Rutland County Council

Primary Care Task and Finish Group: Final Report

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Guardian	Councillor Paul Ainsley
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Approved by Adults & Health Scrutiny Committee	
Release to Rutland Health and Wellbeing Board	
Approved by Council	

Summary of document

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

Contents

1.0 INTRODUCTION

1.1 At its meeting on 11th October 2021, Rutland County Council (RCC) resolved to establish a cross-party Task and Finish Group (the Group) to understand issues that residents were facing in accessing primary care services and to consider the longer-term demand for primary care due to increasing demand including new housing developments.

1.2 As part of that work, the Group was tasked to bring forward a report on its provisional findings. The 'Phase 1' or preliminary report presented the data gathered by the Group with a high-level analysis highlighting the key issues which residents faced. Copies of the results and the individual patient comments were passed to the respective surgeries to seek their comments. They responded to the Group through a presentation from the Primary Care Network (PCN), which represents all four surgeries in Rutland.

1.3 Subsequent work built upon the evidence presented in the preliminary report to understand current and future demand for primary care services, the impact of new housing developments in the county and the resulting pressures on the PCN.

2.0 CONTEXT

2.1 It is recognised that the patient survey was carried out just as the Omicron variant was taking hold within the community and the resulting need for health professionals to be diverted to support the vaccination booster programme. However, from the patients' comments, it is clear that the issues raised are much deeper seated than just the last few months.

2.2 The impact of the pandemic has created a pent-up demand for services as patients have both stayed away from surgeries to avoid 'bothering' the medical staff for what they perceived as minor ailments, while at the same time surgeries had internal issues due to Covid pressures such as the 2-metre physical separation and requirements for self-isolation; all whilst trying to deliver normal services.

2.3 For at least the last 5 years, surgeries have experienced issues with staff retention and recruitment, although this does not seem to have been universal across all surgeries. Alongside retirement, there has been a shift in working patterns, with more GPs choosing to work part-time or more locum working. The number of permanent GPs has dropped significantly in the last 4 years

2.4 According to the World Health Organisation (WHO), there are nearly 2.8 doctors per 1000 people in the UK, which is lower than the number of doctors available in most of the European Union countries (3.4 per 1000 people). The British Medical Association (BMA) has suggested that we could see a shortfall of 7,000 GPs by 2023.

3.0 SUPPORT CURRENTLY PROVIDED TO GP PRACTICES

3.1 RCC provides considerable support to Rutland practices when compared to the other authorities within the Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG). The Strategic Director of Adult Services and Health at RCC detailed the role of the Rutland Integrated Social Empowerment (RISE) and the Mi Care teams and the support provided to Rutland's medical practices. This support assists the acute care sector by enabling the discharge of patients from hospital and reducing re-admissions so saving money in that sector. However, it does mean that patients are seen more often by the wider Rutland team (RCC and PCN) so increasing their costs with no compensation for the benefits provided.

3.2 RCC has made available two Integrated Care Co-ordinators; a Community Mental Health Worker; one Social Prescriber and a Line Worker for liaising with care homes. The Integration and Transformation Team at the CCG gave a wide ranging and useful presentation to members of the Group, describing how they appreciated this level of help and how impressive this was compared to other councils in their area and even to the extent that our approach was nationally significant. This support was also recognised as being valuable to the PCN members, by the Clinical Director of Rutland Health PCN.

3.3 The RISE Team has grown in the past 3 years and Rutland is seen as an exemplar of good practice. It has proved so successful that the service is no longer funded by the Local Authority but by the Better Care Fund and the PCN; all because of the resulting improved outcomes for patients.

3.4 Empingham Medical Centre recently reached a critical point as it was unable to provide consulting space for vital patient services. An additional 3 consulting rooms were required and more than £103,700 was provided by RCC for this, which came principally from Section 106 agreement money.

4.0 SURVEY METHODOLOGY

4.1 The core activity of the Group was to gather information from residents about their experiences in accessing primary care services. The Group generated a resident survey principally using an online form supported by a press/social media campaign and leaflets delivered by Councillors within their Wards and Parish Councils. The survey was broadly similar to the questionnaire detailed in Appendix 4.

