healthwatch Rutland

What Matters to You? Rutland people tell us what they need and want from place-based care

July 2021

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Summary

Rutland Health and Wellbeing Board has begun a process of creating a place-based health and care plan for Rutland. Healthwatch Rutland was asked to find out what people need and want from this local plan, to help them stay well and live healthy lives.

In this report, Rutland people tell us in their own words, their experiences of, and expectations for, place-based care in Rutland. These voices were collected, using qualitative research methods during the COVID-19 pandemic, and at a time when the NHS and care services were under intense pressure. Nationwide there were lengthening hospital waiting lists and increasing difficulty in accessing general practice.

Place-based care will be key to delivering effective health and care services that wrap around the individual. Concurrent with centralising specialist trauma and major surgery services at system level, the NHS Long Term Plan requires that greater emphasis is given to delivering secondary services in the place closest to the service user. This research clearly shows that people in Rutland have their own opinions about the design and implementation of the plan for place-based health and care.

Findings are split into three sections: adults; children; and adults with learning disabilities.

Throughout, the following dominant themes emerged:

- travel and transport difficulties;
- the use of technology for consultations and patient monitoring;
- thoughts about what care services could be offered closer to home;
- how to stay well and lead a fulfilling life;
- the need for information and education;
- problematic communications between health and care providers;
- the issues of living on or near county boundaries;
- the public's opinions about the organisation of the NHS and the desire to be treated as partners in the provision of health and care services.

Key findings

- Travel issues caused by poor transport infrastructure have been highlighted repeatedly in previous Healthwatch research into health and care services in Rutland[1]. The findings during this research are no different and the prominence of this theme in the data indicates its importance to people in Rutland. There is a feeling that these issues are not recognised by commissioners and providers of services. By increasing and improving local health services at place, it is hoped that the existing reliance of the system on people's ability to travel will be reduced.
- Not everyone has access to the technology or can use it appropriately. People want the increasing use of technology to be tempered with careful consideration of how and when to use it effectively. Some participants preferred face-to-face consultations and there were concerns that remote consultations might limit clinicians' ability to make proper diagnoses. Others want remote consultations to be available in the future. Likewise, remote monitoring can improve independence and confidence for some, but potentially at a cost to mental wellbeing by increasing anxiety and isolation and loneliness.
- There was an acknowledgement that complex conditions will still require attendance at the larger hospitals but Rutland people are sending a strong message that they want many of the more straightforward and routine diagnostics and treatments to be available to them in a Rutland community health setting.
- In Rutland, access to activities and groups is constrained by transport, availability and affordability. There were suggestions that 'mobile groups and activities' could be taken out to the communities rather than people struggling to reach centrally located venues.
- Information and education are seen to be key in empowering people to become more self-reliant in maintaining lifelong good health and wellbeing. All forms of media including online, traditional print, and facilitated signposting are required for this.
- Living on the boundaries of other care systems can present extra complexity of access for some people and creates a perceived unfairness determined by the address of their home or their GP practice.
- Many people understand the benefit of an authentic partnership between the individual (or family) and the health and care services and want to be involved in the continuing development of services.
- Children and young people need more services close to their homes to minimise travelling, disruptions to education and family stress that travelling long distances creates.
- Some feel that there are decent facilities and social activities in Rutland but that they are not well advertised. Others feel there are many areas for improvement in terms of provision of sporting and social activity - particularly with proper accessibility for disabled young people and working age adults with learning disabilities.

[1] HWR response to proposals-2.pdf (healthwatchrutland.co.uk)
HWR LTP final with table title updated.pdf (healthwatchrutland.co.uk)
Experiences of Care Report.pdf (healthwatchrutland.co.uk)

Recommendations

- Create an economically and environmentally sustainable public transport plan to facilitate Rutland peoples' equal access to healthcare appointments, physical exercise facilities and social groups. We see this as a responsibility of the Integrated Care system as no one organisation can resolve this alone.
- Technology has its place for online consultations and remote monitoring but commissioners and providers must ensure that traditional models of face-to-face care are available so that people can choose the most appropriate methods to meet their needs. Investment must be made to enable people (both patients and staff) to gain the skills to get the best from online care and monitoring.
- Improved information and continued public engagement on the design of place-based heath and care services should be embedded throughout the planning and implementation process.
- Commissioners and providers of primary care must work to better balance demand and supply of appointments at GP practices, which are seen as the 'front door' to the NHS.
- Communications between service providers should be improved and, specifically, complex hospital discharge processes should be thorough, accurate and compiled in partnership with family members or carers.
- Improve health education and information about social groups and activities, publicising widely and in all forms of media to appeal to all ages. Such groups and activities should be affordable and accessible for all adults and children.
- Expand mental health services and support in Rutland to facilitate access.
- Address inequalities of health and care provision in neighbouring systems through collaborative working between Care Systems to ensure that people living on county boundaries are not disadvantaged.
- Improve the wellbeing of disabled young adults by expanding work opportunities and peer support groups that enable them to connect and socialise - especially after local council support service (Aiming High) ceases at the age of 25.
- Bring more children's healthcare services closer to home and offer more practical and emotional support for the parents of disabled children and young people.

Response from Chair of Rutland Health and Wellbeing Board

"On behalf of the Rutland Health and Wellbeing Board, I welcome this report compiled and published by Healthwatch Rutland. It covers not just the areas where we are getting things right at a local level but also the areas in which we need to improve. As we move towards a fully operational Integrated Care System, our commitment to working in conjunction with the people of Rutland has never been stronger. Every effort is currently made to engage directly with individuals and groups around specific changes and initiatives, to make sure your views are heard. However, reports like this highlight that we still have much to do.

The report makes a number of recommendations that can help to guide the important work being done by our Integrated Care System. As a partner organisation within the Integrated Care System, Rutland County Council will use its seat at the table to do everything in its power to turn these recommendations into concrete actions.

We will work with the Rutland Primary Care Network in an effort to improve access to local GPs by reducing waiting times and ensuring a range of convenient appointment options are available to cater to all needs – online/computer, telephone or face-to-face. For those who wish to use technology to engage with Healthcare services but lack the necessary hardware and the skills, we will look to offer training and equipment to support this means of communication.

We also continue to seek the views and wishes of Rutland residents when designing and implementing new services, to ensure they are what people want. If it is not possible to deliver what is being requested, it's vital that people are told why, in an open and transparent fashion. This is the only way to have real democracy at a local level – something I and my colleagues are fundamentally committed to.

Acute hospitals such as the three University Hospitals of Leicester (UHL) sites and Peterborough City Hospital continue to face significant pressure for bed space, due to the number of patients requiring hospital treatment. As a result, the Local Authority and local health services are then put under pressure to discharge patients quicker and to provide more intensive support in the community. This does not always allow for in-depth consultation with patients, families and carers prior to discharge arrangements being made. However, Rutland is a national exemplar when it comes to health and social care integration, and we continue to refine these processes wherever possible in order to meet the needs of patients and provide genuinely personalised care.

Speaking on behalf of the Health and Wellbeing Board, I recognise that the public health offer in Rutland has not lived up to the standards expected by many Rutland residents in recent years. Our local health services have increased staffing resource in this area, including a designated consultant, and aim to provide better information and education around healthy living (incorporating both physical and mental health issues), so that local people can take control of their own lives by making more informed lifestyle decisions.

There is no doubt that support services for those experiencing mental health problems have not been easily accessible, with long waiting lists and provision often centralised in cities and large towns. Statutory mental health services are being reorganised across Leicester, Leicestershire and Rutland in the near future and it is hoped this will address some of the very real concerns that people have raised. However, we can also do more at a local level to encourage peer support groups, promote mental well-being and reduce the stigma for those facing mental health challenges, so that they feel able to seek help at an earlier stage.

We have spent many years working to tackle the issue of cross-border provision – where Rutland residents are registered with GPs in other counties – because we know this can lead to inconsistent services and health inequalities. We are constrained by government legislation and funding arrangements that dictate what can be provided for individuals living in defined areas. However, we continue to work with neighbouring authorities and the healthcare systems that operate within these areas to ensure all Rutland residents receive high-quality health and social care services.

We need to improve our offer to the young people of Rutland, and particularly those with impairments that have, to date, prevented them fully participating in their community. The Integrated Care System will aim to bring health services closer to home, to stop children missing out on valuable school time and reduce the time that parents and carers have to take off work to provide transport. We will also look to improve our social offer for these young people so that they can enjoy the same opportunities for having fun that their friends do.

Such is our commitment that we will seek to do all of the above despite receiving less and less money from central government. The people of Rutland deserve the best services that can be provided in a modern rural area and we aim to rise to the challenge.

I am proud to lead Rutland's Adult Social Care Department into a meaningful partnership with those organisations providing health services across the County, and with the local population. I firmly believe we will see changes for the better in service provision and this can only be achieved by listening to each other and working together to reach our common goals."

Cllr Alan Walters

Chairman of the Rutland Health and Wellbeing Board
Rutland County Council Portfolio Holder for health, public health, adult social care and community safety

Acronyms used

ADHD	Attention Deficit Hyperactivity Disorder
A&E	Accident and Emergency
AMD	Age-related Macular Degeneration
ANP	Advanced Nurse Practitioner
CCG	Clinical Commissioning Group
CoE	Church of England
CQC	Care Quality Commission
ECG	Electrocardiogram
GDPR	General Data Protection Regulation
GP	General Practitioner
HWB	Health and Wellbeing Board
ICS	Integrated Care System
IT	Information Technology
LLR	Leicester, Leicestershire and Rutland
MP	Member of Parliament
MRI	Magnetic Resonance Imaging
NHS	National Health Service
NWAFT	North West Anglia Foundation Trust
OMP	Oakham Medical Practice
PA	Personal Assistant
RAFA	Royal Air Force Association
RCC	Rutland County Council
RMH	Rutland Memorial Hospital
SALT	Speech and Language Therapy
SENCO	Special Education Needs Coordinator

Background

The NHS Long Term Plan (2019) established the move towards a more 'joined up' health and care service within Integrated Care Systems in which local authorities, health and care service providers and commissioners work together. The aims include:

- Care closer to home and the avoidance of inappropriate hospital admissions.
- Population health management (health promotion and illness prevention) at 'place' (or Local Authority level - Rutland).
- An increased use of technology for remote consultations and patient monitoring.
- Addressing health inequalities.

Rutland County Council (RCC) Health and Wellbeing Board is a statutory body within which 'professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities'[2]. The Health and Wellbeing Board commissioned Healthwatch Rutland to conduct qualitative research[3] to engage with Rutland people to find out:

- Which interactions with health and care services have worked well.
- What services people think need improving.
- Their views about the increasing use of technology in health and care services.
- What healthcare services people want or need to be provided 'at place' here in Rutland in the future.
- What help they need to manage long term conditions.
- What facilities they think will help them lead a healthy lifestyle.
- The impact of illness on family members.
- The experiences of people who live near the county boundaries and use services in multiple neighbouring care systems.

Method

1.1. Who spoke to us?

Recruitment of research participants was conducted by a variety of means: a broadcast on Rutland and Stamford Sound; advertising on the Healthwatch Rutland website; social media; targeting of community groups; local newspapers and word of mouth. A total of 139 people took part, of which 59% were female and 41% male. Appendix 1 gives an overview of the participants.

[2] Retrieved from: https://local.gov.uk/our-support/our-improvement-offer/care-and-health-improvement/health-and-wellbeing-systems

[3] Unlike quantitative research, qualitative research does not involve surveys, short answers from many participants and the production of statistics. Instead qualitative research involves asking people to give their opinions and to describe their experiences of and feelings about the topic of investigation. The aim is to provide a rich description of what people think and want.

