



Rutland  
County Council

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# Primary Care Task and Finish Group: Preliminary Report

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Guardian	Councillor Paul Ainsley
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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).

# Contents

	<i>Page</i>
1.0 Introduction	3
2.0 Context	3
3.0 Phase 1 Methodology	4
4.0 Phase 1 Analysis of the Data	4
5.0 Patient Engagement Issues	4
5.1 Technology	4
5.2 Modern Clinical Practices	4
5.3 Surgery Performances and factors affecting access to services	5
6.0 A Comparison of Key Overall Responses Across Rutland	6

## 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 10<sup>th</sup> 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.

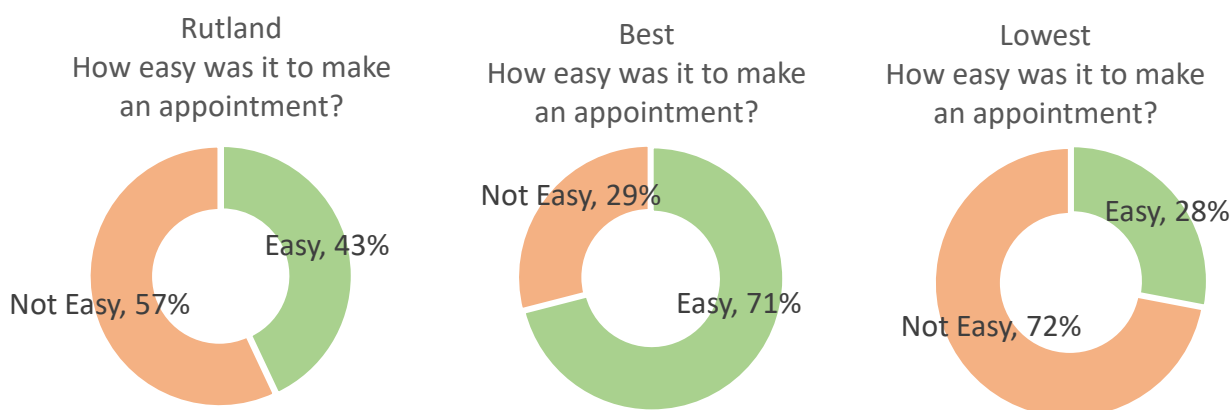
It is hoped that each individual practice will consider the response to the public survey in a positive manner and we have asked for their views on the same.

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.

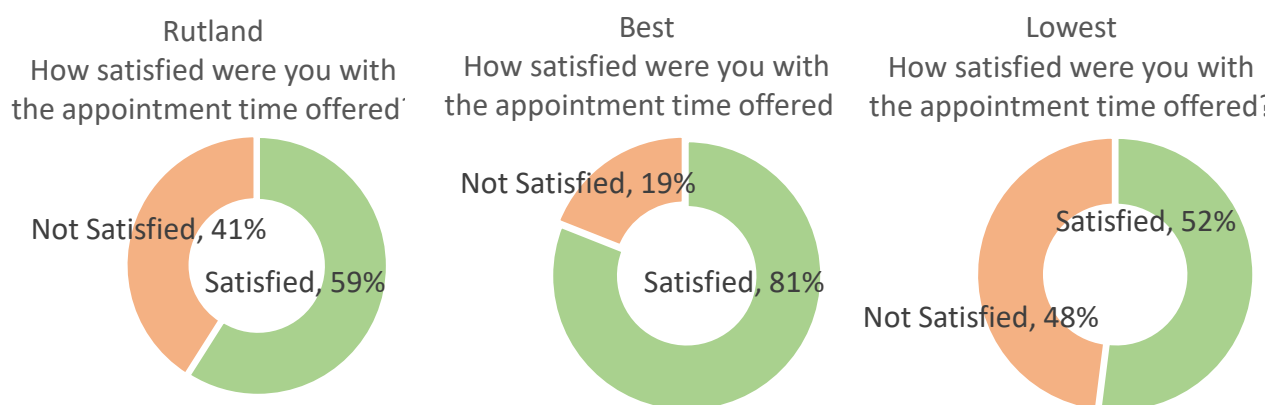
## 6.0 A COMPARISON OF KEY OVERALL RESPONSES ACROSS RUTLAND

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.

