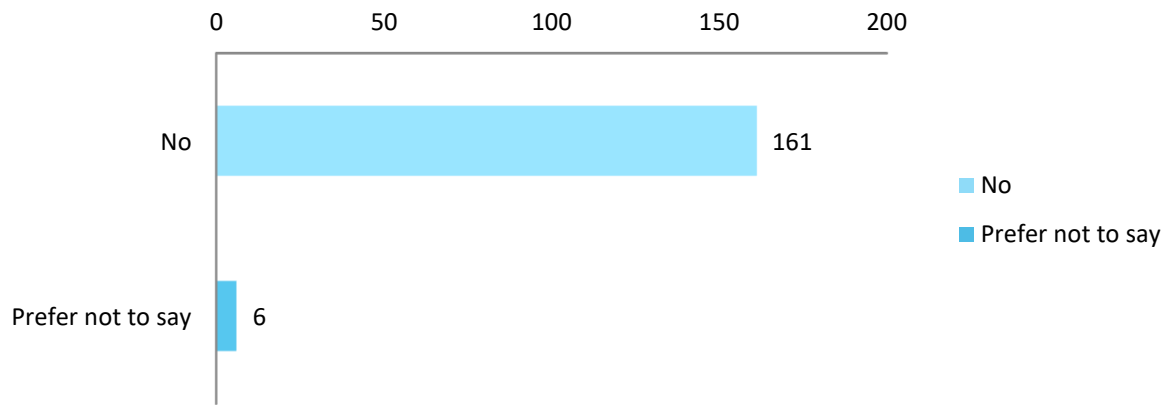
What is your sexual orientation?



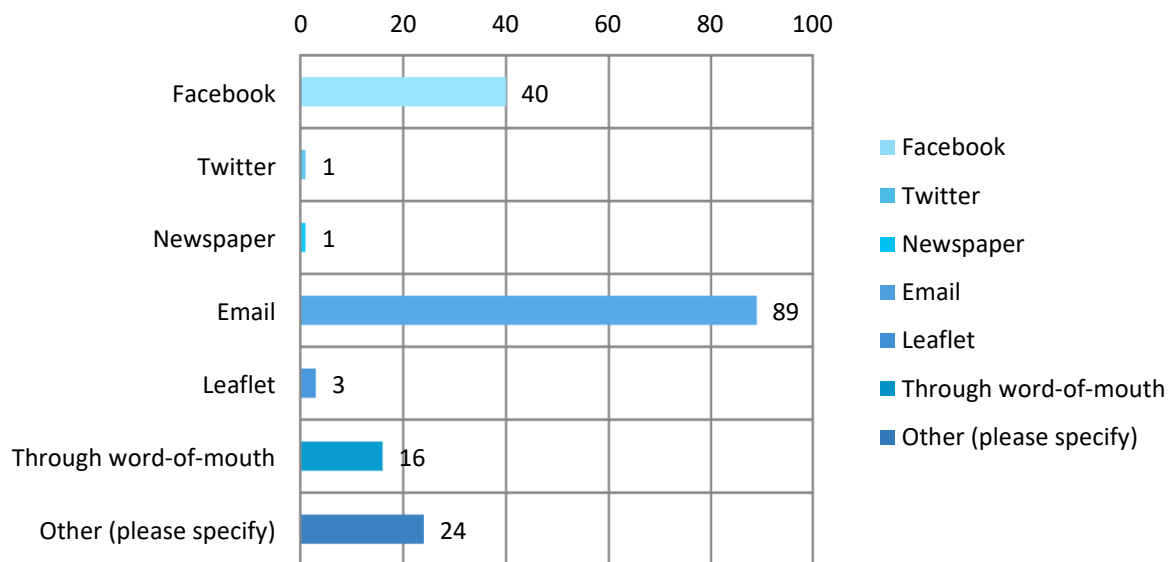
Have you ever served in the armed forces?



Are you pregnant or given birth in the last 26 weeks ?



How did you hear about this consultation?



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Joint Health and Wellbeing Strategy 2022-2025: Outcomes Summary Report

Rutland

February 2022

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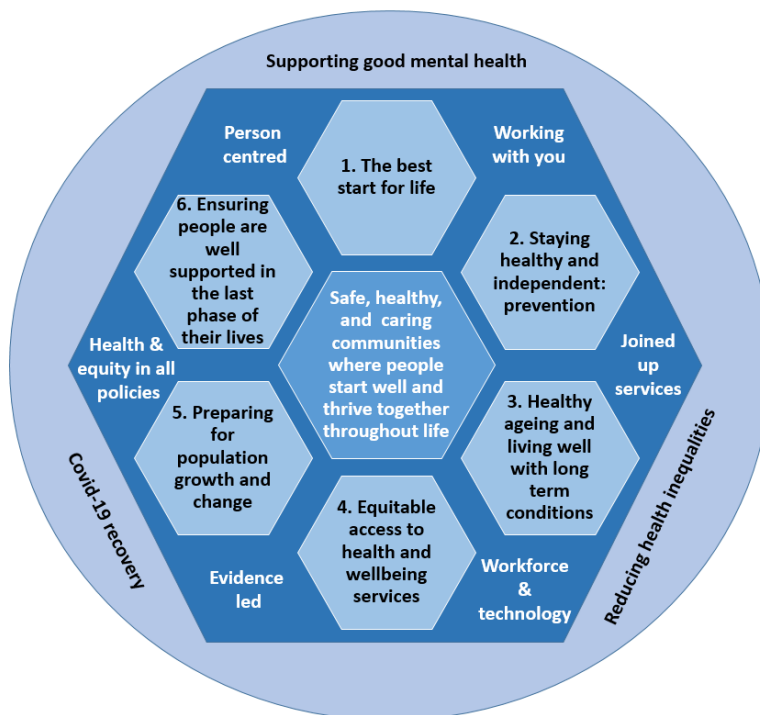
Produced by the Business Intelligence Service at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

Purpose of Report

In line with the Rutland Joint Health and Wellbeing Strategy (2022-2025), this report has been produced to support and monitor the performance of indicators that are linked to each priority area within the strategy. A dashboard of indicators has also been developed to aid discussion and monitor progress.

The Rutland Joint Health and Wellbeing Strategy has six priority areas for action, with three cross cutting themes. The diagram below summarises the priorities and principles:



The outcomes summary report and dashboards will be updated on a quarterly basis to support the delivery of the Rutland Joint Health and Wellbeing Strategy. It is important to note that the dashboard will continue to be developed as the strategy evolves and the delivery plan is developed.

The dashboard sets out, in relation to each indicator, the statistical significance compared to the overall England position or relevant service benchmark where appropriate. A rag rating of 'green' shows those that are performing better than the England value or benchmark and 'red' indicates worse than the England value or benchmark.

Appendix 1 provides more details on the similar areas to Rutland.

Priority 1: Enabling the best start in life

Performance Summary

- Out of all the comparable indicators presented for the enabling the best start in life priority, 5 are green, 17 are amber and 4 are red. One indicator has no England data for comparison.
- Rutland performed significantly worse than England/benchmark for the following four indicators:

Children in care immunisations - Rutland is ranked 16th out of 16 in 2020. The proportion of children in care for at least 12 months whose immunisations were up to date decreased from 69.6% in 2019 to 56.0% in 2020. Rutland has performed significantly worse than England since 2019.

Proportion of children receiving a 12-month review - Rutland is ranked 15th out of 16 in 2020/21. The proportion of children receiving a 12-month review has decreased from 86.2% in 2019/20 (where it performed statistically similar to the England average) to 37.0% in 2020/21.

Proportion of new birth visits (NBVs) completed within 14 days - Rutland is ranked 13th out of 16 in 2020/21. The proportion of NBVs completed within 14 days has decreased from 85.5% in 2019/20 (where it performed statistically similar to the England value) to 82.5% in 2020/21.

Population vaccination coverage for HPV (one dose) for 12-13 years old (Males) - Rutland is ranked 2nd out of 16 in 2019/20. The latest value for Rutland is 78.8% and is below the benchmarking goal of 80%.

- Of the five green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicators: Average Attainment 8 score, Year 6: Prevalence of overweight (including obesity) and School readiness: percentage of children achieving a good level of development at the end of reception.
- There are currently seven indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
 - Low birth weight of term babies
 - A&E attendances (0-4 years)
 - Children in care immunisations
 - Neonatal mortality and stillbirth rate
 - Proportion of children receiving a 12-month review
 - Proportion of infants receiving a 6 to 8 week review
 - Percentage of 5 year olds with experience of visually obvious dental decay

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

- **Emergency admissions for children with lower respiratory tract infections (LRTI)*** - Rutland performance for 2019/20 is 575.7 and is higher than the national rate which stands at 504.7. Rutland is ranked 11th out of 16 against peers.
- **Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19's*** - Rutland's performance for 2019/20 is 135.4 and is lower than the national rate which stands at 269.8. Rutland is ranked 1st out of 16 against peers.

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Priority 1: The best start for life

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
C04 - Low birth weight of term babies	P	>=37 weeks g..	2019	4.5	16/16	1.3	4.5	2.9	▶	●
C09a - Reception: Prevalence of overweight (including obesity)	P	4-5 yrs	2019/20	23.1	10/14	18.2	25.8	23.0	▶	●
Estimated number of children and young people with mental d..	P	5-17 yrs	2017/18	752.2	1/14	752.2	9,588.2	Null	▬	●
New referrals to secondary mental health services, per 100,0..	P	<18 yrs	2018/19	3,547.5	2/14	2,906.6	11,712.7	5,994.2	▬	●
A&E attendances (0-4 years)	P	0-4 yrs	2018/19	663.1	16/16	351.3	663.1	655.3	▲	●
Admissions for lower respiratory tract infections in infants ag..	P	<1 yr	2019/20	774.0	5/16	490.2	1,284.4	717.1	▶	●
C05a - Baby's first feed breastmilk	P	Newborn	2018/19	77.6	4/16	83.2	63.0	67.4	▬	●
Children in care immunisations	P	<18 yrs	2020	56.0	16/16	97.2	56.0	87.8	▬	●
General fertility rate	F	15-44 yrs	2019	49.7	2/16	43.1	63.6	57.7	▶	●
Neonatal mortality and stillbirth rate	P	<28 days	2019	7.1	14/16	3.1	9.7	6.6	▶	●
Proportion of children receiving a 12-month review	P	1 yr	2020/21	37.0	15/16	95.1	13.1	76.1	▬	●
Proportion of infants receiving a 6 to 8 week review	P	6-8 weeks	2020/21	76.4	14/16	99.4	13.6	80.2	▬	●
Pupils with special educational needs (SEN): % of school pupil..	P	School age	2018	13.1	4/15	10.6	18.9	14.4	▶	●
Average Attainment 8 score	P	15-16 yrs	2019/20	55.8	1/16	55.8	46.6	50.2	▬	●
C06 - Smoking status at time of delivery	F	All ages	2020/21	8.8	6/16	5.8	13.5	9.6	▬	●
C07 - Proportion of New Birth Visits (NBVs) completed within ..	P	<14 days	2020/21	82.5	13/16	96.1	44.6	88.0	▬	●
C08a - Child development: percentage of children achieving a ..	P	2-2.5 yrs	2020/21	80.9	11/16	92.3	59.9	82.9	▬	●
C09b - Year 6: Prevalence of overweight (including obesity)	P	10-11 yrs	2019/20	26.6	1/13	26.6	33.4	35.2	▶	●
Children in care	P	<18 yrs	2020	55.0	9/16	38.0	107.0	67.0	▶	●
D04e - Population vaccination coverage - HPV vaccination coverage for one dose (12-13 years old)	F	12-13 yrs	2019/20	83.2	2/16	88.2	0.7	59.2	▶	●
	M	12-13 yrs	2019/20	78.8	2/16	79.6	1.4	54.4	▬	●
E02 - Percentage of 5 year olds with experience of visually obv..	P	5 yrs	2018/19	25.3	9/10	13.1	31.9	23.4	▬	●
Hospital admissions as a result of self-harm (10-24 years)	P	10-24 yrs	2019/20	330.5	2/16	291.7	707.1	439.2	▶	●
School pupils with social, emotional and mental health needs: ..	P	School age	2020	2.1	5/16	1.8	3.3	2.7	▶	●
B02a - School readiness: percentage of children achieving a go..	P	5 yrs	2018/19	77.8	1/16	77.8	70.3	71.8	▶	●
C11a - Hospital admissions caused by unintentional and delib..	P	0-4 yrs	2019/20	80.6	1/16	80.6	163.8	117.0	▶	●
C11a - Hospital admissions caused by unintentional and delib..	P	<15 yrs	2019/20	72.8	1/16	72.8	123.8	91.2	▶	●
E01 - Infant mortality rate	P	<1 yr	2018 - 20	3.4	11/16	2.2	6.4	3.9	▬	●
Hospital admissions for mental health conditions	P	<18 yrs	2019/20	127.3	11/16	58.3	249.7	89.5	▬	●

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Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

Priority 2: Staying healthy and independent: prevention

Performance Summary

- Out of all the comparable indicators presented for the staying healthy and independent: prevention priority, 4 are green, 4 are amber and 1 is red.
- Rutland performed significantly worse than England/benchmark for the following indicator:

Population vaccination coverage (shingles) for 71 years – Rutland is ranked 14th out of 14 in 2018/19. The latest value for Rutland is 35.9% which is significantly worse than the national average of 49.1%.

- Of the four green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicators: Cancer screening coverage – cervical cancer (aged 25 to 49 years old) and Cancer screening coverage – bowel cancer.
- There are currently two indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
 - Self-reported wellbeing – people with a high anxiety score
 - Population vaccination coverage – Shingles vaccination coverage (71 years)

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Priority 2: Staying healthy and independent: prevention

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
B19 - Loneliness: Percentage of adults who feel lonely often / always or some of the time	P	16+ yrs	2019/20	24.8	13/16	13.9	26.8	22.3		
C16 - Percentage of adults (aged 18+) classified as overweight or obese	P	18+ yrs	2019/20	65.3	11/16	55.4	69.1	62.8		
C24b - Cancer screening coverage - cervical cancer (aged 25 to 49 years old)	F	25-49 yrs	2020	79.3	1/16	79.3	72.5	70.2		
C24d - Cancer screening coverage - bowel cancer	P	60-74 yrs	2020	71.7	1/16	71.7	64.0	63.8		
C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	P	40-74 yrs	2016/17 - 20/21	48.0	7/16	52.0	34.4	46.5		
130 C28d - Self-reported wellbeing - people with a high anxiety score	P	16+ yrs	2019/20	23.7	12/14	18.1	27.4	21.9		
C24a - Cancer screening coverage - breast cancer	F	53-70 yrs	2020	76.6	11/16	81.1	71.1	74.1		
D06c - Population vaccination coverage – Shingles vaccination coverage (71 years)	P	71	2018/19	35.9	14/14	60.5	35.9	49.1		
C17a - Percentage of physically active adults	P	19+ yrs	2019/20	68.6	12/16	77.3	63.5	66.4		

Statistical Significance compared to England or Benchmark:

Better
 Worse
 Higher
 Similar
 Not compared
 Lower

Direction of Travel:

Decreasing
 Decreasing and getting better
 Decreasing and getting worse
 Increasing
 Increasing and getting better
 Increasing and getting worse
 No significant change
 Cannot be calculated

Priority 3: Healthy ageing and living well with long term conditions

Performance Summary

- Out of all the comparable indicators presented for the healthy ageing and living well with long term conditions priority, 1 is green, 1 is amber and 2 are red.
- Rutland performed significantly worse than England/benchmark for the following two indicators:

Hip fractures in people aged 65 and over – Rutland is ranked 16th out of 16 in 2019/20. The rate of hip fractures in people aged 65 and over has increased from 556 per 100,000 in 2018/19 (where Rutland performed statistically similar to the England average) to 851 per 100,000 in 2019/20.

Excess winter deaths – Rutland is ranked 16th out of 16 in 2019/20. The latest value for Rutland is 50.2% which is significantly worse than the national average of 17.4%. Previously the percentage of excess winter deaths in Rutland has remained statistically similar to the national average since 2001/02.

- There are currently three indicators where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
 - Percentage of cancers diagnosed at stages 1 and 2
 - Hip fractures in people aged 65 and over
 - Excess winter deaths
- **Rate of unplanned hospitalisation for chronic ambulatory care sensitive conditions per 100,000 population***- Rutland's performance for 2019/20 is 567.4 and is better than the national rate of 862.1. Rutland is ranked 3rd out of 16 against Peers.
- **Rate of emergency admissions for acute conditions that should not require hospital admission per 100,000 population***- Rutland's performance for 2019/20 is 907.8 and is better than the national rate of 1409.4. Rutland is ranked 2nd out of 16 against Peers.
- **Percentage point difference (expressed as a percentage) in employment rate between the England population and people with a long-term condition*** - The indicator measures the difference between: a) the percentage of people in the general working age population who are in employment, and b) the percentage of

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

people of working age with a long-term condition who are in employment. Rutland's performance for 2021 Quarter 1 is -1.3 which is better than the national value of 10.5.

- **Percentage of emergency admissions occurring within 30 days of discharge (Indirectly Standardised Rate which excludes cancer and obstetrics)*** - Rutland's performance for 2019/20 is 12.1% and is better than the national percentage of 14.4%. Rutland is ranked 1st out of 16 against Peers.

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Priority 3: Healthy ageing and living well with long term conditions

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
C23 - Percentage of cancers diagnosed at stages 1 and 2	P	All ages	2018	48.7	16/16	63.7	48.7	55.0		
C29 - Emergency hospital admissions due to falls in people aged 65 and over	P	65+ yrs	2019/20	1,866.6	4/16	1,324.8	2,624.0	2,221.8		
E13 - Hip fractures in people aged 65 and over	P	65+ yrs	2019/20	850.7	16/16	482.1	850.7	571.6		
E14 - Excess winter deaths index	P	All ages	Aug 2019 - Jul 2020	50.2	16/16	10.3	50.2	17.4		

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Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- Decreasing
- Decreasing and getting better
- Decreasing and getting worse
- Increasing
- Increasing and getting better
- Increasing and getting worse
- No significant change
- Cannot be calculated

Priority 4: Ensuring equitable access to services for all Rutland residents

Performance Summary

- The one indicator presented below for the ensuring equitable access to services for all Rutland residents priority is the Access to NHS dental services – successfully obtained a dental appointment indicator.
- The percentage of people who successfully obtained an NHS dental appointment in the last two years has increased from 91.3% in 2017/18 (where Rutland performed in the worst quintile nationally) to 95.5% in 2018/19 where it now performs in the 2nd best quintile. Rutland is ranked 6th out of 14 when compared to its nearest neighbours.

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Priority 5: Preparing for our growing and changing population

Performance Summary

- Out of all the comparable indicators presented for the preparing for our growing and changing population priority, 1 is green and 4 are amber. Three indicators were not suitable for comparison.
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
 - Gap in the employment rate between those with a long-term health condition and the overall employment rate

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Priority 5: Preparing for population growth and change

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Air pollution: fine particulate matter	N/A	Not applicable	2019	9.1	13/16	5.1	9.9	9.0		
Average weekly earnings	P	16+ yrs	2020	458.0	7/14	547.1	384.8	474.4		
B08a - Gap in the employment rate between those with a long-term health condition and the overall employment rate	P	16-64 yrs	2019/20	16.0	15/16	4.2	16.2	10.6		
B12b - Violent crime - violence offences per 1,000 population	P	All ages	2020/21	13.7	1/16	13.7	34.4	29.5		
B15a - Homelessness - households owed a duty under the Homelessness Reduction Act	N/A	Not applicable	2019/20	5.8	3/16	4.0	11.4	12.3		
B17 - Fuel poverty (low income, high cost methodology)	N/A	Not applicable	2018	10.9	12/16	6.6	12.9	10.3		
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2018/19	38.2	3/15	39.5	11.7	32.5		
Percentage of adults cycling for travel at least three days per week	P	16+ yrs	2019/20	1.1	11/16	3.1	0.6	2.3		

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Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- ▬ Cannot be calculated

Priority 6: Ensuring people are well supported in the last phase of their lives

Performance Summary

- Out of the four comparable indicators presented for the ensuring people are well and supported in the last phase of their lives priority, 2 are amber, 1 is higher and 1 is lower.
- Rutland performed significantly higher than England/benchmark for the following indicator:

Percentage of deaths that occur at home – Rutland is ranked 16th out of 16 in 2020. The proportion of deaths that occur at home (all ages) has increased from 27.6% in 2019 (where it performed statistically similar to England) to 33.9% in 2020 which is significantly higher than the national average.

- Rutland performed significantly lower than England/benchmark for the following indicator:

Percentage of deaths that occur in hospital – Rutland is ranked 3rd out of 16 in 2020. The proportion of deaths that occur at hospital (all ages) has decreased from 39.5% in 2019 to 33.9% in 2020. Rutland has performed significantly lower than England for this indicator since 2019.

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Priority 6: Ensuring people are well supported in the last phase of their lives

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG
Percentage of deaths that occur at home	P	All ages	2020	33.9	16/16	23.0	33.9	27.4		
Percentage of deaths that occur in care homes	P	All ages	2020	27.5	9/16	20.4	32.8	23.7		
Percentage of deaths that occur in hospital	P	All ages	2020	33.9	3/16	31.5	45.4	41.9		
Temporary Resident Care Home Deaths, Persons, All Ages (%)	P	All ages	2019	42.3	14/16	22.7	46.5	36.7		

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Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

- Decreasing
- Decreasing and getting better
- Decreasing and getting worse
- Increasing
- Increasing and getting better
- Increasing and getting worse
- No significant change
- Cannot be calculated

Cross Cutting Themes:

Reducing Health Inequalities

Performance Summary

- Out of all the comparable indicators presented for reducing health inequalities, 3 are green and 1 is amber.
- Of the three green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicators: Healthy life expectancy at birth (males) and Life expectancy at birth (males).
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
 - Healthy life expectancy at birth (females)

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Rutland Joint Health and Wellbeing Strategy - Cross Cutting Theme: Reducing health inequalities

Ranking, Best and Worst columns are compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	Best/Lowest	Worst/Highest	England	DoT	RAG	
140	A01a - Healthy life expectancy at birth	F	All ages	2017 - 19	63.1	15/16	68.3	59.1	63.5		
		M	All ages	2017 - 19	71.5	1/16	71.5	60.8	63.2		
	A01b - Life expectancy at birth	F	All ages	2018 - 20	85.0	3/16	85.2	83.4	83.1		
		M	All ages	2018 - 20	83.2	1/16	83.2	79.6	79.4		

Statistical Significance compared to England or Benchmark:	Better	Similar	Direction of Travel:	Decreasing	Increasing	No significant change
	Worse	Not compared		Decreasing and getting better	Increasing and getting better	Cannot be calculated
	Higher	Lower		Decreasing and getting worse	Increasing and getting worse	

Supporting Mental Health

Performance Summary

- Out of all the comparable indicators presented for supporting mental health, 5 are green and 7 are amber.
- Of the three green indicators, Rutland ranks 1st (best performing) when compared to its similar neighbours for the following indicator: Emergency hospital admissions for intentional self-harm (females/persons).
- There is currently one indicator where, when compared to similar areas, Rutland performs in the bottom three (worse performing):
 - Self-reported wellbeing – people with a high anxiety score

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)

Mental Health Indicators: Rutland

Ranking column is compared to the nearest neighbours only. Rank: 1 is calculated as the best (or lowest when no polarity is applied).

Indicator				Value	Rank	England	DoT	RAG
B11 - Domestic abuse-related incidents and crimes	P	16+ yrs	2019/20	23.1	8/16	28.6	—	●
B18a - Social Isolation: percentage of adult social care users who have as much social contact as they would like	P	18+ yrs	2019/20	48.6	7/16	45.9	—	●
		65+ yrs	2019/20	45.5	11/16	43.4	▶	●
B18b - Social Isolation: percentage of adult carers who have as much social contact as they would like	P	18+ yrs	2018/19	38.2	3/15	32.5	—	●
		65+ yrs	2018/19	34.1	12/15	34.5	—	●
C14b - Emergency Hospital Admissions for Intentional Self-Harm	F	All ages	2019/20	150.4	1/16	247.2	▶	●
	M	All ages	2019/20	110.2	3/16	140.4	▶	●
	P	All ages	2019/20	128.6	1/16	192.6	▶	●
C17a - Percentage of physically active adults	P	19+ yrs	2019/20	68.6	12/16	66.4	—	●
C28d - Self-reported wellbeing - people with a high anxiety score	P	16+ yrs	2019/20	23.7	12/14	21.9	—	●
Depression: Recorded prevalence (aged 18+)	P	18+ yrs	2020/21	10.3	1/16	12.3	▲	●
Depression and anxiety among social care users: % of social care users	P	18+ yrs	2018/19	44.5	2/14	50.5	—	●
Mental Health: QOF prevalence (all ages)	P	All ages	2020/21	0.7	1/15	0.9	▶	●
Admission episodes for alcohol-related conditions (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published.	F	All ages	2019/20	705.1	3/16	943.1	—	●
	M	All ages	2019/20	1,946.3	2/16	2,808.8	—	●
	P	All ages	2019/20	1,285.3	2/16	1,814.9	—	●

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Statistical Significance compared to England or Benchmark:

- Better
- Worse
- Higher
- Similar
- Not compared
- Lower

Direction of Travel:

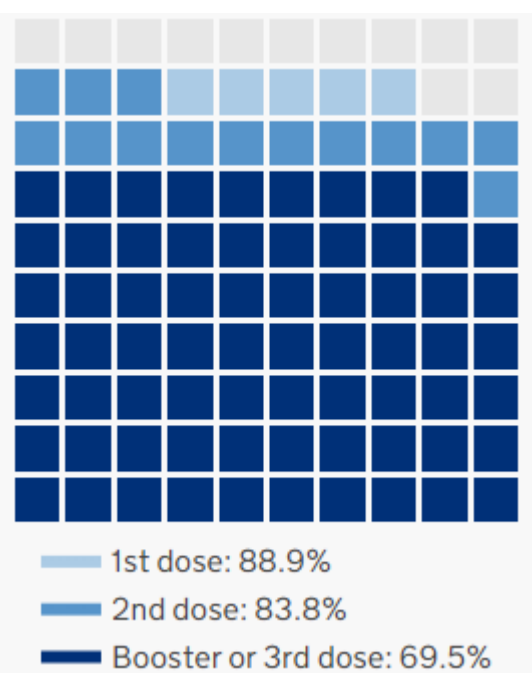
- ▼ Decreasing
- ▼ Decreasing and getting better
- ▼ Decreasing and getting worse
- ▲ Increasing
- ▲ Increasing and getting better
- ▲ Increasing and getting worse
- ▶ No significant change
- Cannot be calculated

Covid Recovery

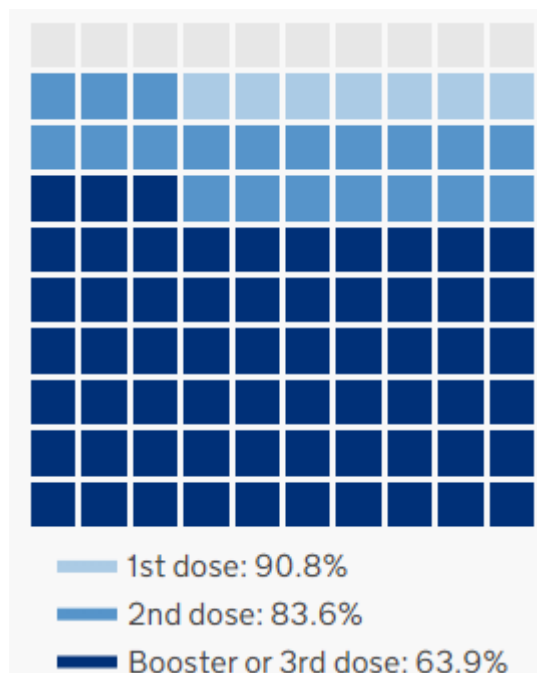
- **COVID-19 vaccinations (% Uptake)**

The Covid-19 vaccination uptake in Rutland is higher than England for Dose 2 and Booster/Dose 3 for those aged 12 and over as at 25th Jan 2022. The percentage uptake for Dose 1 in Rutland is lower in comparison to the national average for those aged 12 and over.

Covid-19 Vaccination Uptake in Rutland (12+)



Covid-19 Vaccination Uptake in England (12+)



Source: Coronavirus (Covid- 19) in the UK dashboard (<https://coronavirus.data.gov.uk/>)

- **COVID-19 Hospital Admissions at University Hospitals of Leicester (UHL)****

From March 2020 to December 2021, there have been a total of 61 hospital admissions with Covid-19 at UHL from Rutland residents since the start of the pandemic. Out of the 61 admissions, 84% were in those aged over 60 and 16% were in those aged under 60. It is important to note that Rutland residents would also attend other hospitals across the border.

- **COVID-19 Deaths*****

As of week 2 in 2022, there have been a total of 83 Covid-19 deaths in Rutland. Of the total deaths involving Covid-19 in Rutland, 41 (49.4%) were in a hospital setting and 33 (39.8%) were in a care home setting.

Since the beginning of the pandemic (week 12, 2020) there have been a total of 771 deaths (all causes) in Rutland.

Source:
 *NHS Outcomes Framework
 **UHL Hospital Admissions Data
 *** Office for National Statistics (ONS)

Based on the average mortality data for 2015-19 we would expect 699 deaths in Rutland for this period. This reveals an excess of 72 deaths from any cause in Rutland during this period.

Appendix 1

Similar areas to Rutland

The Chartered Institute of Public Finance and Accountancy (CIPFA) Nearest Neighbours model seeks to measure similarity between Local Authorities. The nearest neighbours to Rutland are listed below.

Nearest CIPFA neighbours to Rutland available from fingertips include:

- Buckinghamshire UA
- Dorset
- West Berkshire
- Wiltshire
- Bath and North East Somerset
- Central Bedfordshire
- North Somerset
- Solihull
- Cheshire East
- Shropshire
- East Riding of Yorkshire
- Herefordshire
- Cornwall
- Cheshire West and Chester
- Isle of Wight

Source:

*NHS Outcomes Framework

**UHL Hospital Admissions Data

*** Office for National Statistics (ONS)



If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کر دیں گے۔ 0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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Chief Executive's Department
Leicestershire County Council
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www.lsr-online.org

Equality Impact Assessment First Stage Screening Template

Once completed please submit with your report to your Director and save a copy in:

<S:\Equality Impact Assessments\EIAs to be reviewed>

Report Title & Ref:		Rutland Joint Health and Wellbeing Strategy 2022-27				
Officer completing:		Sandra Taylor, Health and Wellbeing Integration Lead				
Purpose of Report (please provide a summary)		Rutland's Joint Health and Wellbeing Strategy 2022-27 is a partnership-based strategy which has been designed to enhance the health and wellbeing of Rutland residents. It takes a life course approach, tailoring interventions to different populations and the issues or challenges they may face (e.g. children and young people, those with frailty or complex health needs, those nearing the end of their lives). Layered with this, it has a focus on 'levelling up' – targeting disadvantaged populations with poorer health or wellbeing outcomes, including as a result of protected characteristics, and considering the impact of the wider determinants of health (e.g. affluence, housing, employment).				
Meeting and Date to be approved		Early in 2022				
				Comments		
1.	Is there any differential impact on the public based on the following characteristics:	None	Positive	Negative	Varied	Where there is evidence that some groups are affected differently (positive or negative) provide details
	• Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ages will be served by the plan, including with preventative interventions. Particular focus on more vulnerable age groups - the best start for children (esp 0-2years, when the foundations are formed for longer term health), the transition to adulthood for individuals with additional needs, and older people who are more likely to have complex health needs combined with challenges in accessing services.
	• Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The HWS aims to enhance the care and support available to people living with disabilities at different stages in their life course including by improving access to services and support for carers.
	• Gender reassignment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact.
	• Marriage and civil partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact.
	• Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A good start for children in their first 1001 days includes consideration of pregnancy and maternity services, including mental health support for prospective and new mothers. Security and stability during this critical time supports positive outcomes for families.

Report Title & Ref:	Rutland Joint Health and Wellbeing Strategy 2022-27				
Officer completing:	Sandra Taylor, Health and Wellbeing Integration Lead				
Purpose of Report (please provide a summary)	Rutland's Joint Health and Wellbeing Strategy 2022-27 is a partnership-based strategy which has been designed to enhance the health and wellbeing of Rutland residents. It takes a life course approach, tailoring interventions to different populations and the issues or challenges they may face (e.g. children and young people, those with frailty or complex health needs, those nearing the end of their lives). Layered with this, it has a focus on 'levelling up' – targeting disadvantaged populations with poorer health or wellbeing outcomes, including as a result of protected characteristics, and considering the impact of the wider determinants of health (e.g. affluence, housing, employment).				
Meeting and Date to be approved	Early in 2022				
					Comments
• Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategy will be alert to differential health and wellbeing outcomes based on ethnicity and will respond should negative trends arise.
• Religion or belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact. Representatives of Rutland churches have been engaged in development of the strategy and its delivery plan. Members of churches may benefit relative to those without religion in that their church offers them a further route to find out about health and wellbeing support in Rutland.
• Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Women's healthy life expectancy is reducing at a faster rate than the national average. This will be investigated as part of the strategy. Interventions to address this will be determined following this. Take-up of services eg. vaccinations and screening, health checks, carer support, will also be analysed by sex where appropriate to check whether there are patterns which would benefit from intervention so that populations are reached and benefit proportionately.
• Sexual orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anticipate neutral impact.
• Serving Armed Forces personnel (including Reservists)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Armed forces will be a key group to consider in the Reducing Health Inequalities cross cutting theme. Will be working to address some disadvantages faced by serving personnel and their families including reported challenges relating to the transient nature of this population in Rutland, and challenges in accessing secondary services owing to Armed Forces primary care being less well integrated with the wider health system. Mental health support also to be a priority. We will be working ongoing with leads representing armed forces interests to ensure a continuing focus.