1.2. Data collection and analysis

The data was collected between April 2021 and June 2021. Small discussion groups and semi-structured interviews were conducted using a pre-prepared set of open-ended questions[4], permitting participants to talk freely about what mattered to them. The discussions and interviews were conducted both remotely (telephone and Zoom meetings) and face-to-face and with individuals, couples or community groups, following COVID-19 guidelines. People were also invited to send in 'stories', by post or email, about their experiences and what they want from local services in the future. The interviews were then thematically coded and the report uses participants' own words to illustrate their points.

1.3. Ethical considerations

British Sociological Association Guidelines (2017)[5] were followed in order to protect researcher and participant wellbeing, participant confidentiality and anonymity and research integrity. Participants were informed they could withdraw from the interviews or retract any statement up until the commencement of analysis and their informed consent was obtained. Recommended COVID-19 guidelines were observed during face-to-face interviews and group discussions, including, for example the use of Lateral Flow tests by facilitators in advance and social distancing. To ensure confidentiality, anonymity and clarity, identifying statements and verbal hesitations, corrections or deviations were removed or amended. Where words have been added to clarify or extracted for conciseness, they are bracketed: [ ].

1.4. Limitations of data collection

The data collection commenced during national 'lockdown' due to the COVID-19 pandemic. Throughout the period, some restrictions were relaxed but COVID-19 was very much on people's minds as infection rates decreased and the vaccination roll-out proceeded.

Second, the data collection was concurrent with a substantial increase of demand nationally on primary care services. This meant that many participants were often more focussed on immediate difficulties in accessing GP practice appointments than what they want from future local services.

A third influence on the data collection was the concurrent RCC 'Future Rutland Conversation' which asked the public about their lives in Rutland and what services they want. This 'Conversation' included health and wellbeing services and confused Rutland residents as many mistakenly believed they had already taken part in the Healthwatch project. Participant recruitment to this '*What matters to you*' project was more difficult as a result.

1.5. Organisation of the report

Comments about different aspects of place-based care were often very similar. Representative statements of the most frequent topics and comments which offered suggestions for commissioners and providers of care were selected for this first part of the report. There is a 'long list' of participants' statements considered pertinent to the major themes in appendix 3. All generations, grandparents, parents, young adults, and children and young people, had strong views about provision of local services. For clarity, discussions about adult children's health and care services and the needs of adults over the age of 25 who have learning disabilities have been addressed separately.

[4] See appendix 2
[5] Retrieved from https://www.britsoc.co.uk/media/24310/bsa_statement_of_ethical_practice.pdf

2. Adults' experiences and opinions of local health and care services

2.1. Travel and transport

Previous research conducted by Healthwatch Rutland[6] has identified to commissioners and providers that poor transport infrastructure creates a barrier to patients accessing healthcare:

"I certainly would not drive to Leicester Royal. I used to get to Melton, then catch the train and then get a taxi there. That's 3 different forms of transport. Takes time and it costs money."

This study further demonstrates that difficulties with travel have a significant impact on the families of patients and friends who are called upon to help with transport. This has been exacerbated by the COVID-19 pandemic which has restricted public transport services and deterred people from using them. Changes in the provision of local health and care services can prevent people from accessing them if transport is an issue.

"During the pandemic, I know some people have not accessed treatment because the distance and transport has been an issue, alongside some of the other [COVID-19] obvious issues."

"She [the psychologist] was brilliant and came out to Oakham and I had regular appointments for 2 years. But she then said she wasn't coming to Oakham anymore so I'd have to go to Leicester, so I stopped."

The planned reconfiguration of Leicester Hospitals was a specific issue that was raised by participants due to the relocation of acute services to Leicester Royal Infirmary and Glenfield Hospital. Both hospitals are at a greater distance from Rutland and difficult for Rutland people to access. These plans are stated by one participant as designed to: '*increase efficiency for the system but push the cost on to the individual in terms of travelling and time*'. Issues raised included costs and the environmental impact of so many patients having to travel far for healthcare:

"Every time I go to Glenfield it costs me £12 on the train and I get the hopper bus, which is good, but it all takes a long time and is a 50-mile round trip. How do people afford it who have to go often?"

"The travelling needed is not good for environment. Local services mean less pollution and less wear and tear on roads."

Participants also conveyed their impression that there is a lack of recognition of the transport difficulties faced by Rutland residents when accessing healthcare:

"The people who work in the central hospitals, especially in Leicester, don't have a clue where the Rutland villages are. They are surprised when I tell them it's a 50-mile round trip. There is a lot of non-comprehension in terms of the travelling involved."

[6] See, for example: *How people with long term or multiple conditions experience care in Rutland GP surgeries* (2020) https://www.healthwatchrutland.co.uk/news/2020-08-10/how-people-long-term-or-multiple-conditions-experience-care-rutland-gp-surgeries

2.2. The use of technology

The NHS Long Term Plan (2019) promised a greater use of technology for easier patient access to consultations. This change was speeded up as the COVID-19 pandemic took hold as a means for the health service to continue to function with infection risks controlled. Although telephone conversations with health care personnel were already being introduced before the pandemic, this was, for many, a first experience of remote consultations. The following tables 1 and 2 set out participants' concerns and perceived advantages about remote consultations:

Concern	Example comments
Not everyone has access to technology	*Talking to doctors by telephone or video works in some cases but what about the people who don't have computers? There's thousands of them and I don't have a computer.*
Can doctors diagnose correctly?	*We can call someone to talk, but you need face-to-face. It's not the same. There's no body language, no facial expressions and things can be missed, such as cancer, if the doctor can't diagnose you properly.*
Training for healthcare professionals	*They're used to hands on, face-to-face. They don't know how to get information out of people on video calls and particularly on telephone calls. They need training for it. They need to know, to understand the circumstances that the patient is in.*
It's not always easy to take a photograph	*It wasn't possible for them to take a photo as it was in an inaccessible place and also, they felt it was quite a private area and didn't feel it was ok to send a photo. As the doctor couldn't see it, he just prescribed a medication, without having seen it.*
Privacy is not assured	*A lot of patients on the telephone or video call won't be able to speak freely because there's a 14-year-old child in the next room.*

Table 1: Concerns about remote consultations

Benefit	Example comments
Saves travelling	*[They are] fine for routine things, absolutely fine. If I need to make a change to a prescription, as told by the consultant, that's the most efficient way of doing it rather than traipsing in for a 5-minute chat to get things altered on the computer.*
Reduced risk of infection	*I understand the need for everyone to be careful due to COVID, and I think there is a place for triage and telephone contact.*
Pleased with the service	*Brilliant - we must not lose it. We've used it for various things and it's been good to be able to speak to someone. It's not rushed and it can work well.*

Table 2: The perceived benefits of remote consultation

There was some support for having community facilities with a video screen, cameras and an attendant clinical helper to help technology-averse people take advantage of virtual consultations:

"Having a big plasma screen in the [community] hospital with a nurse that you can feel that you're actually talking to the consultant in real life. You know, big thing that you can feel that you're in a consulting room. I think for many elderly people that would make it much more real to have a life-sized person in front of you instead of some of the small screens."

"My mum would definitely be happy with [a community consulting room with screen, camera and attendant clinical helper] so she doesn't have to have us [family members] there to help."

"That [a screen with an assistant] would be brilliant to have in towns and larger villages – although the danger is always that no-one turns up. I think it would be easier in towns with more people and it might be possible to catch people's health problems that are not being spotted elsewhere or through screening. It would help with speed of access to care, which is I think, more important than necessarily seeing someone face-to-face to begin with."

There was a wide range of views and comments about technology that can also be used in the home or can be worn to monitor health conditions:

Increases loneliness:

"The whole remote monitoring thing is great but we must think of the mental health impact. A lot of frail and old people rely on personal contact."

Maintains independence:

"I think this [remote monitoring] is a good idea. So many people don't want to go into care homes and they try to keep people in their own homes for as long as possible."

Aids diagnosis:

"A lot of these things are intermittent and you go back to the doctor and you say, you know, I wasn't feeling well on Tuesday. Well, now you can show him why you weren't feeling well on Tuesday. So they're a tremendous help."

Practicalities:

"What happens if you have no computer or Wi-Fi? What about the cost? Where do you locate the box? […] Who pays for it?"

2.3. Care closer to home

Participants were asked what health and care services they would like to be provided closer to home – with the proviso that major surgery and trauma would always require acute hospital admissions. One participant set the scene for us by stating the importance of care closer to home:

"You have to have respect for the locality. People want to do things and be near to where their support systems are. If they have to go to the city hospitals they are taken away from their friends and family."

2.3.1. Using community hospitals

Some participants spoke of St Mary's (Melton Mowbray) and Stamford community hospitals and many referred to Rutland Memorial Hospital [RMH] or a potential alternative. There was a general consensus that these three community hospitals were under-used. There remains public uncertainty about former plans to close RMH and the participants were divided in their opinions about its future. Some are prepared to accept a replacement facility and others wish to keep it:

"Facilities at the hospital [RMH] are not used to their best effect. There's been talk of new buildings but we can use what's there, more."

"It would be good to have a diagnostic clinic somewhere in Oakham. It need not necessarily be RMH."

2.3.2. Care in the community

The RCC *Rutland Joint Strategic Needs Assessment* (2018) informs that the proportion of Rutland residents over 65 was 23.9% (against 17.9% national average) and predicted to grow by 53.5% between 2016-2039. This age group places the greatest demands on health and care services. Care in the community is provided in: private homes; the community hospitals; residential care homes; and in hospices. 'Step-up' care is a movement from care at home, through residential care, hospice or community hospital and onward to acute hospital and 'step down' moving down from acute hospital through the varying options of community care dependent on need. Views about step-down or step-up care were varied:

Care at home:

"The 6 weeks of council reablement were great and they were very good and prompt with adapting the house with grab rails etc. They also helped by suggesting a community physio."

"End of life care is important. Most people want to die in their own homes and this needs to be facilitated."

"So, because they [hospital discharge staff] said he was bed-bound, I couldn't get a care plan or get any kit to help at home. We didn't have the right sort of mattress or anything when he was discharged. The GP had to write the care plan and it took over a week and it caused pressure sores. I had to cry and scream to get what we needed. RCC refused a hoist because of the discharge letter. The mattress started bleeping a couple of hours after it had been installed. All the professional carers had gone home and someone had to come back. My son helped me move his dad to my bed while they fixed it because we had no hoist and no proper way of moving him."

Care in a community hospital:

"The community hospitals offer tremendous service on end-of-life care. We have a growing older population and Rutland has the oldest population in the East Midlands, so we definitely have a need for that facility."

Hospice care:

"I also had some great carers to help at home. My daughter is a carer and so I had the people who work with her. He had had some local support at Dove Cottage at Riddlington, but had to move to going to Stathern because they had better toileting facilities."

People also expressed concerns that care homes might not provide an appropriate rehabilitation service for patients transferred to them for 'step-down care':

"… care homes can just see this [step down care] as getting a taster of our [care home] lifestyle on the NHS for six weeks and we don't really do very much with them. The people need intermediate care, they need the rehabilitation, they need to be able to go back to their own homes. There is a motivation to do that in an NHS run Community Hospital. There isn't the motivation to do that in a care home."

2.3.3. Consultant-led clinics

People want local consultant-led outpatient clinics but a frequently expressed regret is that only the more junior doctors travel out to the community hospitals:

"I don't know why but the specialists I have seen have not been the top people. They seem to send out the 2nd or 3rd string but not the most senior people […] It's the impression I get. There's a reluctance of the senior people to come. Is it better, more efficient, to have specialist in one place and lots of people go to see him there rather than him come out here to see one or two people?