4.2 Residents' views were also sought in face-to-face meetings on the high streets, including supermarkets and on market days as well as meetings held with most of the Practice Patient Participation Groups.

4.3 A GP survey was sent out to each practice but due to pressures on the GP's and their staff with the Omicron variant, the Clinical Director of the PCN contacted the Chief Executive of RCC advising that the GP practices did not have the capacity or time to

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

4.4 As an alternative to completing the GP survey, the Clinical Director of the PCN made a detailed presentation to the Group and dealt with many of the issues which members of the Group wished to cover. Concern was expressed during the meeting that some of the practices were unhappy about the detailed comments from patients being made public as they felt it had a detrimental impact on their staff.

4.5 It was confirmed that it had never been the intention of the Group for the practices to feel that its approach was targeted as being negative. However, the Group did feel that the patients' survey was evidential as there was a disconnect between how the practices, the CCG and the general practitioners perceived their operations and the patients' perception, which as a member of the Group stated, "In the view of the patients, their perception is their reality".

5.0 ANALYIS OF THE DATA

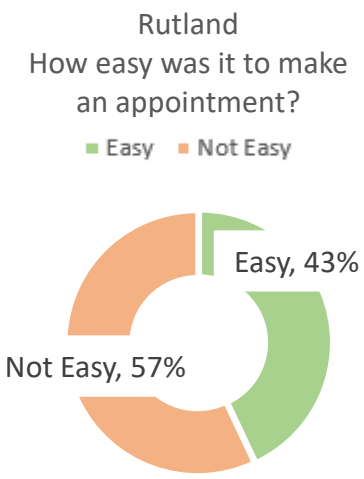
5.1 The on-line survey was completed on the 10th January 2022. The survey had a good response with a total of 902 valid responses across Rutland. A summary of the results by practice can be found at Appendix 5 but the responses can be broken down by Rutland surgery as follows:

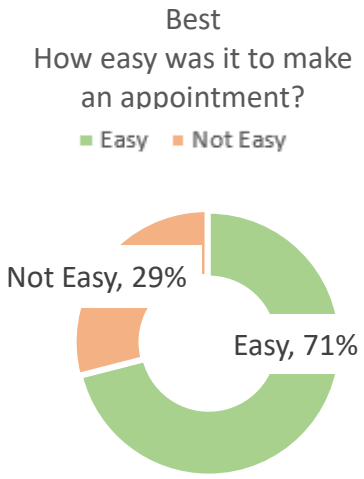
- Empingham Medical Centre – 150 valid responses
- Market Overby and Somerby Surgery – 92 valid responses
- Oakham Medical Practice (OMP) – 536 valid responses
- Uppingham Surgery – 124 valid responses

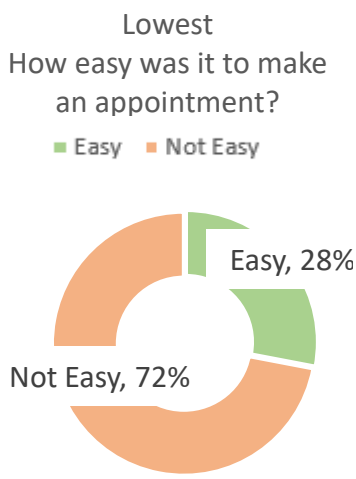
5.2 The Group felt that the patient survey showed there was a diverse level of compatibility of service levels between practices in their approaches to initial contact by their patients and beyond. This was both in respect of the IT used, their telephone responses and their handling of patients generally.

5.3 Although each practice decides its own approach to managing the practice and the delivery of services, the Group was informed that there was a Joint Practices Committee to promote joint working. This Committee had established an IT system that had a good level of interflow on operational matters between practices and RCC and was aiming at the establishment of common 'best practice' procedures throughout the county's medical centres.