Report Title & Ref:	Rutland Joint Health and Wellbeing Strategy 2022-27					
Officer completing:	Sandra Taylor, Health and Wellbeing Integration Lead					
Purpose of Report (please provide a summary)	Rutland's Joint Health and Wellbeing Strategy 2022-27 is a partnership-based strategy which has been designed to enhance the health and wellbeing of Rutland residents. It takes a life course approach, tailoring interventions to different populations and the issues or challenges they may face (e.g. children and young people, those with frailty or complex health needs, those nearing the end of their lives). Layered with this, it has a focus on 'levelling up' – targeting disadvantaged populations with poorer health or wellbeing outcomes, including as a result of protected characteristics, and considering the impact of the wider determinants of health (e.g. affluence, housing, employment).					
Meeting and Date to be approved	Early in 2022					
				Comments		
	• Armed Forces Veterans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is one of the minority groups which the HWS aims to work with to support health and wellbeing in the Reducing Health Inequalities cross cutting theme. We will be working ongoing with leads representing armed forces interests to ensure a continuing focus.
	• Immediate family members and dependents of Armed Forces personnel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will be working to address some distinctive patterns in the population of military families, including differential patterns of access to inoculations and acute care for armed forces children.
2.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A			No negative discriminatory impacts have been identified. However, it is acknowledged that this a high level strategy and delivery plan. Therefore, specific EIAs will be completed on specific service redesigns or re-commissioning that takes place as part of the strategy implementation.	
3.	Is the overall impact of the policy/guidance likely to be negative?	N				
4.	Are there alternatives that achieve the policy/guidance objectives which would reduce/eliminate the impact?	N/A				
5.	Have you identified a potential discriminatory impact that cannot be avoided?	N			(If Yes complete Full EIA Report)	

To be completed by Director and Equality and Diversity Group

Name of Director: **John N Morley, Strategic Director for Adult Services and Health**



Date Reviewed **31/01/2022**

Comments
.....
.....

**Final Approval by
Equality and Diversity
Group**

Comments
.....
.....

Primary Care Task and Finish Group: Preliminary Report

Version	Version 1.1
Guardian	Councillor Paul Ainsley
Date Produced	27 January 2022

Approval by Adults & Health Scrutiny Committee	Not required
Approval by Rutland Health and Wellbeing Board	22 February 2022
Approval by Council	Not required



Summary of document

This Phase 1 report presents the data gathered by the Group with a high-level analysis highlighting the key issues which residents face.

A later report will follow up on the issues raised and seek 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 (Appendix 1).

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APPENDICES

Appendix 1 - Terms of Reference

Appendix 2 - Work Plan

Appendix 3 - Methodology

Appendix 4 - Patient Survey

Appendix 5 - Survey Responses:

- Empingham
- Market Overton & Somerby
- Oakham
- Uppingham

1.0 INTRODUCTION

- 1.1 At its meeting on 11th October 2021, Rutland County Council resolved to establish a cross-party Task and Finish Group to understand issues that residents might face 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. This Phase 1 report presents the data gathered by the Group with a high-level analysis highlighting the key issues which residents face. Copies of the results and the individual patient comments have been passed to the respective surgeries seeking their comments (Appendix 5).
- 1.3 Subsequent work in Phase 2 will build on the evidence presented in this 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 Primary Care Network (PCN).
- 1.4 As part of the Group's work in Phase 2, recommendations will be made on 'quick wins' to help close any gaps, identify the best use of technology from a patient viewpoint to reduce pressures, develop an understanding of NHS and local funding priorities and finally, in Phase 3 to make recommendations based on the evidence gathered on the long-term infrastructure planning for Primary Care serving Rutland residents. A timetable for this work is attached in Appendix 2 - Work Plan.

2.0 CONTEXT

- 2.1 It is recognised that the data for this report 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 comments, it is clear that the issues raised are much deeper seated than just the last few weeks.
- 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 in delivering normal services such as problems with obtaining vials for blood tests which added to the complexities of scheduling.
- 2.3 In addition, surgeries have experienced, at least over the last 5 years, 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. 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) suggested that we could see a shortfall of 7,000 GPs by 2023.

3.0 PHASE 1 METHODOLOGY

- 3.1 The core element of this Phase 1 was to gather information from residents around their experiences in accessing Primary Care Services. The Task and Finish 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. Appendix 3 outlines that process and the survey was broadly similar to the questionnaire in Appendix 4, with hard copies of the survey available on request.
- 3.2 Residents' views were also sought on the high streets, including supermarkets and on market days as well meetings held with Practice Patient Participation Groups.
- 3.3 A GP survey was also sent out to each practice. The results are not yet available.

4.0 PHASE 1 ANALYSIS OF THE DATA

- 4.1 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. 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 centre – 536 valid responses
 - Uppingham Surgery – 124 valid responses
- 4.2 A summary of the results by practice can be found at Appendix 5.

5.0 PATIENT ENGAGEMENT ISSUES

- 5.1 Technology
Although the responses to the public survey were by digital means this may have excluded a significant proportion of patients (who are likely to be mostly elderly). Yet of those responders, who clearly exhibited proficiency in digital matters, a substantial proportion still had difficulties in using the practices' digital systems.
- 5.2 Modern Clinical Practices
The patient survey indicates that the traditional methods of initial patient contact, by telephone or personal attendance, are being replaced by a

combination of telephone and digital means, in all practices. It is understood that this may well be in response to NHS national directives

This transition has not met with patient satisfaction as provided by the evidenced comments. Change inevitably is never popular and concern will always follow, but the evidence repeatedly cites, to varying degrees, between different practices:

5.2.1 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.

5.2.2 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 at 07.30 and/or midnight,
- Failure to offer sufficient, sometimes any, appointments with any general practitioner in the practice, only with other clinicians. Concerned patients then having to revert to the telephone to discuss alternatives. Which defeats the object.

Evidence, to varying degrees, shows increasing frustration, sometimes to the point of anger, with delays, choice of appointments and helpfulness of call-handlers. All of which clearly must be counter-productive to the well-being of both the patients and the medical staff at the affected practices.

5.3 Surgery Performances and factors affecting access to services

On-going Covid 19 restrictions, have clearly had a marked effect on all aspect of practices' abilities to adequately deal with their patients. The extent as to how those limitations will be converted to permanent practice post-covid, needs to be understood.

It is recognised that each practice is its own independently owned and structured unit but further enquiry into NHS England's recommended future GP practice procedures needs to be clarified.

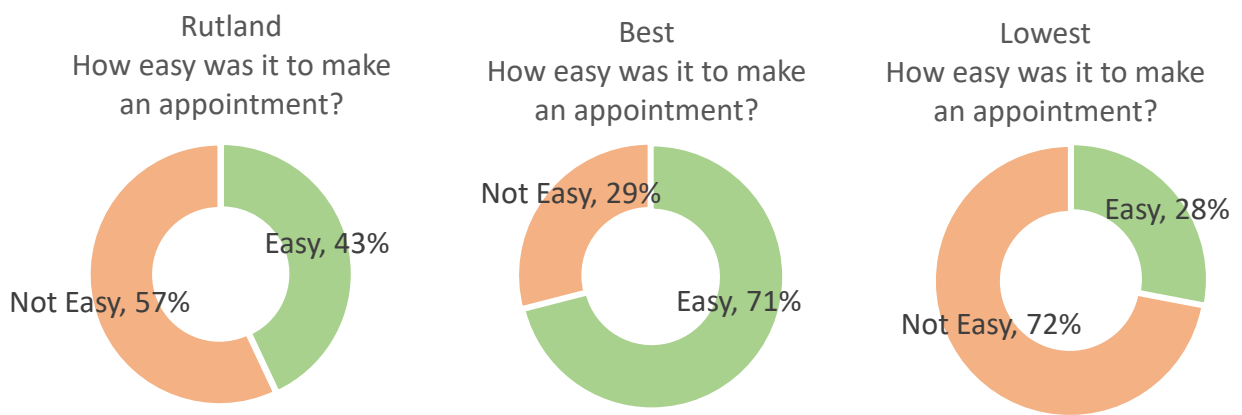
It is hoped that each individual practice will consider the response to the public survey in a positive manner and we have asked for their views on the same.

We considered that the views of the CCG and other relevant regulatory bodies also be sought on the survey and to explore with the practices and the PCN possibilities of formulating a common digital procedure, that would hopefully create a more positive patient experience.

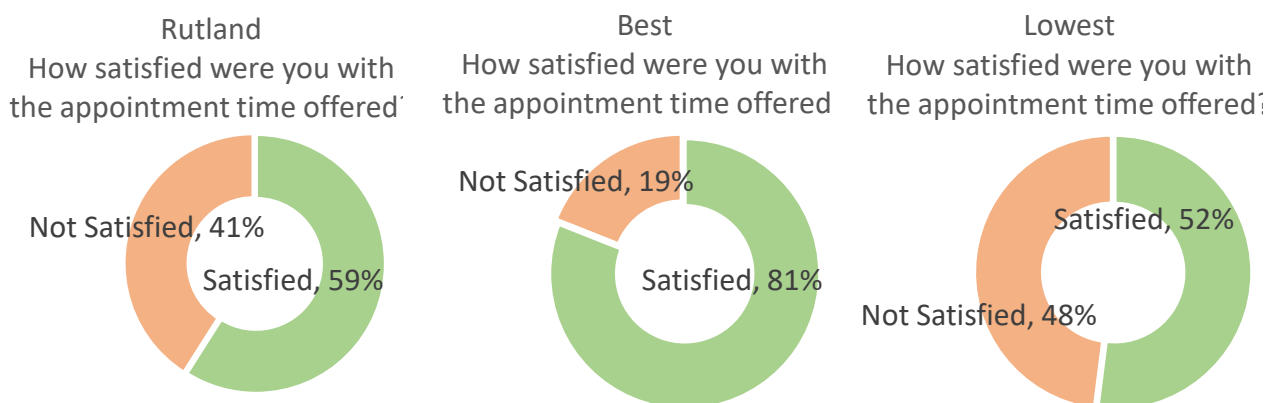
6.0 A COMPARISON OF KEY OVERALL RESPONSES ACROSS RUTLAND

6.1 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.

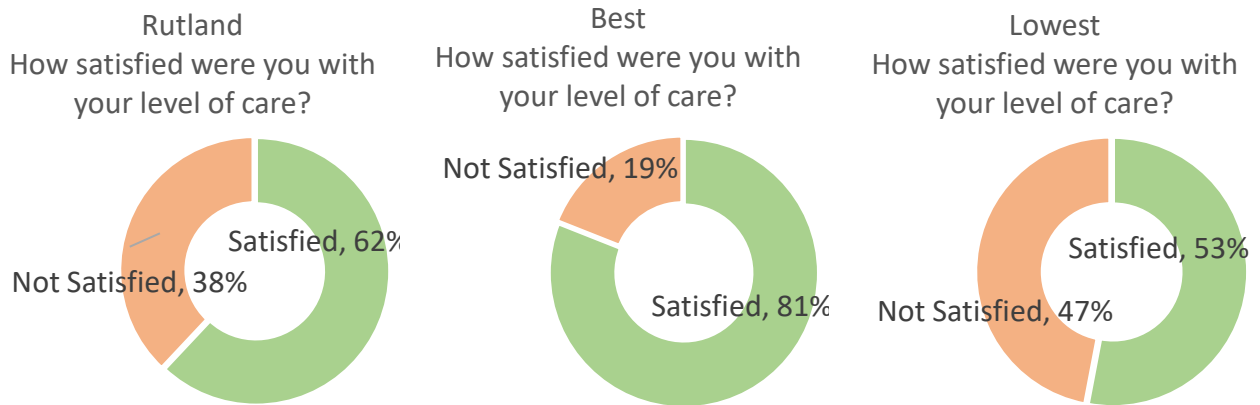
There were wide differences between individual surgeries with 72% finding it ‘Not Easy’ to make an appointment in the lowest performing practice. Whilst in the best performing practice 29% found it ‘Not Easy’ and 71% found it ‘Easy’ to make an appointment.



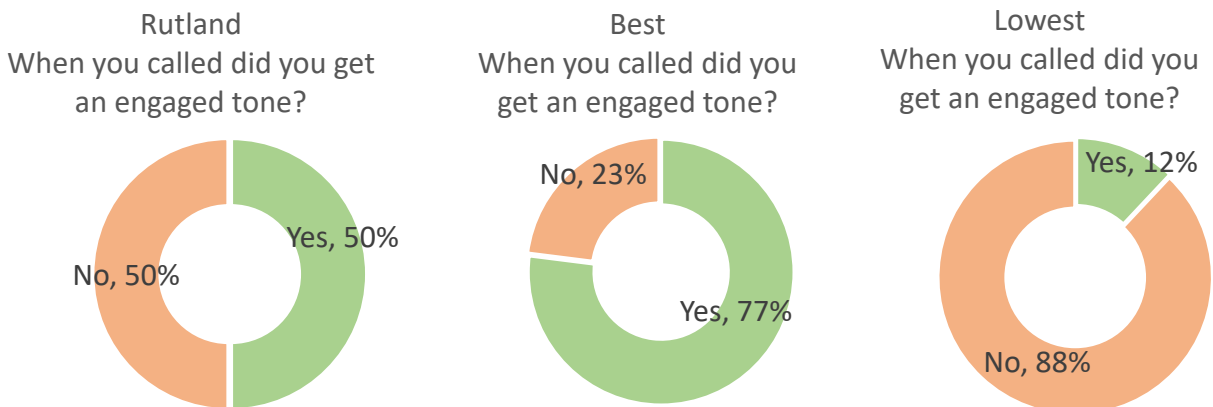
6.2 On reviewing the question ‘*How satisfied were you with the appointment time offered?*’, the best practice had a satisfaction rate of 81%, surely an exemplar. Whilst the average across Rutland was a much lower 59% with the lowest performing practice at 48%.



6.3 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.



6.4 As part of the survey the question ‘When you called did you get an engaged tone?’, the Rutland average was split 50/50. In the best surgery, 77% of patients who called got through at the first attempt, whilst in the lowest, only 12% of patients got through on the first attempt.



**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: Primary Care Task & Finish Group: Work Plan

DATE / TIME		TASK		COMPLETED
18-Nov-2021	11:00	Agenda Setting	T & F Agenda Setting and Time scales	COMPLETED
22-Nov-2021	-	Deadline for submission of T&F docs for initial meeting		COMPLETED
29-Nov-2021	18:30	T & F Initial meeting	Approval of documents	COMPLETED
08- Dec-21	18:00	T&F GROUP MEETING Proposed Consultation Launch Assumes H&W board meeting for discussion of Place Led Plan will be held on 22nd Feb	Matt to assist with launch activities. HWB 22nd Feb	COMPLETED
05-Jan-2022	18:00	T&F GROUP MEETING		COMPLETED
07-Jan- 2021		Patient Consultation Complete	Redirect to Have your say Healthwatch Rutland	COMPLETED
11-Jan-2022		GP Questionnaire sent out		COMPLETED
17-Jan-2022	11.00	T&F GROUP MEETING Write initial report		COMPLETED
25-Jan-2022	18:00	T&F GROUP MEETING GP Questionnaire complete		
02-Feb-2022	12.00	DEADLINE for initial report to be with Governance for Adults and Health Scrutiny meeting on 17/02	Publish Date: 09/02/22	
07-Feb-2022	12.00	DEADLINE for report to be with Governance for Special Health and Wellbeing Board meeting on 22/02	Publish Date: 14/02/22	

17-Feb-2022	19.00	Adults and Health Scrutiny	Present Initial Report	
22-Feb-2022	14.00	Special Health & Wellbeing Board	Present Initial Report	
16-Mar-2022	12.00	DEADLINE for report to be with Governance for Adults and Health Scrutiny meeting on 31/03	Publish Date: 23/03/22	
21-Mar-2022	12.00	DEADLINE for report to be with Governance for Health & Wellbeing Board meeting on 05/04	Publish Date: 28/03/22	
28-Mar-2022	12.00	DEADLINE for report to be with Governance for Full Council meeting on 11/04	Publish Date: 01/04/22	
31-Mar-2022	19.00	Adults and Health Scrutiny	Present Final Report	
05-Apr-2022	14.00	Health & Wellbeing Board (Final Plan)	Present Final Report	
11-Apr-2022	19:00	Full Council	Present Final Report	

Events

05/12/22	Christmas Fayre at Cutts Close
15/12/22	Oakham Late Night Shopping
17/12/22	Uppingham Late Night Shopping

Appendix 3 - Methodology

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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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 5 Part Survey Responses and Maps

EMPINGHAM MEDICAL CENTRE

9 December 2021 to 10 January 2022

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MAP - RUTLAND SURGERIES CATCHMENT	23
MAP – EMPINGHAM MEDICAL CENTRE CATCHMENT	24

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%

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%

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Empingham Medical Centre	Responses: 150 Date: 28/12 to 10/01/2022
<p>Detail your experience when engaging with your medical practice or surgery: (127 Responses)</p>	<p>Why were you unhappy with your level of care (41 Responses)</p>
<p>As a family we left Oakham medical due to the lack of care, response and general attitude towards their patients and since joining empingham surgery we couldn't be happier! We can call first thing in the morning and get through with minimal delay, they are so kind and actually care about you as a patient and we are so pleased with the overall service we receive at Empingham!</p>	<p>I wanted a face to face appointment</p>
<p>Currently accessing the GP is extremely difficult.</p>	<p>I do not think the Doctor thought that my concern was not anything to worry about, and gave me no confidence that it would be treated again any better if I returned. I would prefer to see a specialist</p>
<p>We were with cold Overton Rd surgery. They were appalling my wife wS ill and we could not get past the aggressive witches on the phone. We moved to empingham surgery and immediately got an appointment and they arranged for my wife to go into hospital that day for an emergency operation to have her ruptured gall bladder removed. We thank God we moved surgery's despite us being close by to cold Overton. My wife nearly died. My own medical records show treatment I've never had whilst registered with cold Overton Rd. It's is criminal the way cold Overton is run(or not run) the telephone, when it is answed, is manned by bitches</p>	<p>I couldn't get an appointment at all. Calling on Dec 6th, they could not offer an appt in Dec and weren't taking bookings for January.</p>
<p>I was fairly happy about the appointment, but sceptical that the reason I went to the Doctors was given the importance it needs</p>	<p>4 week wait for call</p>
<p>Surgery is fine if you can manage to get an appointment, but there are just not enough GPs for the number of patients. I am now considering a private GP</p>	<p>3 week routine wait for a phone appointment far to long. No wonder people go to A and E or Stamford minor injured</p>

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<p>My visit was just for a flu jab so no real issues. However, I have an outstanding medical check up from March 2020 which was cancelled due to Covid and no one has followed it up. Even if I had any medical problems it would be almost impossible to get a face to face appointment with a GP. My wife who has high blood pressure is due a medication review - also well overdue. I am afraid GPs and the NHS in general has become the National Covid Service (NCS!) and seems to have forgotten about non Covid medical matters. Frankly this is not good enough and significant improvements are needed. It is not just my local GP where this an issue but friends and colleagues with potentially more serious medical issues find it very difficult to get to see a doctor 'face to face'. I do not understand how it is possible to make a medical diagnosis about a physical ailment without actually seeing and examining the patient. If this is the future then I am glad I am reasonably well advanced in years!</p>	<p>No appointment but was offered a telephone consultation I could not receive as working away from home</p>
<p>Its many months since I was able to see my GP and recently the contact has been to ask the staff to check with the doctor as to whether I should be having a blood test, what the results were, should I continue to take medication in view of the test result. I was told this would be the quickest way of accessing the doctor as there was a month wait for even a telephone appointment.</p>	<p>I have had to wait 4 weeks to get a telephone appointment.</p>
<p>Always excellent care, but due to extremely high numbers of patients now registered, all taking longer- prescriptions, appointments etc.</p>	<p>Because I cannot get an appt till January x</p>
<p>no online access, 4 week wait for a call back,</p>	<p>I have phoned twice to make two appointments- I wanted a follow up call with an asthma nurse, and to see a GP for referral to a physiotherapist or someone who could do a cortisone injection. Both times I was told there was nothing available and to phone back the following week when more "rotas" would be done. (And yes, was told the same thing on the second occasion I phoned, when I did as asked.)</p>

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Always good service	I can't seem to see a doctor face to face since covid.
Long waits just for a phone call, despite being asked to ring. Concerned that the 3 week wait could be detrimental. Referral time to secondary care informed they had no idea how long wait for a outpatient appointment would be. Still waiting over 8 weeks later	No appointments available.
I was happy with the initial consultation but, when I rang back more than once in the same week as I was struggling with pain, I hoped to be able to see a doctor face to face but had to accept painkillers ... the problem persisted and I had another telephone appointment ... eventually the pain subsided	Because it's a marathon and a wait to even talk to a Dr
I had to have an X-ray and then see a podiatrist which was all self referred	It is difficult to explain some things over the phone, and you are just offered tablets.
I was OK with telephone conversation. I think this fine for most issues.	Although I didn't know it at the time, I had a conversation with a locum who wasn't aware of the processes within the nhs in this county.
Nurse practitioner rang back same day and a GP appointment next day.	I wanted my child to be seen face to face but this was deemed unnecessary
I feel the staff are working as hard as they can but that surgeries now need to 'get back to normal' and start making appointments properly.	I needed to see my dr face to face. No questions about my symptoms. Only telephone appointments available, and nothing for over 4 weeks until next year, only one telephone appointment available on December 30th.

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<p>Took a long time to be given an appointment for a cervical smear. Had to ring back four times (each time was told to ring in a few days) before getting an appointment. The surgery should be making it as easy as possible to make an appointment such as this, especially for a smear where take up rates perhaps aren't as good as we would wish. The phone at the surgery is normally answered quickly but when ringing yesterday I was told the first telephone appointment available is not until January!! That's not even to see someone - not good enough. It also took the surgery over a week to contact me to let me know my blood results were abnormal - again not good enough in my view</p>	<p>I had to wait three weeks for an appointment which contributed to an infection</p>
<p>Never had an issue. Throughout the pandemic I have had 5 star care for myself, my pregnancy and my child</p>	<p>It's impossible to get a face to face appointment now.</p>
<p>For the last 18 months very poor. Okay before though</p>	<p>Unable to diagnose condition without examination</p>
<p>I am very unhappy with the service at my surgery. You cannot get a face to face appointment. I went to the doctors on the 4th January was referred to Peterborough hospital, my appointment came through got the 12 August and now have an appointment on the 15th December by phone with GP to find out what's happening. A truly awful experience.</p>	<p>I wanted to speak to a GP about an unusual blood condition and the nurse practitioner did not refer to my records or have detailed knowledge o the condition</p>
<p>I rang today 10th December to see a doctor, bearing in mind I never go to the dr ,s and to be told they haven't got anything and their January rotas aren't up yet, so can't make one. Then I was told I need to ring up on a Monday to try and get a nurses phone call and when I explained that's really hard to do I work in a school and cannot have my phone on me to which the receptionist replied saying well you'll have to ring 111.</p>	<p>Had to wait 3 weeks for an appointment for a child. This was about a broken bone after surgery and we were only offered a phone appointment in which the doctor would not be able to see the arm therefore pointless</p>

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<p>The practice is very busy now having taken on a lot of people from a Stamford surgery. It's almost impossible to speak to or see your Doctor now. Last time I needed a telephone appointment it took 5 weeks! Very worrying !</p>	<p>E pexted to see doctor, I am diabetic and possibly have kidney issues</p>
<p>EMC is efficient, helpful and easy to contact. Excellent phone system. Face to face and telephone appointments always appropriate. Patient for 32 years, no complaints even in last 2 covid years. When their patient numbers have increased.</p>	<p>Very unhappy that my sick son was denied an appointment with his registered doctor !</p>
<p>Telephone appointments are generally available the same day if urgent but an appointment with a specific doctor can be over a month wait.</p>	<p>Very long wait to get even a phone appointment to diagnose a condition that needed to be seen</p>
<p>The receptionist relayed a message to the GP which resulted in blood forms being emailed over to me within 24 hours and an appointment booked via the phone and subsequently face to face within 5 days. They had already discussed my condition and arranged a referral by the time I attended Afternoon clinic. I have never had problems with Empingham surgery, the staff are amazing and getting in contact is easy, unlike Uppingham surgery.</p>	<p>see 13, I have had several other appointments in the last 12 months, all for physical issues, it has been very difficult to actually get to see a doctor in person, for over 12 months nobody examined me</p>
<p>Empingham are a delight to call and deal with. Every person on the call has been helpful and polite. Calls are answered promptly, helpfully and politely. I am so glad we moved to Empingham from Oakham whose receptionists drove us to move because they were rude, lacked empathy and were blockers to care and treatment.</p>	<p>Rushed appointments and impossible to get face to face</p>
<p>Since Stamford Lakeside closed/ had problems, many patients were transferred to Empingham, the practice and service here has now been completely overloaded . We used to be able to get appointments within a few days but now it takes weeks. I personally prefer to actually see a doctor face to face. One day there were 38 cars parked outside and all around the local estate.</p>	<p>I needed to see a GP face to face as I had already had several telephone consultations and my health was deteriorating and I was very concerned.</p>

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<p>The process was professional and efficient. My appointment was not for an urgent matter and I accept that it is necessary to wait for a routine appointment as all GP services are stretched.</p>	<p>Had a bleeding foot and couldn't stop the bleeding. Appointment refused. Ended up driving to hospital with my foot in a plastic bag. Appt the following Week with nurse to dress wound was difficult to access.</p>
<p>We live in Great Casterton, right on the boundary with Lincolnshire, and recently moved surgeries due to how extremely poor the care was at Lakeside Healthcare in Stamford. Overall I am much happier with the Empingham surgery, but my recent experience as described above has left me frustrated. I don't mind waiting a couple weeks for a non-urgent appointment but to not even be able to schedule the appointment is not good.</p>	<p>For mental health it is better to see someone face to face</p>
<p>No problem with the care and service provided by staff just the time waiting for an appointment which is always 3 weeks. I don't think this is an acceptable time to wait for just a phone call, it can then be another 2 weeks to then have a face to face. I understand the surgery has taken on patients from another surgery that closed which must be causing these delays. More staff are clearly required to cope with this additional work load.</p>	<p>Seem unable to see a doctor only a practice nurse</p>
<p>Can be hard getting appointments via reception when on the phone. 2 too 4 week wait for a telephone appointment. Can't order prescriptions before they are due, when they are due you have normally 4 day waiting time before you can collect them. Can't see why you can't collect them when they are due, the system they have just leaves patients with no medication when they probably need it.</p>	<p>Please refer to 21.</p>

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<p>I can only get an appointment with a doctor/nurse if I phone at 8 in the morning and they have appointments left, to see a doctor for a routine/non urgent matter there is a 4-5 week wait. I know we are all being careful because of covid but I look forward to seeing a doctor again and not just speaking to one. Having said that, I am happy with the level of care I receive from my surgery.</p>	<p>Difficult to analyse symptoms over the telephone.</p>
<p>I am unhappy with the current trend of not being able to see someone in person. I believe that the patient and not the triage person should make that decision.</p>	<p>I had a knee problem , I waited a few weeks for the telephone appointment and then the outcome was another telephone appointment with a physiotherapist.</p>
<p>They always try to be helpful</p>	<p>Seems face to face appointments have become very difficult</p>
<p>I received a phone call from the GP then after speaking he gave me an appointment a week later.</p>	<p>To get a telephone appointment took weeks</p>
<p>I find Empingham a great surgery always willing to give the best care possible I've got no complaints</p>	<p>I tried on lone for several days and was unable to get any sort of appointment</p>
<p>Empingham are excellent at triaging and directing patients appropriately. I have sometimes had a phone appointment, which was all I needed. When I have had to see a doctor f2f, it has always been suggested the same day and I am very satisfied with the service.</p>	<p>Felt that I had to ask to be referred and this has now take over 3 months to get referred to the right person</p>
<p>Surgery is very good but since they have now got a lot more patients the pharmacy is lacking</p>	<p>I wanted help with vertigo but ended up with a bp monitor and no doctor appointment</p>
<p>Always helpful and supportive</p>	<p>I am still waiting for my X-ray appointment at Rutland Hospital 4 weeks later</p>
<p>Condition required hospital examination earliest appointment 9 months to 2 years.</p>	<p>Did not see doctor</p>
<p>I didn't get an appointment. Phoned early December, and unless it was an emergency...no appointments with either GP or nurse until end of December. Decided to speak to pharmacist.</p>	<p>The pharmacist was unable to deal with my problem and told me I would need to speak to a doctor</p>

Wanted GP appointment but offered only nurse practitioner.
Biggest issue is that we can longer access appointments via app, so has to be a phone call - going back to the bad old days. The systems are capable of providing appointments via app so why no longer doing? They can easily be updated to offer different types of remote or personal appointments.

I'm put off ringing Dr as it's so difficult to speak to one let alone see one you feel it is not worth trying unless you are really in trouble.

I have a huge amount of sympathy with the NHS staff and try to understand the pressure they are under but it appears to me that the system of either it's urgent and I need an telephone consultation today or wait 3 or 4 weeks is extremely difficult to comprehend . It's very difficult for a person who is in substantial pain for a period of months not to be offered a face to face consultation when feeling poorly/in pain and needs to discuss the issues with a GP face to face. I acknowledge that my personal circumstances may be less critical than others who require "urgent attention" from the information I provide to the team, but my current condition and the lack of care has had a debilitating effect on my life. Again, acknowledging that NHS front line staff do their best, the system does not work for me.

I called recently to try to make a face to face appointment but was told the only option was a telephone appointment on that day. This was no use as my child was at school. I also wanted an examination having already had a telephone appointment. I was told this was not possible so I left it

They don't care.

Superb surgery. Highly organised, professional at all times. The front staff are extremely helpful.
Dr XX in particular provides exceptional treatment and care.

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This is not a good survey. We changed from Oakham to Empingham . Had 2 bad experiences with Oakham. Resulting in changing surgeries. Ending up having to pay for 2 operations. Me ending up in hospital for 10 days. My husband in pain for weeks then an op. Turned out he had a double hernia which a nurse told him just to take pain killers!!! Receptionists are not medically trained. I was ill for lockdown & no help even after numerous phone calls to Oakham. Empingham immediately gave me a double appt & started the ball rolling on tests. After 18 months of feeling is ill I am now a thousand times better & no thanks to Oakham. So not happy with GPs - need to be seen face to face.

Over the last 2 years have had several different medical problems & each one has been dealt with very satisfactory despite the problems caused by covid

Good service

My own issue was easy to deal with for all concerned . The system is not perfect for everyone but worked for me, thank you.

Always helpful and polite. No issues getting appointments. Very happy. Moved here from Oakham medical practice which were appalling.

To be fair the surgery have been very helpful overall but this one issue was very disappointing

I rang the surgery on 1st December and the only appointment they could offer me was a telephone appointment with the nurse on 31st December!
it's hard to get an appointment when you do it's not always with a doctor

Appointments are not available for several weeks into future - usually over a month. Telephone only appointments available then need to wait similar period to see GP. If any tests required do not get feedback on results unless you contact surgery. Then have to wait weeks for any follow up appointments. Never get to see same GP twice unless willing to wait even longer for availability. During this time condition is worsening or not improving

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<p>I was told no appointments with the nurse practitioner were available although she had requested that I make an appointment to see her following a recent blood test. I was offered an appointment with a nurse which I refused. I was then offered a phone consultation at 9.30am about 10 days later. I had no option but to accept the appointment and had to take time off work as my workplace is open plan with no privacy.</p>	
<p>I find all staff I've been in contact with wether receptionist or gp, do their upmost best. Always polite, caring and understanding. Couldn't wish for a better Surgery</p>	
<p>Routine Chronic Disease monitoring is non-existent and has to be patient activated.</p>	
<p>I don't think it is just this surgery, it is the situation in general lacking common sense. My child couldn't use his arm 6 weeks after surgery. We asked for an appointment so the doctor could look at it and check it was OK. We were given a phone appointment for 3 weeks in the future. No point in a phone appointment when it is something you need to see. Luckily his arm is fine and we had a friend check it but we shouldn't have had to do that.</p>	
<p>Caring, helpful, professional. Allowed me time to explain my problems. I did not feel rushed.</p>	
<p>Not happy, expect to see a doctor, had to wait for a call back, then an appointment with the nurse and told it may be muscular and to wait to see if it goes away until after Christmas, then I can take a urine sample in and possibly have look tests but still not seeing a doctor.</p>	
<p>Empingham are amazing, although they are now taking on more patients and appt waiting times are longer.</p>	

I think Empingham has a good reputation and they try to be helpful but it has really changed since taking on Stamford patients and the pandemic. There are too few doctors. I am on my third week of ringing to get an appointment and cannot get one until January and even then I have to keep calling back because January "hasn't opened up yet". I don't blame the surgery - I blame governments for letting an old fashioned system become so out-of-date that it is no longer fit for purpose and is broken.. We have created a system that doctors do not want to work in and would rather go overseas. Not enough preventative checks and ways to help people with conditions that doctors don't understand and give bucket diagnosis to like IBS, Fibromyalgia, ME, anxiety etc.

I am a new patient with little experience of contacting the practice but so far, with perseverance I have been successful in speaking to a GP.

Shocking - it is not for the receptionist to deny access to a doctor given the severity of my son's condition- questions should not be asked about where he should be registered denying urgent medical care - thousands of students remain registered with their home doctor / you have to return home to vote in a general election! The neglect of the receptionist placed my son in a critical condition as he was denied access to a gp - Empingham has taken on too many patients and needs to reassess the service it offers !

Waiting times for appointments have become significantly longer in the last 6 months. I know a lot of people have joined the practice through dissatisfaction with St Mary Stamford. This has impacted existing patients. I know Empingham is trying to address this. I am always very satisfied with the care my children and I receive, though obviously I would prefer a shorter wait time between call and appointment. Within a fortnight seems reasonable for non-urgent cases, but it has been longer more recently. I am happy with the service once we get to the appointment!