The suggestion of supported remote consultations was, again, mentioned:

"So I think for a workable system and which would then include consultations with consultants and avoiding the need to go into Glenfield, LRI or wherever, one needs some centres where you can get away from your teenager, your partner or whatever. But also, perhaps, have a nurse or a trained individual sitting alongside you, controlling the link but also being able to prompt the patient - to say 'Well look, you're telling him about the lump on your neck but you can't move your right arm.'"

2.3.4. Local diagnostics

There was a unanimous desire to have local diagnostic facilities but many people were seemingly unaware of what services are already available. Participants particularly suggested:

- **Monitoring** – for example angiograms.
- **Imaging** - for example MRI scans: *"Could there be a mobile MRI scanner that could come to Rutland?"*
- **Internal diagnostics** – for example hysteroscopy, colposcopy, colonoscopy: *"If they could set up clinics for first diagnostics, like colonoscopies, locally that would be brilliant."*
- **Screening** - for example breast screening (including recalls for the over 70s) and bowel screening.
- **Facilities for initial diagnostics-:** "Can I just say that if you need 24-hour blood pressure measurement you have to drive to Leicester and back twice. That's ridiculous."

2.3.5. Disease specific clinics and procedures

Participants talked about treatments and procedures that could be accessed closer to home. The following table contains suggestions:

Suggestion	Comment
Dermatology	*There used to be an ability to have minor procedures done at Lakeside* [Stamford GP practice], *and I needed a solar keratosis, a sun damaged lesion, to be resolved. They sent me to Lincoln, I had to drive all the way to Lincoln, to get a tiny piece of cryotherapy* [Rutland resident registered with a Lincolnshire GP practice]
Mental health	*More mental health services are needed. You have to go to Leicester.*
Podiatry	*The podiatry service is very good at Oakham if you fit the criteria, but, when you first get through, they try to push patients to Leicester. If you know about Oakham you can ask for it, but they don't offer it.*

Chemotherapy	*Some chemo services? You hear of some chemo having 5-minute sessions. I don't know, but could they be local?*
Parkinson's Disease	*My partner was referred to a specialised Parkinson's nurse at Leicester General Hospital for support but we couldn't get an appointment. That could easily be offered locally.*
Haemodialysis	*I am spending more than half of my life going to, coming back from or attending the Hamilton dialysis centre […] It's a 10-minute drive from home to there* [St Mary's]. *It wouldn't save dialysis time but would be 20 minutes travelling rather than 2 hours and the cost.*
Ear syringing	*It's a shame they are not doing ear syringing now. I have to have it done every year and now I have to pay £35 to have it done at the pharmacy in Oakham.*
Ophthalmology	*Thinking broadly about the world of eye-care service […] there is no reason why patients could not be accessing their local facilities for routine check-up appointments, discussing test results, having scans if equipment is available, injections for wet AMD, local procedures and potentially being triaged for an appointment in Leicester or Peterborough.*
Sexual health	*Sexual Health clinics – evening ones that are safe and discreet. There's clinics in Kettering, Corby and run from the Haymarket in Leicester but we need something here.*
Expanded physiotherapy service	*After my heart op they offered me a course of physio at the Leicester General […] I went because I thought it was important but it was difficult on the train and bus. It was excellent, but could easily be offered in Oakham.*
Audiology	*I had a hearing test in Stamford. There is a clinic in RMH but they don't have full access for all services.*
Pre-operative care	*If all the pre-operative tests were available at Oakham that would be great.*
Falls prevention	*There used to be a falls clinic […] It's not just me that's wobbly. But now the classes are private, in Manton. It's £5 and they limit the numbers. I've no experience as I can't get in. I've tried but was told I have to be referred.*

Table 3: Participants' suggestions for the provision of clinics and procedures closer to home

As with ideas for diagnostics, some of the suggested services in Table 3 are available locally but participants were not aware. This suggests that the service most local to a patient is not always being offered, as the following extract suggests:

"Orthotics could be local. There's a complete lack of information. Some go to Leicester and some go to Oakham but there's a massive waiting list. If it was local and known about it would be more used."

Although only mentioned by one participant, there was an interesting idea of introducing an intermediate information and advice stage on the pathways between diagnosis and treatment:

"I think there's an intermediate stage. The GP refers you for diagnostics then you are off for the operation. If you went back to the GP [after diagnosis], then you could discuss through the options. We don't have that."

2.3.6. Primary care services

Although feedback about primary care was not expressly sought, almost everyone expressed concerns about current problems with primary care services which included lack of communication and information, reduced appointment capacity and limited continuity of care:

Accessibility:

"I am in real need to see a doctor. Where are the GPs hiding? Why is everyone else working and not them? I tried phoning yesterday and couldn't get through. I phoned today, this morning. Again the line was busy. I tried just after lunch and managed to get through to the receptionist only to be told no phone call from doctor available. Told to phone again tomorrow and also use the online system. Online system – what a load of rubbish – as I said to her, there are no appointments on there."

Continuity of care:

"If you're lucky enough to see a doctor at all, you never get to see the same doctor who is familiar with your case. As we get older, our list of issues become longer, and in a ten-minute appointment, it's very difficult sometimes for that doctor to fully grasp the complexity of your condition. You often spend the ten minutes watching the doctor staring at the screen."

A positive suggestion was made by one person:

"What I'd love to see is not go to the "GP surgery" but I'd love to be sent to a "wellness centre" where I could talk to someone about my general life and wellbeing, not just illness. An all-round place with "the person in centre" – a drop in facility. This would reduce requirements for GPs – people would look after themselves more and prevent illness, the GP would just be one part of it."

2.3.7. Emergency and urgent care services

Many people commented positively about the Oakham Urgent Care Centre but were less complimentary about the unreliability of the x-ray machine, which often seems to be broken. There were complaints about the continued closure of the Urgent Care Centre at Stamford hospital. Several participants highlighted long waits for ambulance crews.

Diagram 1: The experiences of urgent and emergency care

2.3.8. Seeing a multi-disciplinary team

The NHS Long Term Plan (2019) emphasises the importance of developing multi-disciplinary teams (MDT) in primary care to take some of the workload away from GPs. Participants mentioned their encounters with MDT professionals as shown in the diagram below.

Several people expressed their suspicion about the ability of surgery receptionists to signpost patients to the correct professional:

"Too much emphasis and control has been given to the receptionist. You don't want to tell them your problem especially in a small town when you know them."

Although we are informed that receptionists in this role have received appropriate training in care navigation, this is not understood by many patients.

Despite an initial suspicion of seeing other professionals detected by Healthwatch Rutland[7] in previous research, some participants demonstrated a growing recognition that people do not need to see a doctor every time they contact primary care services, as shown in the following diagram:

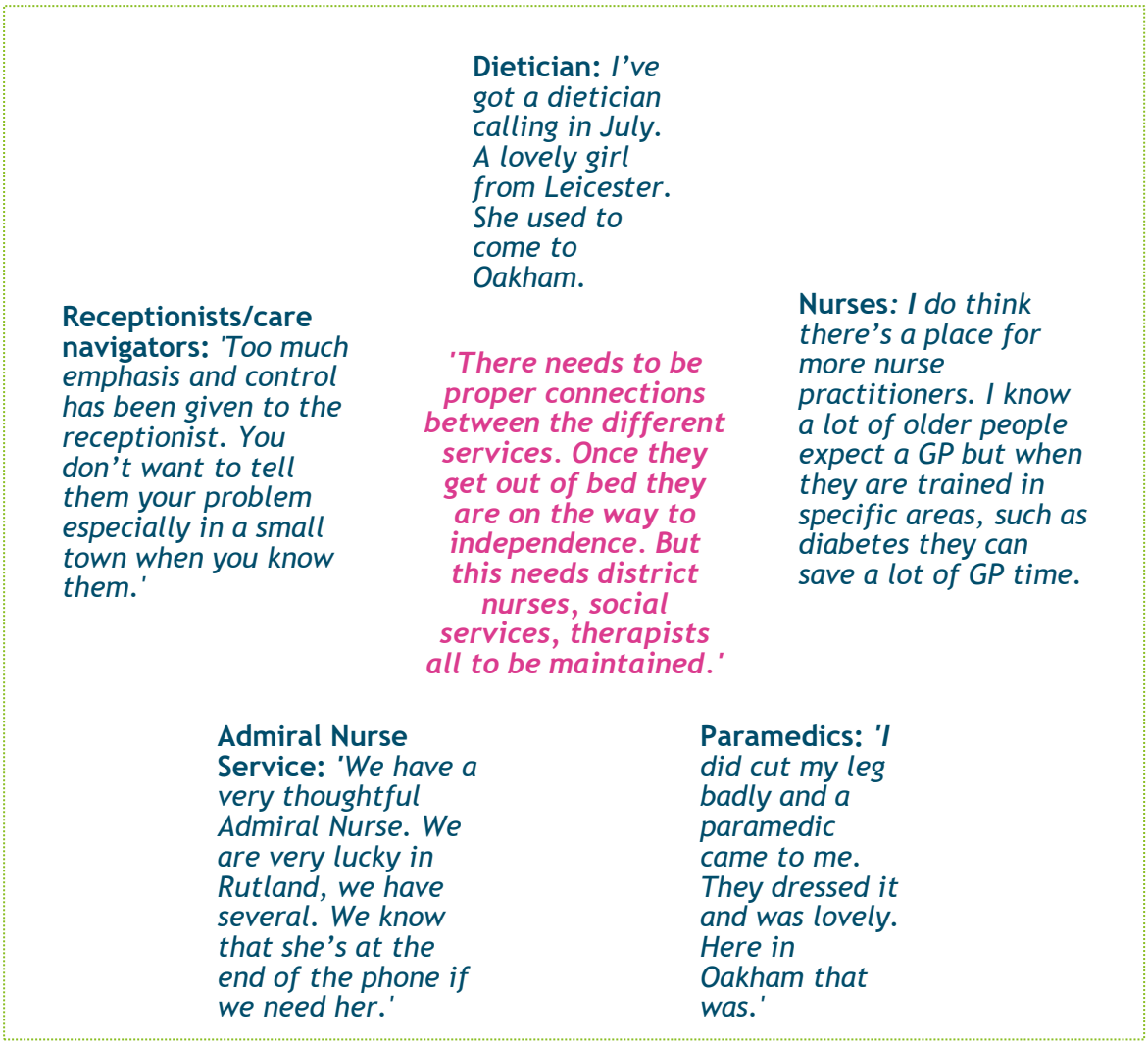

Diagram 2: Experiences of a multi-disciplinary team

[7] Healthwatch Rutland (2020) *How people with long term or multiple conditions experience care in Rutland GP surgeries* https://www.healthwatchrutland.co.uk/news/2020-08-10/how-people-long-term-or-multiple-conditions-experience-care-rutland-gp-surgeries

2.3.9. The impact of illness on families

While it may be expected that illness will impact the patient, there is evidence that it can have a much wider impact on their families, with added strain and worry:

"Mum doesn't see what I see when I'm driving him home from dialysis. It's his pride and he wants to protect Mum. He often falls asleep. He's usually better the next day. I worry about him driving himself back because I've seen how tired he is […] I feel that I need to be here to be a bossy-boots and check on everyone."

"I had to look after mother when she was ill and then father after. If I had problems, I could call upon my son who would be here like a shot. When looking after them, I found it tiring and I was very anxious that if I got it wrong it would be my fault."

"When she was 16 and lived here, she had problems and they did not take it seriously. She said "I have to be standing on a bridge ready to throw myself off" [before they would do anything]. She could get nothing so we paid for some counselling and she finished off her exams at home."

"My husband is on the cataract list. It makes a big impact on your life. I have sight problems and I relied on him to see for me. I do the hearing for him because he is getting deaf but if he has cataracts, he can't see either."