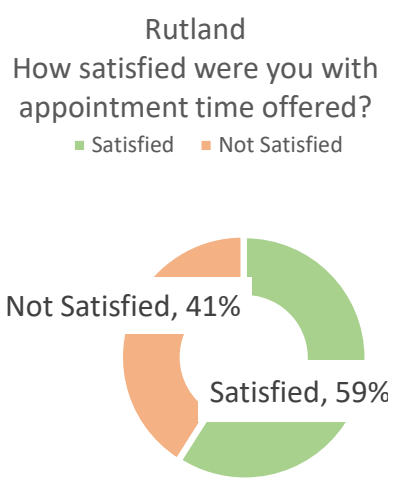
5.4 There were wide differences between individual surgeries, with 72% finding it not easy to make an appointment in the lowest performing practice. Whilst in the best performing practice, 29% found it not easy and 71% found it easy to make an appointment.

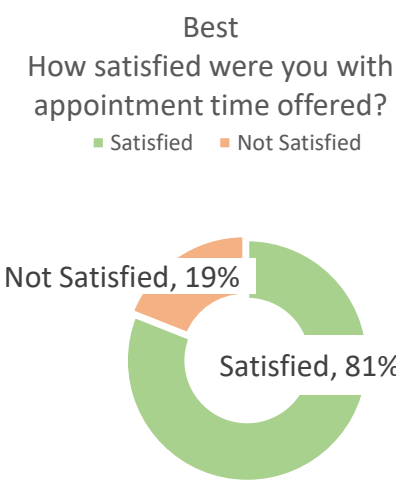


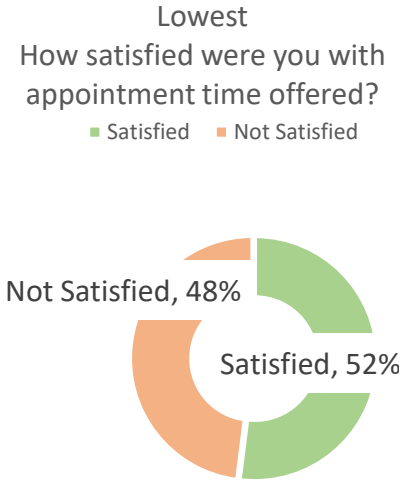




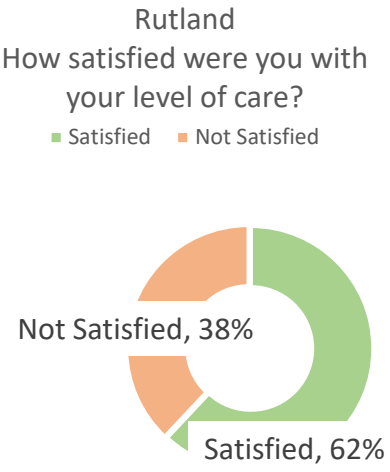
5.5 On reviewing the question, '*How satisfied were you with the appointment time offered?',* the best practice had a satisfaction rate of 81%, surely an exemplar. Whilst the average across Rutland was a much lower 59% with the lowest performing practice at 48%.