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Care from all parties always good and happy to wait. Not sure this is the councils remit however and perhaps the timing for this during a need to support our services whilst they try and boost our immunity is inappropriate. The fact that your infographic for gp services shows a male doctor is frankly derogatory to the vast majority of females working in our services. Shame on you Rutland county council

I love the option for telephone consultations now, much more convenient than face to face

Really helpful and accommodating

Made an appointment on 3rd November and was offered 3rd December.

My partner and I cannot fault the level of care we receive from everyone at the surgery. We're very lucky to have this service.

GP service very good. Length of time to get an appointment with requested GP is far too long even for non urgent appointment.

Very helpful

Everyone was great just the wait time was to long for appointment

It has become too busy with not enough appointments available and care becoming not acceptable within time frame needed.

Empingham surgery are the best. Been with them 61/2 years, always excellent.

Empingham surgery is & always has been excellent.

I found it very difficult to get an appointment with a GP as I kept being put through to a nurse practitioner and I was very concerned my health was not improving.

Made to feel like a nuisance. Told to go back to podiatrist who had carved a chunk

Out of my foot.

Wanted an appointment to discuss problems arising from private medical Screening. Ended up seeing a private GP in Stamford.

I do not think my GP is available at the present time.

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<p>Doctors are excellent when you get to see or speak to them. There has been a noticeable deterioration in ability to get appointments in recent years. I like that I can have a phone appointment for some things it is quicker and easier. Staff are always helpful.</p>	
<p>Feel v fortunate to be a patient at Empingham. The staff are excellent and if it is something of concern I have been offered an appmnt.</p>	
<p>I consider Empingham Medical Practice provide an excellent service. Waiting times to see a GP, especially a named GP, are considerably longer than they were two or three years ago, but that is understandable given the growth in patient registrations over recent years.</p>	
<p>Due to the circumstances we find ourselves in I have not seen a GP in person for a while but have received phone consultations on a couple of occasions. I am due to see a GP in surgery after Christmas.</p>	
<p>Telephone conversation is not helpful for someone suffering from mental health, they cannot see or completely understand what you are going through. I suffer from anxiety and receiving phone calls triggered it, I had to wait 40 mins over my allocates appointment time before I received the call</p>	
<p>Good on the whole</p>	
<p>Ringin the surgery to be told there were no appointments available until the next set of appointments were released. The contact person was then not able to tell me when that might be which meant I had to ring the surgery on multiple occasions before I was able to book an appointment. I'm not sure what is going on but the level of service seems to have collapsed in the last year.</p>	
<p>I am very new to the Empingham Surgery and have no complaints. I moved from Oakham due to the poor service.</p>	

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<p>The system seems to be designed to frustrate and delay at every stage. From what I have heard most GP practices seem to have developed a similar culture. They no longer appear to be patient friendly.</p>	
<p>our annual reviews consist of D I Y blood pressure , a few minutes chat on the phone with a pharmacist and the offer of a blood test , if your happy to sit in a crowded waiting room at Stamford Hospital during a pandemic.</p>	
<p>Friendly and helpful</p>	
<p>The service level has dropped considerably due no doubt to the pandemic. The human touch seems to have disappeared.</p>	
<p>I am very happy with Empingham surgery.</p>	
<p>There seems to be a strong reluctance by GP' s to engage in face to face appointments. How can you properly assess a knee over the telephone ? Fortunately my condition is not life threatening just somewhat restrictive.</p>	
<p>If I wish to see my own GP the waiting time is far too long, typically four weeks. Phone appointments involve less of a wait but can still be quite a long wait and in most cases they are not a satisfactory alternative to being seen in person</p>	
<p>Don't like the fact you cannot book a face to face appointment. Everything is telephone first which is not acceptable</p>	
<p>Very efficient. So much better than the experience of friends we have in Stamford who use Lakeside</p>	
<p>I feel that a lot more patients have joined the surgery and everything takes more time. I've been told by another person that no face to face appointments are taking place but unsure how true it is as I've only been given phone appointments.</p>	
<p>Even to get a telephone appointment Took weeks and I didn't even bother to ask for a face to face appointment</p>	
<p>Excellent surgery</p>	

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Excellent medical practice that is well managed with outstanding doctors and nurses.	
See above impossible to get appointment so paid to see private GP	
I have never had a bad experience with this surgery! The reception staff are always kind and compassionate. The GPs (especially Dr XX who I deal with the most due to an on going condition) are always knowledgeable, helpful and quite simply fantastic! Their hard work doesn't go unnoticed with our family. Dr XX always makes time to talk to me and ensure he's answered all my questions and eased any anxieties. I just hope they don't get too big with the influx from other surgeries.	
Reception team were polite as always - had a telephone appointment, where is was decided to see my baby - she checked him thoroughly and swabbed his ear. There was a delay in the swab results coming back but I don't feel that that is their fault but probably the lab. Fantastic GP in our opinion.	
I would prefer to be seen by a GP ,I feel that the amount of privacy is not acceptable	
Very polite helpful understanding and courteous	
Requested further medication, promised a call back from the pharmacist which never happened. Very annoying.	
After nearly 50 years with the practice, disappointed not to be able to see a GP	
Doctors are impatient and not engaged. They don't listen to your overall request and only focus on one aspect of your symptoms. I have to use my private medical insurance in order to make any progress with a health care enquiry I have.	

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I have moved from Oakham Medical practice to Empingham and the difference in the level of care is much much better. I was fed up of the lack of interest and rudeness when trying to engage with Oakham medical practice so I left. Empingham are fantastic.

Calls are always answered quickly. Queue has never been more than 2 (although I try to avoid calling first thing in the morning). Always very courteous and helpful.

It used to be a fantastic surgery. Now very difficult to make an appointment or see a doctor.

The most accessible Practice in Rutland but I am concerned that its success will mean that more patients will register and swamp the capacity. All the other Practices in the Area must learn from the great service provided by Empingham

I moved from Sheepmarket Stamford, and I'm very satisfied with Empingham. No complaints.

Excellent service I moved from Oakham medical practice recently as could never get an appointment online or on the phone

Caring and listened to problem. Acted accordingly.

I cannot fault Empingham. But I find it crazy that the doctors have to do telephone appts first. This must be putting them and their services under extreme pressure. I have to wait 3 weeks for a phone call, when it is something that will require a face to face appt.

Very efficient and thorough.

Practice nurse was very pleasant, but I felt my problem had not really been addressed satisfactorily

the whole process with this surgery makes contact easy. the receptionists are efficient and polite. I know and have confidence that they will do their best to help me with any problems

I am a cancer patient. I received an extremely good level of service early last year. since then my care has been via Peterborough Hospital, other than for medicines. The surgery's repeat prescription service (order on-line) is efficient.

The phone is usually answered quite quickly and the staff are pleasant and helpful. I am very pleased to have moved from Oakham Medical Practice as this was not the case when I was registered there as a patient.

Waiting times for appointments are too long. They have increased significantly over the last two years. Good level of care when you do have an appointment.

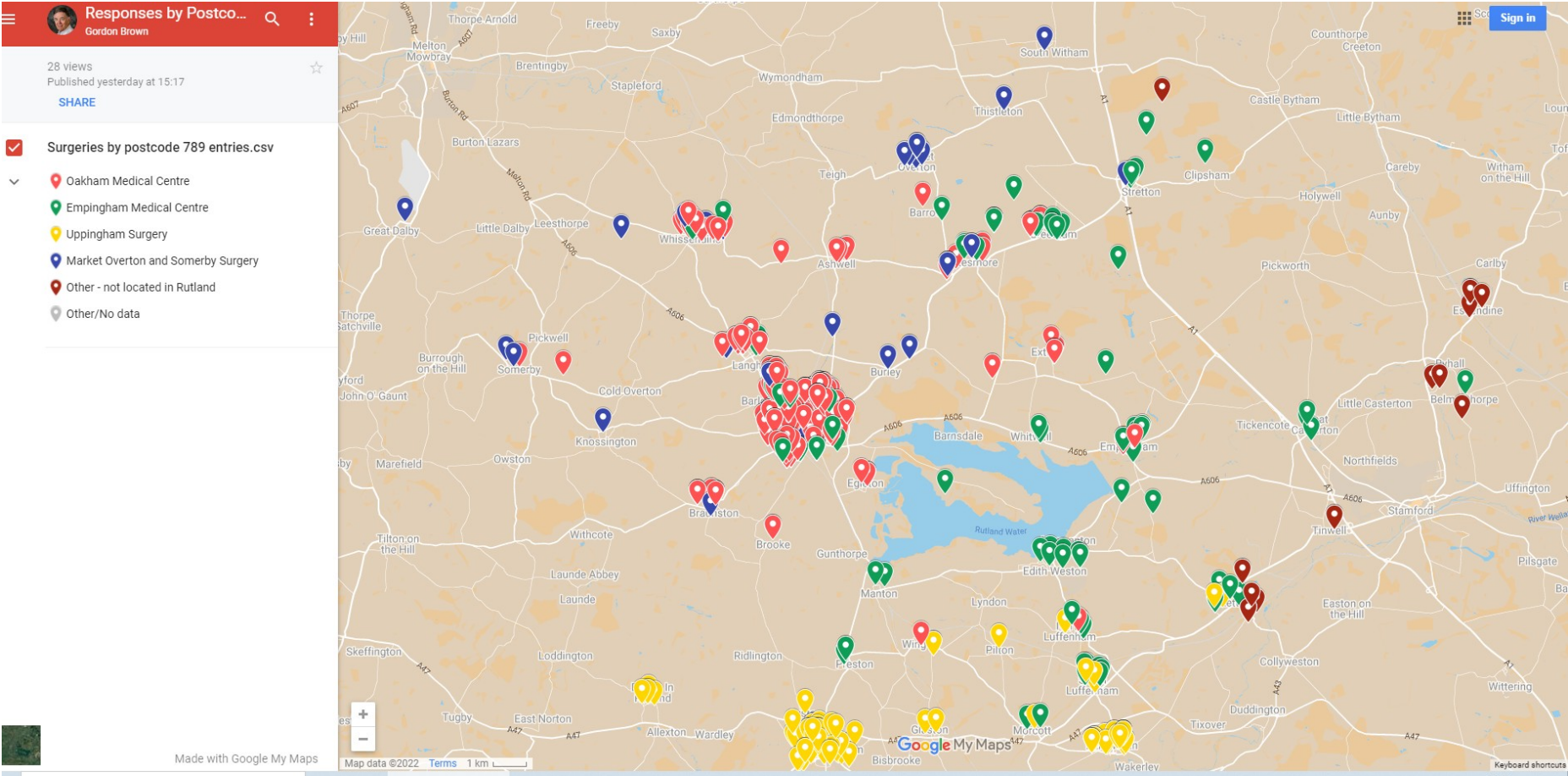
Always great to deal with, and they care about follow up too

I would have liked to communicated with the doctor to whom I had been allocated when I transferred to the practice twelve months ago. I would, of course, prefer consultations to be face-to-face but Covid is responsible for that. On the whole, I have been satisfied with the Empingham practice.

I registered, easily, a year ago. I have always been well treated by the receptionists, but apart from an initial phone appointment with a newly arrived GP , have never seen a GP, but only a nurse practitioner.

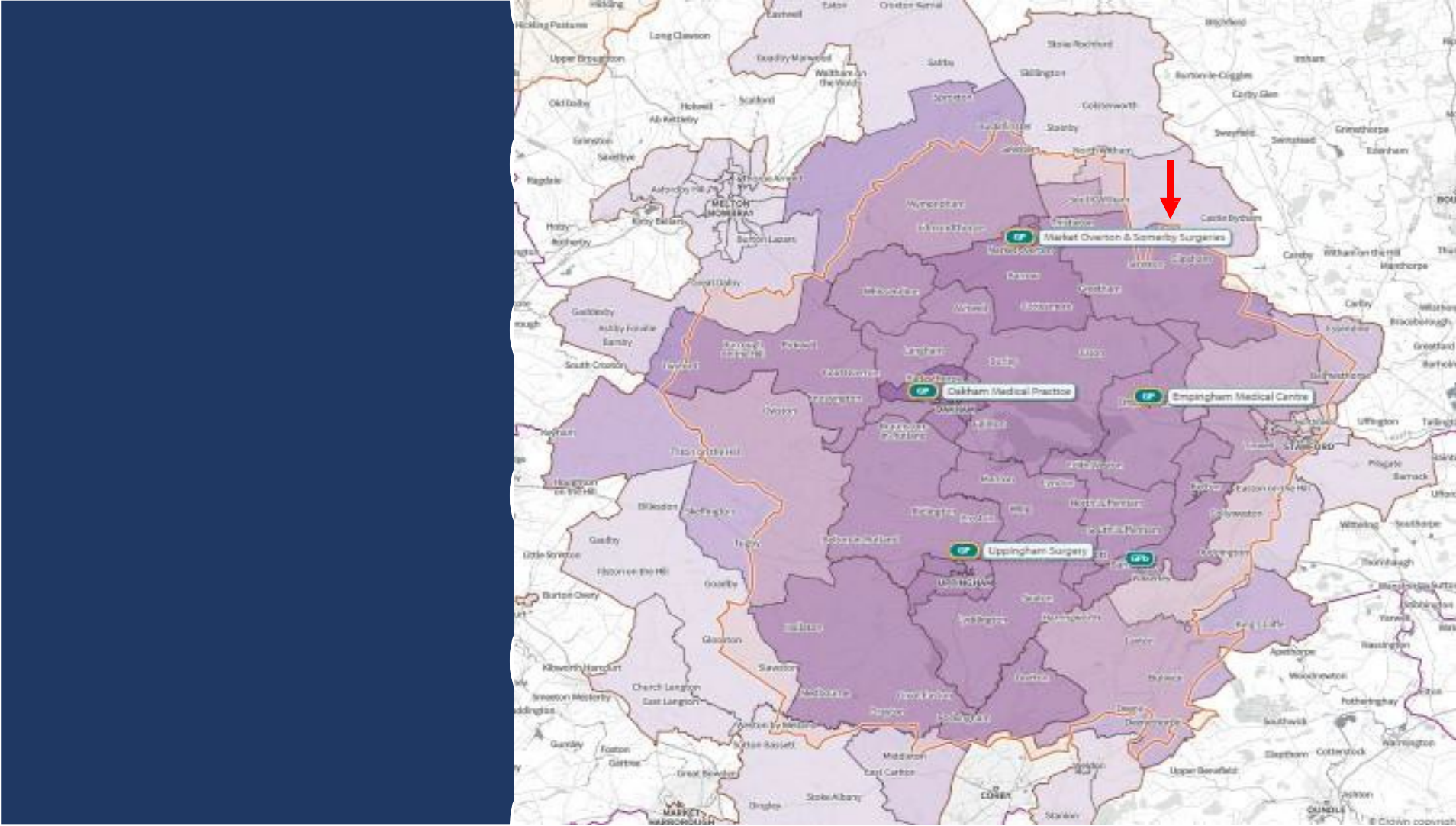
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MAP - RUTLAND HEAT MAP



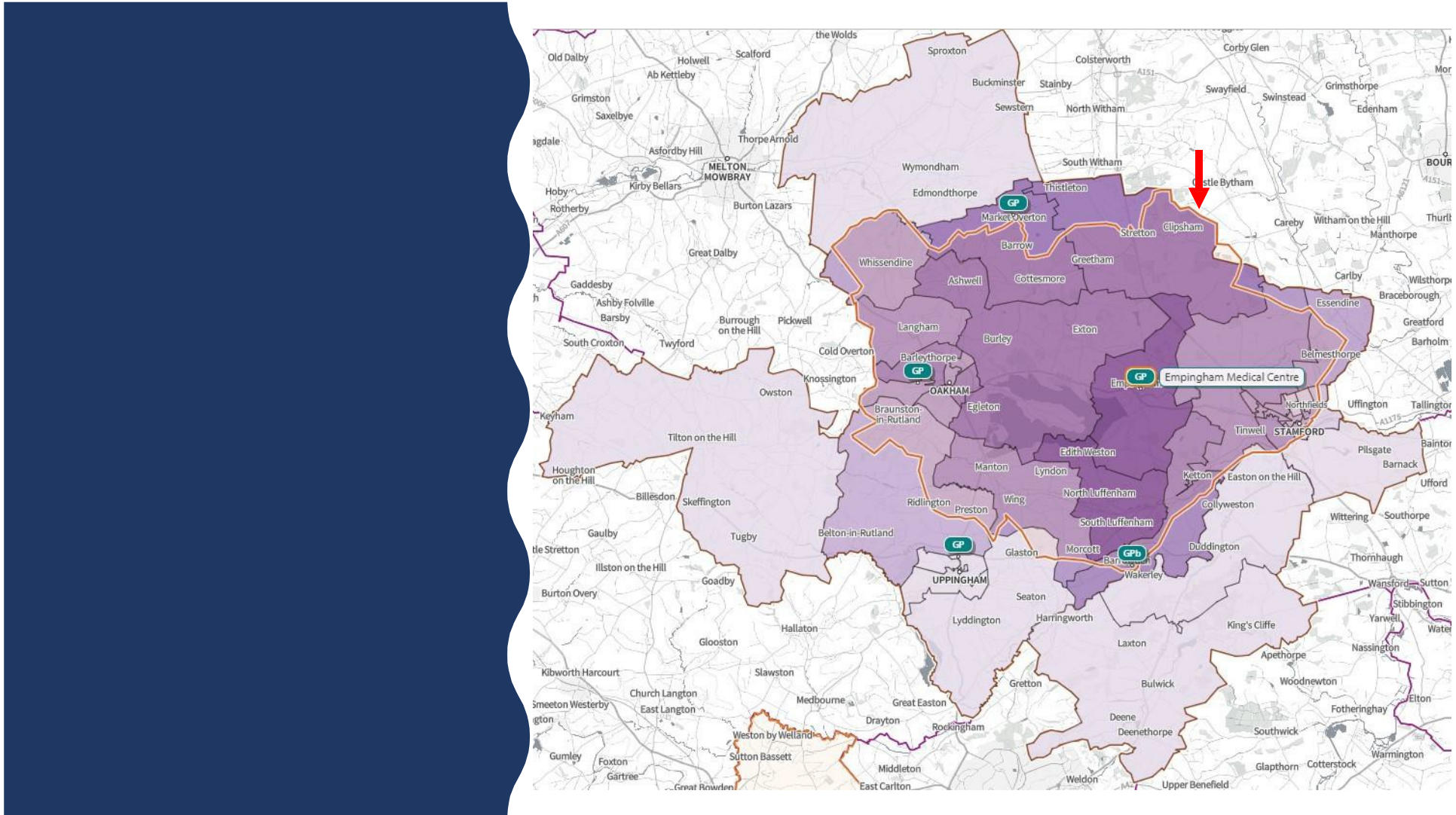
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MAP - RUTLAND SURGERIES CATCHMENT



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MAP – EMPINGHAM MEDICAL CENTRE CATCHMENT



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Primary Care Survey Dataset volume 6
Part Survey Responses and Maps
MARKET OVERTON AND SOMERBY SURGERIES
9 December 2021 to 10 January 2022

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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%

MARKET OVERTON AND SOMERBY SURGERY

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

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%

MARKET OVERTON AND SOMERBY SURGERY essay responses	
Detail your experience when engaging with your medical practice or surgery: (78 Responses)	Responses: 92 Date: 09/12 to 10/01/2022
	Why were you unhappy with your level of care (28 Responses)
I had a rash. Had to send photos to gp. Saw a nurse who called GP in as she needed more info.	As I needed an urgent appointment there were none available. The staff member really tried to help as best she could, but no gp's available. Finally spoke to the doctor I need investigations into my condition a fortnight on have heard nothing!
Too few gps now, often only one gp on and one nurse. Often takes two weeks for a telephone call. Rarely able to see a gp	So my daughter first had a phone call from dr then see s nurse and finally we had seen a doctor . That was too late that night my daughter needed up in hospital with two burst ear drums . If we would if seen a doctor first face to face my daughter wouldn't of suffered for a whole week !!
Level of care is so poor. My father is 89 and have to contact Oakham medical practise who are ten times worse!	Far too long to wait for appointment, kicked can down the road again.
Clinical staff generally good but admin can be poor. If you have something potentially serious they are good. With something chronic or mundane less so. Appointment with nurse practitioners less satisfactory. Given wrong information on one visit and farmed off another time. When I managed to see gp he authorized tests to review possibility of heart disease.	I've had a real mix up with my after cancer care appointments and I'm still waiting for a Hearing test which is making life very difficult at moment
Have always found everything very straightforward and easy to get an appointment but I probably only need to contact surgery once or twice a year, so experience is not wide.	Initially the surgery could not trace the letter which I delivered try hand to the surgery from my optician who had marked it 'urgent'. I had to phone the surgery twice before I got an appointment with the nurse for blood tests. She still could see no trace of the letter from the optician in their system. I was not to be ensured that the relevant request for an appointment with a consultant had been forwarded to the hospital until I complained to the surgery manager.

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<p>I was referred to another GP for face to face consultation but on the day while I waited outside the door for forty minutes she was phoning me! The doctors all seem to be part-time, there only one day a week and I wonder what they do on the other days?</p>	<p>I have mental health issues and over the phone does not work for me</p>
<p>Polite and helpful. Once I had spoken with the GP, a locum, I was seen by a specialist within the 2 week cancer guideline and my condition quickly resolved.</p>	<p>If you have a knee problem, it cannot be resolved unless the doctor examines your knee. It cannot be resolved with a telephone call. An x-ray was not even offered</p>
<p>Reception team are lovely but we need to start seeing the doctors face to face</p>	<p>I was asked to make an appointment to discuss some test results. When the doctor rang he hadn't read the notes and wanted to know why he was ringing me! Then spent 10 mins explaining the situation.</p>
<p>To reach a conclusion it took 3 phone calls and 2 visits to the surgery. 1 to take a specimen the second to collect medication. What could have been dealt with in a face to face appointment in 10 minutes was dragged out for the whole day.</p>	<p>Asked to ring and make an appointment to discuss test results. When the doctor rang he asked me why he was ringing!! He obviously hadn't taken the time to read the notes prior to calling</p>
<p>The whole process is a mess. Reception staff try to send you to a nurse for a Telcon so you have to insist on Doctor, then you get some useless locum who doesn't really want to know, eventually you get to talk to a doctor who is ok but the whole process just takes forever. Then you have to factor in waiting for tests which can take months.</p>	<p>I felt that my condition needed looking at</p>
<p>Appointments with GP limited due to shortage of staff, subsequent medication which was prescribed by consultant was greatly delayed due to staff shortage and details not entered on to system at surgery</p>	<p>Unable to see a doctor at all - referred to physio and took 4 months to see a physio but have never been able to see a doctor.</p>
<p>There is no room here for multiple appointments. Face to face appointment was much more satisfactory as I felt the g.p. needed to see me urgently rather than me trying to explain over the phone.</p>	<p>GP unaware of my rare condition and the complex treatment needs</p>
<p>Had to wait for phone call, then had to send photos and await call back. Then finally told to attend surgery to collect required medication</p>	<p>Length of time before having contact with GP; then only having a phone conversation with GP</p>

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<p>My doctor was very good. The staff sent me round the houses for weeks on my hearing test and cancer care program</p>	<p>Cancelled appointment before it happened as had the issue persisted i would have ended up in a&e</p>
<p>As it was a gynaecological issue I found the staff very helpful.</p>	<p>Did not get an appointment with anyone...not 'urgent' enough</p>
<p>Experience once I managed to get an appointment with the nurse was positive. A letter of complaint to the surgery manager seemed to progress the arrangements with the hospital - although still waiting for contact from the hospital.</p>	<p>Self explanatory. A housebound patient having to be taken to a vaccination centre.</p>
<p>The GP listen to my concerns & helped me to resolve the issue.</p>	<p>Went for blood test, wrong bottle used so Lab wouldn't test</p>
<p>It took 2 phone appointment before I could see a GP. It was obvious the GP needed to 'see' my issue so 2 phone appointments were waste of GP time. Option for video call would be good.</p>	<p>Felt like I wasn't ill enough and was wasting their valuable resources</p>
<p>I moved from Oakham Surgery to Market Overton surgery because it was impossible to get through on the phone to make an appointment at Oakham. Market Overton is better, but still availability of face to face appointments is poor. The person triaging refuse to arrange a face to face appointment for a breast lump! So a phone consult was wasted while the GP arranged the face to face appointment. Must say though that the GP was brilliant.</p> <p>It is common knowledge that the availability of appointments and continuity of GP care in Rutland is very poor (a different GP every time).</p>	<p>I spoke to GP (Dr XX) at 10 am ,who arranged a home visit for that day for my husband who is a elderly poorly man with a severe chest infection and many other medical conditions .He assured me that the out of hours service who covered the GP's home visits would visit in 2-3 hours time . When 5pm came no one had visited,I rang the surgery but they didn't really know and thought they worked until 8pm. Eventually we had a visit at 11pm when we were all in bed ,so they deferred the visit until the next day. The out of hours Doctor Eventually arrived about 1pm that day ,he was very thorough and prescribed antibiotics and steroids for my husband. My husband and I found this service a very poor substitute service for very ill patients requiring home visits, compared to home visits from a family GP as it was in the past .</p>
<p>When I visited the surgery, no staff were visible. The windows were blanked. I had no idea how to register my arrival, or if it was necessary. There was no-one to ask. Other patients arrived and were confused.</p>	<p>Wanted to see a doctor, wasn't allowed and was given a nurse only to be told by a nurse it needed to be referred to the doctor so had to wait again, then had to chase as heard nothing. Awful servide</p>

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Staff are helpful. Long wait for the phone to be answered.	Had to practically beg to be seen. It was hard work. Over an hour holding on phone to speak to someone then not even an apology.
Need to be able to talk to gp in person and have time to be listened to. Feel like it's not worth bothering even trying to see gp for something like a change in a mole which could actually be really serious	I want to see someone and show them not wait around for a phone call that doesn't come on time then when I miss it half an hour later they never call me again.
I was given an appt with the out of hours GP at Oakham. Care was excellent. Without a car, I would not have been able to attend. I have not been able to see a GP at my registered surgery for a year.	Never received a call to discuss my x ray results and only say them on through go records on nhs app. Couldn't get hold of the surgery to ask what would happen going forward with an ongoing injury.
Up to 60 + times trying to get through is unacceptable	I was told a telephone appt in 3 weeks !
It is very frustrating every time I call I am in a queue which doesn't seem to go down. I have to see a nurse every month twice a month on very specific days but cannot book a repeat appointment ever and have to phone every time and I can hardly ever get into the somerby surgery so have to get my wife to drive me over to market overton every time.	Rather have face to face
You cannot treat patients with a telephone call but some conditions could be treated this way. I cannot remember when I last saw a doctor.	Would like to be able to see a doctor
it was ok just felt a bit rushed	Somerby was a wonderful surgery but trying to see anyone for mental health or get a call back hasn't happened for me been left on same medication for a while with no review or check in a promised 3 times.
not really satisfactory	I didn't get seen to. The wait time was weeks. I have up
Please read patients notes prior to calling	
No opportunity for a face to face appointment which was what I wanted	
Totally satisfactory.	

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I have no complaints about the treatment that both I and my late husband received from the surgery as a whole.	
The staff at Market Overton are always so lovely and provide the absolute best service they can. 10/10	
The staff didn't seem to understand the problem	
Very very poor lack of medical staff - we will pay to see private gp in the future - we don't have lots of money but our health is important. Rutland Late Night pharmacy do N amazing job	
Receptionist not medically qualified asks what problem is and does not respect that not all patients are capable of knowing who they need to see.. It has become standard that when trying to make an appointment that there are no appointments available on the day. If it's urgent to call the following day at 8.30 or there is no Appointments available for another two weeks! It is frustrating getting past the receptionist .	
I have moved to Market Overton surgery as I found the level of service at Oakham disgraceful.	
Unable to get face to face appointments for months	
I had seen a specialist and told to speak with my GP urgently, even then the receptionist required some convincing	
I had some initial issues with the service with regard to registering, but since the team at Somerby worked well to install confidence in me and my dealings since have been exemplary.	
Some care navigators extremely helpful others are downright obstructive	
App has become easier to use and response time is better	
Lacking in active listening, lack of wider understanding of symptoms given and complications which could have developed between phone call and access to GP (2weeks)	
Difficult to get an appointment with GP	

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Not easy to get the appropriate attention	
Can't get an appointment for over a week, leaving patients to potentially worsen and end up needing hospital care, having to ring multiple times, inaccurate information provided	
Phone consultation was adequate, but the surgery must return to physical meetings ASAP.	
Had been deaf on both ears for several weeks, used over the counter drops, not cleared so required an appointment. Was not serious enough to be seen	
My husband (on whose behalf I contacted the surgery) is house bound and therefore entitled to a home visit. The concern was re organising a flu jab and a Covid booster. Fobbed off on several occasions. Ended up having to take him (with the help of a carer) to Ashwell Vaccination Centre for the jabs. Totally unimpressed.	
I've had no problems in contacting the surgery when necessary and have received the response/treatment/medication as requested/required.	
Can't do face to face with doctor. Don't know who doctor is since Dr. XX left. Very difficult to make an appointment with nurse as there isn't always a nurse available and the receptionist doesn't know when she will be in. Very often medication missing from package.	
The doctor was very attentive & listen to my problem. A perscrtion was ready & waiting the same day.	
Never had a problem always gone above and beyond for myself and my children	
I was told to go to A&E but felt I didn't need that level of assessment. It would be wasting A&E's time	
Very poor home visit experience with the out of hour service , who now cover regular GP home visits.	

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I know COVID is rife at the moment but it's unacceptable really that we no longer have the DRS surgery available	
Very satisfied	
Awful. Shambolic. Uncaring. Unsatisfactory. Mindblowingly frustrating.	
Not patient centred at all. Keep saying they are busy and working hard yet when went for the appointment no patients in there but lots of staff chatting.	
Cold and pointless	
Effective and efficient although surprised that admin staff were not wearing masks (Mid-december 2021)	
Never have a problem with Somerby & market Overton surgeries. Pleasant staff and fantastic GP's. Especially Dr XX and Dr XX.	
Have to call exactly on time to get an appointment that's not over two weeks away. Follow up with results is impossible	
I feel the practioners treat me as an individual and give me personalised care.	
The level of service greatly depends on who picks up the phone. Many really try to help, but one in particular has been extremely rude and surly, not suited to a job that requires patient contact	
Receptionist and gp amazing, advanced nurse hit and miss as sometimes she can be rude and not listen. It's clear all gps and reception team are working hard and trying to put the patients first .new phone system isn't great as it can result in long wait times	
On this occasion, I spoke to a receptionist who asked for photos. I sent photos and spoke to a doctor who told me to wait and see how lump developed. Then I rang back after a week and saw a nurse, who referred me to a doctor who treated me in Market Overton. I needed a small lump removed. This seems to have been successful but a face-to-face discussion would have been quicker and better for me!	