Young carer:

"My mum had 2 phone appointments recently. It was OK but she couldn't do it alone. She needs me or my grandparents to help. They needed photo's which she couldn't do by herself."

2.4. Staying well and having a fulfilling social life

Often quoted, but, much debated, the World Health Organisation definition of health is 'a state of complete physical, mental and social well-being'[8]. Participants were therefore asked what facilities they access now and would wish to have available in the future to help them live healthy and fulfilling lives – both physically and mentally. One participant's comment acknowledges the importance of exercise and social activities and the interaction between both mental and physical health and wellbeing:

"As long as the elderly and the young are treated as separate species, things will never change. Elderly people need to keep involved and they need to get it from the young. We need plans to encourage more integration between young and old, so people can be linked and involved. Most elderly people end up isolated. Grandchildren keep them integrated but then they go off and the elderly are left alone. So you end up with the old depriving the young of money. Better Rutland Healthcare should be about our whole needs, not just "I need a doctor". It's not just a doctor that's needed. People should be encouraged to maintain both their mental and physical health together, and I don't know if that's happening.'

The emergent themes are divided into four areas: social activities; physical activities; the obstacles encountered in accessing these activities; and participants' suggestions for improvements:

[8] Constitution of the World Health Organization. In: World Health Organization: Basic documents. 45th ed. Geneva: World Health Organization; 2005.

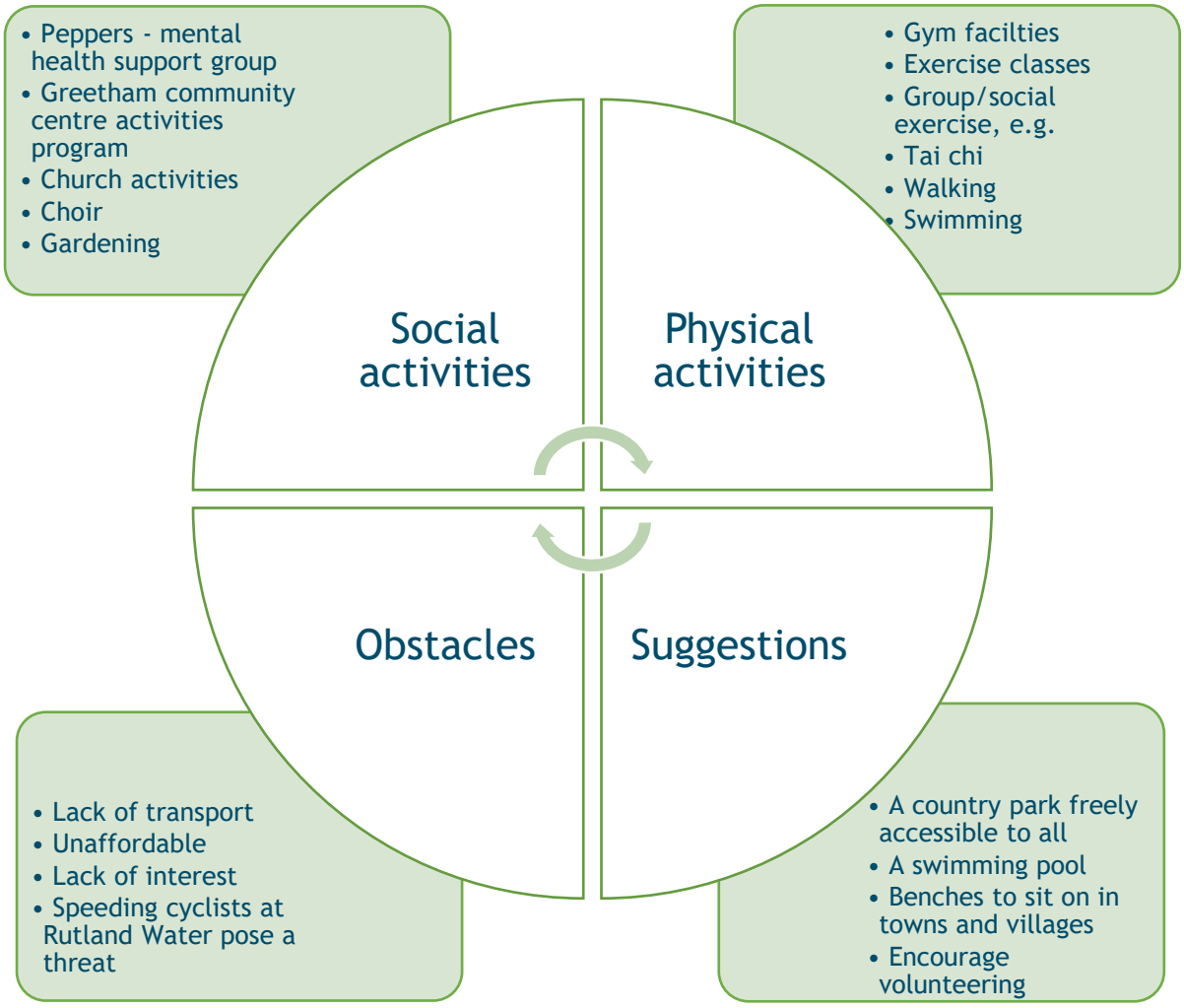

Diagram 3: Participants' physical and social activities and opinions

2.5. Information and education

Rutland people expressed a wide-ranging need for more information and health education:

"Information is always a problem; some people know about some things and not about others. We really must get that sorted."

Sources of information

NHS services:

"During one of my annual check-ups about 3 years ago they said, I was borderline with diabetes and offered me a course. I learned so much. It was a whole year, meeting monthly at Empingham community centre and it was fantastic. There were 25-30 people there, all singing the praises, saying how much they had learned. It was run by someone from the NHS in Leicester and should definitely carry on being offered locally."

Community sources:

"We have a community centre in Greetham and the village shop is excellent for keeping people informed. We also have a village newsletter."

Online:

"There's lots already going on in Rutland that people don't know about. New people just don't look for it. They expect to ask on Next Door [internet app]."

Rutland County Council:

"The Rutland County Council COVID support letter was brilliant – it gave loads of support."

Obstacles

"[Rutland Radio] used to be very good. If you got into somebody's car nearly everybody would have Rutland Radio switched on. Now it's gone 'internet only', so people can't listen to it in their cars."

"Libraries can be an important local hub for information to keep people involved but they are closed, of course, as well [due to COVID-19]."

Suggestions

"Informed Parish Councils could disseminate this information in their parish newsletters but they would need briefing."

"I should like to take this opportunity to say that we must not expect or rely on patients using emails, texts and websites. I should also like to stress the need for clearly laid out text, with vocabulary that is in everyday use, when any information is provided in a written form."

2.6. Living on the boundaries

Healthwatch Rutland sought the opinions and experiences of those who live on or near the County boundaries and travel between counties for their health and care needs. Those living near the Rutland/Leicestershire boundary and travelling into Leicester or Leicestershire for care reported fewer issues than residents travelling to Lincolnshire, Northamptonshire and sometimes Nottinghamshire or Cambridgeshire for their healthcare.

One participant describes a sense of not belonging:

"I live in a little village next to Ryhall and we are the furthest extremity of Rutland in the East. So I came as somebody who thought I'd be on the fringes, because although I'm a Rutlander and I pay those expensive Rutland rates, I orientate totally towards Stamford. I've lived here for over forty years, all that time I've worked in Stamford until my retirement. All my shopping and all my interests and hobbies really orientate around Stamford. Oakham is a foreign place to me […] So when we get told about the reorganisations at Leicester and Glenfield and so on, it seems slightly academic, because we always feel that we're Peterborough, so it's not really going to affect us."

2.6.1. Living on the Lincolnshire boundary

Stamford is in Lincolnshire, England's second largest county. It is bordered by Rutland, Cambridgeshire and Northamptonshire. Lakeside Healthcare provides primary care in Stamford for the town's residents and people from the neighbouring villages in each of the three other local authorities. As one Rutland resident said:

"It's as if we're caught in the middle of a structural weakness that doesn't look at the reality of where the population is, and how it behaves […] They see themselves as living in Stamford and

its immediate vicinity. We ignore the county boundaries. So, what we want is a healthcare system that looks at the people, rather than the structure of the administrative bodies."

Comments from Rutland residents registered with Lincolnshire practices included:

"We rarely want to go to Grantham Hospital, we rarely want to go to Leicester hospitals, or even up to Melton Mowbray. For us, we want to get as much care as we can from the Stamford and Rutland Hospital."

"[I go to] Glenside surgery which is in Castle Bytham and links up to Grantham for COVID jabs which, again, is working brilliantly. […] And the secondary care - we go to Peterborough. Tertiary to Cambridge […] I don't want to comment on what happens in the LLR [Leicester, Leicestershire and Rutland] areas because, to be honest, I don't go there."

Participants' suggestions

Changing surgeries:

"I'm seriously considering doing what a number of others have done, and that is registering with the Empingham Practice, which is in Rutland."

Cross-boundary collaboration:

"This is a good example where perhaps Lincolnshire and Leicestershire/Rutland could say, 'Let's forget the boundaries. Let's look at the capabilities that we have of working together and provide some new surgery resourced by existing practices'. I know it's very hard to start a new practice from scratch, but that does seem a possible strategic way forward."

A mini 'system':

"I was going to write to [the Secretary of State for Health] to say, 'Why don't you try and make Stamford a test case and pilot the principle of trying to work across boundaries and encourage the four ICS's to create a single mini ICS?'"

2.6.2. Living on the Northamptonshire Boundary

Comments from Northamptonshire residents registered with a Rutland GP practice highlight inequalities in accessing health services.

The village of Gretton is just over the Rutland boundary and in Northamptonshire. The Uppingham Surgery, a Rutland GP practice, has a branch surgery in Gretton. Since the onset of the COVID-19 pandemic, the Gretton branch surgery has been closed and registered patients have to travel to Uppingham surgery. A Gretton patient normally attended the temporarily closed Gretton surgery and described the resulting transport difficulties:

"Several years ago they talked about closing the branch surgery at Gretton. But the doctors did not know that there was no public transport from Gretton to Uppingham. You have to go via Corby and it takes a full day."

The Leicester, Leicestershire and Rutland system recognises place of residence as the criterion for accessing mental health services and Admiral Nurse services. Northamptonshire recognises the geographical location of the patient's registered practice as the determinant of where these services are provided. This means that Northamptonshire residents registered with a Rutland GP practice are denied access to essential healthcare resources:

"I have a friend [who lives over the border in Northamptonshire] who needs help. They have Alzheimer's and desperately need help and telephone support but can't get it because they don't live in Rutland. They are registered at Uppingham but can't even get a phone call from the Admiral Nurses even though in desperate need of help. They are told to go elsewhere."

2.7. Public partnership with health and care services

Many participants spoke about their interest and opinions about how they should or could take some responsibility for their own health, how they could be informed and involved to effectively work in partnership with the NHS and their opinions about the NHS organisation. Some frustration was expressed about a lack of communication about the place-based health and care planning exercise itself. These features are shown in the following diagrams 4, 5 and 6.