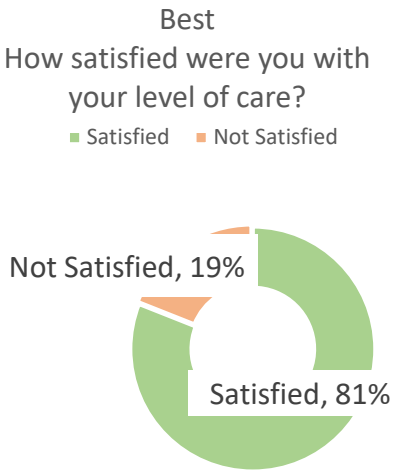


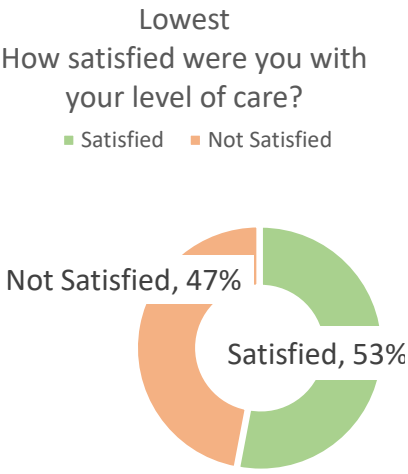




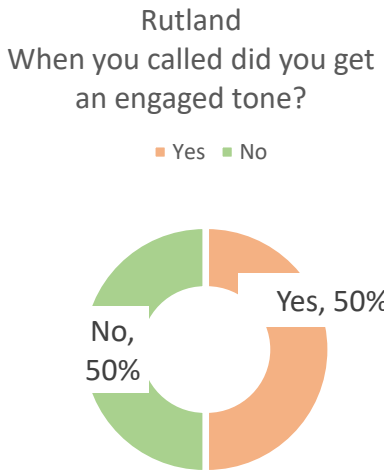
5.6 When examining the results of the question, *'How satisfied were you with your level of care?',* there were stark differences across Rutland with the best performing practice achieving an 81% satisfaction rate, possibly an achievable target standard for all of Rutland.

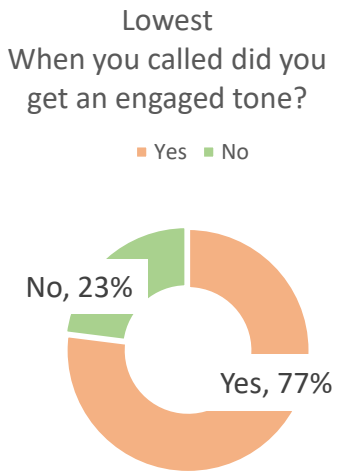


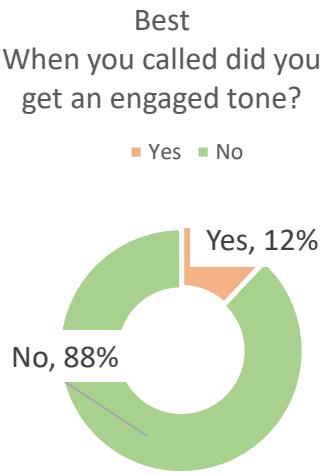




5.7 As part of the survey the question was asked, *'When you called, did you get an engaged tone?',* the Rutland average was split 50/50 whilst in the best surgery 88% of patients who called got through at the first attempt. Whilst in the lowest, only 23% of patients got through on the first attempt.







6.0 PATIENT ENGAGEMENT ISSUES

6.1 Technology

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

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

6.2 Modern Clinical Practices

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

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

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

6.2.4 As to telephone contact:

- Failure in practices' ability to promptly respond and deal with enquiries, in some instances, to an alarming extent.

- Call-handlers making decisions as to which treatment pathway would be appropriate, which patients find difficult to accept.

- Anecdotal evidence suggests that telephone contact at Oakham Medical Practice may have improved following the introduction of a cloud-based telephone system after the survey had been completed in January 2022

6.2.5 As to digital means of contact:

- Releasing appointments via digital pathways for any type of clinical help, sometimes at unreasonable times i.e., only opening appointments on the system at 07.30 and/or midnight,

- Failure to offer sufficient, sometimes any, appointments with any general practitioner in the practice. Appointments only available with other clinicians. Concerned patients then have to revert to the telephone to discuss alternatives. Which defeats the object of improving the speed of transactions and quality of service.

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

- Patients are largely unaware of the problems the practices face. They do not know how the practices are dealing with these problems or how the delivery of medical services has changed and will continue to change. Patients' anticipations will need to change to meet the limitations of the medical practice's ability to delivery in both the current and foreseeable future.