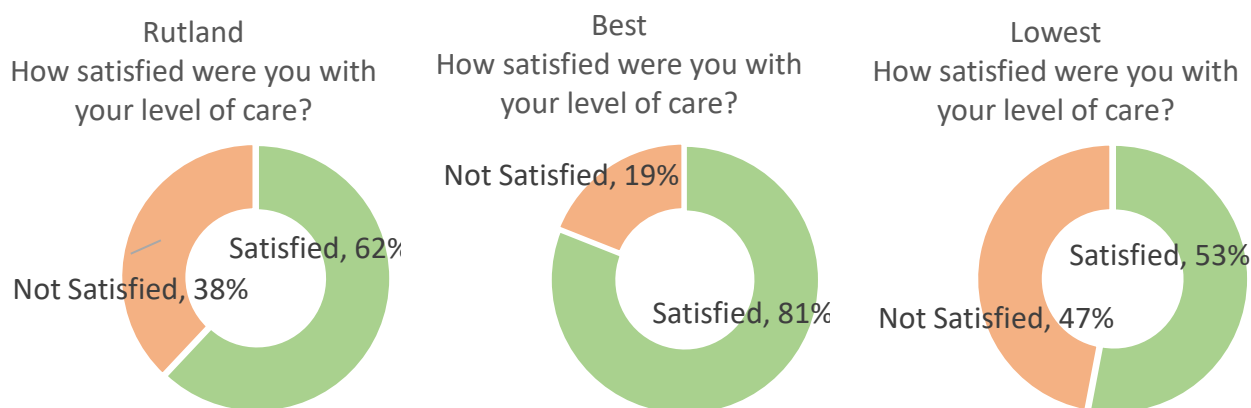
There were wide differences between individual surgeries with 72% finding it 'Not Easy' to make an appointment in the lowest performing practice. Whilst in the best performing practice 29% found it 'Not Easy' and 71% found it 'Easy' to make an appointment.



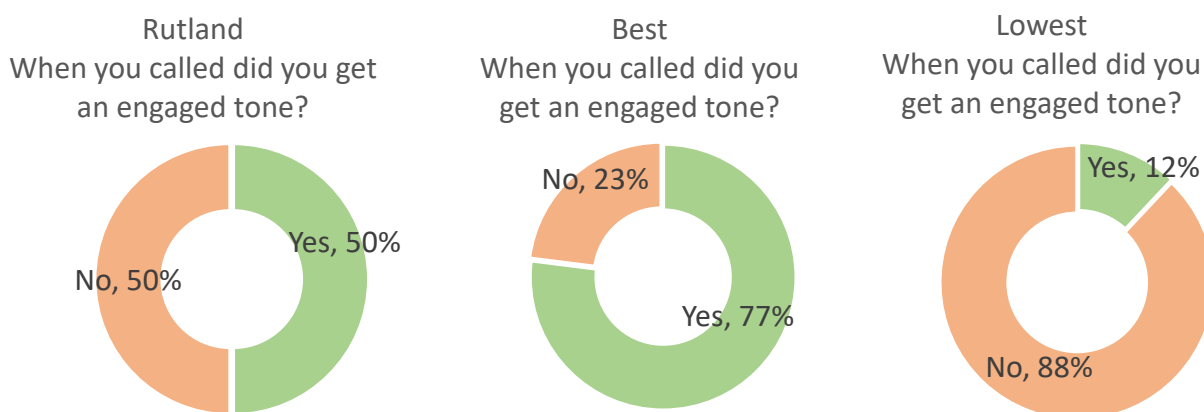
6.2 On reviewing the question 'How satisfied were you with the appointment time offered?', the best practice had a satisfaction rate of 81%, surely an exemplar. Whilst the average across Rutland was a much lower 59% with the lowest performing practice at 48%.



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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