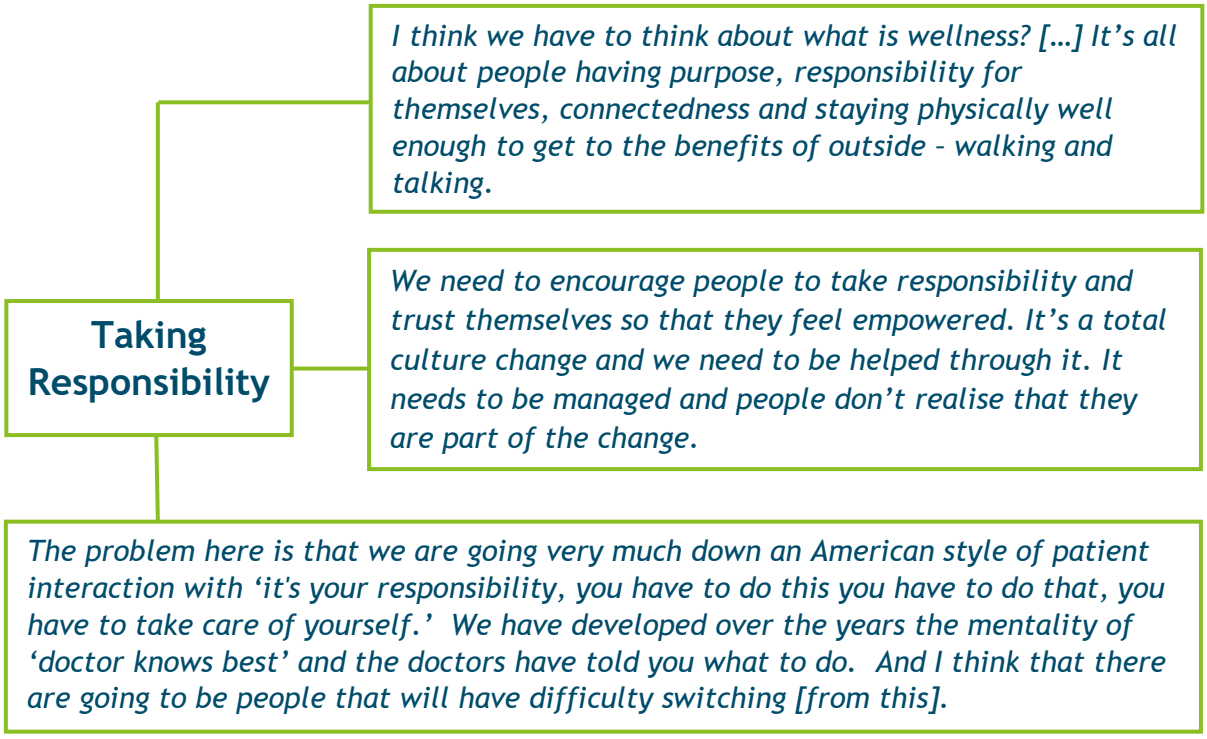

Diagram 4: Participants' comments about taking responsibility for their wellbeing

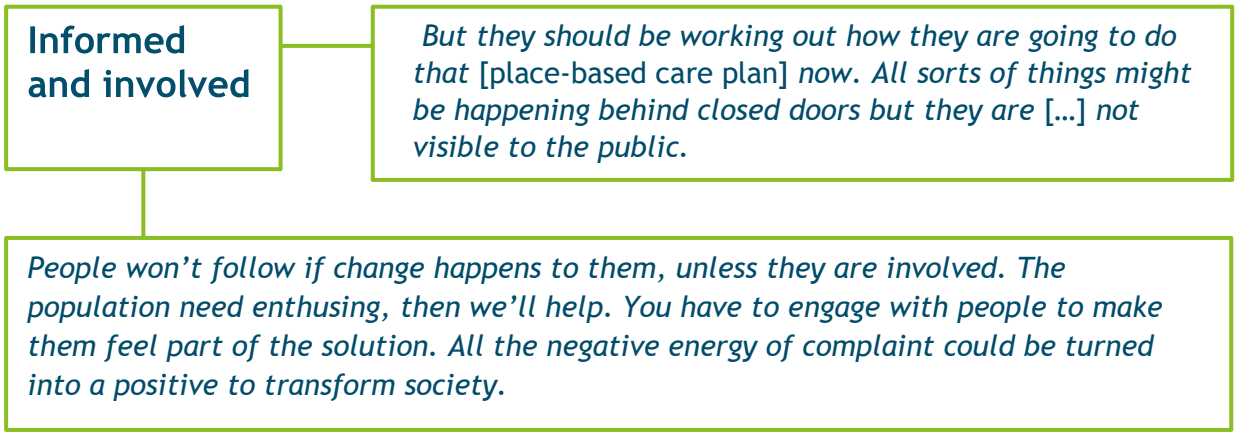

Diagram 5: Participants' expressions about being informed and involved

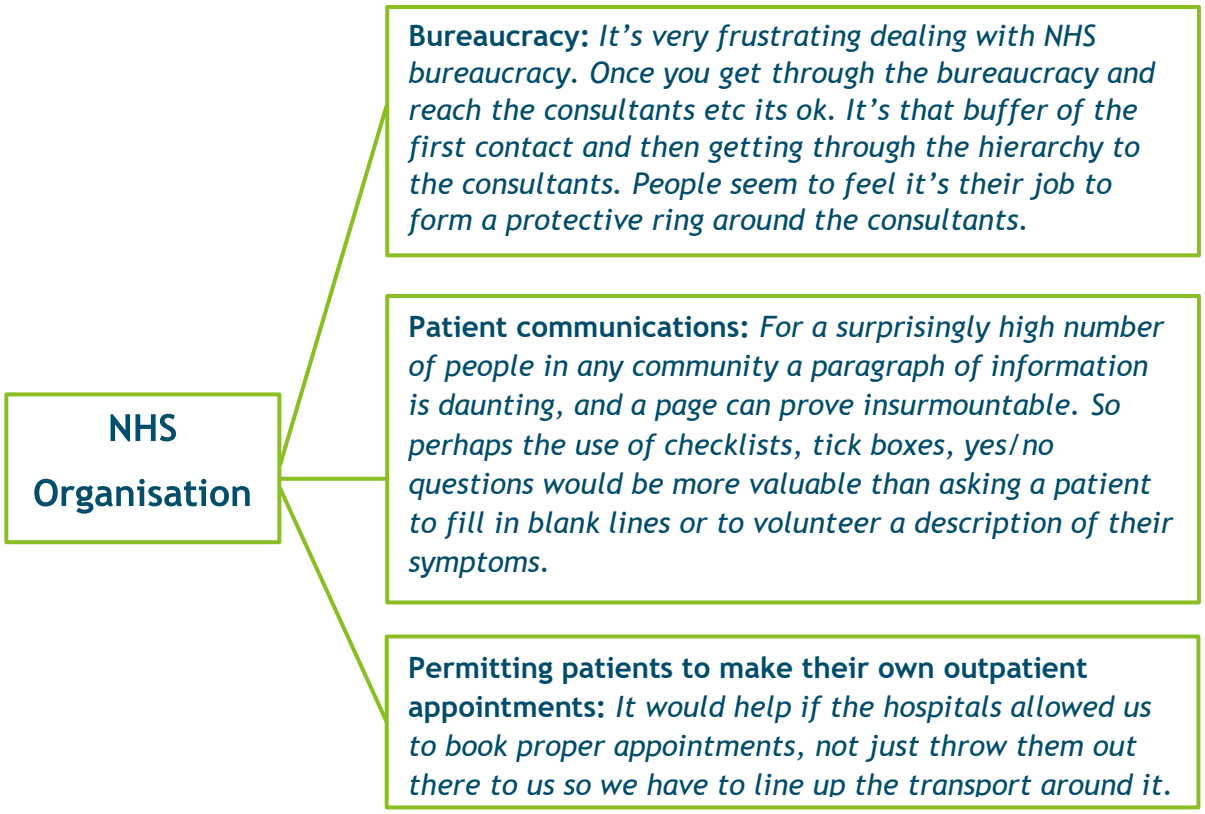

Diagram 6: Participants' expressions about the national and local NHS

3. Health and care services for children and young people

Adults' and children and young people's views on health and care services were collected and groups working with young people and their parents or carers were specifically targeted to understand their experiences and needs.

3.1. Travel and transport - extra difficulties for parents and children

People spoke frequently about the limitations in the local provision of children's health services, resulting in parents travelling many miles which can have varied impacts on the family:

"All the care we need is all over the place apart from the paediatrician who is in Oakham. I have kids who get travel sick after 10 minutes and we have to travel out of county for orthotics, orthopaedics, genetics, counselling, everything."

"It takes 50 minutes there and 50 minutes back, plus the time at the hospital, so yes, a half a day of school is missed every time for something that could be done very quickly." (Parent)

3.2. Children's care closer to home

Participants were asked what children's health and care services they currently had to access outside of Rutland and which could be closer to home. Speech and Language Therapy, taking blood samples, heart monitoring, physiotherapy and sensory therapy were all mentioned.

Taking blood samples:

"Although we can use the community nursing team, they will not take children's bloods by accessing veins, only adults', so we have to [travel] every time. Why not do this in the Doctors' practice or in the community? […] They used to do it where we lived [before]."

Outpatients:

"I would like heart checks locally. I go to Glenfield to have my heart checked."

Physiotherapy:

"I had to go to the physio in Grantham […] It would be much better if it could be in Oakham."

Speech and language therapy:

"Regarding speech and language therapy, lots of children are being totally failed by services. You might get 3 appointments over 4 or 5 months and then they deem teachers will do the rest."

Everything:

"There's loads of things that we should have here – occupational therapy, counselling, educational psychology, ADHD (attention deficit and hyperactivity disorder) assessments."

3.3. The impacts of childhood illness and disability

Parents of young children also spoke of the impact of their children's illnesses and disabilities on the rest of the family:

"I want you to tell Rutland County Council just how much my constant battles have affected my mental health."

"Mine and my husband's mental health have suffered from the pressure."

"My husband can't work at home, there's too much noise. My daughter literally battered her way into the study to get to him."

"I have a degree and a masters and I'm on universal credit. I had a good job."

3.4. Staying well and having a fulfilling social life

Older children, young adults, and parents spoke about what they want to stay healthy and connected as shown in the following diagram:

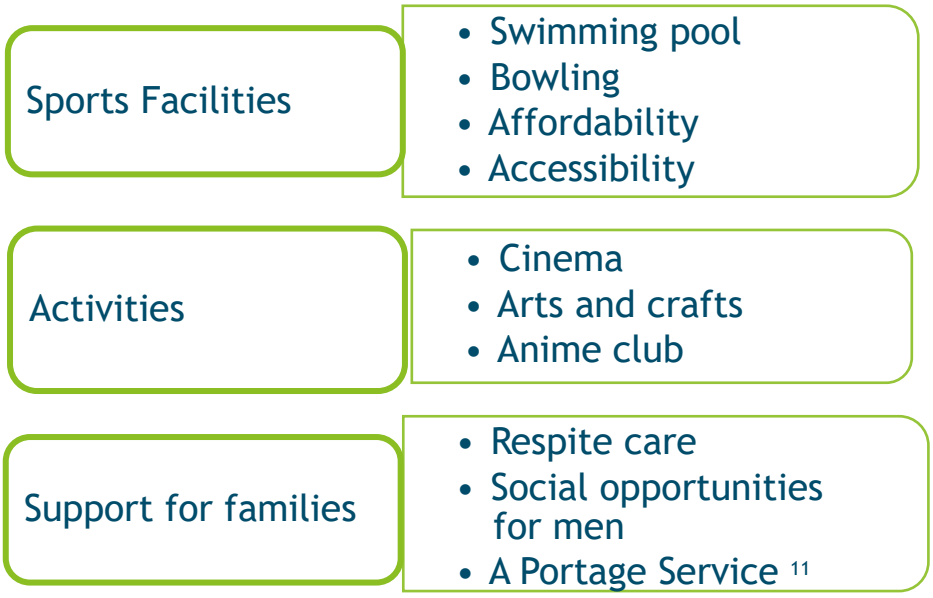

Diagram 7: A 'wish list' from children, young adults and parents of children with disabilities[9]

Parents of children with special needs and disabilities spoke powerfully about their needs for more support. They spoke highly of the Sunflowers' Club for pre-school children with special needs but mentioned the limitations such as waiting lists and restrictions. They also informed about difficulties in accessing childcare in nurseries, play groups and childminders:

"I couldn't get any childcare when they were little although the minders were happy to do it, but they couldn't get the insurance. And the council couldn't offer anything."