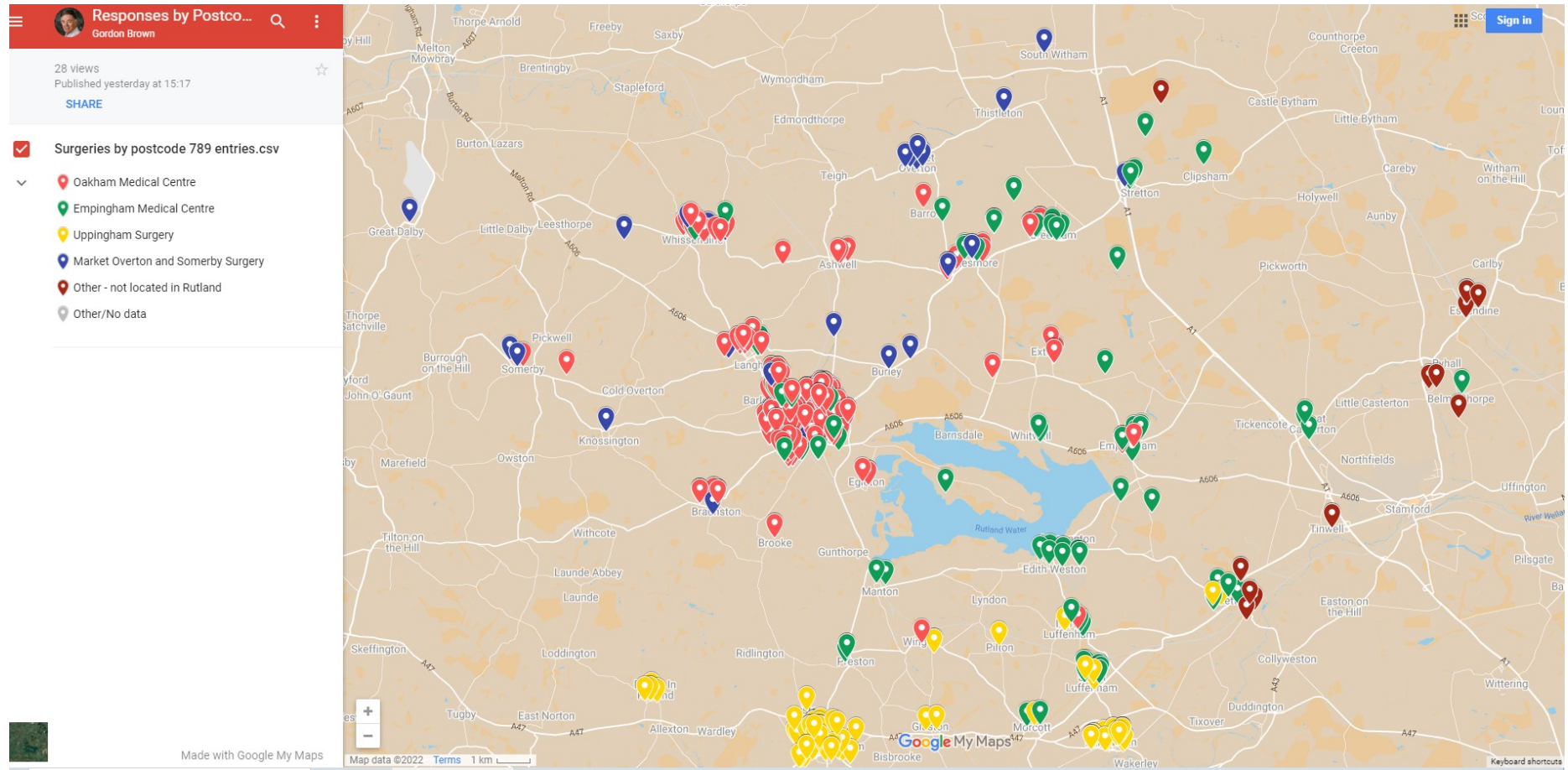
<p>Somerby surgery is the worst I've ever been to; so much so I'd rather pass away then step foot in the door. I'll only go to market Overton even though I live in somerby.</p>	
<p>Can't get appointment Can't get medication Can't get through</p>	
<p>Once in fine. Phone service dreadful. No idea of numbers in queue.</p>	
<p>Sometimes it feels remote, almost like I'm a nuisance, others times it's a delight</p>	
<p>It can take a long time before the telephone call is answered</p>	
<p>Collection of prescriptions seem to cause the most stress. Can't understand why it takes so long when you have booked a time slot.</p>	
<p>Feel like if it's not covid they are not interested</p>	
<p>Used to be very good now appalling. No GP's replacement. Receptionists at Somerby get a lot wrong. Directing people to the wrong place for appointments. They are awkward, argumentative, unhelpful and often rude. I hear lots of complaints. New phone system has significantly increased wait time.</p>	
<p>I wasn't seen at my medical practice. I had to go to Oakham Hospital to be seen</p>	
<p>Since covid especially trying to see a gp or anyone has got harder and harder I haven't got passed who answered the phone since.</p>	

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I have made contact with my surgery 3 times for non urgent medical help in 2 years (suspicious mole, persistent pain and I can't remember the third thing)

I've not once been offered a face to face appointment. Nor have I felt my issues were taken seriously. I never heard back on the outcome of my mole after sending pictures. I wanted so kind of pain relief for my knee so I could continue working with slightly more comfort. I was told I might be able to see a Dr in a few weeks. I feel totally let down by the system here

MAP - RUTLAND HEAT MAP



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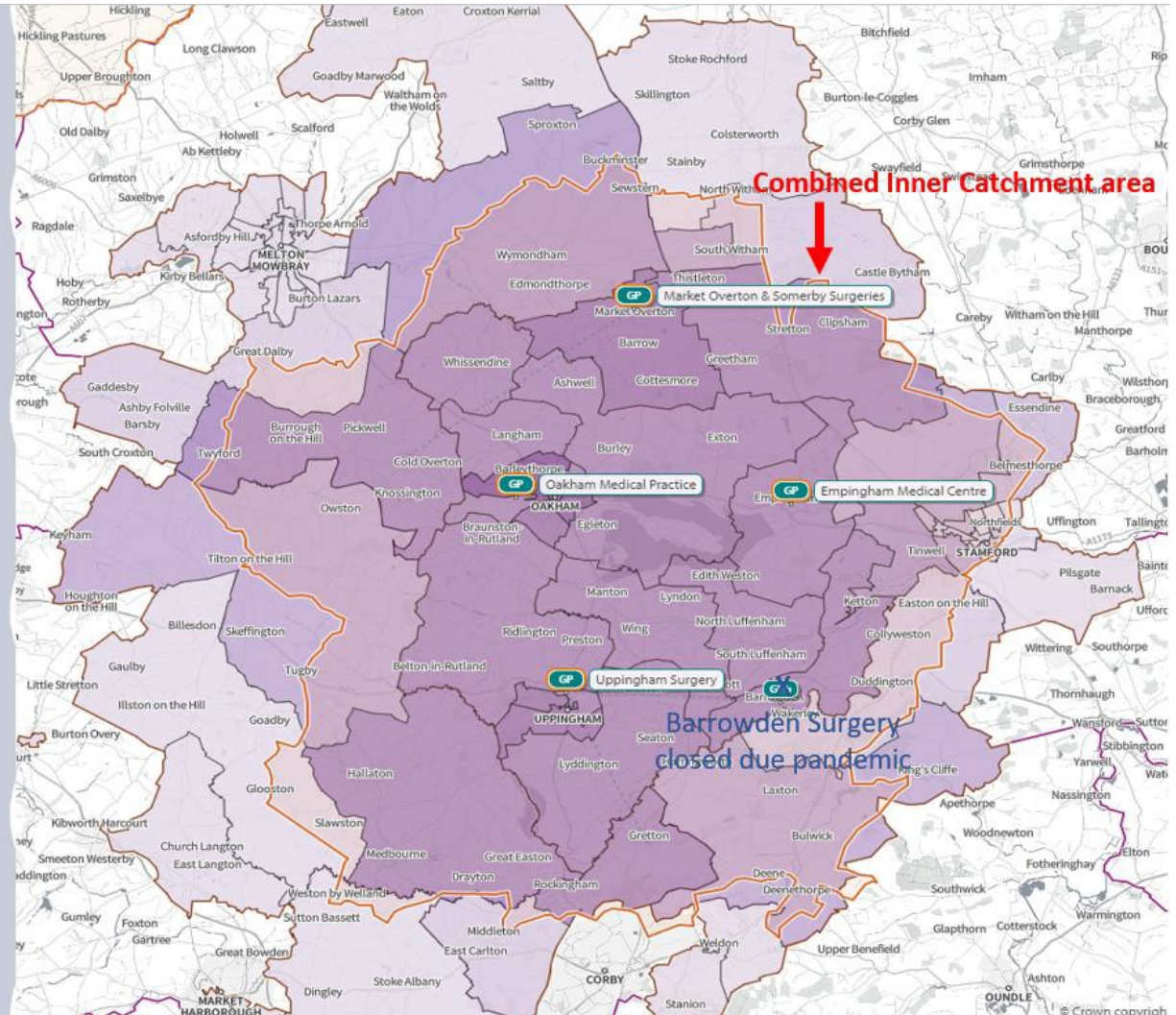
MAP - RUTLAND SURGERIES CATCHMENT



Rutland Surgeries

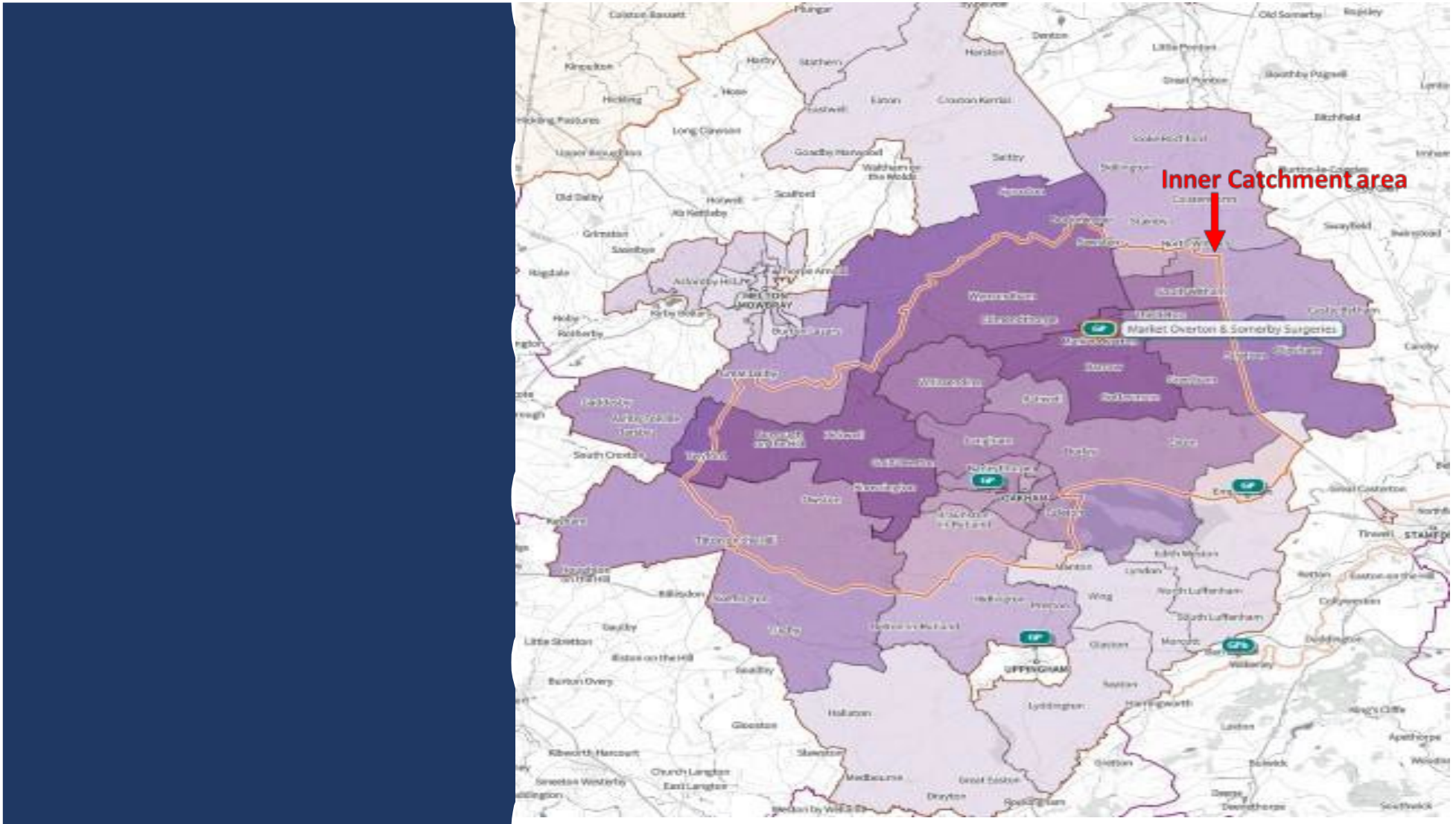
Rutland Surgeries have 41368 registered patients

This includes 3302 patients outside the combined inner catchment area.



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MAP – MARKET OVERBY AND SOMERBY CATCHMENT



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Primary Care Survey Dataset volume 3
Part Survey Responses and Maps
OAKHAM MEDICAL PRACTICE

9 December 2021 to 10 January 2022

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RUTLAND

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			Satisfied 62%				Not Satisfied 38%			
	225	25%	147	16%	189	21%	119	13%	222	25%

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? 1 = not at all satisfied, 5 = very satisfied:	5		4		3		2		1	
			Satisfied		53%		Not Satisfied		47%	
	80	15%	87	16%	116	22%	80	15%	173	32%

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OAKHAM MEDICAL PRACTICE essay responses	Responses: 433 Date: 09/12 to 10/01/2022
Detail your experience when engaging with your medical practice or surgery: (479 Responses)	Why were you unhappy with your level of care (243 Responses)
You can not get an appointment with a GP.	Yes, did not see a doctor
Overall the service now is very poor and there needs to be real changes within the service and for elderly people to be able to see a doctor when possible. It feels as if you have to go through so many procedures now just to speak to someone or have someone phone you back when they have time . This was never the case and we should of invested more in the health care a long time ago and made sure it is a proper health care service not run by phone calls or computer systems . I believe that a lot of doctors would prefer consultation over the phone without the need to go into the medical centers and face to face meetings. It is a poor reflection on the time and money spent on having good doctors and services.	I think overall there should be more face to face appoitment availability
All my friends say they have not seen a doctor face to face for more than 18 month	Uncaring and u nhelpful
Take forever to answer the phone and then when GP calls to discuss doesn't even see your child to diagnose just does it over the phone. Not the best service with how sore her ears were. Most places are open to walk in and see their GP why are we any different in Rutland we pat enough taxes to at least see a GP.	Finally spoken to someone but they were unaware of my medical condition
It feels sometimes very difficult to access services	Delayed. Almost impossible to access. Staff rude and obstructive. This practice is not patient oriented at all
Difficult to triage a rash by phone but better than nothing	The time to answer is ridiculous. Then you almost have to argue that you need an appointment

<p>Overall very poor. Have called many times to be told have to try again the next day or make an appointment on line but NEVER any appointments available</p>	<p>I have called numerous times in the last 12 Months and haven't seen a gp face to face</p>
<p>Trying to get an appointment - Over an hour to get through on several occasions to be told no appointments. Tried online various routes, told to ring, rang, told no appointments, told to go online, filed out form, waited 3 days to be told to ring surgery, over an hour to get through, no appointments, told to book online.... eventually waited until midnight to go online for the new appointments... There was ONE (only phone consultation) left at 00.01am. Nightmare!!</p>	<p>I needed to speak to a doctor and although the person I had the telephone appointment with was trying their best they also agreed that I needed to speak to a doctor - the first appointment they could make for me a telephone appointment with a doctor 2 weeks down the line.</p>
<p>I find that the people who work there try to do their best but it seems that the surgery has far too many patients to care for</p>	<p>Telephone interview diagnosing a bacterial infection and antibiotics didn't cure it, was viral but you could only see that to know.</p>
<p>It is almost impossible to engage, let alone have a satisfactory engagement</p>	<p>Disgusting you can't get to see anyone let alone a DR .</p>

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<p>GP and referral process were faultless but making an appointment is a nightmare.</p>	<p>I tried to speak to my GP when I was feeling that i may have been having side effects from my prescription. I didn't actually get an appointment with GP. I was told there were none available and id have to call back and try again another day if I wanted to speak to my GP. So in order to speak to someone I had to declare it was an emergency. When I did speak to a GP they were determined to just fob me off by saying it was probably Covid despite not displaying any of the main symptoms and I had to take a PCR test and go into isolation before they would do anything else. I basically felt my concerns were being ignored and that the GP was taking the easy way out by just making her mind up it was Covid to get me off the phone as fast as possible. To confirm, it wasn't Covid.</p>
<p>Denying access to a GP, I have tried to access a Gp several times and haven't spoken to one. Even when I was having heart palpitations. It seems like the GP are all taken up with their regular elderly patients and little time for other patients. The vast majority of NHS services are offering face to face care, it's time the GP and nurses did Too</p>	<p>I've had spinal surgery, I have just had a catheter fitted , I've never spoken to nurse/go or anyone. If I'd seen my go prior to surgery I may not have ended up with Cauda Equina Syndrome.</p>
<p>The staff were friendly and helpful, & the Dr saw me later on that day in person. So I was pleased with the outcome</p>	<p>My daughter was very unwell with an all over body rash. A telephone appointment was not appropriate.</p>

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<p>It takes a very long time to get through on the phone, one morning I phoned - 57 times before I was able to get in the phone queue - I then waited another 23 minutes to speak to a receptionist. Staff are very polite and helpful when you do get to speak to them.</p>	<p>Wanted to speak to a doctor about a couple of issues but although the nurse was lovely I feel it should have been a doctor</p>
<p>Shocking that you still have to sit in a tent whilst waiting for an appointment. Having just had a hip replacement could have been better served.</p>	<p>I couldn't get through on the phone to book an appointment nor the app or website. Even 111 couldn't book an appointment for me. In the end I had to register at my family members doctors surgery where I was visiting as I needed to be seen on the day. This doctors was out of County and they were shocked that Oakham don't see patients. My family members doctor were able to see me and did a full check. I then needed a follow up appointment at Oakham</p>
<p>My son had to wait two weeks to see a GP... this means his chest infection got to a point that he's now had 4 weeks off school. Practice refused to send an email for the school and now I'm being threatened with prosecution</p>	<p>Any type follow up request is simply too complicated. You almost have to start at the beginning each time to try to contact your gp</p>
<p>The nurse practitioner was amazing however I never got to see a GP.</p>	<p>Because the dr didn't phone and keep the appointment</p>
<p>Never been able to see a Doctor</p>	<p>Still waiting for something promised me since 2018</p>
<p>Would be better if someone says it's urgent, to be seen even if an appointment needs to be tomorrow.</p>	<p>I believe for certain conditions, such as skin lesions, it would be important for the GP to examine the patient in person</p>
<p>Quick Friendly Helpful</p>	<p>My telephone appointment was cancelled and a text was sent referring me to a physio contact number.</p>
<p>Awful you can't get to see a Dr let alone speak to one says appointments online but that's not true . Spend hours on phone .</p>	<p>Didn't seem to have much knowledge of the problem</p>

<p>See answer to 17</p>	<p>Despite information re the case being on the system the nurses .and there were many of them...did not refer to the notes and the needs of the patient! We were passed from pillar to post and NEVER got to see a doctor..only a different nurse each time! 2 months was lost in being able to diagnose tumours because no one took responsibility.</p>
<p>Never get to speak to anyone other than receptionist/carer but that's not good enough when you also have long term disease . I'm left with no faith. I do not call often, only when I have a problem</p>	<p>Because I couldn't speak to a GP, the referral letter I requested never got sent and no-one seemed to know why. I don't contact the surgery for anything now as you can't get through to them anyway.</p>
<p>Took ages to get through to the surgery. Waited for someone to ring back</p>	<p>I am in severe pain with a frozen shoulder. I was told I could not have a steroid/cortisone injection as they weren't being given due to covid. I was told I would be put on a waiting list but that it was a 'very long' waiting list.</p>

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Booking an online appointment is difficult due to lack of availability for certain clinics, first telephone appointment missed as late calling even though 20 minutes waiting. When I tried telephoning the first time line just kept going dead. When I did finally manage to speak to someone every thing went well including my telephone appointment and face to face.

After a few failed phone calls at 8.30.am when the surgery opens, I was asked to book one using the website.

After 37 failed attempts to secure an appointment , trying on different days and at different times, I sent a letter to my MP. Astonishingly, she rang me 3 days later and asked if I'd managed to get an appointment on my 39th attempt. I said that I hadn't.

After SIXTY ONE attempts, I was offered a phone call three days hence. I am appalled. I haven't managed to SEE a GP for almost two years, despite the fact that I could have been diagnosed four times with cancer this year alone. I have ended up paying to see four different consultants at The Spire. I have actually been seen face to face by two nurses during this year, both of whom said that more than likely, I had two different cancers. Both the consultants involved were fuming that I had been erroneously told that.

Also, when Planning Permission was granted for the new houses in East Barleythorpe (Larkfleet etc) a new doctor's surgery had to be built in order to secure Planning Permission.

Where is it???

Very pleased with the support.

It was very hard to access advice,I wasn't listened to & it took too long

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<p>Unable to phone and make appointments as phone is always busy whatever time of day it is. Had to email for appointment with medical details for everyone at surgery to see. Lost all confidence with the surgery very worrying for my family.</p>	<p>The doctor made me feel I was wasting her time</p>
<p>The doctor needs to see a sick child, not talk over the phone.</p>	<p>Because it took over 6 hours for a call back (they did not call when they say they would) only to repeat what I said to the receptionist. The school nurse had said my son with special needs, nonverbal autism had an infection on his hand. I then had to repeat to a nurse who in the end asked for pictures only to the. Be told we should go to AnE because they don't have the facilities to treat the infection. AnE we're upset that the gp/local hospital claimed they couldn't deal with this and were unhappy it took all day to come back to a vulnerable child who has no concept of not to touch his infection etc. Care navigation were tied by policy, the nurse had red tape as end of day and couldn't do much. It is ridiculous. AnE we're amazing even if we did have have to wait 2 hours. It was far less stressful. Had I of known to go there first I would of but we were only there because our local gp n hospital stated they couldn't Lance a thumb. When that was a lie. All because he would assistance with restraint</p>
<p>There is no continuity of care and I had to have a phone consultation before seeing the nurse which when you are at work is not easy to organise</p>	<p>Not receiving annual checkups for my critical illness</p>
<p>Difficult to get to through on phone. But feel you are seen when necessary.</p>	<p>The Doctor was just rude - arrogant in the extreme and spent more time moaning about how little she was valued than helping me</p>

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<p>The reception staff are rude and shout at patients. Can never get an appointment. I'm considering registering with a doctors out of county as its no use being a patient at Oakham. They never have appointments and never answer the phone.</p>	<p>Wanted a face to face appointment to be examined for ongoing illness. Needed to see the same Doctor for each appointment which, although requested does not happen.</p>
<p>Managed to book an appointment after days of trying, and only at 4.30am via the website having checked through the night waiting for the release of appointments</p>	<p>Incorrect diagnosis . No scan offered (which was necessary) . Complete lack of after care. Rude receptionist who threatened to cut me off as I was in tears with pain.</p>
<p>Far too difficult and not a customer focused experience.</p>	<p>Call came about 3 hours earlier than it had been booked for so I was not ready with all the details of my medication etc. And I didn't feel that the GP really listened to what I was saying. I was, however, reasonably happy with the outcome, which was to advise referring myself to a physiotherapist</p>
<p>Have found you need to go online very early in the morning well before 8am to find an appointment. Dr rang as per appointment but running a little late which is no different than going to the surgery. As of late seems to be more drs available</p>	<p>Telephone appointments are a nightmare to fit in to working life if you miss the call</p>
<p>Can't get through- can't see a Doctor- lots of people aren't even trying anymore- it's a future nightmare waiting to happen because of lack of care now</p>	<p>I wanted a blood test to find out what level of inflammation was in my system to allow me to know what to do about medication for my Poly Myalgia Rheumatica and some pain help for IBS/Diverticular Disease. I got the blood test arranged but the treatment for the second problem I was given was an anti depressant and this made me so sleepy I could not function and made me cry. I still had no help for the pain! I said I did not do will on this type of medication.</p>
<p>Worked for me but slow in terms of time to see someone</p>	<p>Can't speak to a doctor</p>

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<p>Absolute joke of a service. I have more chance of meeting the pope than getting my condition sorted at Oakham.</p>	<p>Did not resolve the issue</p>
<p>Difficult to engage, had to sit up until after midnight to book an appointment after unsuccessful contact via the website. Have also had bad infection recently and resorted to NHS111</p>	<p>I have had no care - I am unable to get an appointment to see anyone - I have given up trying.</p>
<p>My issue could have sorted with a 2 minute face to face with a doctor; however it took 4 (long waiting) phone calls and a physio visit in Uppingham to get to a solution. Not a good experience at all.</p>	<p>Haven't been able to see a doctor for nearly 2 years- haven't been able to receive the care or advice I've needed for health conditions (partly due to LPT also)</p> <p>Trying to get a doctors appt and be seen in person is like trying to get blood put of a stone</p>
<p>When it really matters the response and referral times are excellent.</p>	<p>It took 3 days to get a response to my online query then another 2 weeks before my appointment. I ended up paying for a private appointment and have since been referred for treatment and tests.</p>
<p>It is almost impossible now to see a GP getting through on the phones is very difficult with all appointments gone early in the morning . Trying to use the website is just as bad with no appointments being given. Once you get to the surgery you are expected to wait outside in the makeshift facilities. I know we have had the Covid 19 pandemic but this service is terrible. Before Covid things were satisfactory and face to face appointments happened but now it is appalling. I strongly believe the pressure on A&E departments is due to the absence of GP service. As an older person I find this lack of GP care really worrying.</p>	<p>My appointment was a routine gynaecologist appointment , was told it would be at Rutland memorial but when redirected to another number to call my appointment was in The Haymarket Leicester Sexual Health clinic , went to the appointment , anxious and then told the procedure was not required for another 2 years , not their fault , they were lovely and professional, unlike my surgery!</p>

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<p>See above</p>	<p>I had suspected broken ankle and X-ray was closed at hospital so was referred to Oakham Medical Centre to book one elsewhere - instead went to Corby Day Centre and got it done the next day then two weeks later Oakham Medical Practice sent me a letter saying I have an X-ray at Melton Hospital 2 weeks later that's 4 weeks in total to get an X-ray done via Oakham Medical centre who are absolutely embarrassing so will use Corby Day Centre for the foreseeable future not OMC or RMH</p>
<p>Hit and miss re both availability of appointments and attitude of receptionist.</p>	<p>I had been pretty sick over two weeks and tried two days calling surgery and in end had to self assess what was wrong with me. Took me almost four weeks to recover . Should have been able to see gp or nurse in person</p>
<p>The GPs and staff are all lovely. This isn't their fault, there simply aren't enough of them to cope with the number of patients in Oakham. They have been let down and so have we the community. It's impossible to see your own GP these days, let alone get through on the phone, there never seem to be any appointments available via phone or the website. Rutland County Council has, over the years, promised to do something about the healthcare provisions in county but have never done anything about it. Despite allowing new houses to be built, there has been no additional infrastructure and hence we're in this sorry state. Don't build any more new houses until you've sorted out healthcare, education and leisure facilities.</p>	<p>Not able to see doctor Not empathetic No attempt to find a solution</p>
<p>I don't wish to discuss it with some one who picks up the phone thank you it's no business of theirs</p>	<p>Had a back problem was in severe pain was told to lay on the floor. I live on my own</p>
<p>I could not get to see my own doctor.</p>	<p>They assume a level of IT that I do not have</p>

<p>Booked a 9.00 am telephone appointment on the web site but no one called. Around 12.00 I phoned the surgery and after a long wait someone answered and told me to go the hospital and see the nurse.</p>	<p>The appointment time was missed - I was called but not at the agreed time : subsequent calls were not as agreed and on both occasions occurred when I was unable to take the call.</p>
<p>Things have improved of late. I have actually had a CDM 1. Tue receptionists are very pleasant. I have no complaints about the GPS themselves. The whole situation is ludicrous.</p>	<p>too hard to get an appointment and never the same GP, they don't have time to fully understand and diagnose</p>
<p>Trying to get an appointment was extremely difficult. No appointments available on multiple occasions despite trying the website hourly. Eventually got a telephone appointment but felt it was more by luck than judgement. Thank goodness I didn't have a problem which required immediate treatment as the consequences don't bear thinking about.</p>	<p>Took far too long to talk to a GP</p>
<p>The Doctors are stretched, there are too many people to look after & getting through to the surgery is awful. I try online through System Online & complete lots of details & then wait... & wait... took 4 months to get my menopause meds reviewed & I ended up having to pay for a private consultation & private prescription. Expensive. Then when the prescription was issued by the OMP, I wasn't given sufficient patches... I couldn't re-order & got locked into a loop of messaging</p> <p>Some things can be purely transactional & others are not. The process for triaging these looks to be inefficient. For vulnerable people, the process is unworkable. I know it's the same in other places as I have a nightmare trying to get help for my 89 yr old Mother who lives in Peterborough.</p> <p>NHS has been starved of funds for years & we are now paying the price for that. Covid is blamed for so many things but the issue was always there & trending downwards. There's a push to go private for all services which those who can afford it use. But that will continue the demise of our NHS services. It is very sad.</p>	<p>My father has bowel cancer there has been very little follow up by the practice. He is also full time carer to my mum.</p>

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<p>Appalling. Can't get thru on telephone; no appointments. Staff insist appointments available online. They are not. In 10 months I have been unable to get an appointment. Several things I need discussion or looking at, but receptionist, with less medical training than I have insists it's not urgent.</p>	<p>No</p>
<p>Previous difficulties even getting through on phone to make appointments, when unable to get Appt via app or website.</p>	<p>I had shoulder pain and I was not happy with the diagnosis or the recommended treatment</p>
<p>Unable to get through on phone. On line request for consultation - took ages for a response which included a fixed date for this to happen. Text message from receptionist badly worded and ambiguous in meaning. Whole experience seemed 'couldn't care less'.</p>	<p>Incorrect treatment led to need for hospital stay</p>
<p>We are often told by the media to refer to our GP if we have a medical problem, but the chance of being able to do that within a couple of days, as we used to, is now most unlikely. It will get worse as Oakham grows.</p>	<p>Just can't get through I havnt seen a doctor since I've been here only on one occasion at the hospital in oakham and they were lovely</p>
<p>It is really difficult to get an appointment. You spend ages queuing at 830. Have often had to do this while trying to navigate a school run in car or risk all appointments being gone. I really feel for the staff as the system is broken. I'm able to speak up for myself but feel sorry for the vulnerable who don't have the strength or know how to navigate the system.</p>	<p>Still waiting to speak to Dr XX appt should have been made November 2020 still can't get appt absolutely furious</p>
<p>Getting a regular blood test is relatively simple once through the long wait on the 'phone. But speaking with a GP is much more difficult and requires patience plus ability to advocate strongly for contact with the GP you would find most helpful (I rarely need an emergency appointment, usually its about managing long term condition where speaking to the same person helps hugely). The three most helpful and responsive GPs have all left.</p>	<p>one condition dealt with over several weeks</p>
<p>I have used the practice on numerous times for several different conditions in the last 18 months and I have had average service on the whole but in some cases poor service when you feel the practice do not appreciate what an unthought out comment can do to the well being of a patient.</p>	<p>Need to see people face to face!!</p>

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<p>The staff are lovely and work hard but they clearly are not able to identify when some one needs to see the doctor and not have a call back to then go through the same sodding process. My son was in unnecessary pain for extended time. If we had simply been advised to go AnE or seen by a doctor. It would of been so much simpler and less traumatic for a vulnerable child.</p>	<p>I was trying to get a medication added to my child's repeat meds. Multiple phone attempts at varying times of day (engaged). went to practice, (doors locked) and ended up putting 3 online requests in with no feedback as to what was happening with them. very poor communication.</p>
<p>This survey has said that the receptionists are intact care navigators and thus able to offer triage service. Then the next question referred to them as receptionists again. Trying to get an appointment is so difficult it isn't worth trying sometimes. They need more doctors and more appointments made available.</p>	<p>I had to call again as the promised callback with advice and prescription did not materialise.</p>
<p>Always been a very good service for us. Sick of hearing people whinging about the surgery to be honest, probably people wanting prescriptions for paracetamol and other such time wasters who expect everything for nothing - great surgery</p>	<p>I was told to follow a course of treatment which did not solve my problem</p>
<p>It is possible to wait in a queue on the phone from 8.30 onwards for more than half an hour, always assuming the line is not engaged. When/if you get through to a human being, the chances are that you will be told there are no more, telephone, appointments left for that day and to phone the following morning or to book online. I have never found a free slot online! It is an intolerable situation and a ridiculous system.</p>	<p>Didn't offer solution to my problem</p>
<p>Staff ok but seems that gps do not want to see you</p>	<p>I tried for over a week or so to get an appointment by phone and because I couldn't get through or no appointments available a message through ask a dr a non urgent question and explained the above and got an appointment with 48 hrs</p>
<p>I tried to call the surgery for 4 days and then gave up and went to the door. I was accused of being abusive because I was told to call, and I said I had been for days, then they said goon line, I did and I got a message saying call! Impossible</p>	<p>To long of a wait to see a GP and I haven't seen my GP in years</p>

<p>Covid stopped communication...I'm supposed to have joint care for hyperthyroidism...last blood test no result...no contact since...no idea if that's coz result ok or they just lost my details</p>	<p>Took 4 phone calls and over a week to get to speak with a medical professional</p>
<p>It seems like nobody cares abd getting an appointment is like hen's teeth. Are there any doctors in Oakham?</p>	<p>Dr did not understand my problem, said he would talk to a colleague and call me back in a couple of days. I never heard from him again</p>
<p>It is horrendous and utterly unprofessional. Too much focus on GPprofit We need a new GP Practice with better GPs as a matter of urgency</p>	<p>I have no confidence in my ability to identify the intensity of my pain</p>
<p>Helpful and supportive</p>	<p>I was trying to speak to an elderly relative's doctor regarding a diagnosis of dementia - the doctor still hasn't contacted my relative to speak to him regarding a diagnosis of dementia or followed up.</p>
<p>I called several times and was referred to the website every time. I still couldn't get a GP appointment I had to write a letter of despair to get seen and then it was a phone from the GP before seeing me the same day. This was after months of living in pain. I was referred and am now waiting for an operation date</p>	<p>I just feel like there is no communication between the gp and hospitals so no one ever knew what was going on when I was there.</p>
<p>Difficult to get past the receptionist</p>	<p>terrible service</p>

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<p>8 months of being unwell still no definitive diagnosis. Not talking to the same Doc, has really hindered me getting a diagnosis as they don't agree with the other Dr's diagnosis, hence the need to see the same Dr, for my appointments.</p> <p>Not getting face to face appointments leads to concerns over the reason for the illness. It is really stressful just to try and get an appointment. Due to working hours really struggle to book online appointment as there is nearly never a Dr available to book. Takes over 10 -15 mins to get phone answered. Work in open Office so have to ask 5 staff to leave the room to speak to GP by phone, which causes issues in the work place. Asked time and time again to be ring on my work phone rather than mobile, but they keep ringing my mobile when I cannot answer and Dr /nurse gets a bit irate when I do not answer my mobile. I was told to go to the hospital I had my biopsy taken to get the results in writing, when asked for them at the GP as they could not find it on my records. I was told by the hospital I will get them through the GP. I do understand the issues COVID causes, but the surgery resources (GP, nurses and Admin) set up and access does not seem to meet the needs of a growing Rutland community.</p>	<p>See above, the person who answered was very short and even though I have a treatment plan for my COPD, she insisted I had a covid test before she would arrange for me to speak to respiratory nurse or Doctor.</p>
<p>Can take days to get through, once you do they are mostly helpful.</p>	<p>Because I find it hard to articulate what I'm trying to get across them.</p>
<p>Triage system acts as a deterrent. Appointments are only available on the day, so you have to ring back several days in a row, and explain your embarrassing symptoms to one receptionist after another you can finally get an appointment. I gave up, but the symptoms got worse and finally was able to get an appointment using the email system (that operates via Norfolk)</p>	<p>Felt rushed</p>