6.3 Surgery Performances and Factors Affecting Access to Services

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

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

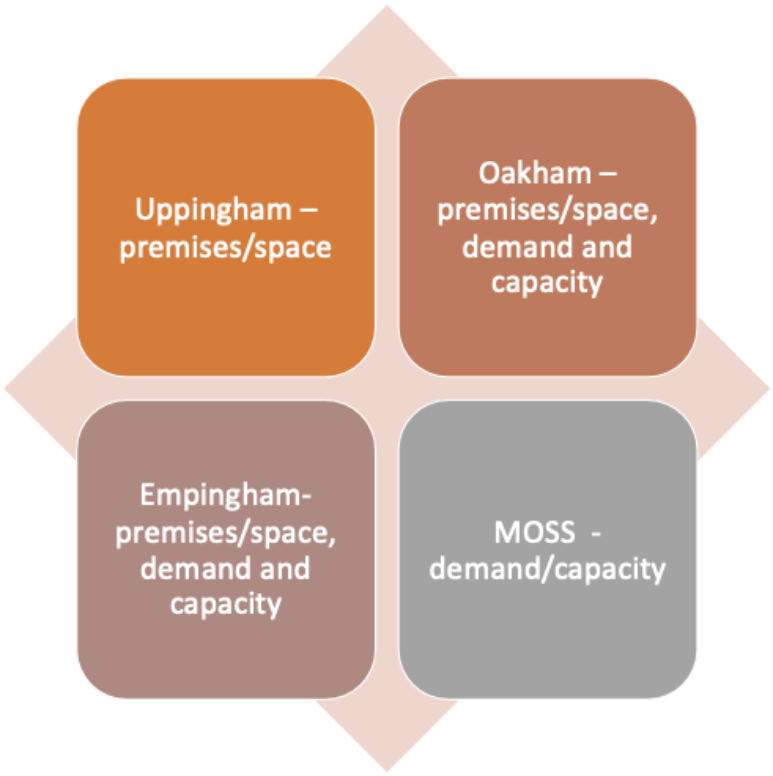
7.0 CURRENT PRESSURES

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

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

7.3 Facilities and Access

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



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

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

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

7.4 Housing Demand

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

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

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

7.4.2 It also stated that the proposed housing growth, within the withdrawn Local Plan, could generate some 5380 additional patients by 2036.

7.4.3 This position has not changed even following the withdrawal of the Local Plan, in fact, it is probably worse, given that the opportunity of delivering a new medical facility at St George's Barracks to serve the east of the county is unlikely to occur before the early 2030s, if ever. It is also likely that new homes will be delivered at a faster rate than was anticipated in the withdrawn Local Plan particularly up to 2025.

7.4.4 The Infrastructure Delivery Plan, written in February 2020, identified additional capacity requirements at Oakham Medical Practice, which is currently 33% over design capacity. It also identified that Uppingham Surgery would require the existing building to be reconfigured. Despite the addition of a temporary building at Empingham in 2021, the capacity constraints remain and it was recognised that a new surgery at St George's Barracks would be a means of dealing with the increase in demand coming from the 2000 new homes at the Stamford Northern extension (which included up to 650 homes inside Rutland County) as well as improving consolidated and accessible facilities in Stamford.

7.4.5 It appears from the current evidence that the bulk of the new housing will be in the north of the county around Oakham and in the east at Ketton and Stamford. With the lack of a facility planned for St George's within the foreseeable future, additional physical capacity will need to be delivered in Oakham, Empingham and Stamford as an immediate priority.

7.4.6 Work carried out by the CCG suggest that only Empingham out of the Rutland surgeries is in the top 50 surgeries requiring immediate action to be taken in terms of physical capacity.

7.5 Residential Care Homes

7.5.1 The number of care home beds in Rutland has increased dramatically in the last 5 years, which has led to an increase in the workload for both GPs and for RCC's Adult Services.

7.5.2 This raises a potential future problem because if people come into Rutland to live in the new care homes as a self-funder i.e., they pay for their own care and accommodation and they then run out of money, it would be the

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

8.0 RECOMMENDATIONS

8.1 Five key recommendations in no particular order:

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

1. Accessing Primary Care Service

a. Telephone systems should be straightforward and not based on 'call centre' concepts with multiple options at multiple access levels. Recent comments from patients at Oakham Medical Practice have indicated that while the new system is an improvement, the messages and levels of options can result in 4 minutes of hanging on before the telephone reaches a point where it is actually ringing and waiting for a human response. This is especially frustrating for those who have to contact the surgery on a regular basis**.**

b. Consider how vulnerable patients can access the telephone system and other appointment systems. Concerns were expressed to the Group about those with lower cognitive capabilities, those hard of hearing, those with limited digital skills and those without any internet access at all and how they would be able to use the new technology systems.