Others described recent difficulties with the Aiming High service, which supports children and young people with special educational needs and disabilities:

"There's only Aiming High but […] it was found out that they were monitoring families from social services and so now no-one trusts Aiming High. They have got it sorted now and have sorted out their GDPR etc, but they are just not trusted."

3.5. The use of technology for children's healthcare

Older children, young adults and the parents of younger children were asked for their opinions of the increasing use of technology for healthcare consultations and for monitoring wellbeing. They spoke about their differing opinions on remote consultations:

Children's and young people's opinions

"It's frustrating to talk to doctors on the phone. I have to have someone else there and I can't get the accents. I need to lip read so its gibberish and even a letter would be better."

"I had a lump on my foot and it was difficult to get a photo that they asked for."

[9] The Portage Service 'is a home-visiting educational service for pre-school children with special education al needs and disabilities'. Retrieved from:4. https://www.portage.org.uk/about/what-portage

"It's not always helpful – sometimes you [i.e. the doctors] just need to see properly and there are always some technical problems."

"I like the idea [of remote consultation] because I get very uncomfortable at hospitals but it's not great, my mum helps me."

"Well it's [remote monitoring] 50/50 for me. Good to make sure that you are OK but it will add a lot of stressing over your health. You might go into meltdown if what it says worries you. So it will help your physical health but not your mental health."

Parents' opinions

"Sometimes it's just ended up delaying and lengthening treatments."

"COVID was almost a blessing – a rest from [travelling to] appointments or they went on Zoom."

3.6. Education and Information

Comments were made about the need for education and information. Disruptions to education due to out of county hospital appointments were a particular concern for one participant and three others spoke of their difficulties in finding suitable schools:

"Sometimes, one of the children might be on a weekly blood [taking] pattern for a while, so then they miss loads of school – at least a half day per week."

The following diagram demonstrates both educational and informational needs expressed by parents and young people:

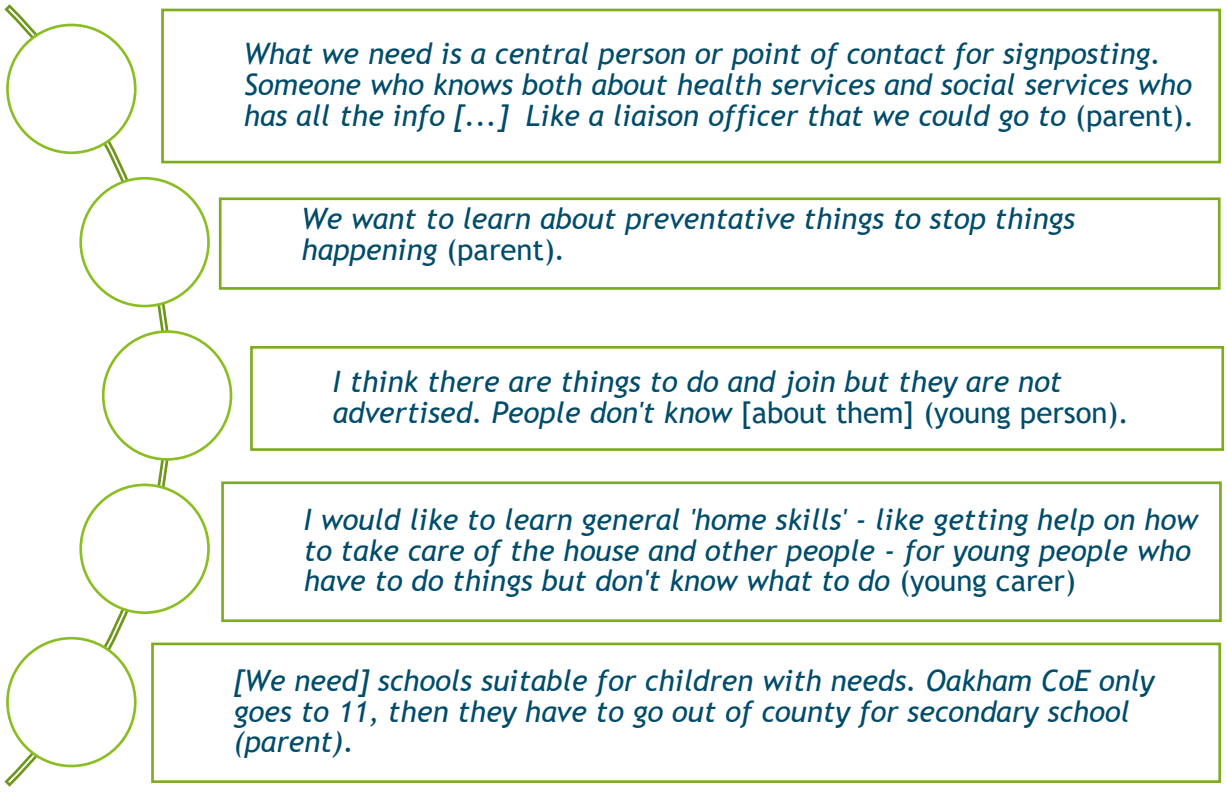

Diagram 8: The information and education needs of children, young adults and parents of children with disabilities.

4. Working-age adults with learning disabilities

When talking to a group of young people with disabilities, their parents, carers and group leaders, some felt facilities and opportunities were limited. One participant said:

"I'd like more things to do in Rutland, but not more people, we've got enough people. It's unfair that we get nothing after 25 [when Aiming High stops]. It's the only thing we've got and it's not our own space. We have to meet in other places like here at the kids' centre. We need a proper Aiming High space."

Children and young people assigned an Education and Health Care Plan receive extra support up to the age of 25 years. From 25 years onwards there are limited openings for working-age adults with learning disabilities who might not feel comfortable or fit within the stereotypical adult setting of living, working and socialising independently. There seems so be limited opportunities in Rutland for this group of people.

Work opportunities

Two people spoke of the satisfaction they get from working at Welly's in Melton Mowbray. A third told us he works on a Farm Park in Queniborough.

"He goes to Welly's as well and does some of the cooking. The workers put their own stickers and pictures on the cakes that are sold, so people know who made them, it's fantastic!"

Welly's describes itself as: *A community organisation with a focus on inclusion and wellbeing. We work […] to create opportunities for learning disabled adults in their area. We work with local businesses to teach skills in customer service and food preparation and provide volunteering placements within the area.* [10]

It seems there is nothing similar in Rutland although it is understood that there are plans for similar work opportunities at a new not-for-profit, zero-waste refill shop in Oakham.

Sports and social activities

Working aged adults with learning disabilities want to engage in social activities:

"I like dancing and parties. The Creative Workshops are still working. Yes, they have music and dancing and singing."

But these activities are constrained by:

No meeting place:

"There's no special place where we [young adults with disabilities who attend Out of Hours Club] can meet, we have to go to other places and book them. There's nowhere that we can hang out, like our place."

Affordability:

"Exercise is expensive in Rutland. Our young people often go to Melton for exercise because it's cheaper. The gym at Catmose is £25 per month but in Melton you can pay £4 and use the gym

[10] https://www.leicestershire.gov.uk/popular-now/directories/information-and-support-directory/sunny-skies-enterprise-cic

and the pool so £16 per month if you go once a week [...] There is the pool at Barnsdale but that's expensive."

Accessibility:

"We've been to shows at Market Overton Village Hall. It's OK for us but there is no hoist. We tried the cinema at the museum [Oakham] but that has no changing place. You have to go out to the Church."

Suitability:

"I like to go to the cinema with my friends, I really enjoy it. I can drive so it's fine. I like it. I like new films and I like to talk about what I've seen. I've seen films in the museum but it's old films, not up to date, and I can't talk about them to my friends."

Conclusion

Many people have generously given their time to explain what they would like to see provided in plans for place-based care in Rutland. Rutland people clearly see themselves as active partners in the development of health and care services. The opportunity to get involved has inspired much thought and many valuable suggestions.

Avoidance of travel for healthcare is a major driver in people's desire to have more accessible local services due to the far-reaching effects it can have on disruption to children's education, and stress for patients, families and carers. There is a strong desire that collective responsibility should be accepted by the Integrated Care System to improve transport to secondary healthcare services when these cannot be delivered locally.

There are positive signs that the move to local provision of care through multi-disciplinary teams can be successful and welcomed by patients.

Finally, this research shows that people have been pleased to be asked the central question *what do you need and want from better local health and care services to help you stay healthy and live well?* It is clear that, in the words of one participant:

"We need a proper transformation effort with the public and in the community. You have to engage with people to make them feel part of the solution".

Acknowledgements

Healthwatch Rutland would like to thank everyone who gave thought and time to letting us know their views on how they want to see health and care services develop at place in Rutland. We would also like to thank Rutland Health and Wellbeing Board for providing the opportunity to engage with the public about such important plans for Rutland people, particularly Mr John Morley and Councillor Alan Walters for setting out the direction of travel for this research. Finally, thank you to the community and support group leaders, the parish and town councillors and GP patient groups that facilitated our research by inviting us to their meetings.

About Healthwatch Rutland

Healthwatch Rutland is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch Rutland and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at www.healthwatchrutland.co.uk

About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Rutland.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk

Appendix 1 - Participants

In total, 139 people took part in this project through:

8 virtual discussions with community, parish and interest groups:

- Uppingham Town Council
- Manton Parish Council
- Uppingham Surgery Patients Participation Group
- Better Healthcare 4 Stamford
- Rutland Health and Social care Policy Consortium
- Uppingham surgery staff
- Time Out For Us
- Tea at 3 – Age UK

5 face-to-face discussions with community and support groups:

- Peppers – a safe place to be
- Rutland Out of Hours Club
- Oakham Medical Practice Patients Participation Group
- Disabled Youth Forum
- Veterans' breakfast club

1 Virtual public meeting

Interviews

- 12 individual interviews some face-to-face, some by telephone: 5 males and 7 females
- 1 interview with 2 females

3 Emailed stories

Appendix 2 - Questions for interviews and focus group discussions

What matters to you?

1. Can you to tell us about your contacts with the NHS over the last two years or so?
2. How has this affected you and your family?

Prompts: How has it made you (them) feel? How has this impacted on your lives?

3. Is there anything that could have been done better?

Prompts: e.g. regarding GP care, hospital treatment, appointments, communication between services, support from community or social groups?

4. Have you had any digital consultations with NHS doctors or nurses, for example by telephone or by computer? If so, how did you find it?
5. Technology is now being used more for patients to be able to monitor and manage their own health conditions for example, monitoring blood sugar levels, oxygen saturation levels. Could you tell us your thoughts about this?
6. Going forward, what would make things easier/better for you in managing your health conditions?
7. Thinking specifically about future services in Rutland, what health and social care facilities do you think should be provided more locally?

Prompts: Thinking about diagnosing health issues or specific treatments and procedures

8. What facilities and support do you think should be available locally to encourage and help people to live more healthy lives?

Prompts: Thinking of facilities to help you increase your physical activity, or learn something new, or cultural activities

Appendix 3 - A 'long list' of participants' comments organised into themes

This appendix contains participants' statements which have been coded thematically. Some statements are repeated as they apply to more than one theme.