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<p>It is the worst surgery that I have ever been registered with. The receptionists are very rude and poorly trained and their main objective seems to be to prevent you seeing a doctor. The standard of care is lamentably low. My recent misdiagnosis by both a nurse and a doctor resulted in weeks of unnecessary pain. I was forced to take private medical help to obtain correct diagnosis and treatment. There are insufficient doctors, clinicians and care for a growing population.</p>	<p>It was left for me to read about different options available to me and then to go back to the drs if I wanted to pursue it further.</p>
<p>I think this was a one-off that was not as good as usual, in that I wasn't prepared for the call which was earlier than expected, and presumably annoyed the GP that I didn't have all my details to hand. I've had other phone consultations in the past that I was happy with.</p>	<p>Information from hospital consultants and blood tests was not passed on to me. At best, this was simply added to my personal medical history. Only if I happened to try to access this data via the NHS App, would I discover any feedback. However, this was usually a 'statement of fact' and not giving any recommended action.</p>
<p>I was diagnosed with an elbow issue with no one seeing face to face....</p>	<p>Not listened to by staff</p>
<p>I cannot bear the repetitive telephone holding noise (I won't refer to it as 'music') particularly for up to half an hour. Once through to the receptionist/care navigator, they are all wonderful. It does also seem that the GPs may have delegated much of their direct responsibility for health care to practice nurses and support staff. A fellow patient opined that "it's easier to get a camel through the eye of a needle than to access the practice". I have a dear friend who is a GP in Didsbury, Cheshire who has been running his practice "business as usual" throughout the pandemic which shows that it is possible to retain 'normal service'.</p>	<p>No face to face appointment, having to be called at work where the conversation is not confidential. I've had tests and still haven't been give the results or even a follow up appointment</p>

<p>I was told 3 times by telephone staff that I could get an appointment with a GP using my online account. They eventually gave me a code ST3 to look for but having checked weeks ahead online there were no such coded appointments. I ended up having to write a letter and deliver this to the practice via the repeat prescription box! This has not answered all my problems and leaves me feeling very fed up.</p>	<p>I had to wait 2 weeks for a 10 minute phone call to request a prescription for something that's been only allowing me to sleep for 2 hours per night.</p>
<p>Quite of hand</p>	<p>The window was a whole day. I was in Luddington over lunch and there is no mobile signal. I realise the GP could not help that but although he tried a couple of times these were close to each other so unable to make contact</p>
<p>Will not give me details of my child's medical records</p>	<p>Need to be seen in person to show the nurse the problem but would only advise over the phone</p>
<p>Unhelpful - I would change practice but there is no alternative. Instead I will save up and go to a private doctor.</p>	<p>I have had many issues with oakham medical practice the entire time, it's extremely hard to speak to someone! Let alone them listening to you! They have been the reason I've been in hospital on multiple occasions as well as having to deal with rude staff (one of whom laughed in my face before). Some receptionists are helpful and kind, others just try and get you off the phone, I understand they're busy, but it shouldn't take a 111 consultant to tell me not to be bullied out of an appointment and crying down the phone to the receptionists until I eventually got a phonecall. I could write an essay of all the bad experiences I've had there...</p>

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<p>Oakham medical practise can no longer cater for the amount of people requiring support- something needs to be done as it's difficult for residents trying to manage health, receptionists who then deal with residents who are increasingly becoming frustrated and gp for not having g the time and resources to see every patient.</p>	<p>As a carer I'm unable to sit on phone for the length of time expected. No solutions.</p>
<p>It's extremely poor. I have no issue with having online and telephone triage/calls where appropriate but to wait to get an appointment for over 2 weeks is appalling. I doubt I would have been sent for tests or a referral at that point either.</p>	<p>Need to be face to face</p>
<p>Sometimes the engaged tone will be there after 200+ times of calling in the morning and often takes over half an hour to get through to the queue.</p> <p>Cannot fault the service once you get through but due to over subscription I think the phone lines are incredibly busy and therefore a lot of people aren't happy about the hour wait (30mins to get into the queue and then 30mins waiting in the queue).</p> <p>Again cannot fault the staff and level of care; just the accessibility of appointments.</p>	<p>Person on phone had no idea of patients's health needs</p>
<p>Took a few days to get through. Offered 1 appointment time and no alternative. Had to rearrange work to fit around it .</p>	<p>The doctor promised to ring me back and didn't.</p> <p>I had to make another appointment to speak to them again.</p>
<p>Poor , with my recent experience , would like to get a few moles checked but reluctant to make an appointment</p>	<p>Very rude staff and refusing a doctor because my child wasn't Covid tested. This is unlawful</p>
<p>During the last 12 months I have been seen by a practice nurse who didn't know how to treat my condition and had to send me to see someone else. Not a good service, I needed to see a GP! Getting a GP appointment is almost impossible and its never face to face.</p>	<p>You never answer my calls .fail to call back when advised of time .failed to give reason left to join in in waiting for another tome slot .this is not a service any more</p>

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<p>It took attempts to book online, then a phone call, then an email, until finally getting booked online.</p> <p>The staff were lovely - I can't knock that. But getting a phone appointment where you request a time to have a caveat that the GP can call at any time and ended up ringing an hour later is poor. I chose that time due to work and family commitments. If you can only offer 'anytime' don't give a slot to book - just a day.</p>	<p>I am being mismanaged</p>
<p>Horrific Service the GPs should be providing a much better service and they are not properly acting in their role as a GP is that was an Architect like myself I would be struck off the register</p> <p>They need to get their bloody act together and provide a service that they have been paid for by the tax payer</p> <p>I am so angry with Oakham Medical Practice in their treatment of me, a close family member who actually had cancer not IBS and a neighbour dying through misdiagnosis</p> <p>The level of service has drastically dropped since Dr XX departed he was the best ever doctor</p>	<p>The appointment was for an elderly neighbour who can't use the phone very well. I don't know all her medical history. To get a doctor to call out took over a week and the neighbour ended up in Peterborough hospital.</p>
<p>Very long call wait times, a repetitive message signposting to the online system, however I couldn't do what I needed online. Once you get through they have been super helpful, it just takes a long time to get through. The appointments are not ideal for certain jobs e.g. I teach and cannot just leave to take a phone call but you often do not even get a window of when the phone call will be. Resulting in putting off contacting gp until out of term time. Long term conditions are not been managed at all- I haven't been seen for my long term conditions review that was due may 2020</p>	<p>I received feedback of test results via a text message with no explanation. Just all fine no further action.</p>

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<p>Online booking is not user-friendly. The fields in the table with which user is presented require explanation e.g. 'ST3' is meaningless to a lay user, what does '14 Day Adv Telephone' or whatever it is mean? Hard to find the right appointment for my needs. How do I book for a child/someone other than me when they don't have their own log in? Trying to get through on the phone is stressful.</p>	<p>Lack of knowledge of the presenting issues. Eventually spoke to a GP who prescribed appropriate ABs.</p>
<p>Impossible to see gp or nurse. That had to change. You can't self assess always</p>	<p>Don't think they understood</p>
<p>Unable to make appointment as none available ever. Not able to make review appointments. Great when an acute issue. Very quick and helpful Absolutely useless for chronic conditions</p>	<p>They told me to go away and look at a website and then come back and tell them what form of hrt I wanted. No explanation by gp not offered a blood test to indeed check if I was perimenopausal or not. Very poor</p>
<p>Find the whole experience with Oakham Medical Practical inadequate</p>	<p>The gp couldn't see me for 3 weeks</p>
<p>Impossible to get an appointment over the phone. Was told to call back in 2 weeks, tried again, couldn't get through and actually had the phone put down on me after 20 mins. Went through the rigmarole of online services and managed it that way. I don't know how I'll ever get an appointment with a doctor for more serious care. It's impossible.</p>	<p>Seems no care is taken for anybody even having to wait outside in the cold because the surgery is shut but open to emergencies.</p>
<p>Very dismissive I felt fobbed of and that they were not listening to what I said They have a one size fits all attitude</p>	<p>Need to speak to the doctor but always get fobbed off with a nurse appointment who then says I need to speak to the doctor</p>
<p>Regarding my asthma inhaler, sorted.</p>	<p>Called in for severe bruising on my legs and I wasn't even asked to show a photo at all. I did blood tests and results were clear but still no answer for bruising. Maybe if the doctor had seen the bruises, they could have understood better.</p>

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<p>Impossible to get appointments and new online system is biased against making appointments for young and elderly. The Oakham practice is too busy already new GP facilities are desperately needed in Oakham</p>	<p>Wouldn't see me as they were too busy was told to call an ambulance and after 2 calls to them had to get someone to drive me to hospital</p>
<p>Very Positive</p>	<p>There was no level of care</p>
<p>It's impossible to get an appointment</p>	<p>Been over a month and not heard anything back</p>
<p>Impossible to get through they tell you to use website to book an apt but none available for months</p>	<p>To difficult to get a face to face appointment</p>
<p>Our family doctor of the last fifteen years is no longer at the practice. We were unaware of this until we phoned to try and make an appointment and we're told he wasn't there any more. We were allocated another doctor but as yet we have yet to be informed as to who this is.</p>	<p>I tried to book an appointment twice and both times it was cancelled electronically. When I called the surgery, I was told to try and book again. I didn't bother because I thought the service being offered was so poor and it always took over 30 minutes to speak to somebody on the phone. I am still suffering with the same condition but manage it myself via creams purchased over the pharmacy counter. It hasn't cured it but keeps it at bay. I never use the doctors as I consider myself to be quite healthy, however the one time I do want to use them, it's impossible to see anyone</p>
<p>I managed to speak to a nurse the time I refer to in the survey but I have flyover ip contacting the doctor - just try to get on with the problems. I just hope I never get seriously ill as in my experience I rang the surgery 31 times before I got through!!</p>	<p>I never actually managed to book an appointment. I couldn't find one available online. I couldn't work it out at all. Should be much easier to use.</p>
<p>I dread being sick and trying to make an appointment, you literally have to be dying to get real help. They don't have time to care and are therefore REACTIVE NOT PROACTIVE. We need many, many more doctors to service the growing community. The existing medics are exhausted and over stretched and yet the council keeps permitting more development without addressing services.</p>	<p>Did not get an appointment , couldn't get one on the website and receptionist wouldn't book me one</p>

<p>The only engagement I've had in the last year is for regular blood tests. So it's hard to judge what accessing dr's appointments are like.</p>	<p>Find it difficult to discuss problems over phone due to anxiety disorder, and reacted to the medicine prescribed by a locum doctor.</p>
<p>You cannot see a GP easily and diagnosis is missed. There is no follow up regarding Test results and results and conditions are not joined up. The whole picture is not looked at and hospital records do not seem to be available to GPs</p>	<p>Because how can they access you over the phone</p>
<p>There is contingency. Expecting elderly patients to use the online booking system is appalling. They are therefore at a disadvantage in booking times.</p>	<p>I required face to face but it wasn't given</p>
<p>It's very daunting when you have to call as it takes so long to get through and it's not at all clear what to expect in terms of who you can speak to etc. Also, have tried to register online 3 times over the course of several months but I am still waiting for my request to be processed.</p>	<p>When I asked for an allergy prescription certificate for travelling for my son we had been there 4 times when they finally completed the form just before travelling And it's another story but I don't understand why were we charged for it</p>
<p>Sorry but it's time for F2F appointments like dentists etc</p>	<p>I needed to see the nurse for an asthma clinic, no one can have a this sort of appointment successfully over the phone. Ridiculous!</p>
<p>It's a huge struggle to get any satisfaction.</p>	<p>tried to make diagnosis without seeing physical symptoms - didn't even offer a skype or zoom call to see them</p>

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<p>I no longer feel I have a relationship with a GP who knows my medical background and can advise accordingly.</p>	<p>Due to having to wait until I had a PCR test at the insistence of receptionist and not been able to get one other than by post it was 5 days before telephone appointment lasting 1 minute and 35 seconds. I have COPD need antibiotics and steroids. I knew this when I called so did doctor when he called me. Due to delay needed to courses to clear infection. Receptionists are not sufficiently trained to make these decisions. I should have had a telephone appointment on the day I called and I would have not have deteriorated.</p>
<p>Complicated process. Hard to explain to non clinical person my needs</p>	<p>Time limit was exceeded so couldn't discuss all issues</p>
<p>Deterioration not acknowledged as second appt was by telephone only and consequently I had to go to A&E and treatment had to be changed.</p>	<p>Still waiting for cortisone injection a year on and still very much in pain.</p>
<p>It is difficult to get through on the phone and almost impossible to get a face-to-face appointment and the only reason I got in was I needed to give a blood sample which didn't involve a doctor</p>	<p>Wanted to see a gp face to face</p>
<p>From speaking to others I think I was lucky to get an appointment. I think the website allows you to set out your concerns and symptoms. As an NGS AHP myself I understand how to give / get a relevant history. Maybe that helped. One advantage of the website and the space it gives you.</p>	<p>Appointment was for tests which I had been told to have by Leicester royal . Following the tests I was told of abnormal result by text message and still don't know if there will be any medical follow up.</p>
<p>I was very lucky and got through after three attempts. but I am aware that this is unusual. I know people who have rung for days and not got through. I have tried to make appointments online but the codes need clarification, if you make the wrong appointment it will be cancelled.</p>	<p>The doctor was rude and uncaring</p>

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<p>There was a long wait on the phone but just pop it on speaker phone & get on with things while you wait</p>	<p>I never seem to get to talk to the doctor & definately dont get to see them. I've had a difficult year of illness uber multiple specialists. I need a, follow up full body scan . Doctors receptionist sent a, text saying they don't organise anymore ita the rheumatologist . Rheumatologist says it's the doctor. Have paperwork from hospital saying a follow up is required. I was an in patient at PDH for 12 days July 2020 I have lumps in my groin & lung</p>
<p>This was for a routine smear test which I was able to book online. When I have tried to make an appointment by telephone you cannot get through unless you spend in excess of 30 minutes trying by constantly redialling.</p>	<p>Because the issue took nearly a year actually see the right person and get sorted out.</p>
<p>Difficult to get an answer on the phone but very helpful when you do get through</p>	<p>My son has been seen by a GP once since he was born (august 2020). Despite numerous attempts</p>
<p>They don't seem to care anymore</p>	<p>I felt that the doctor did not take the action I thought was appropriate. It seemed that the symptoms I presented for a long term problem did not require further investigation by a consultant. I was given further treatment that I felt would not fix the problem. This was, in fact, the case, but I feel that I do not want to pursue further consultation with a GP as it does not seem worthwhile.</p>
<p>Been trying for 12 months to make an appointment my gp asked me to make still can't get one made a formal complaint and got no help whatsoever disgusted as I am both physically and mentally disabled</p>	<p>Did not feel as though I was being examined as to what I described</p>

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<p>it was the physiotherapist that I saw first and it was him that got me were I am now waiting for a hip replacement, he had to refer everything to the GP to get every thing signed off I never saw or spoke to a GP !!!!</p>	<p>Bc I'm British citizens who deserves access to healthcare. I've been able to do more healing over the last 2 years by myself than I ever could have dreamt receiving from the nhs. Your system is broken and only helps whoever they want.</p>
<p>insufficint time to prepare for meeting(ANYTIME ?monday). only one issue allowed</p>	<p>The poor nurse was very good but rushed and I would have liked to see a doctor and although the nurse had to go and consult with the doctor he/she would not speak to me</p>
<p>I think the medical practitioner is not always aware of the case history.</p>	<p>Called at midday for an appointment, received a call back from GP around 4:30 to be informed no appointments for my 12 month Son until the next day. I ended up in Peterborough out of hours service early the next morning, diagnosed with temp of 39.8, ear infection and Tonsilitus. Could have been avoided if we had been seen by GP, this was a 12 month old baby.</p>
<p>Never able to speak to a gp. I have health undue test needs appts going forward, I need to be referred but I'm not able to see my gp to get discuss this.</p>	<p>Not helpful</p>

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<p>The problem with telephone appointments is the lack of a time. If at work I can't answer the phone. If I know what time the doctor will ring I can arrange cover for that time. It has happened in the past that I've missed a call, then had to go through the whole process again of making another appointment. Once I've spoken to a doctor, the care I've received has always been good</p>	<p>My elderly relative was prescribed medication without being seen. This medication was something to which they are expressly allergic . The allergy is clearly stated on their medical records. Last time they were prescribed this type of medication they almost died and ended up in hospital for ten days to recover from being poisoned with inappropriate medication. The call handler was clearly rushed, showed poor communication skills and nearly killed my relative. I only discovered the situation when I collected the prescribed medication and read the notes in the pack.</p>
<p>Cannot get an appointment, cannot see a gp, struggle to even get a phone appt, and esp difficult if you struggle to use the phone! My dad even had one of his appointments in the car park! Totally unacceptable! Everyone has gone back to working, even dentists, but not GPS?? Disgraceful!</p>	<p>Texting me that my regular prescription is dangerous and that I should not be on it</p>
<p>impossible to get through on phone, get into building and difficult to get feedback from online services. I work in a GP practice, our doors are open, our phones are manned (though admittedly difficult to get through at 8-8:30 am. All econsults have text or phone reply within 24 working hours of being sent. We are also offereing some direct booked face to face appointments now. I am not saying we are perfect, but we do try to engage with the patients needs</p>	<p>Too slow for an urgent problem</p>
<p>Always polite and friendly. When talking to anybody though, it is very difficult to hear what is being said if their phone is on loud speaker as hearing aids pick up lots of other noises, such as rustling and they make the persons voice who you are seeking to, very distorted. It is incredibly frustrating.</p>	<p>Just telephone instructions</p>
<p>I wasn't given an appointment by the GP surgery, although I had an infection in my hand. I went to the minor injuries unit with no appointment, who were brilliant.</p>	<p>Unable to book face to face appointments unless deemed to be an emergency.</p>

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<p>The receptionist was rude and did everything she could to stop me making an appointment</p>	<p>Problem was not resolved</p>
<p>Need more face face appointments with a doctor</p>	<p>I was made to that I was wasting the time of the doctor</p>
<p>Availability of appointments is not good at the moment. I had a phone appointment with the GP which was fine for me but someone with no medical knowledge or someone who is older may have struggled (I know my elderly parents have). I was due my smear test earlier in the year but I've only just been able to get an appointment despite trying (the booking form said it was an online appointment, which may make it a little more challenging for the nurse). I was sent a link to the asthma UK self assessment quiz as my annual "asthma review" which was less than ideal.</p>	<p>Just can't see a real Dr</p>
<p>Dr asked my husband to examine me on a virtual call as I'd been having chronic beast pain. My husband didn't know what he was doing and a medical judgment was made</p>	<p>Still waiting for call back I answered question 15 as no option to leave blank</p>
<p>Horrendous, I waited over an hour to speak to someone after trying numerous times to get through with the engaged tone, this has got to change</p>	<p>I was told by the receptionist having described my symptoms, which I considered serious, vaginal bleeding in a 72 year old, that there were no appointments and to go online. I knew there were none on line. I had to insist it was an emergency to get an appointment with a nurse. I object to disclosing personal information to a receptionist who is not qualified to triage.</p>
<p>Long phone cues and long appointment waiting times. Always late going in to appointments also</p>	<p>Was not seen in person so feel my problem wasn't dealt with appropriately</p>
<p>The medical staff are great but the appointment system and number of available appointments is appalling. We are currently looking at moving surgeries</p>	<p>Long time to be seen</p>

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<p>Appointments hard to obtain. Phone calls can be anytime in the day and I do a job where I can not always answer the phone as I am with clients so may miss the call. I timed window would be useful</p>	<p>Needed to change prescription for diabetes as it was giving me adverse effects just got offered a new medication but I dont know whether it is working really needs following up</p>
<p>I was forced to contact a private GP to get a diagnosis</p>	<p>Very short conversation, no real empathy or useful advice for my situation</p>
<p>They have a online service which you can't use because there's never any appointments on it to book .So you end up calling and waiting. When I have spoke to The doctor and nurse as Always they are super helpful and nice. I think our surgeries will never get back to how they used to be because of Covid, its very sad. Speaking to one of my Doctors late in the evening to check on me (I should point out so still at work very late) you know they are overworked and in Oakham. An elderly population is a big fact.</p>	<p>Too hard to get an appointment of any type. Unhappy with level of service and follow up having had a stroke.</p>
<p>It is impossible to get through to the surgery on the telephone. If you are lucky enough to do so, they are not interested in what your query/problem is, will do everything possible to stop you seeing a doctor face to face and are incredibly unhelpful. Wait time for appointments is ridiculous. Generally, when you need to see a doctor, it is either urgent or pressing. It is almost not worth bothering and suffering in silence.</p>	<p>Cannot see a Doctor</p>
<p>Difficult to get appointment even online. Telephone was impossible</p>	<p>Not able to have face to face consultation.</p>
<p>Once you get through the standard is good, unfortunately you could be hospitalised before you get through.</p>	<p>How can you diagnose by phone</p>

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<p>They need to be more caring, and also allow people to come sit inside and wait for their appointment. They cannot blame covid when hospitals won't make you wait outside. They need to have better bed side manner and better trained staff. In addition to staff who are actually going to help, not look you up and down and decide what's wrong . Mental health services need to be improved.</p>	<p>The entire process from deciding I am ill enough to need to see a GP/clinician is too long. Once I got as far as a phone consultation, things were resolved quickly.</p>
<p>terrible</p>	<p>I would have preferred a face to face appointment</p>
<p>Unable to face to face. When attending for blood test, having to wait in tent. Why has it taken twenty months to realise the carpet in the entrance is anti COVID?</p>	<p>I came to the surgery 4 times for the same reason and never go to see a doctor. In the end I went private to resolve my issue.</p>
<p>When I do get through to Doctor or nurse it is usually fine, and some of the people who answer the phone are good but there are a few who aren't. Feel shut out from the surgery since covid started, thank goodness hospital staff are not acting the same.</p>	<p>Can I just be clear, I can't answer your questions as no one would see me. I have answered Telephone above but this is not the case as I could not get ANY appointment ending up at Corby on one occasion and Peterborough on the other</p>
<p>Waiting up to an hour for someone to answer phone. I work Monday to Friday 6am - 2 pm , I only get half hour break, almost impossible to get through When I explained my problem with getting through because of working through the week, was suggested to take a day off , not funny. I can't understand why thousands of people can attend a concert, but I can't see my doctor face to face while wearing a face mask. Trying to book an online appointment, waste of time. Also you can not send messages on the system, the practice doesn't offer this service at the moment. Sorry but am not very happy with the surgery.</p>	<p>Beuase I didn't get an appointment</p>
<p>Have to wait months just to get a phone appointment. Face to Face is impossible</p>	<p>I would have liked to see a doctor</p>

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When asking for specific advice on whether to change medication, or opt for a surgical procedure, the most common response was "it's your call". I needed considered advice, with a clear recommendation based on a balance of risk.

I would have preferred to be able to contact my Dr and have them help with what was an emergency situation. If I had not dialled 911 then my husband could have become extremely ill. I am sick of my own conditions being 'managed' by myself because I cannot get o speak to my own Dr. We get Systemonline but all that is good for is ordering your repeat prescription. If you can get through to somebody, you have to wait for a Dr to call you back. It is never your own Dr who is familiar with your history so you waste time explaining the ins and outs of a complex medical history before you can even begin on what the current issue you are facing is so I choose not to bother because it upsets and stresses me out too much. The receptionists are aggressive and rude and I do not want to discuss my personal medical issues with somebody who is being rude to me. I cannot face dealing with these people and as such I do not bother unless I am absolutely desperately in need.

Absolutely disgusted when I called an aggressive receptionist wouldn't listen to anything I had to say resulting in me emailing and waiting for 2 weeks for contact. Everyone I have spoken to has said the same I have worked every day during Covid the whole surgery has ground to a halt and is using Covid as an excuse to be rude and ignorant to the public if I was an older member of the public I would have been to intimidated to call back and they are allowed to speak to people the way they want as they are answerable to no one

I could not see a doctor and he could not accurately diagnose on the phone. In the end I paid to be seen privately as I could not cope with the pain.

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<p>I managed to see a nurse but impossible to see a doctor or even speak to one on the phone. Appointments always gone by the time you get call answered. When at work I can't wait 45 mins for someone to answer a call everyday of the week..</p>	<p>I wanted to see a doctor because I think they would have been better placed to make a decision on treatment. Yes I did get to see nurse quickly but the appointment was very rushed and was told she hadn't got time to answer about another concern I had which I would say it was because she was under pressure to see all other patients waiting for her.</p>
<p>Care navigators? Since when has this been the new catch phrase for receptionists? A receptionist is NOT a clinician therefore should not be triaging pts</p>	<p>Still on going no follow up</p>
<p>I called to make a appointment with a GP, but none seem to be available, however the appointment with the Physiotherapist was OK</p>	<p>Failure of go to report back all findings. I had to follow up after 3 weeks of waiting</p>
<p>Despite receiving a text message confirming the appointment when I arrived at the Practice the appointment was unknown. I waited over an hour. Staff seemed reluctant to investigate and it took several prompts before it was resolved.</p>	<p>Triage to phone consultation with Gp - wanted to see gp face to face for clinical examination as difficult to put symptoms into words</p>
<p>This was an exception. Usually no phone appointments available with person I want.</p>	<p>Numerous times rang about the same thing to be told something different everytime I called</p>
<p>I made an appointment via phone. The GP called me back the same but then decided to see me face to face (same day). I was happy with the level of care and how detailed the information that I was given was.</p>	<p>Lack of continuity of care. Felt rushed and dismissed. Couldn't get an appointment for a month - appts not enough released online. Called and was told if signed up for online appts then I couldn't book over the phone. Tried ap too and was rejected by surgery - told to book online... just simply not enough drs to serve our area and not enough appts. This has happened since CV19</p>

It is virtually impossible to get a GP appointment or even get through on the phone. I work during the day which makes it impossible to hold on the line often up to 1 hour to get a response.

Could have been avoided if Critical Disease check ups were still occurring

Problems lasting 18 months were not managed satisfactorily even after having a number of telephone conversations. I needed an examination but did not get one.

Would just like to see a human being and get checked out.

It was difficult to get an appointment for a cervical smear. No appointments on line. Tang surgery and informed to keep checking back to the website. In the end I got an appointment by speaking to the receptionist.

I wanted to know why I was being asked to take a PSA test when I didn't have a prostate. I was told to ignore the multiple messages I got to take this test, without being told whether they had made a mistake or whether I should take the test even though I didn't have a prostate! More recently, I was told to take a Covid-19 booster, even though I had had one 6 weeks earlier. They then told me to get my vaccination record at the Vaccination Centre corrected, even though my booster shot was recorded on my iPhone Covid passport, and the missing record was on the GP system. Apparently they do not have the time to chase up and correct individual patient records. All these interactions were with the person answering the phone, after consultation with someone from "administration". I never spoke to a doctor.

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Two telephone appointments with different doctors concerning my cholesterol levels and whether it would be beneficial to take statins . After discussion with the first doctor it was left as my choice and to contact them again with my decision which I did under the prescription requests. No conversation as to which statin is the the safest or most effective or the dosage. I then had a second conversation with a doctor as to whether a blood test was required as the first doctor had indicated this may be required. The second doctor didn't think it was necessary. No indication as to when my cholesterol levels will be checked to see if the statin is working

Care or advice or appointment was possible.
We decided to go private.

Very poor care, appointment system isn't the best.
Communication with staff is very hard over the telephone, no after care given

They don't care don't listen and if you are over 80 they think you are a burden

Triaged by receptionist. Doctor called back within the hour. Went to the surgery for an ecg, blood pressure check and following day blood tests. Appointment arranged with Glenfield hospital for a heart scan which was within 2 weeks of being referred. Excellent service and care. Most impressed.

I was in pain and really needed help

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Firstly there are 2 extremely rude and dismissive people that answer the phone. They advise you to check the website at 7am as that is when new appointments are loaded on, or to call after 8.30am. 1, there are never ever any suitable appointments to see a gp on the website. 2, the last time I tried to call the phone was engaged from 8.30am until 1:45pm! One of the rude women who answer the phone once started quizzing me about a condition and it's severity, to then say "well that wouldn't bother me, I wouldn't be worried by that, but then again I'm not medical" the issue was to do with my blood pressure which was high and I had treatment for it when I eventually got through to someone useful. I could go on, with countless bad experiences from this surgery. The service here is utterly poor and needs drastic improvement.

I followed the recommendation when I had pneumonia to wait seven days and call back. Was sent for pcr which as the results come back after 8:30 had to wait three days before I could have an appointment. I was told I should have come in earlier. The process to register for online appointments is difficult and I've not been granted access so I have to phone, which as a teacher means I have to take a day off to phone at 8:30 to be put on a list to be phoned back to determine if I need an appointment which can often not be on the same day. It is too difficult to access care. On another occasion I had significant bleeding issues with my period (lasting well over a month) and it took six weeks before they actually would see me.

It takes forever to get through by phone.

GP asked me to attend for an appointment, then on day of appointment made it very clear she didn't want to see me. At all times she was very abrupt and rude (sarcastic) when talking to me.

Following a hearing test at a pharmacy I was advised to see a Gp so that I could have a referral for an MRI scan for loss of hearing in my right ear to check for any damage. This was organised and a mri organised by consultant. On speaking to consultant with the result he had presumed I'd seen a GP for them to have looked in my ear. This had not happened. I have not seen any doctors during the pandemic. I have spoken to different doctors which is not always satisfactory for continuity of care and seen the nurses for general care.

Very dismissive

<p>I would like more doctor appointments to be available</p>	<p>Having seen a nurse at the hospital, then being advised I had a TIA or possibly, the service after was shocking</p>
<p>Staff not helpful Say ring bk another day</p>	<p>A face to face appointment would have been preferable</p>
<p>was having trouble before corna hit the country ??? I don't even know what doctor iam under anymore??</p>	<p>It took far to long to get a result</p>
<p>Very difficult to get a GP appointment in the last 2 years.</p>	<p>It took six hours before a doctor rang for a condition which the receptionist classified as 'emergency'. The doctor was not interested in assessing the severity of the condition resulting in a self generated hospital A&E admission 12 hours later.</p>
<p>I have had someone laugh in my face before, it's taken me DAYS on end and a phone call to 111 to get an appointment before, I have been talked down to by receptionists, nurses and doctors before who seem to doubt my own knowledge of my own body! I got told to book appointments online as I was not 'allowed' to book one over the phone; and when I asked when the best time was to book an appointment I was told 'sometime between midnight and the early hours of the morning' . I pushed and pushed to have a doctor look into my symptoms more as I've been a long term suffer and spent my entire time at the doctors getting fobbed off, for their conclusion to be that I am 'unlucky', if nothing could be done then they obviously can't help that, but it's not a caring environment... I dread having to call them, they have made me feel like a burden many times, would absolutely swap surgeries if i could. I understand that Covid has taken an incredible toll on the nhs and all GP's so I've been patient but many of my issues with the doctors started way before 2020, however the few staff who have listened and taken the time and care I'm extremely grateful for .</p>	<p>I make the appointment thought the NHS app as that was the only way I could make an appointment. Turned up and I wasn't even booked it.</p>

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<p>I think Oakham Surgery are OK, just understaffed and never answer the phone. Also they do not release many online appointments. Having to ring up each day for a same day appt is just ridiculous. They really need to sort access out. Also they make patients queue in the car park. Empingham do not. Again ridiculous.</p>	<p>Almost impossible to get an appointment</p>
<p>Need to open up fully carers and others have been face to face throughout pandemic. We needed support</p>	<p>I was signed in for a shingles jab, told I was next . I waited in the freezing gazebo for 20 minutes, rang the bell, to be told my nurse was off sick, and that they had been trying to ring me all morning, which was a lie. Nobody could see me, so I had to rebook. I was very angry at my mistreatment. I wrote a letter of complaint and a Practice. manager apologised. It was a miserable experience.</p>
<p>It can be quite difficult</p>	<p>Felt rushed, not listened to and dismissed quickly</p>
<p>Initial appt was via telephone but was followed up with a face to face a few days later. Blood test done a few days after</p>	<p>The service is virtually non existent. The staff a rude.</p>
<p>The wait time for my calls to be answered was unacceptable. 44 minutes just to ask for my patients website to be reset, other occasions were longer for medical reasons.</p>	<p>Took a while to get an appointment and had to push to get a consultant. I have not seen a GP and not sure what their role is any more</p>
<p>Everything was fine. More than helpful. Now awaiting procedure.</p>	<p>Impossible to get an appointment and in particular to actually see someone</p>
<p>I had to have blood tests also had a dr phone but had to wait over a week for a phone call back not seen a dr in over a year if not longer</p>	<p>I am really worried about moles and warts and would like someone to check if they might be cancerous but it is quite impossible to get anyone to check this.</p>
<p>i had a face to face organised by Dr XX to review an existing problem</p>	<p>I didn't get any level of care. 111 did give a level of care and got my father hospital treatment.</p>
<p>Not good</p>	<p>I feel it was necessary to see someone to check me over</p>

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<p>Always very helpful and understanding.</p>	<p>I was told to sort it out myself even though I was in a lot of pain which I'd had for 5 days! .. my condition wasn't resolved and I had to make another appt a few days later which was a telephone appt and then I was given antibiotics which resolved my ear infection!</p>
<p>Not given appropriate advice</p>	<p>Failure to offer treatment</p>
<p>It was quite straightforward, I was offered a telephone consultation but I really needed to check my back after a fall so was offered an appointment later that morning with a nurse</p>	<p>Only got appointment because paid for private blood test and had to tell receptionist and clinician told me "don't know, I'm still learning" when I asked a question</p>
<p>I have always found the staff respectful and helpful</p>	<p>Pharmacist didn't call, and when went to visit in person they had no knowledge of my referral. I was made to feel like a nuisance and I don't feel that I received the care expected.</p>
<p>On this occasion, when a nurse overheard the immediate problem help was offered very quickly. I had photographed an injury, gone to RMH with it, and help was offered instantly. If the standard process had been followed the outcome was likely to be very different.</p>	<p>Have chronic illness that doctor knew nothing about</p>
<p>Following a collapse resulting in breaking nose and fracturing jaw in 2 places resulting in 17 hours overnight in an A & E dept. Excellent care but I forgot to ask about which medications to continue etc. Being a weekend I asked for help on following working days with whoever could help as I do not have a named GP. Having made own decision on changes to several medications due to bleeding at accident and inability to bite or chew tablets and a new drug. Used own judgment until the first opportunity for an appointment to discuss 1 week after event. Told very privileged to get that appointment as it was the last available appointment before New Year. Everyone was trying to be as helpful as possible during this new wave of pandemic making staff shortages.</p>	<p>2 mins 30 seconds telephone call from a GP Told him my problem Anti -biotics prescribed no offer of a face to face appointment Decided to go privately had a proper examination found that I had a bladder stone and prostate cancer. So much for anti-biotics</p>