c. A 'patient user group' should be established to review web-based systems to provide feedback about the ease of use and ability to understand the terminology used. It is good practice when developing websites to seek feedback from a range of users as to the experiences they have and to recognise any shortcomings in the way that information is presented.

d. Ensure that the 'NHS speak' is minimal in all communications avoiding such words as pathways, critical care, acute care, primary care networks, etc. It is important that the words used in communications with patients are words that they use on a day-to-day basis especially by the more elderly, rather than the terminology that is part of the NHS internal communications. What is a

nurse practitioner, phlebotomist or a clinical pharmacist and how different are they from a nurse, a nurse that takes blood or chemist?

e. **The CCG, RCC and/or Public Health provide support to surgeries to improve website accessibility (font size, design contrast etc.) and the visibility of the Patient Participation Groups from the practice websites**. This will allow the surgeries to provide better more accessible websites for patients to use, improve communications with patients and so meet the recommendations identified above.

2. Communication to/from Patients Regarding System Changes

a. **Accept comments and criticism from patients as positive feedback to continuously improve the service provided.** While some patients may not express themselves in the most appropriate way, it is important to listen to all points of view and use them to recognise any shortcomings and make continuous improvements to the patient surgery interface.

b. **Improve the understanding of patients of the new and developing approach to primary care and the broader service, which is now offered by qualified clinical professional staff and not just GPs.** This was an important issue raised in many conversations as patients do not understand how surgeries are organised. They do not fully understand the changes being made to primary care services, how they as patients fit into these new structures and how these changes will benefit them in being treated quickly, effectively and efficiently.

c. **Increase the reach of messages about improved access to general practice, by working with relevant partners including local authorities, voluntary and community sector organisations or other groups that support patients and the public who are likely to have a need for general practice services, to communicate these messages through their channels**. To implement recommendation 2b, it will be necessary to use as many channels as possible to raise the knowledge of patients in the new methods of working.

d. **All clinical staff to assist in the promotion of the new service during face-to-face appointments with patients to improve the understanding of the new methods of working and the benefits**. This would provide feedback as to the effectiveness of recommendation 2b but also help patients to better understand why they are being seen by that particular clinician and how they are being treated in the most appropriate way.

e. **Webinars for patients, County and Parish Councillors, led by the GPs and/or clinicians should be held to explain the new process and seek feedback**. This could be done through the PPG and would assist the implementation of recommendation 2b.

3. Physical and Staffing restraints

a. RCC and LLR CCG to lead a strategic review of all current surgeries in conjunction with Lincolnshire CCG, to identify where and when additional physical facilities will be delivered and develop an action plan. It is difficult to make any recommendations as to how we can presently help the substantial minority of residents living in the eastern part of Rutland who gravitate for their primary care to areas outside our CCG and PCN group (see Appendix 6). Reciprocal offers of suggested help would have to be after consultation with the Lakeside Healthcare Group (Stamford) and Lincolnshire CCG. However, early engagement is unlikely until the CQC is satisfied in the progress made regarding issues at that practice.

b. Increase the use of existing space during out of hours e.g. increased number of appointments at evenings and weekends. This action has already been recommended by the Department of Health to improve access to primary care services and this would also increase space utilisation in the short term until more permanent solutions can be achieved.

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

4. Use of Public Funds

a. While not in the remit of this Group, the issue of using public funds to support the increase in available facilities was discussed. It was queried if funds from Section 106 or CIL could be used to support the increase in physical space and other service improvements within the medical practices. Surgeries, although funded by the NHS on the basis of their premises, are in many cases owned by the partners in the surgery or third party and are not funded by the public sector.

b. Recording of public funded assets. Consideration should be given by the CCG and RCC to find a mechanism where assets, if added through public funds, are retained on the public balance sheet and are not counted as surgery assets in the event of disposal, etc.

5. Monitoring of Improvements

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

A large print version of this document is available on request

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