Travel and transport

- I don't trust the taxi service because of the COVID risk. They are drivers coming from Leicester and I wasn't vaccinated at that time.
- I had the actual operation in Leicester at the General and I got the train and bus there and back because I don't drive. The one [wound] on my forehead started to bleed and it would not stop. The advice was to go back to Leicester with any problems but I could not do that so called NHS111 and spent all night talking to them on and off.
- I certainly would not drive to Leicester Royal. I used to drive to Melton, then catch the train and then get a taxi there. That's 3 different forms of transport. Takes time and it costs money.
- Every time I go to Glenfield it costs me £12 on the train and I get the hopper bus, which is good, but it all takes a long time and is a 50 mile round trip. How do people afford it who have to go often?
- She was brilliant and came out to Oakham and I had regular appointments for 2 years. But she then said she wasn't coming to Oakham anymore so I'd have to go to Leicester, so I stopped.
- After my heart op they offered me a course of physio at the Leicester General, every Monday morning for 6 weeks. I went because I thought it was important but it was difficult on the train and bus.
- Clinics for Parkinson's is [sic] not available to many and they have to travel to Leicester in most cases.
- Access to support and treatment locally would be something important to people living with sight loss, particularly because of the additional support that they would need to travel to Leicester or Peterborough. Some people don't have that other person living with them and if they are nearby, they might not always be able to commit to taking time to accompany them to the hospital.
- During the pandemic, I know some people have not accessed treatment because the distance and transport has been an issue, alongside some of the other obvious issues. Our client group is predominantly older people and age can also be a barrier as well. Again, being nearer, makes it easier to access.
- Antenatal and postnatal support is not working. We assume everyone drives and when services are in Oakham and parents are isolated in Uppingham they find it difficult to access. Our Little Angels weigh-ins and support group is working well.
- I had an incident in the garden. I think it was early afternoon. I whipped into Oakham hospital and that was fantastic. I wouldn't want to have driven to Peterborough or Leicester. Having the local walk-in service was brilliant and I want to keep it going and add to it.
- Our care is normally associated with Leicester but Peterborough is closer. If the General closes, getting to the Royal is very difficult. But people who go to Peterborough are diverted to Addenbrookes – Peterborough is not a teaching hospital and doesn't have the facilities. Closing the General means the result for Rutland is poor.

- He was supposed to go to Glenfield afterwards for rehab but went to Inspire to Try for 6 weeks instead. It was great. He would not have been able to go to Glenfield.
- The reforms increase the efficiency for the system but push the cost on to the individual in terms of travelling and time.
- I was sent to Addenbrookes from Peterborough because of a cyst on my eye. That was a long way to go and when we got there, they couldn't do it.
- My son takes me and my wife comes too. He will leave us in the reception and then come home and return to pick me up later. I can't leave my wife here on her own. My son has to take the day off work for this.
- I don't like the Royal [Infirmary] – it's awkward to get to. Peterborough and Fitzwilliam are fine. LRI is right in the centre of Leicester – very difficult to get to. I would have to pay for transport if my son couldn't take me.
- If I had not been mobile, it would have been a big issue (getting to hospital). Also, say if I had been 10 years older? I know several neighbours who would really struggle driving around the country e.g. to Peterborough just for a test.
- Although I'm reluctant to travel to Leicester, for a complex thing I would.
- Several years ago they talked about closing the branch surgery at Gretton. But the doctors did not know that there was no public transport from Gretton to Uppingham. You have to go via Corby and it takes a full day.
- But the thing is, we will never get village buses. The thing about people is that they will help to get you into Oakham if you need it. But to Leicester is a different thing. People don't have the time. VAR is a good idea but I was told you have to book a week in advance – that's no good.
- If a consultant sees 10 people at RMH, then its 10 journeys to Leicester that are avoided. A consultant could see 10 patients here rather than 10 individual journeys over to Leicester.
- The Centres of Excellence they've set up are fine for major surgery. But they're not so good for minor stuff like blood tests. The travelling needed is not good for the environment. Local services mean less pollution and less wear and tear on roads.
- The people who work in the central hospitals, especially in Leicester, don't have a clue where the Rutland villages are. They are surprised when I tell them it's a 50 mile round trip. There is a lot of non-comprehension in terms of the travelling involved.
- Getting to hospitals for appointments is a big problem for me [does not drive].
- Getting to Peterborough is a lot easier than Leicester as there is a better road system. Transport to Leicester is not practicable.
- So, if I looked at the demographic of the Patient Participation Group, a lot of those people are over 60. They are either dependent upon a neighbour, a taxi, to get themselves to somewhere outside of Stamford. Accessibility is the key.
- I drive myself. It only takes 20 minutes [to Kettering hospital]. Public transport is useless, it doesn't connect with trains and buses.
- Everyone drives, so the buses don't make money. Obviously, the elderly can't, so they can't get out much. The buses don't stop at Ashwell Garden Centre anymore. They say it's too dangerous because there's no proper stop. Older people like to do that; to go a for a coffee and a look round. I'd happily use buses if there was better public transport. The last bus to Stamford is at 2pm and Sundays are useless.
- I accept that you have to travel for specific specialists.
- We have to go to Peterborough for everything. My mum recently had an operation in Peterborough but we go to Empingham for general check-ups.
- I had to go to Peterborough for an x-ray.

- Eye things would be much better local. My mum has to go to hospital but it's difficult to travel when you can't see very well and she relies on nan and grandad who do drive, but are getting quite old.
- We need special shoes to be done locally and not travel to Leicester. It's also difficult to get on the sensory therapy courses in Leicester. That could be done here.
- It's a nightmare getting to the LRI and the parking is dreadful. Peterborough is easier to get to.
- All the care we need is all over the place apart from the paediatrician who is in Oakham. I have kids who get travel sick after 10 minutes and we have to travel out of county for orthotics, orthopaedics, genetics, counselling, everything. My children go into casts every 2 weeks because they tip-toe. Stuff like that should be here. We have to go to the Meridian Centre in Leicester for orthotics. They do adults at RMH but not children's. Why not? We have to go to Leicester to get measured and then back again to get fitted up.
- We go to Birmingham Children's Centre regularly, to Cambridge for arthritis checks to Peterborough for arthritis and eye checks.
- I think the nearest place for sensory assessment is Coventry. A Lincolnshire person came over in the end. It took forever.
- I'd much prefer Oakham. Get us any specialists to come to Oakham it's so much easier to get to.
- She sometimes needs blood transfusions and goes to Peterborough for that. The transfusions would be better here in Rutland if they could do it.
- People won't do more exercise by going to the village hall for over 80's line dancing. But they will go out and about more to meet up if transport were available.

Remote consultations

- [They are] fine for routine things, absolutely fine. If I need to make a change to a prescription, as told by the consultant, that's the most efficient way of doing it rather than traipsing in for a 5-minute chat to get things altered on the computer.
- I would much rather see someone. Especially the two older doctors. At Somerby they've got more time.
- Doctors are very perceptive. They can tell from the tone of your voice. They know how to get to the bottom of something.
- It was all just by phone. I've never been asked to do a video consultation.
- I'm not sure what I would have done if my daughter hadn't stopped the bleeding. What do people do if they are on their own? NHS111 could not send anyone out to me at night and I ended up at A&E.
- I've never been asked for a video appointment. I'm happy using Zoom for social things but I'm not very good. I'm lucky that my grandson, who lives with me at the moment, helps me out. I am not frightened of it. I have got the hang of the bits that I need. But I do know people who could benefit from extra help and some who just are not interested.
- I see a heart consultant once a year. At the clinic they take my pulse, blood sample and do an ECG. The consultant talks to me about how I am, how I feel and if anything has changed. He's looking at me and asking questions to work out how well and fit I am. I think this is really important to do face to face and it could easily be done in Rutland. There must be a lot of people needing this done, so a heart consultant could come out to Rutland.

- I understand the need for everyone to be careful due to COVID, and I think there is a place for triage and telephone contact. I've had no experience of video consultation either at the GP or the hospital. I'm OK but I know lots of older people can't use the technology. Also a lot of information can be picked up face-to-face and you lose that if the consultation is remote.
- I think email can be useful for those that can use it and it needs to be a lot better [at GP practices]. It's a good and concise way of describing symptoms when relevant. I tried emailing the practice and got no response. I think a 1 working day response is adequate. I actually ended up writing a proper letter to Dr X.
- I've had a few appointments [with OMP] by phone and by video – often phone first, then video. The tech is very easy and, for some things with the GP, I prefer it. We've had good results and are happy to visit in person only if it's needed. We've had no video appointments with hospitals. We always go in person.
- We've got online consultation with the GPs at the moment and I have to say 'Ask my GP' is working really well for us. But that does depend on the doctors responding to it. But I'm trying to sort out a new hip at the moment and I whopped in an email in the morning and within half an hour I got the doctor back on and within an hour I was actually in the surgery
- The first one was with a nurse from the GP practise. It was simple stuff. I had an allergic reaction to medication. 'Come in, we need to see you.' So that was the extent of the digital consultation. It was on the telephone. They knew what the problem was before the telephone call was made. Purely a telephone [call]. I asked afterwards about wouldn't a video consultation have been better. [They replied] 'We don't really have the technology for that.' The important thing was that they don't appear - no I won't say that about the GP practice. She just wasn't comfortable about it. I don't know. But it was telephone. So that was just, if you like, a triaging call. It didn't get any further. With the hospital consultation, the first consultation I had was kind of almost 100% useless in that the purpose of it, and again it was telephone, the purpose of it was quite simply to stall you. So, they're putting you on wait. When I pushed and more or less took over the call and I said 'Well we can do this, how about this and how about that?' I got, 'Oh, well, okay, send all that information and do that to my email. Sent all the information to the email. The email [address] she ended up giving me was, of course, the PA's [personal assistant] email and I expected to hear nothing else. 24 hours later I had the most fantastic telephone consultation. But I had to prove to her that I could deal with the telephone consultation. She had no idea how to do a telephone consultation. I've spent 25 years in in product development and sales marketing. You would never ever take your 'on the road' sales rep and say to them, 'Next week, you're in a call centre.' And that's what they're doing with these medics. They're used to hands on, face-to-face. They don't know how to get information out of people on video calls and particularly on telephone calls. They need training for it. They need to know how to use open and closed questioning. They need to know, to understand the circumstances that the patient is in. A lot of patients on the telephone or video call, using zoom, or something like that, won't be able to speak freely because there's a 14 year old child in the next room and there is a partner who is uncomfortable that they should be talking about this. There are so many issues around it and the medics have to learn to judge that. And they're not able to. So, there's a huge amount of work to be done before online consultation will be effective. I think it has tremendous possibilities - absolutely huge possibilities. Now, I have been involved with the group at UHL on video consultations and, actually, they're not doing - any video consultations are very, very few because they haven't got secure video system setup and they don't use things like FaceTime or Zoom or whatever. They're looking at bespoke systems that have the appropriate security built in. So that's why you won't get many people reporting on video consultations.