<p>It is really, really difficult to get an appointment. This week I was fobbed off by guidance given over the phone. Once insisting I eventually saw someone face to face they were brilliant and gave me anti biotics the same day. The problem is getting the appointments, once you are there the GP and staff are very helpful.</p>	<p>Not a proper consultation didn't really want to listen to problem and no offer of a face to face appointment</p>
<p>I am 75 with a number of chronic medical conditions and am regarded as highly vulnerable. I often get the feeling that I am just a number/irritation by staff, and once this year I was refused an appointment.</p>	<p>i asked if i could have an MRI scan on my back as was having great pain during nights and was seen by an Advanced Nurse Practitioner who said i didnt need an xray and advised me to see Shiatsu practitioner, which i duly did and suffered extreme pain a couple of days later.</p>
<p>Usually long wait to get through. Only able to see Nurse Practitioner or a phone call from a doctor. I had two nurse lead face to face appointments ,plus 2 Doctor phone calls no examination or referral , which I wanted. This system creates more time used by staff and less help given at the end of the day. Does not save time it wastes time of staff and patient, and does not get you the help required. When you need to see a Doctor, for an examination the system used here avoids you accessing the Doctor.</p>	<p>Felt like we were past on when we didn't need to be we could have been assessed and seen by a gp at the practice</p>
<p>I needed to have a dressing replaced, as the previous one had become loose. The nurse was able to see me within an hour and a half, and took about ten minutes to apply the new dressing.</p>	<p>Never spoke to GP. Got repeat prescription for my asthma but feel I'm not important enough or just too old at 69 to have a check up</p>
<p>I mostly find the staff polite and helpful. They do a great job.</p>	<p>Not thorough enough and turns out to almost certainly cancer</p>

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<p>The main problem is that only one GP appointment is available via the App (in the next day or two) and you are only promised a phone call that could be at any time that day. Unless you are completely free for 8 hours it is not practical to book. They must provide a 2 hour window smaller. I am happy and fully support the principal of telephone appointments.</p>	<p>When speaking to receptionist all the receptionist seemed to shout down the phone was Covid, Covid, Covid and told to await a call back , THIS NEVER HAPPENED!!! Within a couple of days the relative had to be admitted to hospital with heart related condition!!! TOTALLY DISGUSTED WITH THIS SURGERY. UNFORTUNATELY relative unable to drive and is therefore unable with any ease to change medical practices.</p>
<p>Poor service and they leave elderly out in the cold in a tent to freeze for long periods of time . Then tell them they have Covid</p>	<p>I expected to discuss the issue with a nurse</p>
<p>They are very helpful when you eventually get through. The difficulty is getting in touch with them in the first place</p>	<p>Did not answer my question</p>
<p>Left me waiting to see a gp .and no one rang .</p>	<p>The telephone conversation resulted in an appointment to see a consultant at a hospital but a face to face appointment would probably have rendered the hospital visit unnecessary.</p>

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<p>I have been fighting for over 10 years because i have a controversial implant which is making me very ill. Bayer (The Implant maker) say my GP should care for me but my GP' s do very little to help. I have also had problems with referrals or rather the lack of.</p>	<p>My wife phoned on Friday afternoon (31.12.2021) to try to speak to the doctor who had re_examined the X-Ray she had previously had taken for swelling and pain in her right ankle and foot, as she was now suffering from the same symptoms in her left ankle and foot. The receptionist was polite and as helpful as she could be, but said that although she could tell that an appointment was available on that day (07,01.2022), the system would not allow her to book it for my wife, and that she would need to try the patients' online booking system on or after Sunday 2nd January, or phone the surgery again from Monday 3rd onwards.</p>
<p>The options within this survey for whether you hear an engaged tone are 'once' or 'twice'. I have regularly contacted the surgery and had an engaged tone for over 70 times (to make the same appt)</p>	<p>I blacked out and fell after getting up in the night. We phoned 111 and an ambulance came out and diagnosed blood pressure issue connected to type 2 diabetes and suggested I follow up with my GP. However each time I phone no appointment s are available and I am advised they will be available on line although I am yet to find any available</p>
<p>Despite explaining my needs, as already communicated to the practice by a specialist, I had to firstly convince the receptionist of my needs and secondly to the Nurse, on my actual appointment of the need to obtain a Pneumovax injection.</p>	<p>GP had not looked at my records, did not take my cancer treatment into consideration and just told me to go to my dentist. So not care or treatment.</p>
<p>Was give an ECG, then saw a Dr who referred me to a Cardiologist.</p>	<p>There are never any appointments of any type available. Doctors have no time or interest in their patients. This was true pre-covid as well.</p>

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<p>They did not listen to the problem. No care shown.</p>	<p>Time it took to get an appointment, the time and speed of the appointment, the unhelpfulness of the phone staff.</p>
<p>If i could get past the reception and get to see someone</p>	<p>Discuss condition over the phone is difficult as also cannot see GP's facial expression and didn't give us decent time to have a phone call or pressure to answer the phone at awkward times when full time working</p>
<p>Contacting surgery is absolutely awful. 0/10</p>	<p>I never got to see a doctor I had to use an app, the nurses are very helpful</p>
<p>It is impossible to make contact. Don't even try to ring as you can never get through. Terrible getting an appointment. Once you speak to a doctor things are a little better.</p>	<p>The lack of empathy from the person who was asking me to call again tomorrow when I was in considerable pain.</p>
<p>Needs improvement. The first receptionist (sounded young) was brash and ignorant. The second (older) was helpful.</p>	<p>They said there were no appointments available with the nurse & still not been able to get through to book for a GP appointment. Also, I signed up for the online service at the beginning of September - still not replied or been authorised. I am supposed to have a medication review, asthma review, contraceptive review and referral to the hospital - all have not been done and I can't get through.</p>
<p>Almost impossible to get an appointment, it has taken months. I do not like being triaged by an untrained receptionist who thinks a healthy woman waking up one morning and being able to stand or walk is ok; not an emergency; doesn't require me seeing anyone. Appalling.</p>	<p>Nothing was taken seriously, too much emphasis on Covid symptoms and sounded as if they couldn't be bothered. Terrible time getting through to anyone just to book an appointment and the pharmacist was far more helpful however not a GP.</p>

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<p>They did not check on my notes this was something I have suffered with for a few years previously</p>	<p>Doctor I have never met. Totally unsympathetic. Basically here have some pain killers and don't bother us again!</p>
<p>It is very difficult to even make an appointment & telephone appointments are very difficult as not always convenient to talk when you are at work & don't know exactly what time you will be phoned.</p>	<p>Incredibly poor service and rude and totally disorganised.</p>
<p>It's easy to book an appointment with a nurse via telephone although you have to wait. However was not happy with the answers I was given and how no follow up care as there is for other practices. Disgusting I have not even been offered even a blood test</p>	<p>After phoning a few weeks prior for myself and getting no call back despite them booking a call back, I tried to contact them via the online system because apparently this is the best way to contact them but still no call or reply back. I think contacted them at a later date for them tell me that They have no availability so to wait for the surgery to close in 4ths then call 111 I have had a one other appointment where they did actually contact me and they did a fab job! Just a shame it's so unreliable.</p>
<p>after a phone call with gp, phoned about 10+ days later, spoke to gp again then saw a nurser practitioner at RMH, and final got help for my 3 year old daughter</p>	<p>Nurse was a little dismissive of the issue I was worried about 'it's your age...'. No explanation of what was happening or what I might do to alleviate it. Blood tests arranged; no results ever communicated to me.</p>
<p>What the fuck are they doing in there</p>	<p>No, but i appreciate the surgery is probably trying their best.</p>

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<p>Due to covid reasons the surgery was shut and your made to wait outside in the freezing cold or all weather conditions which is unacceptable.</p>	<p>Receptionist would not offer an appointment. Told me to see pharmacist. Spent several hours phoning pharmacists in Oakham and Stamford. All advised they could not help. I telephoned surgery again but receptionist still didn't offer appointment. I phoned several audiologists, most said they could not help but one did agree to see me, looked in ear and advised I should phone GP and tell them I need to be referred to ENT specialist. The audiologist's secretary asked if my surgery was Oak Med Practice and was not surprised when I said it was as they have had other patients contacting them who have also been unable to make an appointment.</p>
<p>It took over 40 minutes to get through on the phone. No appointments available to book online at all every time I've looked. How can you have an asthma check on the phone!!! Since Dr XX retired my notes show me as having had many gp's who I never saw! No continuity of care! I have little confidence that if I had a major problem I would be seen by anyone other than a locum! Not good enough!!</p>	<p>the appointment was for my 93 year old aunt who was wheezing and short of breath. I had conducted two lateral flow tests 24 hrs apart and both were negative yet we were not able to access the surgery for someone to listen to her chest. Instead, we were told to call an ambulance which took 6 hours to arrive. Seems grossly unfair that ambulance staff have to attend all patients as do hospital staff and yet a medical centre refuses to without a negative pcr, Incidentally, the nearest pcr test i could book was in Skegness!</p>
<p>It is extremely hard to get an appointment or just to get to talk to someone professional. However, when I manage to secure an appointment, the service is ok.</p>	<p>I was having a mental health crisis and had to resort to using 111 to get any help from the med centre.</p>

Not very helpful, always say to book via the app/website but there's no relevant appointments then say there aren't any appointments for that day and try tomorrow	After waiting over 3 weeks for an appointment, I never spoke to the dr on the day of the appointment I was texted a reply.
It takes too long to get through, not everyone has the time to attempt to call constantly for 45 minutes in the morning to get through and then be told there's no more appointments for the day so are going without the care they need.	Wrong medication prescribed for a child
I was kept waiting outside in the cold for 25 minutes but when I had my appointment I felt that the nurse listened carefully, was caring and compassionate and gave good advice.	Apparently No appointments available so couldn't answer number 15 and it wouldn't let me leave it blank so I put phone.....
Frustrating systems in place.	I felt fobbed off, it's difficult to convey symptoms over the phone especially with a hip complaint.
A joke. Just read all reviews for Oakham medical practice, it's a failing practice that's definitely failing it's patients	Because it is impossible to get a face to face appointment
Hours to get through on phone, no appointments, unhelpful staff, refused for months to give me my cervical screening due to covid . I was forced to change surgeries just to get a cervical screening. Also had an emergency with my sister whose blood pressure was off the charts and they were so unhelpful and just said we are busy and go to a+e	It is impossible to get appointments
Impossible to see a doctor however I was okay seeing the nurse	Had a back problem for over 6 wks and not examined or seen face to face with this once

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The survey responses need to include facility to report and tick more than one box as it is a fact that people often have to have BOTH a telephone appt with the GP and then a face to face . I had to do both which under the circumstances with Covid and pressures I understand . Some appts are telephone only but even these are often a week or so! This then delays being seen, having meds prescribed or referrals delayed often by two weeks, a long time when you are poorly. One has to travel to access some services which is not easy when you are young with children, not well off, constrained by working hours, have mental health issues, live alone , do not drive, do not have family support or you are just old. Although the nurses are brilliant and take on so much of the workload Nurse triage does not always result in a positive outcome and sometimes the only fast option is to go private for both yourself and your spouse. The pandemic has not helped but the services were already struggling before then. and the signs were there. Compared to some years ago when the practice was rated excellent by CQC ,today, apart from highlighting how hard the surgery is working to try and hold everything together, I would not be saying it is beyond excellent. It feels like we are being gradually steered towards a privatization of the health services through the back door. We already see that with the Ambulance service. We have been so lucky to have had the excellent service from Oakham Surgery in the past and I understand things are difficult now but we have to support and fight for and with our local surgery for our local community services because they are whittling away. Our MP support for our services and surgery needs to be more vociferous. Equally the town population and housing estates are growing but the infrastructure does not appear to be meeting the new increased needs.

I believe I needed to actually see a doctor.

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<p>I absolutely dread having to contact the surgery takes ages to get through then told to phone at 8 30 to see if any available so if u start work earlier u cant</p>	<p>It is very difficult to get through on the phone and when you visit staff are very slow to respond to you and do not open the door, its as if they don't want you there disrupting their little world , seeing a doctor seems impossible, I wonder if they are actually there→→, that's a serious comment . I wonder how many conditions of patients at this practice, have become irreversible because of this practise. It seems to me that they are more concerned about their own condition than their patients. I can honestly say that this is by a mile the worst Doctor's Practise I have every been connected to,and that's from the inception of the N.H.S.</p>
<p>I think the surgery is so understaffed and people on the phone just want to pass straight to the automated booking service, even though you cannot book an appointment on it. I feel as a patient, it's all about numbers and getting people through the system to make things look like they're working, when they clearly are not.</p>	<p>Call was very quick didn't feel that there was very much interest, very dismissive</p>
<p>I once tried to call the surgery 70 times. Gave up after that. Next day got through but was on hold for 43 mins</p>	<p>Patient was told to just continue with existing treatment and then They ended up requiring an urgent hospital stay.</p>
<p>Excellent assessment of issue and effective. resolution and forward plan</p>	<p>I believe that young babies should be seen face to face - especially With rashes etc as it was in my case as they are so vulnerable</p>

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<p>I couldn't work out how to make an appointment online so I gave up. Still got the problem but it is not too severe so waiting until the situation re. the pandemic improves</p>	<p>Doctors is like the Holy grail I don't know anyone who has seen one face to face at this surgery it seems to be pasted off to nurses & nurse practitioners. I think doctors only ring ppl to give them appointments with nurses.</p>
<p>Dr was v helpful. Needed follow up face to face. Hearing on phone is difficult.</p>	<p>Wanted to see a qualified doctor not a nurse!</p>
<p>Rubbish</p>	<p>No follow ups .. put on medication little support</p>
<p>Difficult to get through on phone. Website recommends booking online but very few appointments are available per day. Literally 2 or 3 for a medical centre with 19K patients. Website also extremely difficult to navigate and font type/colour is ridiculously small and low contrast. I no longer feel welcome at this surgery and am looking for an alternative.</p>	<p>I can't get an appointment</p>
<p>I spoke to receptionist and they asked questions and then said a doctor would call me back</p>	<p>The nurse practitioner did not know what was wrong and sent me away with pain killers</p>
<p>Blocked by receptionist</p>	<p>It feels like you need to be prepared for an argument to ask for what you need</p>
<p>It's virtually impossible to find an appointment online, I tried for several weeks before finding one if you call you are asked to use the online service if you can</p>	<p>Wanted to SEE a dr not talk to someone down the phone on loud speaker not knowing who else could be listening in</p>
<p>Takes far too long to get through to the surgery.</p>	<p>I needed a face to face appointment as was extremely concerned about my health and felt like no one was listening to my concerns</p>
<p>Frustration at being unable to contact surgery due to constant engaged tone. Once I saw a GP fantastic care given</p>	<p>Tend to get fooled off with booking on the on line system when there's no appointments either by phoning in or on line</p>

<p>I avoid them like the plague (sorry) because I know it is virtually impossible to get through on the phone when you get close it cuts off if by any chance you get through they tell you to phone back the next day at 8 but they tell everyone the same so everyone is stuck on the phone at exactly the same time. How stupid is that? I did the online thing instead and was promised a call the next day but it was several days and that was just to arrange the real phone call a week later</p>	<p>There has been no follow up. Following examination doctor was going to arrange blood tests for prostate levels and also mentioned exploring IBS and/or aortic aneurism.</p>
<p>I phoned as I was having palpitations told the nurse I needed an ECG.</p>	<p>I requested a telephone appointment to discuss a possible referral. I was offered a telephone appointment at 3 weeks distance, and in the event all I received was a text informing me the referral had been made.</p>
<p>POOR SERVICE</p>	<p>Felt I needed to see GP. In person for checks</p>
<p>It is unacceptable to have pts waiting outside especially elderly ones. All other GPS are back to normal. Oakham Medical Practice needs to get itself back on track immediately and sort out delivering an appropriate patient facing service.</p>	<p>GP no chance of getting an appointment only nurses offered.</p>
<p>Clearly working tirelessly trying to provide services on a background of increased demand, reduced resources and oh an ongoing pandemic which large proportions of Rutland folk seem not to care about anymore or maybe they don't care about their fellow citizens !!!!</p>	<p>The NHS 111 doctor was helpful and conducted a thorough examination The Oakham Medical Practice did not undertake the tests and screening he recommended We arranged private medical treatment</p>

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<p>Have put off contacting surgery because I know I'll just get fobbed off. I work in a school and it is impossible to access a telephone appointment during the working day but that is all I'm ever offered. Also the things I've needed to see a gp about are things i need to see someone in person. I have actually had to resort to paying for private medical care concerning the menopause as I did not even want to waste my time trying to get support from my local surgery.</p>	<p>The problem with Oakham surgery: it's highly stressful and difficult getting to speak to anyone, let alone see a health practitioner in person. Receptionists have to fob patients off because there are so few appointments available - unless you are 'an emergency' - with no explanation as to when a health problem or sickness becomes an emergency. The practice needs to double it staff to start to cope with the massive increase in Oakham's population due to new estates and huge 'elderly care' homes/complex.</p>
<p>As said above receptionists are not medically trained to a level where they can make a judgement on whether you need to be contacted by GP or not even when I explained negative lateral flow test and I had COPD</p>	<p>Tests were taken but results were slow to arrive</p>
<p>It is difficult to get appointments at anytime either by phone or website. We need more doctors we have built and expanded oakham and included housing for older generation this has an impact. I don't have a problem with phone consultations if it increases appointments doctors should determine if face to face is needed. Last time I went to the surgery the nurse came out twice for appointments which were no shows</p>	<p>No idea and very rude</p>
<p>It was difficult to speak to a receptionist. I was offered an appointment with a nurse/nurse practitioner the following week where I was given advice about how to manage my hearing loss.</p>	<p>Impossible to get to see a doctor. Even told by reception to call an ambulance rather than be allowed to see a doctor.</p>
<p>Was told that a doctor would get back to me after seeing the nurse - didn't happen</p>	<p>Yes I really needed to se a doctor but was told no way !</p>
<p>GOT THE BLOOD TEST - FOLLOW UP NOT GOOD</p>	
<p>When you eventually get to see someone it is fine. But making appointments is incredibly difficult Also everything seems to be sent to a nurse and not a Doctor</p>	

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<p>Consultation not completed</p>	
<p>Was told no one at surgery to do injection so keep taking the pain killers.which are now not working so still in pain a year later.</p>	
<p>The practise is poor, and using COVID as an excuse to cut back on appointments. Months after they were cleared to give face to face appointments they still were telling people " In line with government guidance blah blah blah.. can't give face to face appointments"</p>	
<p>The practitioners once you can get to them pretty much do a good job. Getting an appointment is a nightmare. There has been numerous times I've phoned & not been able to get an appointment. This started well before covid. I leave it as long as possible before contacting the doctors due to the difficulties & attitude of reception staff. The number of locums also causes a problem as some aren't there long & make you feel like they just want to do the bare minimum. I haven't seen my own dr for years, there is little continuity of care & things are missed. Generally disappointed with the service.</p>	
<p>On the last occasion I managed to get a face to face app. but not with a doctor . No telephone app . available for a doctor . I did get an urgent referral from the nurse to hospital and the treatment that followed was excellent . Sometimes medical issues are not so urgent but still very necessary . There have been no doctors app on line for 18months. Speaking to a doctor appears impossible and certainly no hope of a face to face consultation, unless you are extremely ill. The pandemic has caused problems undoubtedly but this surgery has become less and less accessible over the past 5 yrs . Everyone is aware there are not enough doctors to deal with the increasing number of patients but the practice is still being paid for every one of those patients . The situation is understandably challenging but adequate care is not being provided on many occasions, except the very urgent .</p>	

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I have often found it difficult to get through to the surgery, and one of the receptionists has been rather rude and abrupt on several occasions. I was even told when trying to make a cervical screening appointment back in July that I didn't need one, as it was every 5 years. This was not true, and I had to tell her that it is every 3 years (for my age group). The clinicians themselves are absolutely fantastic, and always provide a very high standard of care.

I have found it 100% impossible to make an appointment with a doctor online. I have also found it impossible to get an appointment with a doctor by telephoning the practice.

Getting an appointment online or via telephone is incredibly difficult and this was the case prior to COVID hitting the UK. Now we are in the middle of the epidemic its virtually impossible. Very satisfied with care from nurses and GPs when you actually get it.

It is difficult to the point that I rarely attempt to get a appointment at the GP surgery and use urgent care or A&E instead.

The receptionists are very difficult to give an appointment to a 91 year old who finds it difficult to get to the surgery and then is expected to stand outside in the cold until called
The Doctor said I'm to call at any time if I am concerned regarding my terminal illness but the receptionist are unhelpful and not willing to give an appointment with in 24 hours

Much better to make your appointment online. Booked a telephone consultation for a set time, then the GP rings two hours earlier than the appointment time. Would much prefer to speak to my own GP

Online booking service doesn't work. Surgery clearly oversubscribed. Near impossible to get a face to face appointment.

The surgery has done its best in the circumstances

I think the team do what they can see g as the town has doubled in size and the amenities have not, more service do need to be available, in general it is very hard to get through by phone

In the 18 months I've lived in Oakham I have had to call the practice 3 times. Each time I have to dial at least 45 times before I don't get an engaged tone. Then twice it will say I'm 8th in queue and after 10 minutes someone hangs up.

Totally hopeless since Covid. I went to see the doctor in July 20 with lumps under my arm in my breast & a leg filled with fluid from the thigh to the toes. They would only look at one thing. Paramedics took me into hospital that night. I have organ failure hence the leg swelling.

It is not an easy task getting an appointment.

To get into the call queue regularly takes at least 40-50 calls and 90% of the time are told there are no appointments or call backs available and to try again the next day, this is often at 9am in the morning and it has taken that long to actually speak to anyone.

The phone lines are impossible. Young children often need to be seen. As a result we ended up in a very overcrowded A&E on a couple of occasions. Full of children with similar illness that couldn't be seen by local GP's. Hospitals overwhelmed

Contacting the surgery by telephone for an appointment only elicited the response that there were no appointment slots for the current or next day. Appointments for further in the future were only available on line. When it was made clear that no appointments were available on line, I was informed that early Saturday morning was when free appointment slots are released. It took 3 attempts to get a free slot for the following week; logging in at 6am and monitoring the web site until the appointments were released. Additionally, only appointments for the next 1 to 2 weeks in advance were available.

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Prior to the onset of the pandemic I would have said we had the best Doctors in the Country however, since then they have become far more remote. We are aware that Doctors have retired/left and recruitment of replacement Doctors has been far from easy. I have been lucky in that I have required very little from them over the past couple of years. With the expansion of the town and surrounding areas it is obvious that the premises are not big enough, they should have been encouraged to look for larger premises several years ago in line with the Councils housing plans or plans put in place for a second practise.

Unable to get through on the phone after hanging on and ferrying for ages

Staff have always been very polite

Absolutely shocked really I'd rather go get Covid than attempt to use your crap service again

Not being able to get past the receptionist to see the doctor.

My husband is having cancer treatment at Addenbrookes and it is quite stressful to get an appointment at Oakham Medical Practice for his blood tests. It takes ages to get through and then sometimes he can't get an appointment in time so he has to drive to Addenbrookes to do it. This is my biggest worry. From my own perspective, I have not been to the doctors because it is so difficult to get through to book an appointment. I don't have concerns about the care when I am seen, but getting seen is difficult. We tried to move to Uppingham surgery but we were told we live too far away. I get the impression that surgery struggle to cope with the volume of calls/appointments that are needed

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Long waiting lines to get an appointment on the phone. Sometimes it's engaged and you have to press try again 10+ times. Rude receptionists. I've called on behalf of my daughter and myself. Most recently to book an appointment to have my breasts examined as they were painful and I had new lumps to be told I'm too young to have anything seriously wrong so don't worry ?? Again I've called for a repeat prescription for an inhaler for the receptionist to ask why I need inhalers.

Again I've been since having a baby and a nurse has commented on how young I am to have a child.

I rarely ring now unless it's on behalf of my daughter. I pay over the odds for inhalers online, I've been privately to have my breasts examined and I certainly wouldn't take my child to to gp alone. When the comment was made about my age, I could have burst into tears but if she'd looked into my history she would have seen I have fertility issues.

If the GP surgery had called back instead of leaving it hours there may have been an appointment available and probably didn't need to end up at Peterborough hospital the next day.

Rude and unhelpful

OMP can be amazing and individuals are sometimes very helpful. They are doing their best in incredibly trying circumstances. However, their difficulties and the resultant problems for patients pre-date the pandemic. The systems appear over-stretched and even broken. It seems the business team and medical staff are at odds, causing difficulties for patients. The new website is even worse than the previous version. Staff, be they clinicians or others, appear not to refer to patient notes. The systems for contacting OMP are ludicrously outdated and inefficient. the practice is simply too small for the local population. These few words could easily expand into a very negative book. How can we fix this problem?

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<p>There are times when you need a face-to-face discussion. A "rushed" phone call back does not work. Not does an appointment to see a nurse at the minor injuries unit.</p>	
<p>The first appointment I was given when I explained my problem I was told a nurse would telephone me. She did phone and prescribed medication that proved not to help me. It was two days later iiwas able to discuss my condition with GP on the telephone and she prescribed medication that was correct and helped almost immediately. I wished I had been given an appointment with GP when I first phoned as I was in terrible pain</p>	
<p>Hard if not impossible to engage at all. Phones never answered. No appointments ever available. Disgusting service</p>	
<p>Appalling. Can't get through on the phone, when you do an online consult you usually just get a text saying make an appt. Which you can't for an under 16 online and can't get through on the phone. Appalling lack of care for me as a ECV patient over the pandemic- not identified as needing to shield, household members not coded as needing jabs early to protect me.</p>	
<p>Need to see humans</p>	
<p>Service has been in decline throughout the past 20 years. We used to have an assigned doctor, then that stopped, next the waiting times grew into weeks (before Covid) and now you are unable to book at all.</p>	
<p>It is very difficult to get an appointment. 30 minutes constant dialling early in the morning just to be told that there are no appointments available that day, unless it is an emergency, and can't book an appointment in advance, so the only option is to do it all again the next morning, and again and again...</p>	
<p>Takes two days to get a phone answered, kept getting told by message to go on line and you have to be registered to do this and when you do there is no appointments</p>	
<p>It's not their fault</p>	
<p>Diabolic service or should I say lack of it!!!</p>	

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When I need medical help it is almost impossible to get it. There are never any GP appointments available on line, the telephones are engaged or there is a long wait, the receptionists ,through no fault of their own, are not qualified to triage. There is no continuity if care. I do not know who my GP is. She retired several years ago and I have never been told of a replacement I get no medication reviews.	
Level of service 1st class, actually getting an appointment difficult.	
We have to use online services where you can never get an appointment with your own doctor . It's very difficult to obtain an appointment by ringing the practice . Diagnosed over the phone without an examination which is not acceptable.	
I only used the app as that's the only way to get this appointment .. engaged tone then eventually got through the women who I spoke to brushed me off. So booked via app and selected a DR.	
I had to keep getting up in the night at various times to find an appointment online with one of two doctors I wanted to talk to. This went on for about a fortnight. I tried after midnight, 3am 5am, all sorts of times. That is not acceptable.	
Terrible	
Always on hold for ages. Often no apmnts left either phone or face to face on same day when needed. Difficult to hold on phone when at work. I often try to self diagnose rather than wait for an appointment.	
Some difficulty when I telephone. Can't enter surgery.	
Feel as if you are begging for help only can get phone calls if you are lucky	
Difficult to make an appointment, and while phone consultations are great in some instances i feel there's a reluctance to see patients face to face when it would be useful	
Any engagement has been hard. No diabetic care or follow up. Poor help having had a stroke.	
Cannot see a Doctor	

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Text responses are adequate only. A dialogue - however brief- is preferable for the patient and, I'd expect, for the doctor too	
Level of service very poor .	
An 80 year old person needs a face to face interview	
In an ideal world, if I am feeling ill when I wake up in the morning, I would like to be able to call the surgery, have it answered fairly quickly and get an appointment (ideally face to face) that day or the next day. You have to admit that that does not happen - think back to the last time you needed medical attention - how long did it take you to see someone?	
After waiting on the surgery phone at least four times I eventually got through to ask for appointment but none available. Told to watch for appointments to appear on line as released over the weekend. The only way you can get an available appt with a GP is get up during the night and see if any have been released by the system . It was urgent so in between times I phoned Rutland Late Night pharmacy and spoke to pharmacist straight away who recommended some medication which would help my condition but not interfere with current long term meds. Thank heavens for such a helpful and knowledgeable man.	
It is always difficult to get an appointment both by telephone and online booking. More staff are needed to provide timely and adequate care.	
As above	
Despite the local pharmacist advising that antibiotics were required, it took 18 attempts to get through on the phone. On another occasion my son needed an X-ray which was not available on the day we attended. On the third occasion I was bleeding profusely in your car park and they would not see me at the urgent care or at the surgery, we ended up spending the day at A&E	
Had a same day telephone call. Doctor asked me to come in, got referred to adult ent. Got an appointment to see them in Jan	
Always engaged, not very pleasant reception on answering, feel like it's all too much trouble. Never seen a doctor	

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<p>The latest contact much improved. Easy to understand, clear and a good English command. The GP suggested a further appt may be necessary after a week. Unable to book online no slots available.</p>	
<p>Awful experience trying to get an appointment. Went online at 3am to get a slot. By 8am, all gone.</p>	
<p>Needed to consult with a doctor regarding deteriorating symptoms. Talked to person who answered the phone and got some change to medication but needed to talk to a doctor. The person has complex problems and we need to talk to the doctor but that seems to be impossible. Several months later still not got to talk to our gp.</p>	
<p>Tried to book appointment on the website but none available so had to call surgery. Staff seemed drained and tired</p>	
<p>Nightmare, the thought of trying to get a Dr's appointment makes me feel stressed before I can even speak to a person. You ring and ring then you hold for ages and then you can't get an appointment or you wait for hours to speak to a Dr. It is hellish.</p>	
<p>Not their fault that the NHS is underfunded. They are let down by the council that permits housing without any attempt to provide the necessary infrastructure. I am aware that the surgeries are private enterprises but Rcc needs to attract a new surgery and not permit housing until they do.</p>	
<p>Got told no appointments available. I insisted and one was found. There is plenty of room in Oakham clinic to wait yet had to stay outside in the awning. It was freezing. They only have to re arrange inside to allow seating for patients. They should try harder especially for elderly.</p>	
<p>Not acceptable level of service even taking Covid situation into consideration</p>	
<p>Online booking useless and unhelpful Online physio pointless and no one ever called to see how I was progressing</p>	
<p>Have lost faith in what was a good service over the years. Making a 96 year old wait in outside tent a disgrace when the X-ray dept 50 yards away allows use of waiting rooms.! I believe covid is used now as an excuse for bad service.</p>	

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Not able to access face to face consultation. Not called for flu vaccine. Repeatedly prescribed everything on repeat medication list, not just the items I highlighted. Pharmacy has also attempted to inform gp that I had not requested all that was authorised, however to no avail	
Telephone difficult due to length of time to get through. Not everyone can spend the time as at work. The answer of just keep trying frustating. Didn't ever see an appt on line so had to redort to phone	
Joyce I have ,always found all the staff at the practice very helpful, and have never had any problems.	
Extremely difficult to get appointment on line. Virtually impossible to get through by phone in morning. Have to ring pm to gey response	
I don't bother with the Drs anymore unless it's my depo injection as they misdiagnosed a pain numerous time having to have surgery and time off work when not needed. Anytime I rang about this I was told so many different things it's baffling. And Drs involved who had no idea what was going on and having to explain so many times for different things when no one clearly had a clue	
Very difficult to get an appointment	
The worst ever. Drs feel like they are rushed, under pressure and therefore are brusque and just want to get to the next patient. Drs leaving at a tremendous rate. No continuity of care. I am a cancer patient and need someone who understands my case. Just awful experience.	
Slow and not user friendly	
wound dressing	
Felt like I was a nuisance.	
Initial enquiry lead to urine sample, blood test and go appointment. All very well managed.	
See 17 above	
There are not enough doctors or staff for the population of Oakham	
They appear too busy they don't listen to the patient they don't do anything unless you threaten to complain to the ombudsman	

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I've never felt dissatisfied with the service I received.	
There was a complete lack of care. In fact, I needed a hip replacement.	
It takes too long to get an appointment, you have to hope you'll see someone that'll take your complaint seriously.	
I don't like having to get up at 7am to try and get an appointment slot	
Fortunate that she had experienced a similar condition so knew exactly how much pain and incapacity I had endured.	
THIS SURVEY DOES NOT ALLOW ME TO RECORD MULTIPLE TIMES I HAVE HAD TO CONTACT THE SURGERY! Each occasion has led to different experiences.	
Because of previous history of carcinoma, treatment and referral was very prompt	
Surgery not Interested. Long wait before phone is answered.	
Nurse practitioner very knowledgeable and efficient	
Reception are fine, helpful. GP (Dr XX) was very abrupt, did not read notes of previous consultation and therefore was initially making wrong assumptions, and generally sarcastic and rude in conversation. I understand the pressures due to covid, but this was a concerning experience.	
The last three times I've tried to sort an issue I had to ring 111 instead as the symptoms got progressively worse as I couldn't get through on the phone, or appointments were for weeks later.	
The single time I have seen a gp, he was very dismissive and not at all sympathetic to my needs.	
The doctor I saw was good, but then a week later was advised the medication I was given was not altogether correct, and now need a third blood test and another weeks of blood pressure readings	
Doctors don't seem to see the need for a face to face appointment. In my case they are dependant on my responses about a third person.	

