

## Paper 2: Healthwatch Rutland Annual Meeting 3.11.22: Notes

### How can health inequalities in Rutland be addressed in the face of the escalating cost of living?

#### Presentation One

HWR looking back – 'What Matters to You' project, 'Let's Talk' project, Dentistry, pilot of new volunteering role: Healthwatch Community Champions, representing people's views and working with the Integrated Care System (ICS).

HWR looking forward – Dementia, Maternity and Communication projects, volunteer development, Enter and View program.

#### Presentation Two

How can health inequalities in Rutland be addressed in the face of the escalating cost of living.

- Heating or eating dilemma
- Impacts on mental health

#### Presentation Three

Mark Andrews (MA), Chief Executive of Rutland County Council

- Transport is a problem and needs to be addressed by the end of the year
- Various funds are available for those who are struggling the most

#### Presentation Four

Mike Sandys (MS) Director of Public Health

- We need to think about the effect the cost of living has on excess winter deaths vs the effect of poverty on children's health and well-being in the long term
- Rutland remains a very healthy place to live
- Rutland has a lower-than-average dementia diagnosis rate

#### Presentation Five

Andy Williams, Chief Executive of Integrated Care Board

- Leicester, Leicestershire and Rutland (LLR) are not viewed as one place, they always take into consideration there are three distinct areas. ICS are committed to seeing Rutland as a place in its own right
  - The cost of living is high on the agenda
  - People need to take advantage of what the NHS offers such as vaccinations and screening
  - Looking at ways to deliver services without people always having to go out of the area. The refurbishment of Rutland Memorial Hospital should help with this
  - Additional hours within primary care should be good for patients
  - Working with dental public health to see changes in dentistry
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- We have a good starting point regarding our health services in Rutland and we need to build on that
- Explore the opportunities of a Rutland care collaborative, there is a commitment to working together differently which may make improvements easier to achieve
- We need to focus on what we can do and not on what we can't

### **Question 1: Access to secondary care: Costs involved with travel.**

AW- The services must minimise the times we have to travel to appointments and look for more ways to bring the expertise to the public. The services need modernising. Look to move information, not people. We could encourage others to support patients to engage digitally. Bringing appointments together rather than them all being separate and travel reimbursement could help.

MA- There is a considerable amount spent on transport and it still not meeting the need. We are trying to find answers by the end of the year.

Cllr Paul Ainsley- When I have blood tests done the information needs to go to the specialist but it can't as there is no digital integration so the hospital repeats the test.

AW- We have an opportunity to make more integration happen. We need to humanize healthcare by seeing the human, not the numbers.

Member of the public- Leicester hospital doesn't talk to Peterborough hospital. I had to have two MRI scans because they didn't share information. What a waste of time and resources.

AW: Staff can pick up the phone and speak to each other but time and other rules can inhibit them.

Member of the public- Communication is a cross Trust issue not just digital systems not speaking to each other.

MA- This needs looking at to make resources work better and staff work together.

### **Question 2: Local GP service and dentistry access.**

AW: Dentists have become disaffected. The NHS contract doesn't work for them so they are moving away from NHS care. This is a national issue.

Member of the public: Why don't we change the business model and the NHS employ dentists directly?

AW: This does happen in terms of the Community Dental Service which helps patients with additional needs. It has been difficult to recruit to this service. We are exploring whether the community dentistry model could help with emergency care there is work to be done on this with dental public health.

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Member of the public: Poorer children are missing out; we need to help sort this out for the children.

AW: We are exploring options; fluoridation could be an option.

MS: If we don't get the mouth sorted out it can lead to more problems in the future.

AW: The solution is a year or two away so we are looking at short-term aims in the meantime.

### **Question 3: Community Hospitals**

AW: There is a commitment to local services. Removal of RMH isn't an option. Although the role of the beds and what they will be used for is being looked at i.e., it might move towards diagnostics and ambulatory care which wouldn't be a bad thing, just a different thing. Stamford hospital is also an asset for the area.

Member of the public: The debate over the Rutland Memorial Hospital has been going on for many years we need to stop calling it a hospital and call it a hub. In terms of my situation, my wife had a stroke and we have been to Glenfield 8 times in two weeks (approximately). This is 50 miles each way and takes 7.5 hours to do it on public transport.

AW: Some specialist services will always be at larger hospitals for certain illnesses but Rutland Memorial Hospital will continue as a service and we will build on it.

### **Question 4: Local care services**

MA: How can we use resources better? This cannot be solved overnight; funding doesn't always come to the area in the way we need it so we have to be creative. Money from developments can help but it is sporadic.

Cllr Gail Waller: It is hard to change systems so they work. Perhaps Healthwatch can do some of the work of hearing the problems and feeding it back. Not just individual problems but systemic problems. Where systems don't work it needs analysis.

### **Question 5: Social care and carers**

MA: Social care is not like health it is means tested. The government has started to reform the capped amount. The system doesn't work. In Blackpool, 70% of council money is adult and child care costs. It's also difficult as sometimes it is hard to see what is a health need and what is care when looking at a person's situation. 1 in 6 councils are going to run out of reserves.

Member of the public: We are paying US-level taxes trying to deliver western European healthcare.

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**Question 6: From the floor on the day**

From a patient of Market Overton Surgery who is partially sighted and does not drive. The patient and her husband have been unable to get urgent on-the-day appointments at their practice on several occasions recently and have been referred to NHS111 and walk-in urgent care at Corby and Market Harborough. They ask several questions about this:

You used to be able to walk into urgent care in Oakham during the day if you had an urgent need. Whose decision was it to stop this, please?

How is directing people to walk-in urgent treatment at Corby or Market Harborough addressing health inequalities? What are they supposed to do if they can't drive?

Are patients being deliberately directed away from Oakham services as we have recently experienced?

I have recently heard that people are having to ring 111 or go to A&E to get medications they may have run out of. How can this be right if you are genuinely concerned about the cost of living crisis and how people access healthcare?

AW: It is difficult to comment on the specifics without knowing the full facts but there seemed to be confusion about what services are offered in any of the Urgent Care Centres, Urgent Treatment Centres, Minor Injury Units etc. We need to improve the communication of how services work and we are working on that. We have offered people multiple access points but that is confusing people. AW said that he would try to get some comms circulating for the public to provide clarity.

**The audience were asked to identify their top three health and care priorities in a poll and the results were as follows:**

Priority 1

- Services closer to home
- Digital interoperability
- Oakham Surgery
- Increase facilities at Oakham hospital to reduce inconvenience and travel
- All hospital trusts automatically copy in GP's results, patients will get help quicker, monitor more carefully and prevent duplication
- Reduce the need to travel out of Rutland to access medical services
- Transport problems for hospital appts
- Access to GP service

Priority 2

- Infrastructure and transport to get to appointments
  - Support for people caring for elderly relatives
  - Dentistry free for the neediest
  - NHS dentists
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Consultant Registrar appointments in Rutland 1 person to travel rather than multiple patients  
Inadequate mental health care in Rutland  
NHS dentistry

Priority 3

Dental provision in Rutland  
Data analysis  
Diagnostic tests closer to home  
Appointments  
Inadequate GP services quality and quantity  
Communications between health professionals and trusts digitally

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