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There seems to be a problem to reach a person to discuss	
The significant delay and zero action from the doctor resulted in unnecessary discomfort and pain. The hospital staff were amazed that the doctor - even if he was too busy to see me - had not even asked for a sample to assess the extent of the problem.	
Care navigator abrupt. Nurse lovely.	
All most impossible to make an appointment over the telephone	
Had to be very very persistent to obtain an appointment which in my opinion would have been impossible to diagnose over the 'phone	
Terrible service, there is no help for patients like me with hearing aids. I can't phone in and there is no other way I can make an appointment. I tried many times to sign up on line and had no luck. I've not moved to Empingham which has been so much easier who are also so much more helpful with my disability. Why can't Oakham be like this.	
I only try to contact my Doctor for urgent medical issues, consequently the last time I have seen a Doctor (GP) was 3 years ago . I am 68 and have not been able to get a health check in the last 8 years	
There are virtually no doctor appointments available on line and the phone is constantly engaged	
I was called back within 15 minutes and seen within an hour.	
Making the appointment was fine, but my experience with the woman at the surgery was not good.	
The battle-axe on reception needs to go. OMP needs more funding. Streamlining work those who work full-time.	
Absolutely terrible. Disgusting.	

<p>I find it difficult to access any services . I feel that they are not providing an adequate care service. When the weather was cold, people still had to sit in a freezing marquee when other surgeries were allowing people in their waiting rooms. When I was there the were some elderly people having to wait outside in the cold.</p>	
<p>Nurses are good but getting to see a Dr is impossible</p>	
<p>Satisfactory</p>	
<p>Whilst I did get to speak to a nurse practitioner I did have to argue my case and be quite forceful to get this outcome. Someone less able to express their concerns well could easily be pushed into waiting longer than they should.</p>	
<p>No way of telling whether or not I have skin cancer, even though I am very worried out it.</p>	
<p>My operation at LRI was cancelled on the operating table because of dangerously high blood pressure. The hospital gave me a letter for the GP asking for urgent help in reducing this BP. I put the letter through the surgery letterbox and emailed it to them but with no response. They sent me a text to say I should not contact them by email about an acute medical problem and I should call the surgery. I received this text after I had spent an hour and a half on the phone listening to the engaged tone from the surgery. When I eventually spoke to a doctor who had just joined the practice (early December 2021) he was very thorough and helpful and is diligently following up, quite unlike the experience in February, when they left me high and dry. Texting using the NHSNoReply system to say keep taking the tablets does not create an effective dialogue in managing this life-threatening condition.</p>	
<p>It's become much harder to make an appointment and see a doctor sine we first moved here in 2013. This decline started before the pandemic although that has no doubt make thins a great deal more difficult for the surgery.</p>	

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I spent 30 minutes trying to get through to speak to someone to get a gp to assess my father. I waited and got cut off once at front of telephone cue. I then picked the emergency option and got a abuse person saying I needed to ring back and wait for the normal option. I then choose to ring 111 waited another half hour for an ambulance. One my father got to hospital he was in kidney failure with kidney function at 9. He was very lucky.
He then had a second experience with gp practice not sending test results to his specialist and again ended up in hospital for the second time this year with another accurate kidney failure below 9!

Not accessible enough for people who work full time and can't access a phone during working hours. Takes too long to get through on the phone . When you do eventually get through there is never any appointments.

Not enough staff for a town of Oakhams size

I feel very vulnerable and constantly hope I am not going to need urgent medical help

I have tried to make appointments lately and make enquiries and it is very difficult. First of all you can't get through, then the receptionists are unhelpful, then they tell you a doctor will call you but they can't tell you when. So you miss the call because you are at work then you have to phone in again etc etc etc

Once I see the GP fine ...but trying to get an appt is unacceptable
Also seen on my notes, written did not attend and I did and also flu jab declined which I was never invited for

First of all what engagement chatting on the phone isn't getting treatment and all GP's should be triple jabbed against Covid so seeing patients and be at the surgery fresh air ventilation should be installed to prevent transmission

As above, tried for a year to get appointment as receptionist kept telling me to book online

Unable to get through and have to wait a long time.
 As long as expect that there is no possible way to have F2F appointments, service is as expected for pandemic.
 I find the phone calls back much less convenient due to being at work, however amazing to be able to get help when required.
 Staff always very helpful and have great resilience.

According to NHS website, 1st instance of Thrush should be seen by Dr or at least GP surgery.
 By referral straight to pharmacy I was unsure if I was purchasing the right prescription and they didn't treat me in the professional and knowledgeable way I have always experienced through the GP (nurse, doctor or prac.) . In addition, I then had to have three more dealings with the GP surgery over 6 months as the thrush wasn't treated properly and eventually I had a Swab and now seem to have been treated.
 I therefore feel that this actually wasn't an efficient signposting / out-sourcing, as I then had to return on multiple times (4 additional requests for appointments)

I wasn't able to make an appt via the web system. It is a "triage" procedure. You report your symptoms with a description and photo attachment (something that would be impossible to do if I was 80 years old!), then wait for a receptionist to call you back. I did this on 28 Sept, rec'd triage call 6 Oct and told a doctor "might phone you back Monday 11 Oct, can't give you a time". My request was for blood tests, so not urgent. It still seems a long time to wait for something that could have been arranged with a nurse. The whole problem with OMP: too many people for the practice to manage. The population of Barleythorpe has increased from 207 people in 2011 to over 3,000 in 2021, Oakham population: 11,227 in 2020: Total: 14,227 conservative estimate. We need another GP practice. Empingham also swamped. Not enough infrastructure to support population explosion in Rutland.

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<p>Generally it's painful to get an appointment. Sometimes I've called up to 45-50 times until getting through which is frustrating. Usually if the call is in relation to a child you are seen the same day but 9/10 it's a nurse who says it's viral. Overall I find it easier to call 111 for advice and they are able to allocate an appointment much quicker. The late night pharmacy on the high street are helpful too. For the size of the town the surgery / number of GPs isn't sufficient. I was led to believe that the Barleythorpe Estate would have their own surgery to account for number of houses but it never happened and as more houses are due to be built the problem is sure to get worse and people's health will suffer accordingly. Something really needs to be done.</p>	
<p>Asked questions, and obviously not read my notes as been told to use medication that I can't use.</p>	
<p>I needed to be seen urgently after a misdiagnosis by doctor and physio whereby I hadn't been seen by either. I was asked to go to the hospital whom were not aware I had been sent</p>	
<p>Got tele appt 5 am online. Spoke to GP went to surgery for face to face. Not enough online gp telephone appts. Long phone queue normally. Ring when quieter then all gp appts gone</p>	
<p>Rang for appointment every couple of minutes from 9 till 1.30 gave up and decided to catch bus into town and ring bell on surgery door. tried again just before bus was due to leave and actually got through.</p>	
<p>This was my 3rd attempt to book an appointment. None available on previous 2 tries.</p>	
<p>See comments for 17</p>	
<p>No proper diagnose found out by going privately that I have prostate cancer which ought to have been picked up if I had been able to see someone</p>	
<p>Difficult , waiting time to speak to receptionist is horrendous,then there are no appointments available that day. Repeat process next day!</p>	

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<p>A few weeks ago i asked if i could speak to a Doctor regarding Blood Pressure which had reached a high level and stayed high for a few days. i had a phone call from a Nurse,who knew no more about the situation than i did so it was a useless call. she told me to take my BP twice a day and hand the info in to the surgery which i duly did. 6 weeks later i had a call from a Doctor to discuss the situation.</p>	
<p>Frustrating</p>	
<p>Rude Unhelpful Seem. To pass the buck</p>	
<p>Getting an appointment to speak to a GP is extremely difficult but once past that point the care offered is generally good.</p>	
<p>On this occasion contacted by surgery and asked to make appointment for annual check up so knew the correct clinic. Can't tell what clinic initials mean if wanting to book online usually</p>	
<p>Have no idea who I engage with. My lovely Dr XX who knew my history has retired. Feel dumped! I feel it's such a huge effort to see a doctor now it's just not worth trying. What so many people feel now!!</p>	
<p>This questionnaire did not address my concerns and difficulties when engaging with the practice. These include lack of face to face consultation and lack of continuity between different practitioners. Attitudes during consultations may be dismissive or patronising, and show little understanding of my background knowledge or previous history.</p>	
<p>3rd world.</p>	
<p>My symptoms were not considered a priority but it turns out to almost certainly cancer</p>	
<p>Not fussed about face to face appointments telephone is good</p>	
<p>I know these are trying times but I find the person taking my call, a request for help, not very sympathetic. Some can be quite abrupt. Not all I might add.</p>	

<p>Generally ,the service has been dreadfully frustrating however my last experience was like the old days, face to face with my own Dr.</p>	
<p>ABSOLUTE RUBBISH. THE WHOLE SURGERY SHOULD BE SHUT DOWN AND REOPENED UNDER COMPETENT MANAGEMENT.</p>	
<p>The query was not dealt with</p>	
<p>Need face to face appointments</p>	
<p>The answer to question 5 is not accurate as I had to drop a letter into the surgery to obtain the appointment as it was impossible to get through by telephone. It was only by looking online some days later that I noted that I was due to receive a telephone consultation in a few days time.</p>	
<p>Many of the questions in your survey are based on the premise that an appointment was offered, made and followed through. In this instance, an available appointment could not be offered because the practice's system would not allow the receptionist to do so. My responses to many of the questions from No.12 onwards are therefore not really relevant. However, we have both experienced an unacceptable level of difficulty in getting through to the surgery on the phone in the past, and when we have tried to find an appointment with a GP on their online booking system, there hasn't been a single one within 5 or so weeks' worth of nurses' clinics. Where are the GPs? What are they doing?</p>	
<p>This experience mirrored previous attempts to make an appointment when I have constantly been told appointments will be available online even being given times when they will be released. However I am yet to find any. On one previous occasion I resorted to writing to my GP which did elicit a response.</p>	
<p>Surgery clearly wanted minimal contact. When phoned to ask for appointment to manage post cancer care just told no appointments available</p>	

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<p>There are no appointments. The surgery partners have no interest in employing enough doctors to meet the demand in Okaham. Their diagnosis is mostly based on subjective opinion of who you are rather than real medical opinion. This was true pre-covid also. My medical record is full of deliberate subjective opinion, ie re drinking smoking, diet and exercise. I don't drink smoke, eat poor food and do exercise daily. I have almost zero faith in our local surgery and its doctors.</p>	
<p>Making appointment difficult but once contact made ,by phone, the service was good,but would have preferred a face to face consultation. No actual examination undertaken., therefore the, resolution advised may not be correct, as I still have the issue at the moment and may need 2nd appointment.</p>	
<p>Always difficult to get through and more difficult to get an appointment. Often asked to call back when I don't have the free time to always do this.</p>	
<p>They don't want to help and see patients at the moment. Don't give you a warning of when a phone call from a receptionist or GP is likely</p>	
<p>Not very helpful, except for the nurses who are excellent</p>	
<p>In the 5 years I have lived here I have never seen a GP, each time I ring it takes for ever to get through and I am only offered telephone appointments. It is a very stressful experience trying to book an appointment and go through the numerous personal questions only to be told you will have a call back, great if you are at home but I have to work full time and cannot drop everything to answer a call as I am on a hospital ward!!</p>	
<p>I think I just need to get used to the new triage system. I think it's a good idea on the whole but it's a bit frustrating when you know that you need to see a doctor.</p>	
<p>When I looked on the NHS app, it says that my surgery called me and I didn't pick up - which is not true, I have never missed a call from them. Please see above question for further comments.</p>	

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<p>As a family we have not had a good experience from trying to get appointments for ourselves and our children to finally getting an appointment and being given 5 mins of the doctors time who didn't offer anything other than to monitor the situation and come back despite all family links to heart conditions and cancer - no checks, no follow up and you feel like you are an inconvenience.</p>	
<p>I avoid contacting if I can and go very rarely. I would prefer to see a female GP. However this never seems available and now impossible to make an apt in advance</p>	
<p>Difficult to contact and find an available apt on line.</p>	
<p>I don't have enough time to wait on a call being answered so I use the message system on the website. Sometimes they answer Sometimes not...</p>	
<p>Absolute nightmare to get an appointment, constantly just get asked to ring back at 8:30 the next day but don't know how they expect people with full time work to just be able to pick the phone up during the day or come in last minute.</p>	
<p>I think we are extremely lucky to have such a dedicated team... especially under these very difficult times...I worry a lot that people don't understand...Governments over past few decades (this present one in particular) Have deliberately facilitated the demise of our NHS and we complaining are helping this, when we should be standing up for our NHS and demanding proper funding staffing, the repeal of the 2012 health and Social care act and to bring services back under NHS control...A massive thank you to all our wonderful healthcare workers..</p>	
<p>I cannot explain in words how bad this service is at this practice. I think they would rather their customers died than actually do their job.</p>	
<p>Good service, appointment with GP within 24 hours of first phone call, would have been easier to explain issue face to face or by video than over the phone but still good service and helpful guidance given.</p>	
<p>Always difficult to make GP appts either online or on the phone its difficult to get prompt appts</p>	
<p>Very good often same day response.</p>	

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Fab when you can actually speak to someone but getting to that stage is really really difficult!!	
I feel as though at present I am a nuisance when contacting the surgery, so I don't do it, despite having a couple of things I'm worried about.	
What does one do when there are NO appointments and it is not exactly an emergency but situation will worsen if no medication can be sorted?? Both times I didnt get to a GP and they had no slots for callback, I think a nurse triaged me for my desperate needed repeat meds.	
Note: this survey requires an answer for questions 11 and 15, but does not have the option for me to indicate that I could not make an appointment. I have therefore had to select an option but it does not represent my experience (as I was not able to make an appointment).	
Cannot get hold of staff, locked doors, no appointments available for weeks, dangerous inability to serve their patients, we need another medical centre serving Oakham, which was meant to be provided via S106 from the Hawksmead development but got 'lost' by the Planning Officers.	
It is increasingly difficult to contact the surgery. I have a number of chronic complex illnesses, I haven't had contact with my gp in almost 2 years.	
Not had to for a while but would have no confidence that I would get an appointment if I needed one	
Can't get an appointment	
Difficult to get through on the phone, it's impossible to get an appointment online (unless you are awake in the early hours of the morning). Some things can be resolved via a telephone call but not all. Face to face appointments should resume asap. Dentists are back working why can't the doctors see patients?	
Too difficult to make any contact. Phone often get number unobtainable. Website very few appointments available	
It has improved recently but for the previous 18 months it has been utterly dreadful and virtually impossible to speak to a doctor.	
Very poor. Impossible to get through let alone get an appointment	

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Not interested, details not properly added to my notes	
It is possible to engage with a GP via the website but it is not as helpful as a face to face appointment with the doctor of my choice	
Waited long time to speak to GP and then used email service which failed to help my issues by replying in time scale needed before I needed to start back to work	
I found it vague. I had to ask questions to find out what would happen next. I had no choice in the procedure	
It's always difficult to get through to the surgery. There are never any appointments available when I look on line. Very stressful trying to contact the surgery	
We seem to see a nurse rather than a GP, which has been satisfactory.	
I have never had any problems with my surgery	
Infinitely difficult, very distressing I feel disregarded, abandoned alone and worried about a number of continuing medical conditions .I,m thinking of transferring to another practise, nothing can be as bad as this!!!.	
It feels like a battle every time and puts you off calling. Sometimes it can take over an hour and half to get through by which time all appointments are gone and you're told to call back the following day, the lines don't open until 8.30 am and for a working person that just doesn't work. I also feel that there are too many virtual appointments and mine over the last 18months have all been by telephone so the GP can't even read my facial expressions let alone body language etc. Too fast and too dismissive, I fully appreciate the C19 situation but talking to friends across the county registered at other practices they are getting a much better service.	
Once finally contacted, quite helpful	

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<p>Impossible to get through by telephone, using website mostly results in a telephone call but often with a receptionist when it was clear you needed to speak to a clinician so you then have to wait for another call experience for myself and partner shows that these are not scheduled so could be anytime during the day/evening.</p>	
<p>At Oakham Medical practice I always find the staff very helpful & would highly recommend them to anyone who needs to know.</p>	
<p>I tried several times to get an appointment online with no success, at various times of the day/night. None available. Really wanted to see a doctor not a nurse at the hospital. She took a photo of my problem which she sent to a doctor, felt this was a poor level of care.</p>	
<p>If they had been seen by an experienced Dr to start with treatment would have been different and if when they reported a deterioration in their health it was actioned an ambulance (waited outside hospital 3 hours followed by 17 hours on a trolley) and an inpatient hospital stay would have been unnecessary. Even a Zoom call over a telephone call and they could have noticed deteriorating health or even spoken to a carer</p>	
<p>So hard to get through and to book appointments - feel like you are being rushed through like a process and that the 'care' is lacking. Easier to get listened to for kids than for adults - basically if it's not urgent no one will help you be seen.</p>	
<p>They are impossible to get hold of by phone and by the time you get through there are usually no appointments left.</p>	
<p>Doctors is like the Holy grail I don't know anyone who has seen one face to face at this surgery it seems to be passed off to nurses & nurse practitioners. I think doctors only ring ppl to give them appointments with nurses.</p>	
<p>The practice is not fit for purpose!</p>	
<p>The difficulty is getting through to the surgery. Also once you've called 188 times to be told 'call back' is not helpful. If you get to speak to a medical professional the care is good. Getting to that point is almost impossible</p>	

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Despite the fact that my husband is unable to speak, and that the surgery are aware of this as he has filled in a form giving me permission to speak on his behalf, I was told that my husband had to have a telephone appointment in the first instance. There did not seem to be any way that the receptionist could override this requirement.

Once you get to care giver from doctor, nurse or pharmacist the care is excellent however it is fairly evident that they are not sufficiently big enough or staffed appropriately to cope with Oakham's ever growing population. I fear the 2 new estates on Braunston Rd will tip them over the edge. However I was impressed about recently having a meds review with pharmacist rather than doctor, much more informative and felt I actually got a more suitable prescription at the end of the consultation

I found the online process really easy and received a text very quickly letting me know when my appointment was. Initially the doctor spoke to me over the phone and then provided a face to face consultation the same day. I was really pleased with the service I received.

Staff are very defensive , understandably I suppose , but you get the feeling that one wrong word will get you banned for life.

The appts are really difficult to get you have to basically beg for appt and help

It's impossible to get through on the phone....when you do they say there's no appointments ...u can't get an appt on line either It's ridiculous....
I hardly ever visit the doctors and there's no wonder people are avoiding it or getting ill
The service is appalling

You can never get through on the phone and nobody will talk to you face to face even when you have seen somebody else at the surgery , they just tell you to go outside and use the intercom then complain and are rude to you because they can't understand you with a mask on. The receptionists are rude to the public but we cannot answer them back as it is not allowed. They should practice what they preach.

<p>On this occasion we were seen promptly and the nurse asked a doctor to come in to double check my husband. We often find it very difficult not being able to go into reception to ask a question. It is often frustrating having to phone and more often than not you are waiting for some considerable time. It would often be better to go in and ask a simple question face to face.</p>	
<p>Frustrating waiting and not getting what you need</p>	
<p>Sick of listening to covid blurb which goes on and on Sick of not SEEING my dr No continuity of care ie different dr everytime Sick if length of time it takes to get through or to get a call back ANYTIME of the day Not SEEING YOUR GP is not good enough</p>	
<p>Helpful and efficient</p>	
<p>Didn't even make me an appointment at the GP, sent me to Rutland Memorial Hospital.</p>	
<p>Haha not been able to receive a face to face appointment with my GP for over 2 years now</p>	
<p>Can't get appointment when needed and when I do get one it's a phone appointment but they never phone at the time appointed it's either much earlier or later when it's not convenient to answer</p>	
<p>I was told to book online as they couldn't give me an appointment. Online there are very few appointments with a doctor if any at all. For an elderly person who doesn't really use the Internet it would be nice to have some help when calling up for someone to get you an appointment. Also not being allowed in the doctor surgery itself after all this time takes away the personal touch as it feels like covid has just begun where we are 2 years on. I just hope one day you are able to service oakham it surrounding villages with the help and care they deserve.</p>	
<p>I was lucky as I think I got a cancellation. Usually it is impossible to get an appointment using the app</p>	

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Very difficult to engage with Oakham Medical Practice. Extensive telephone waiting times, despite calling at times suggested. This is made particularly difficult as I am self employed and unable to make/receive telephone calls during normal working hours.

See above. There followed a complex and convoluted referral process for surgery, during which I had no opportunity to speak to the GP - by telephone or any other means, and communication of any kind with anybody was next to impossible.

Felt I was being brushed off

It is virtually impossible to book an appointment on line, when driven to telephoning it can take a very long time for it to be answered

Why are there never any GP appointments on line and why are all appointments that are available INR etc? At least there is now a key to the appointment type on line...

Locked doors, impossible to have a communication except through the intercom system in the outer entrance. Receptionist doing their best to help with a failing system.

The practice has not carried out annual health reviews of elderly patients, perhaps understandably
 I have not been informed of the results of blood tests
 The practice does not acknowledge or reply to letters about serious medical problems
 The practice has not acted on the written recommendations of the consultant enterologist

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I had become deaf and had a bad episode of vertigo (still un-diagnosed) I guessed due to my ears badly blocked with wax. Historically, I was treated for this at the the surgery. I was fobbed off by the receptionists into getting my ears checked/tested for deafness and blocked ears at the Boots shop. I'd been told that if I tested positive for deafness problems I'd be treated - only all treatments had been cancelled. In the end I had to find and pay privately for treatment. I still have no idea what caused the spell of vertigo - or if my reduced hearing is abnormal for my age. I worry about becoming seriously ill and not getting help - or even a response. I have lived in Oakham for many decades. The practice has deteriorated as it has become overstretched and a policy of barriers introduced to deflect patients who are not in a critical state.

The greatest challenge is spending up to and in excess of 30 minutes to get an answer on the phone...I cannot imagine how care workers cope. It's really sad as it was obvious 10 years ago that we would need more GP provision when the council decided to develop the Barleythorpe estate.

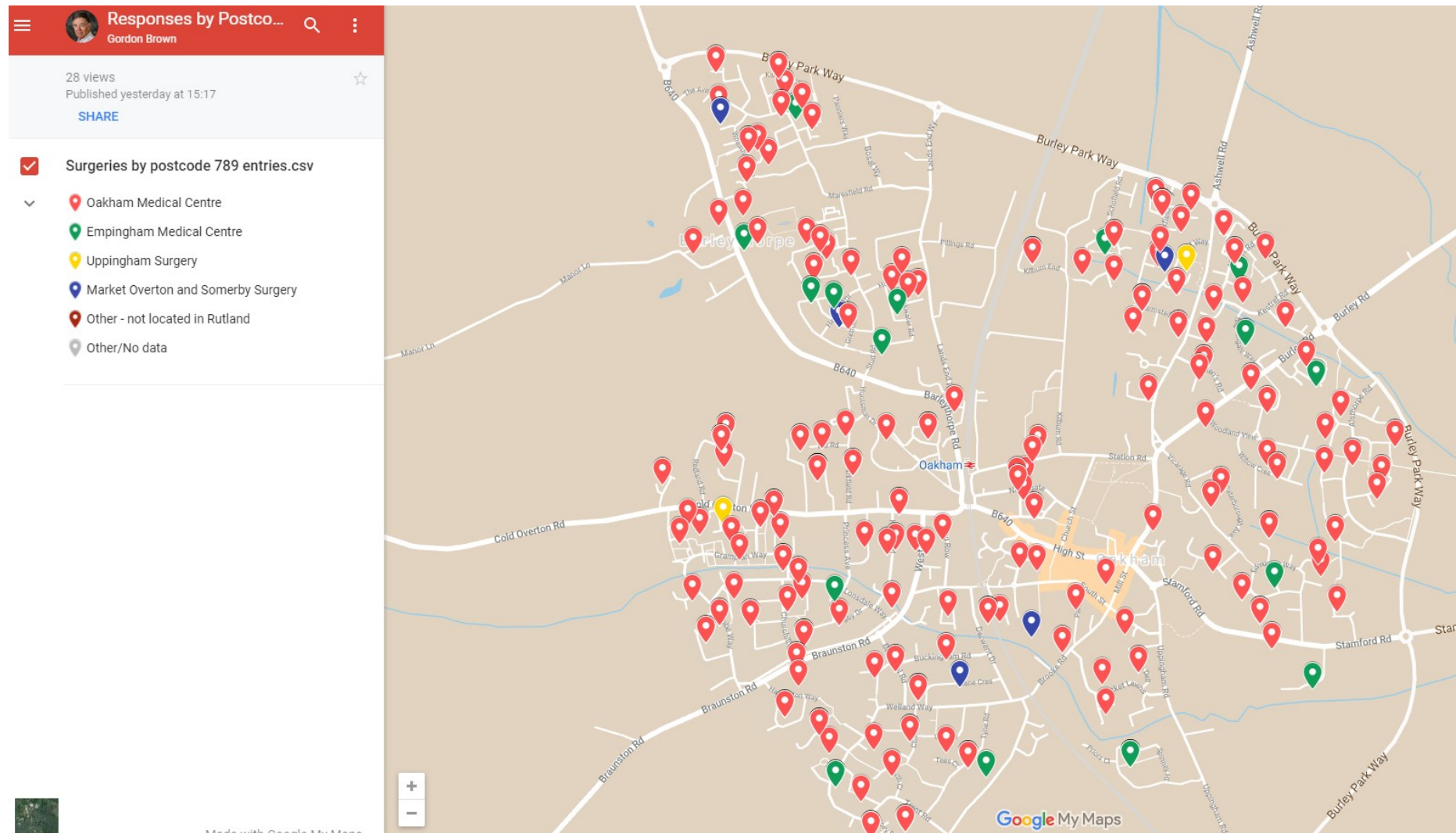
They are too quick to say it's covid. Are very rude and unconcerned

Absolutely impossible to be seen by a doctor - eventually could see a nursing practitioner: first time this was not sufficient to subsequent seriousness of my illness. Second nurse did initiate appropriate tests - but time lost.

The receptionist or who ever was very condescending and not sympathetic at all made me feel like I should not have bothered them

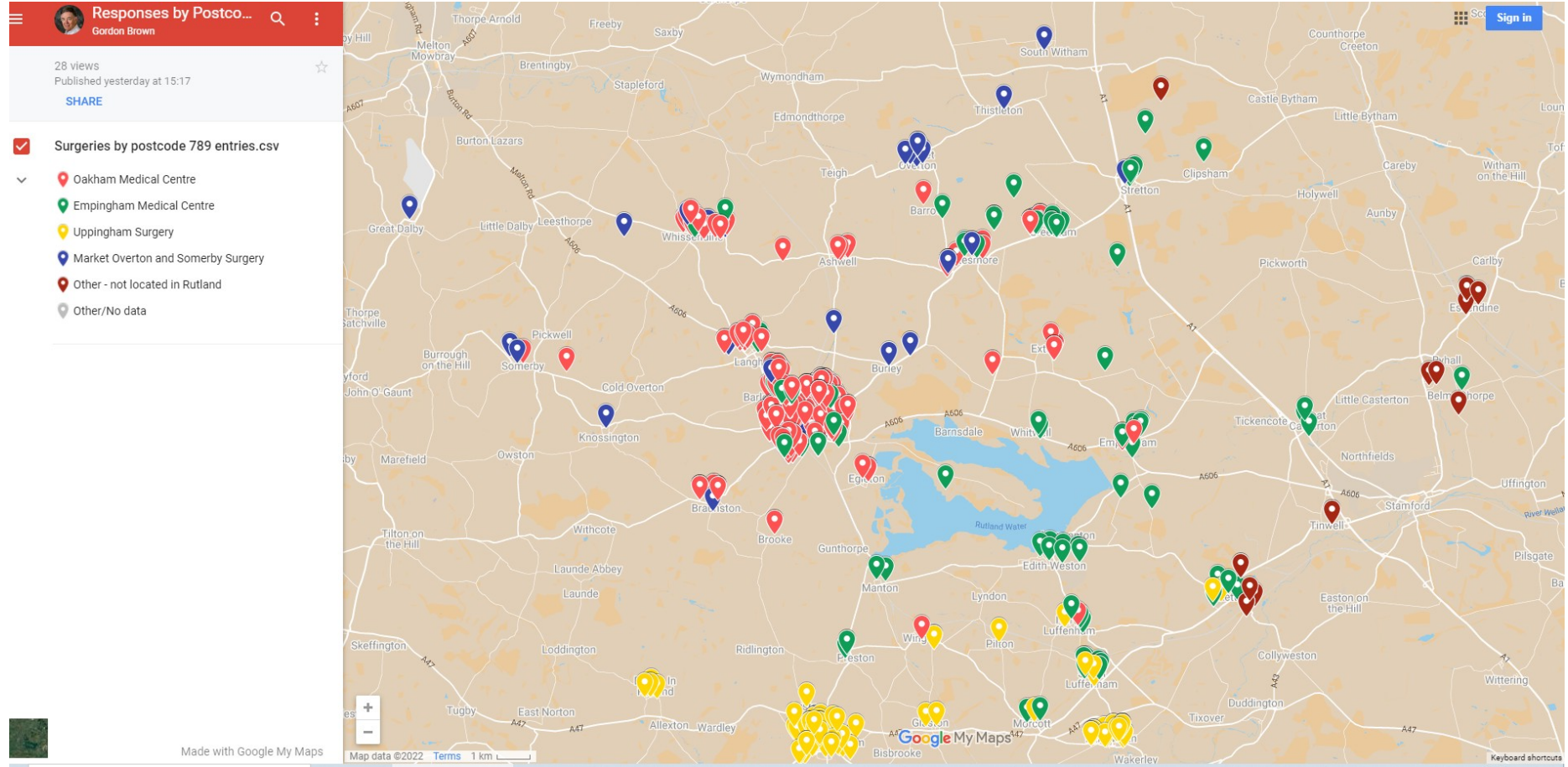
My responses are general rather than relating to a specific phone call or appointment as I have made quite a few. On average you don't get through first time, you wait a long time for an answer and it is difficult to get an appointment. When they call you, you often miss calls because you are working. It is difficult if you work to have the time to make the appointments. The appointments on the website are limited so you end up having to call.

MAP - OAKHAM SURGERY HEAT MAP



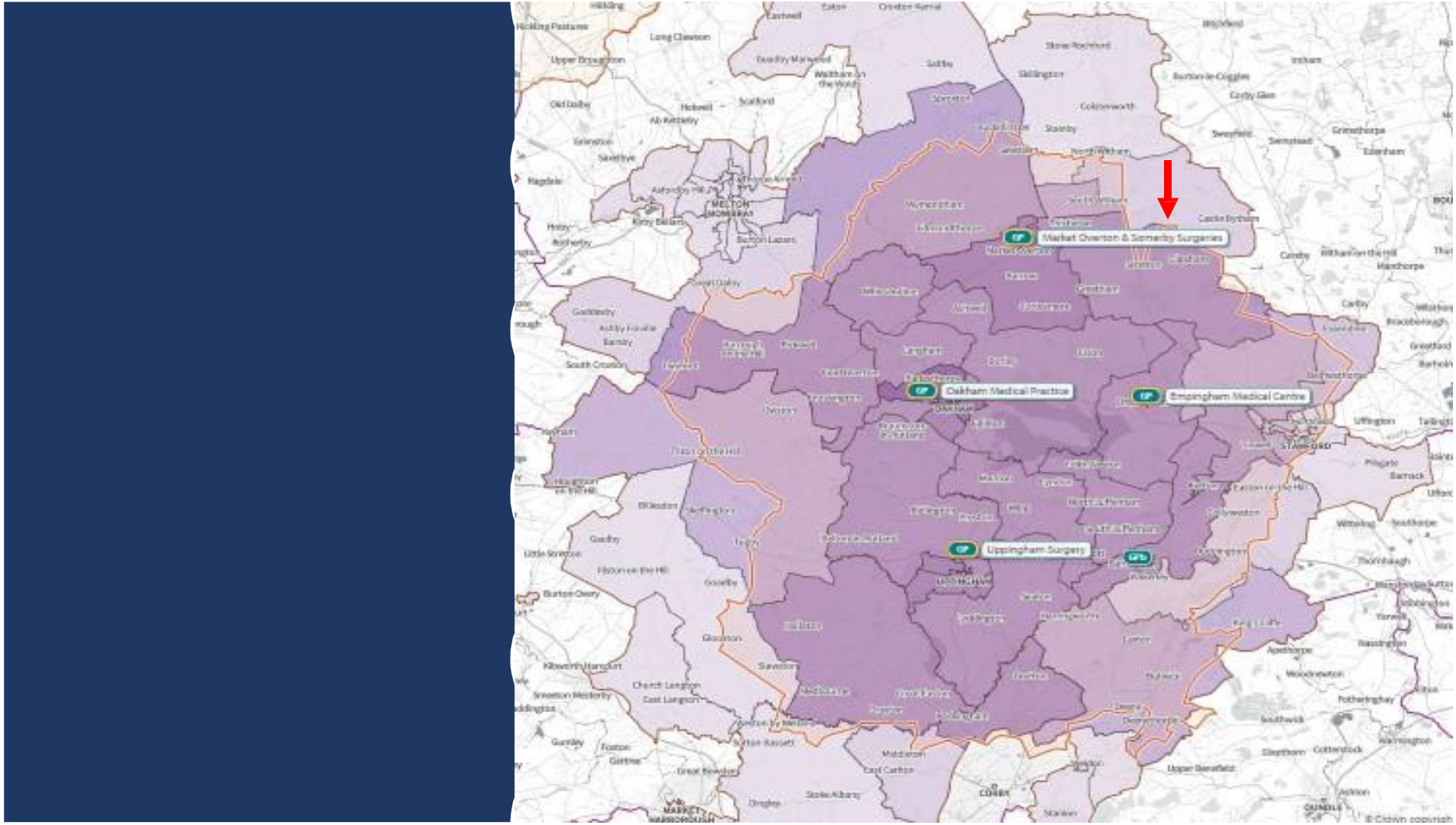
297

MAP - RUTLAND HEAT MAP



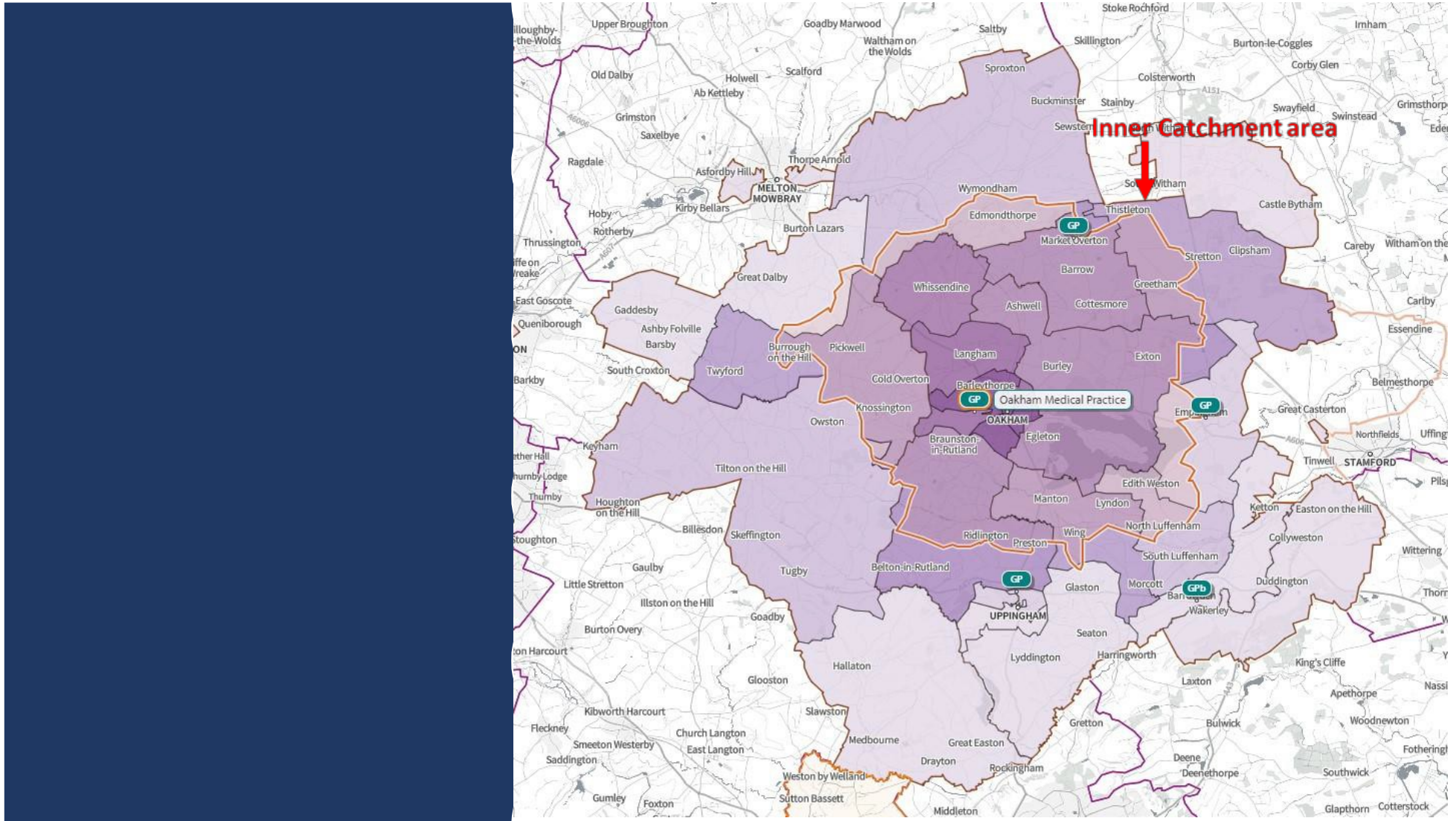
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MAP - RUTLAND SURGERIES CATCHMENT



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MAP – OAKHAM MEDICAL PRACTICE CATCHMENT



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Primary Care Survey Dataset volume 4
Part Survey Responses and Maps
UPPINGHAM SURGERY

9 December 2021 to 10 January 2022

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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%

UPPINGHAM SURGERY

Responses: 124

Date: 09/12 to 10/01/2022

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%

UPPINGHAM SURGERY written responses

Detail your experience when engaging with your medical practice or surgery:
(96 Responses)

My first response to obtain blood test results (as instructed) was a text message from the nurse, which contained insufficient information. I rang to rebook a call back from the nurse. This happened quickly and was very helpful and informative. It would have been more efficient to have received this call in the first place and not a text message. My concern is some patients may misunderstand a text message or not take appropriate action to resolve their medical issue.

WOULD LIKE TO HAVE BOOKED ONLINE RATHER THAN PHONE.

Responses: 124 Date: 09/12 to 10/01/2022

Why were you unhappy with your level of care
(20 Responses)

Based on what I'd written on website and not being examined I was given antibiotics and steroids.

The person I saw was okay but I wanted to see a GP

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After my RTA I needed to have pain relief as left hospital with enough to last 2 days over the weekend. Called doctors and was told they could arrange a call back in u days time. Was told bluntly if not happy I should call 101 and see if they could help. Called them and they had system issues and was informed to call my surgery back and say they can see appointments available and I should ask for 2hr call back as they were unable to input due to system issues. Called surgery back and they told me to 101 back and say if they are having system issues they need to report it. I at that point said no not willing to and asked to speak to a manager and that point they found ma a call back within the hr. I try not to call Uppingham surgery due to never seeing anyone and messages not getting through. I currently have high blood pressure and was put on medication to reduce then they stopped and for 10 readings to which I submitted and they gave me another prescription for the month. After that they stopped the medication again for more readings so completed. Never heard anymore and to be honest I have give up. Please note the doctors themselves that we deal with are great. Reception just doesn't want to help.

i have been diagnosed with a critical condition but offered no follow up

I have found the Uppingham Surgery to be very efficient and I have been able to be seen in person.

Clear cost cutting processes in place, no action taken resulting in me paying to go privately

Since the advent of Covid there is a definite push back from the surgery. I require a 12 month blood test but I have to remind the surgery of this. The surgery also ask for your own blood pressure readings which using a blood pressure monitor at home are very unreliable. Also, there is never any follow up by the surgery after the blood test results are available. Last time I had to call to speak to a doctor to find out what the test revealed. As I have had a triple heart bypass operation my blood test results are very important and assist with the type of medication I require on a regular basis.

Contacting surgery very difficult. Website poor - takes you round and round in circles. Unsatisfactory period of time to wait for appointment

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<p>I contacted the surgery and a doctor who I didn't know rang back and invited me to come into the surgery that day but I was too ill to walk there (vertigo). It is a long walk if you are ill/ too ill to drive. A paramedic of some sort was sent to me that day and was excellent.</p>	<p>I had a telephone appointment and discussed my symptoms and I was given a prescription for antibiotics and steroids . If I had had a face to face appointment the doctor would have been able to listen to my chest to determine what medication I needed instead of hedging their bets and given me two that I might not have needed.</p>
<p>I initially tried to book online but the system was not working. I tried for 2 days before phoning.</p>	<p>I called to make an appointment to get my son saying who had a temperature of 40 2 am was told just to go into the walk-in centre!! When we don't drive or have low income</p>
<p>Awful telephone system. Once contact made then usually can speak to someone who can help. The Upp surgery tends to text messages but with no indication of whom they are for. 3 of us share the same mobile phone , so after a text we have to ring the surgery to find out who the text was for! 37 mins to get an answer on the phone. I know they are pushing us to use the web site to contact them, but i would always prefer to speak to someone. I suspect that the dreadful TTAs are almost deliberate to get use to use the web.</p>	<p>Did not address the problem</p>
<p>I know people have had problems there I think I may have had a good day but cannot fault the service</p>	<p>It was my annual health review which consisted, this year, of blood and urine tests. In the past there have been checks on my general health and lifestyle. Appointment time about 5 minutes. At a previous surgery my annual health review would have been 30 minutes, much more in-depth and also reviewed my medication too.</p>

<p>Nurse was very efficient, polite and helpful.</p>	<p>I cannot get an appointment with my own nominated doctor. I was told that he now only comes in once a week. Since I must be on his list I am surprised that no-one has told me or offered me another nominated doctor. I feel I have no-one to speak to who understands who I am. Over the last three years I have been unable to book an appointment with him on line either.</p>
<p>Very well organised, helpful and pleasant</p>	<p>I just wanted a prescription as I had a repeat of Neuralgia but all appointments were gone</p>
<p>Occasionally the website is frustrating trying to explain why and who you want to see .</p>	<p>level of input</p>
<p>My GP, when I can speak to him is really great. However, phoning for an appointment and getting a call back is such a lengthy process. Also, having been referred to Leicestershire hospitals 18 months ago I still have not been given an appointment. My GP has tried to speed things up but nothing.</p>	<p>Felt I was just being a nuisance interrupting a busy person</p>
<p>Get back to work</p>	<p>No help whatsoever I wanted to see a doctor but was sent to see a physio instead.</p>

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I like Uppingham's method of engaging with them. It suits me as a mum to 4 children, 3 with disabilities. I find the online contact format easy to navigate and the responses I get are timely and accessible for me. I do have the disclaimer of being a (now ex due to children's needs) nurse and so I'm able to provide all the information I need to give in written format very easily and to express what my concerns are in this way. I like that it allows me to say all I need without being interrupted first. And then the GP etc can ask follow up questions as necessary.

I can see however that for those less IT able, those with specific learning difficulties, those less able to express themselves in written format, those without internet, those who cannot afford the internet etc that it might be problematic. Basically it has the potential to marginalise certain groups further and reduce their access to healthcare.

On the times I have had to call outside of the early am rush period there has been long waits to speak to someone which can be frustrating. But I do still manage to speak to someone that day despite the wait. I do have the luxury of time to hold though even amongst my very busy days. Others may not.

Actual appointments face to face or telephone have all been fine and I feel like the surgery and all staff are approachable and don't make me feel like the nuisance I sometimes think I must be (I'm a frequent flyer at the surgery for one reason or another).

Website is cumbersome and long delays with phone

Hard to get through to the surgery by phone, but able to get appointment quickly

I was told that Uppingham surgery were unable to provide an appointment and told to go elsewhere.

Because it is hard to explain things over the phone when the doctor should be looking at something

Nurse was completely ignorant about my symptoms. the wrong blood tests were taken and advice provided was completely inappropriate and ill informed

<p>The telephone is simply not answered. Several attempts involving holding-on for several hours on one day and again the following day. The only option was to go to the surgery. Something has gone drastically wrong and it isn't due to Covid.</p>	<p>Subsequent services provided by different people, no consistency.</p>
<p>having to wait outside, having to travel 16mils round trip no face to face</p>	<p>Impersonal. Don't want to know. Want pharmacy to do the job</p>
<p>Uppingham surgery is efficient and you always get a response if you are prepared to hold in the phone queue. Email will also elicit a call-back. The surgery also sends reminder text messages requesting me to make an appointment for check-ups, etc. I had a cancer scare during lockdown and was seen within 48 hrs, referred on the spot and called next day by the hospital for an MRI scan 3 days later.</p>	<p>Appointment was cancelled. This was rebooked and the second appointment was also cancelled. As this was for the flu vaccine I was then given it when I went for my Covid booster.</p>
<p>I tried to book online as recommended, but the web site is very poor and tends to lead you around in circles</p>	
<p>We can always get an answer to any queries and if necessary an appointment. Excellent care</p>	
<p>This was for a flu jab. All extremely well organised and efficient</p>	
<p>Phoned to book smear test, needed a call back from nurse before booking could be made. Seemed pointless an not a issue that needed triage or telephone appointment</p>	
<p>Very pleased, excellent service</p>	

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<p>Since moving to the area 18 months ago, I have always received prompt, professional and friendly care from every member of staff I have dealt with at Uppingham Surgery. I've found the online system extremely easy to use and have always had good responses to emails I have sent. I have a long term illness, have had acute injury and other non urgent symptoms to query at various times. These have all been triaged properly and treatments or appointments were offered after telephone consultations with an appropriate members of staff. The advice I have received has always been clear, concise and sound. I also have to mention the dispensary staff who help me to manage my repeat prescriptions without fail. Many thanks to all the staff at the practice for all you do.</p>	
<p>No complaints --efficient and satisfying</p>	
<p>Most of the time they are very good, just occasionally feel as if being a nuisance</p>	
<p>As above - service has improved</p>	
<p>It's ok for routine tasks which can be conducted remotely. Not sure how it works if you are ill.</p>	
<p>Staff are rude, don't listen & interrupt</p>	
<p>I appreciate that the health professionals are busy but I still expect good service, I feel that I have been forgotten about in particular my mental health and long term condition. Not sure there is enough communication between staff at the practice.</p>	
<p>I think it's poor how you don't get an appointment! Especially when it's a baby who is poorly! I had a another appointment for my daughter which it was for me to go down there with her so I have to go to school early to get to the doctors to be told it was a telephone call not an appointment face-to-face still around for 35 minutes b4 evn getting seen! I get paid money everyone's gone back today and work as normal why the doctors gone back to normal</p>	

<p>Lovely but overstretched staff.</p>	
<p>After 40 plus years with OMP - finally gave up. Registered with Uppingham and got appt within 48 hours with nurse. Absolutely fab - she had all my records on the screen, discussed my meds, did routine bloods, and made appt a day later to see my new doc to discuss pain relief for ongoing problems. Lovely doc who listened to my whinges and discussed the way forward. He even texted me the name of a book on insomnia. Since then had infected cyst that needed antibiotics and forwarding for surgery - again another Uppingham nurse took control. I couldn't be more impressed.</p>	
<p>I like being able to email with a query and I mostly get a call back quite quickly. It would be nice to have a proper sit down face to face appt with a GP though.</p>	
<p>I am disappointed with the quality of this survey. I have made multiple appointments and had varying experiences. To be honest until two years ago I would not have had a bad word to say about the Uppingham surgery. However.....it is almost impossible to get through on the phone, unless you make a fuss you don't get a face to face appointment, unless you make a fuss the appointment isn't within a reasonable time, the last two times I have called your phone system hasn't been working, there seems a complete lack of common sense/consistency with decision making, my elderly father in law simply dreads calling the practice, the time it takes staff to locate a repeat prescription is far too long, your website is terrible, I could go on.</p>	
<p>Had to wait nearly a week just for a phone call back. Not sure who decides how long we should have to wait for a telephone triage but 6 days is ridiculous.</p>	
<p>The reception team at Uppingham are appalling- - they are rude, unprofessional and literally the most miserable staff employed - if you can get past them the Dr's are helpful.</p>	

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My experience was very good although this was over 6 months ago, now things are a lot worse, I was lucky	
I had to wait 2 weeks for a phone call back and then an appointment was made for 3 days later. I find that unacceptable .	
When ordering a prescription via systmonline there are three different timescales given for when it will be ready, 2 business days, 3 business days and a specific date. Why can't there be one definitive date when it will be ready? I wrote to the practice manager querying this but never received a reply.	
Our surgery is really good . My only frustration is with the Very long automated response when ringing which makes you feel as though it is going to be difficult to get an appointment- almost as if you are bothering them . When you are already worried this is unhelpful.	
I find the initial contact (recorded message or home page) very unfriendly. Messages are all designed to discourage patients from making contact. Once you get to speak to someone, it's fine.	
Excellent once the telephone was answered	
Great!	
Very difficult websites	
Question does not permit you to explain that you sought an appointment with a GP, but were only permitted by the receptionist to see a nurse. The opinion formed is that the receptionist is playing a gate keeper role and GPs are hiding. The nurses are over worked and doing a brilliant job. The GPs aren't.	
Always helpful and try to accommodate my requests	
online is much easier than getting through on the phone	
The surgery is stunningly good in all respects, even under the current difficult circumstances	

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I have given up trying to telephone the surgery. I had to attend hospital for a procedure and while at hospital the staff there tried to contact the practice and failed to get through. On another occasion I had to call 111, part of their process was to try to contact the surgery, they too failed to get through.

Now, I book repeat prescriptions on-line - which I find a fairly simple process. However, booking face-to-face appointments is different. When the practice recently sent a text asking me to book an appointment for my blood test / annual review it simply wasn't possible. I had to leave an electronic message on their system asking the practice to book me an appointment. They then did book an appointment, sent another message electronically saying if it wasn't suitable to send them a message asking for a different date/time. Practice contact patient, ask patient to contact practice to book patient an appointment - seems bizarre, unless it's just a remote electronic check of signs of life in the patient ;)

Very helpful.

The dedication prescribed at first because on phone appointment the Dr could not see the problem.

Receptionist very helpful in arranging appointment

Receptionists generally helpful as far as their remit permits.

Can not speak to your own doctor

315

I have made appointments for myself during the previous 12 months via the website and also via telephone.
 The website is a great step forward in being able to request a call back, and saves waiting for prolonged periods on the telephone.
 I also feel that, when appropriate, it is very beneficial to have a call back and discuss my needs as opposed to a face to face conversation - saving time for all concerned.
 I have also spoken with a GP on behalf of our son, providing images to aid a diagnosis via a link provided by the GP. This is also beneficial from a time perspective and safer in respect to Covid protocol.

I visited the www
 Submitted a photo
 Had a phone call to discuss
 Then offered an appointment
 Excellent system

Contact by telephone is unacceptably difficult. To much time is wasted having to listen to a long list of reasons why patients cannot visit the surgery because of Covid. We cannot use the landline to call because the surgery system automatically cuts off the call as soon as we enter the number for directing the call to the right department. It is appalling that we have to wait in the car park until 1 minute before an appointment time when by definition, the majority of patients are ill. Not everyone drives to the surgery. Most surgeries around the country still have waiting rooms but our has been removed. A pandemic surely is a reason for increased compassion, but in Uppingham it appears that a pandemic is a reason for a significantly reduced level of compassion.

Annual Blood test. No opportunity to discuss results. Service and arrangements for test excellent

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We like our GP . And she is good and supportive. However we really think the practice would benefit from trying to use its own phone service to see what it feels like as a patient.	
Have to wait outside ,20 mins in freezing rain , no shelter or seats , very old gentleman needed a seat wasn't offered one so he leant on two other people waiting	
Easy to email at a time that suits me. They reply next day.	
if u get the right receptionists your OK few just don't help	
See my reply to question 17. I feel I have no GP to call since it is impossible to have a person to person consultation albeit with social distancing.	
I would have liked an in person or even a zoom appointment but this does not seem to be offered	
they have always ben helpful even if the methods of contact have changed. I do not mind a zoom or voice appointment but it is not helpful for deaf people. unless there were subtitles.	
The staff are very responsive and helpful at all times. I and my wife are able to be seen and treated with little problem	
Receptionists polite but somewhat unsure of some important issues which doesn't inspire confidence in patients. GPS always helpful but it would be preferable to be able to see the GP with whom we are registered to ensure background knowledge and continuity both for parient and doctor (as pre-covid)	
Very easy to use the online booking system, takes all the stress out of phoning the surgery and the response time was excellent.	
Absolute disaster,, no confidence in the care offered	
Generally good occasionally let down by admin glitches.	
Very satisfied. Great surgery. Pleasant and helpful staff. Brilliant GP.	
Told I could not see a doctor	

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<p>Once you could see a nurse or doctor they were very profession and helpful.</p>	
<p>I find it highly frustrating getting to see a dr and I am not alone saying this. Please bring back the simple old system of ringing the surgery to make an appointment and speaking to a human rather than the faff of going online etc etc. being told not to ring reception is not very pleasant. I rarely contact the dr and I am less likely now as it is such a hassle. I contacted 111 because that is what we are told to do; after 3 phone calls with different people there, I am advised to see a nurse, who prescribed something which sort of helped but the issue continued and eventually I get to see a dr 2 weeks later who gives me a cream which solves things immediately. Not life threatening but what if it were. I just feel that the drs are now so hard to get hold of. One never sees the same person and one feels just like another name/number. A few years ago at this surgery albeit when it was in town) one felt the dr actually knew you. Is there any chance we can go back to just ringing and speaking to a receptionist who can then sort an appointment? Please?! Thank you. The care is good though and I am very grateful to the team who gave us the boosters last weekend.</p>	
<p>It's difficult to get through on the phone - have to use online services just to make contact but they are speedy with that service . When you specifically request your own GP for continuity of care you don't always get that request</p>	
<p>Farcical</p>	
<p>I needed a blood test and an appointment was offered tht was convenient for me.</p>	

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A complete and utter nightmare trying to make an appointment I waited on the phone for 30 mins got in my car drove to the surgery and when I asked to make an appointment the very rude receptionist as why I hadn't phone. I was still on the phone in the queue so showed her I had been waiting for someone to answer the phone. She then reluctantly made me an appointment. Not with a doctor who I had wanted to see. So all in all it is extremely difficult to see a doctor hence trips to the walk-in centres and why the queues there are 2/3/4 hours wait.

Staff are helpful, doctor was great. The triage system is not compatible with people who work and while staff are sometimes sympathetic to this, often I'm told there is no alternative.

I was very happy with Corby walk in centre, where I was seen the same day. I'm not sure what it means that the surgery is "in crisis" and whether this is an ongoing issue or simply for that day- this wasn't very clearly explained.

Absolutely first class. No delays and prompt service.

I actually feel a bit neglected as I'm not offered an annual check, even though I'm over 60.

Cannot answer this as at Uppingham I have found it almost impossible to speak to a GP

There were 2 parts to my enquiry. The one was redundant by the time I was called. The other was dealt with efficiently.

My consultant has contacted my GP twice by telephone and/or email with a request for medication to be prescribed. I was notified that the prescription had been issued the same day.

They use GP engage web service very efficient

I find it very frustrating at times as I cannot get through on my house phone so my daughter has to ring on her mobile from my house.

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Ridiculous lengthy online questionnaire which has to be completed before get an appointment. Totally unclear how useful this is as the questions don't seem at all relevant and not possible to provide correct responses from the 'options available'

Good process, call answered then same day triage to nurse or dr and then they book you in that day or next couple of day. Warmly handled and efficient . Impressive

Now I have seen a different GP from my nominated one, I am more than happy with my level of care.

Uppingham surgery provides excellent care, I would recommend Oakham follows some of its processes and principles

It feels very impersonal and disjointed. No one person knows your overall health status. I have a named GP but I don't think I have ever seen him. So instead of one person treating all your needs, each one is treating a single health issue without linking them, when maybe one issue is affecting another.

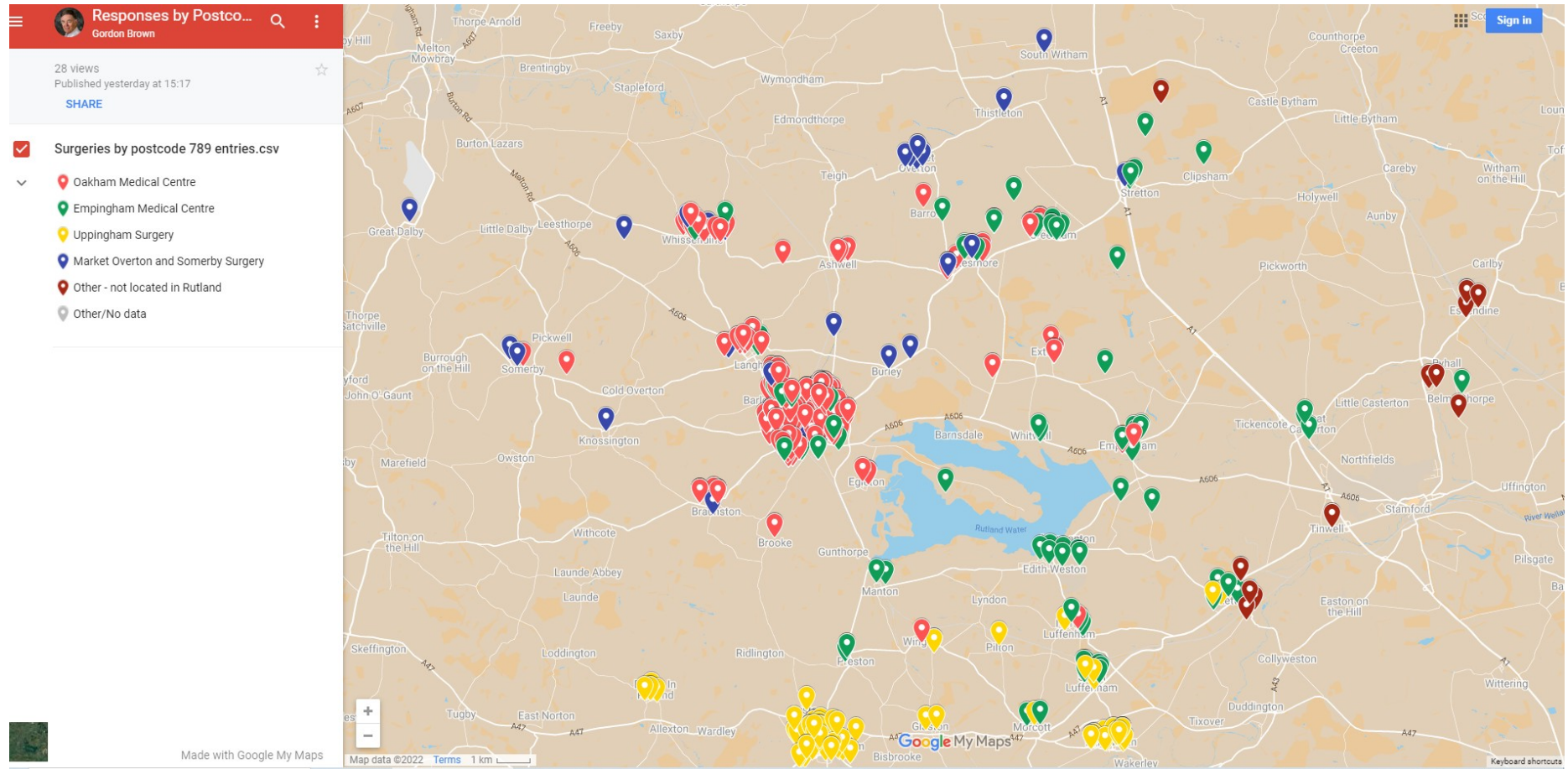
Fast, thorough and helpful. Both the receptionist and GP

Very disappointing

I have had another problem that I have not bothered contacting the doctor about as it is so difficult to see a GP. I have received poor and inaccurate advice from a nurse practitioner previously, luckily I am an ex-health care professional and was able to recognise this. I feel that the GP's have protected themselves during the Covid crisis, providing an extremely poor service to their patients.

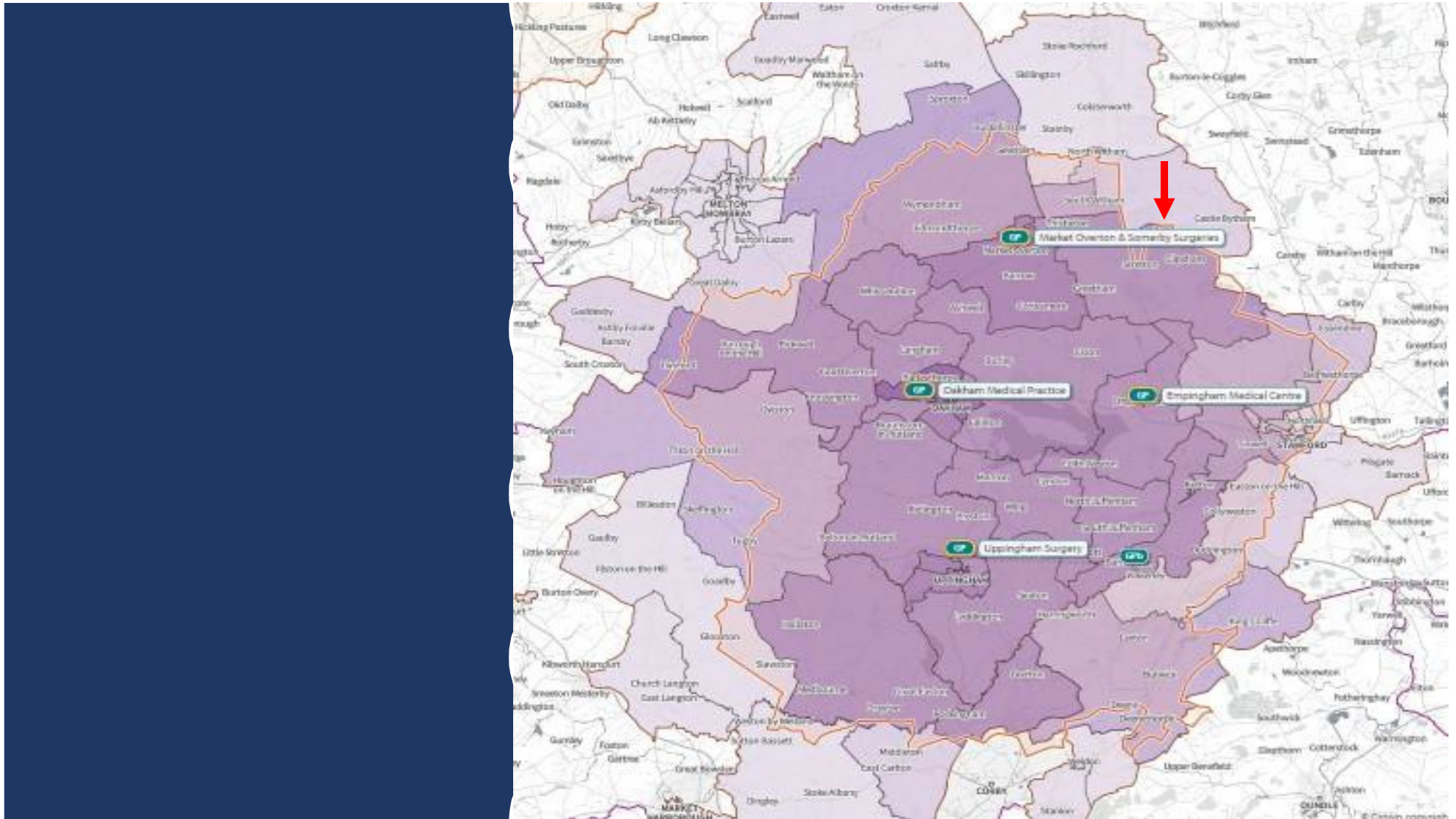
Reception and HCA staff helpful. Pharmacy staff not very helpful at all. Even on repeat prescriptions when you go in after the date the prescription is due, the medication is very rarely ready. Sometimes it is not even available. I would have thought that if medication is ordered on a repeat, there is no reason why the medication is not available and ready for collection,

MAP - RUTLAND HEAT MAP



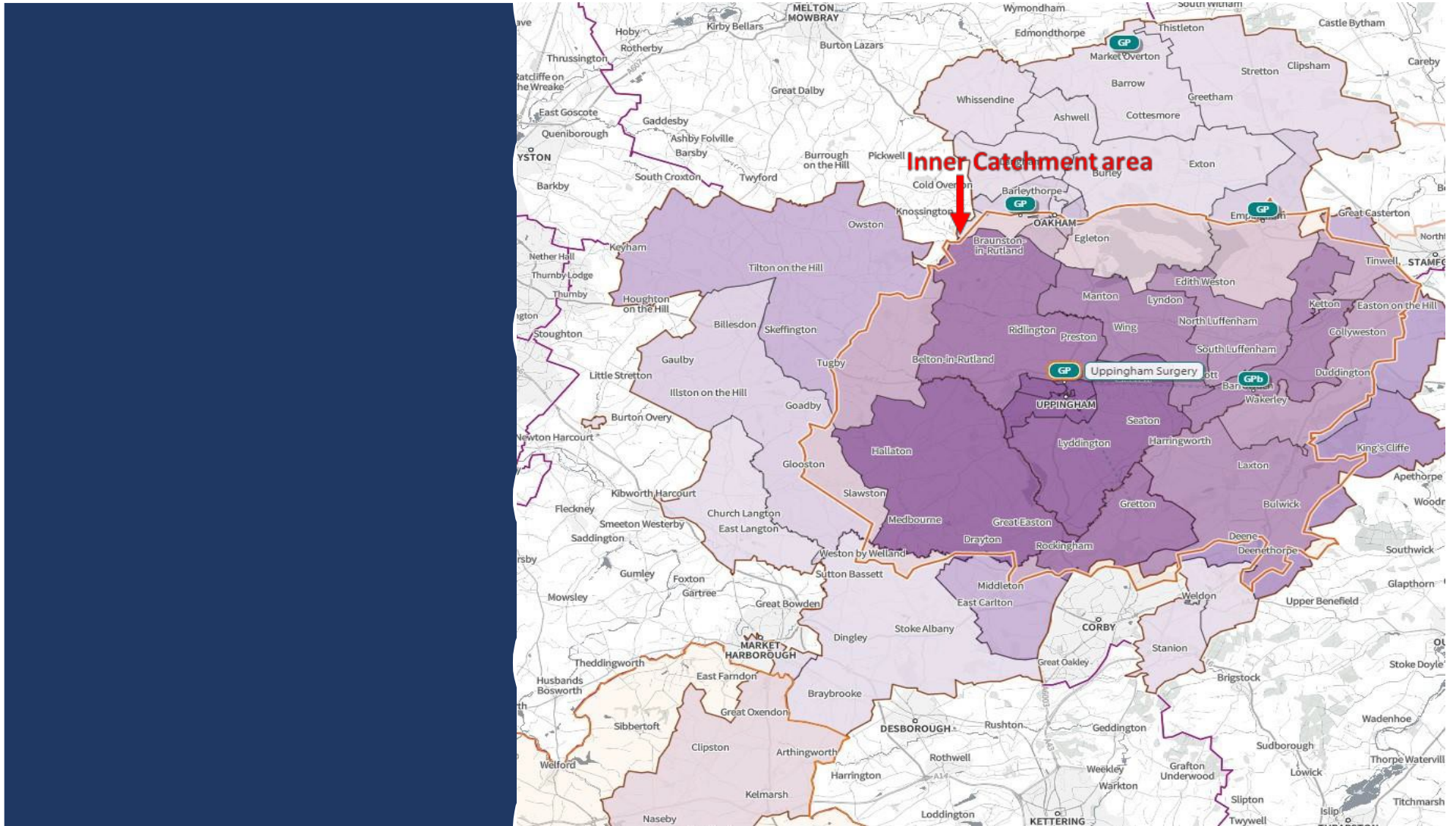
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MAP - RUTLAND SURGERIES CATCHMENT



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MAP – UPPINGHAM SURGERY CATCHMENT



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