- When you go through ‘Ask my GP’, you can ask for telephone or email or whatever. It doesn't have a video option that I'm aware of.
- I know in a village like this, a lot of people don't actually have Internet. And, with various nieces who are into the geriatric side of things, you really need to look at all the bits and pieces that are there and not just, say ‘I’ve got a lump on my elbow’ or whatever might be being reported. So I think for a workable system and which would then include consultations with consultants and avoiding the need to go into Glenfield, LRI or wherever, one needs some centres where you can get away from your teenager, your partner or whatever. But also, perhaps, have a nurse or a trained individual sitting alongside you, controlling the link but also being able to prompt the patient, to say ‘Well look, you're telling him about the lump on your neck but you can't move your right arm. Wouldn't it be a good idea to mention that?’ So, I think saving consultant visits is a particularly good area for it, but it does need to be a system that works through an assistant, with assistance to those who are not fully up to speed with doing it. To be honest, even if I were trying to show my GP or consultant something on my ankle, I'd find it quite difficult to raise it up to my webcam and wave that in front of them. So I think it's great potential but it needs working through and proper support.
- Having a big plasma screen in the [community] hospital with a nurse that you can feel that you're actually talking to the consultant in real life. You know, big thing that you can feel that you’re in a consulting room. I think for many elderly people that would make it much more a real to have a life-sized person in front of you instead of some of the small screens. And certainly we hear about people talking to their grandchildren and as they grow up on big screens. So, I think it’s as X says, it’s a question of putting the different components together into packages that work and not just your call centre.
- Most people want to talk face-to-face with the doctor. For some conditions it’s not appropriate to do it by phone. If it’s possible face-to-face should be brought back.
- So, I should like to take this opportunity to say that we must not expect or rely on patients using emails, texts and websites. I should also like to stress the need for clearly laid out text, with vocabulary that is in everyday use, when any information is provided in a written form. For a surprisingly high number of people in any community a paragraph of information is daunting, and a page can prove insurmountable. So perhaps the use of checklists, tick boxes, yes/no questions would be more valuable than asking a patient to fill in blank lines or to volunteer a description of their symptoms.
- Telephone consultations can be helpful and avoid unnecessary travel to discuss say, test results or medication queries, as long as these are with appropriate clinicians who have the relevant information about the patient to hand. However, we must maintain face-to-face appointments as well, for example, for initial assessment and complex cases.
- X agreed that a bleed was probably an emergency - they had had one previously. The doctor rang back 5 hours later and told them to go to hospital. X felt if it was classed as an emergency, they should have contacted her sooner. X has only been offered phone consultations with GPs. They haven’t had a video consultation. They think this would be an improvement, but feel meeting in person would be even better. X has had phone consultations with consultants at the hospital. This was ok, but the consultants couldn’t change the medication on the phone consultations. X has had consultations with the consultants at the hospitals, this was preferred.
- I have no computer and fortunately have not needed much other care during COVID.
- When I had my hearing check, I was told that the audiologist is snowed under as the GP is not seeing anyone face-to-face but referring people directly to hospitals.

- I had to go for an x-ray to RMH. I was then referred to the physio by the GP for a phone consultation. How can you do a physio consultation by phone? He sent me a poorly photocopied piece of paper. I thought it was very poor so I gave up and bought a dog.
- I'd like to know if people having phone consultations and who aren't comfortable with that – are they getting appropriate care?
- Virtual consultations are very appropriate for follow-up particularly when an examination is not needed e.g. in dermatology, but it's not suitable for a first consultation.
- But what's really important is that the GPs get training on how to engage properly with people when using that way.
- Since COVID you can't see doctors face-to-face. They ring you up. I did see Dr X face-to-face with throat trouble. She was very good. She rang me up a week later and then a week after that to see how I was doing. I thought that was good.
- I've not seen the consultant face-to-face. It's always been a phone call. I don't use Zoom 'cos I don't use a computer. I always use a phone call. I think it's better if you can talk face-to-face because then they examine you. I don't want to do video. I only have a landline, no mobile phone or computer. Well, actually we do have a computer upstairs. We found we were paying a lot for it and just not using it. We belong in the stone age. We cancelled the internet.
- Well, I think people who need help like that need help to do it as well. A new electric car has 2 screens and a trackpad. It's OK if you are under 40. If an over 40 gets one they'll run into a tree!
- I think we should move away from confusing the elderly who have a technical aversion quite often. I'm 79 and have been using computers for years and years but my wife doesn't. I help her. What about people who don't have the help?
- Talking to doctors by telephone or video works in some cases but what about the people who don't have computers? There's thousands of them and I don't have a computer.
- I've still got the pain. They seem to think it's in the bones but a CT scan was all clear. I'm having a DEXA scan next and that's bones, too, isn't it? 'Cos I can't talk to them [doctors] face-to-face they seem to be getting the wrong idea. I think it's all in my muscles and not my bones. I'm wondering if it's polymyalgia. But I don't get an answer. If I saw them face-to-face, at least I would get some explanation. My shoulders hurt.
- X feels patients need to be seen as a whole person and that this isn't possible if there aren't face-to-face consultations. X is happy for routine, mundane issues to be dealt with on the phone or by a nurse.
- I don't mind being seen online. I accept that's appropriate, particularly at the current time, but it's also progress and I think there are quite a number of consultations could be reasonably made. [For example] if I'm just asking for some more hay fever medication, if I get it every year, and I just get the prescription, I can do that online. I don't need to go into the surgery for it. So that's fine.
- I have downloaded Q-Doctor on my smartphone, I went onto that. It wants a code which I've never been given, but guess what? I have to go to the surgery for it. But I can't go to the surgery, because I can't get through on the phone.
- What matters to us in Rutland, for me and from what I've heard from the other people, I have dealt with, it's 100% accessibility. It's being able to get through to the surgery when you need to get through to them, and actually being able to consult a doctor, be it online or be it in person when you need to do that.
- I certainly think that for older people, so I'm thinking about my parents, it's crucial that they see a doctor face-to-face, because they find it difficult to articulate themselves over the

computer, and also when they're sat in front of the doctor. A doctor can assess by their feelings and reactions how best they need to be treated.

- I think I got a letter from a school teacher the other day that said 'I can only call when I'm not in the classroom. I'm waiting for a phone call back from the doctor, if the doctor calls me while I'm teaching, I'm not going to pick up that phone call'.
- What are the doctors doing? Other people can be seen. I'm off to the dentist in an hour, that's going to be face-to-face.
- Instead of this having to ring in at eight o'clock and then hang around all day, waiting on the hope that somebody will ring you back because unlike X I couldn't take a call out in the street in traffic on a mobile, because I can't hear it very well, and so I wait in.
- That's what I liked about the previous system, that the guy could look at you, smell you, sniff you, detect probably physically whether there was any problem as well as mentally. I mean how can you do that with a Zoom?
- Especially during COVID, the lack of face-to-face, it is essential to get support.
- I am a technophobe and I am not getting any attention. I have had telephone calls. The GP asked me to take a photo, but I can't. It is my fault that I don't do computers but there is little to no chance of a face-to-face with a GP and I am unable to see my assigned GP.
- I was asked to send photos of my skin cancer and I can't, I did get a face-to-face.
- I've had phone appointments with the surgery and found it fine. It's nicer face-to-face but it worked OK.
- We can call someone to talk, but you need face-to-face. It's not the same. There's no body language, no facial expressions and things can be missed, such as cancer, if the doctor can't diagnose you properly.
- All the contact was by phone and I had to have a blood test done outside. But it was OK, I suppose it frees up the doctor's surgeries. Sitting in a room with poorly people is not good. But you can't do mental health on the phone. You can't see it. Online excludes some people, especially if it's a mental health problem.
- I use Superdrug for my meds and the orders are automatic. If there's problems it's always at the GP end and you end up 28th in the queue if you try to call them.
- Turning Point is online. They call every 2 weeks and I've been very impressed with them.
- When I asked for help with my mental health, they said it was all online and I feel awful about that. During the 1st lockdown all the counselling was via Skype and it just didn't work for me. The therapist said 'this isn't working' and we carried on in the garden.
- We've had a massive increase on the use of online ordering for meds – it's been really positive. It's safer for patients to order online and we have tighter control of when people are ordering and reviews and can track when people are over-ordering [GP surgery] staff.
- My mum would definitely be happy with [a community consulting room with screen, camera and attendant clinical helper] so she doesn't have to have us [family members] there to help.
- People have engaged really well, even the elderly, although some have been hesitant. But from the patient services perspective it's been excellent [GP surgery].
- It's frustrating to talk to doctors on the phone. I have to have someone else there and I can't get the accents. I need to lip read so its gibberish and even a letter would be better.
- I think it's better to talk to them face-to-face and that's what I want when COVID is over.
- I like the idea [of remote consultation] because I get very uncomfortable at hospitals but it's not great. My mum helps.
- My mum had 2 phone appointments recently. It was OK but she couldn't do it alone. She needs me or my grandparents to help. They needed photo's which she couldn't do by herself.

- I had a lump on my foot and it was difficult to get a photo that they asked for. So, that would be good for things like that.
- Using technology for consultations is useful but many people want this as an addition to face-to-face consultations. People go to see a doctor and spend 10 minutes talking about different problems. At the end of the consultation [when they are more relaxed] they also add a 'by the way'. This is actually the bit that matters. This is lost in remote consultations.
- Some time ago I had a skin problem and the doctor asked me to send in a photo of it. I don't agree with this. Eyes are better than a camera. Patients just get more stressed and there is a big risk of a wrong diagnosis.
- I don't use a computer. I just can't get my head round them and don't want to use one. If anything needs to be done by computer, my husband does it. If he is not about, I get my daughter to do it.
- This is ok for people who can use the technology but people with greater needs can't use the technology and sometimes not even the phone. It's ok for the right people.
- It's not always helpful. Sometimes you [i.e. the doctors] just need to see properly and there are always some technical problems. Sometimes it's just ended up delaying and lengthening treatments.
- No! My friend was told to take a photo of the back of her throat but you couldn't see it so she had to go in anyway. I think you need to see the whole person.
- I think follow-up appointments are very good for virtual appointments – not for the initial diagnosis.
- I've had telephone appointments and it's been good. I've got a dietician calling in July. A lovely girl from Leicester. She used to come to Oakham.
- We didn't register for online. There were complications and we weren't up to it. We didn't know how to do it. I think it would be useful to get some help doing it.
- Well I think it will be nice to do face-to-face appointments again, but I don't know who will be seen and who won't. How can I explain to a doctor how ill I feel in myself if he can't see me? It's face-to-face, that's what you need. And the receptionists are like gatekeepers, and you're told to ring 111 or 999.
- I think the strength of digital will be in triage. In consultations, important visual clues may be lost, particularly around mental health if someone is anxious. If people don't say it outright it may be missed.
- Picking up the point about using any GP – that can lead to lack of continuity, particularly for someone nearing End Of Life. That sort of care is no good over a screen and needs to be face-to-face. I think that is a priority as we come out of COVID.
- I like face-to face. I'm not good with the phone and I don't use a computer.
- Brilliant – we must not lose it. We've used it for various things and it's been good to be able to speak to someone. It's not rushed and it can work well.
- But back to technology – it's only easy when you know it, isn't it? We are addressing IT [information technology] education for mature students and need more of it.
- That [a screen with an assistant] would be brilliant to have in towns and larger villages – although the danger is always that no-one turns up. I think it would be easier in towns with more people and it might be possible to catch people's health problems that are not being spotted elsewhere or through screening. It would help with speed of access to care, which is I think, more important than necessarily seeing someone face-to-face to begin with.
- I wanted to revisit HRT [hormone replacement therapy] after the Davina programme a few weeks ago. So I made an appointment on E-consult and a doctor called me. I've gone ahead with it but it didn't feel the same just speaking to someone, as seeing them whilst I did it. I

wished I had used Q Doctor so I could eyeball him. He seemed to just read off a sheet. Phone and online consultations have their place but some people won't or can't. I'm [in my 50s] and could get used to it especially if it improves access to other appointments. I didn't appreciate the difference between the two different methods [Q Doctor and E Consult] or what the different virtual offerings are.

Remote monitoring

- I've had heart monitors. I think the first time I had it, it produced good results. It did show something. The second time it was a complete failure. I don't know whether the things had attached properly. In hospital they stick ECG things on you. It's difficult to keep the contact. I don't know whether it's my skin or something. The other wearable technology I know about is the monitor on the arm for diabetes which works through a smart phone. I don't know how well this would work for me. My diabetes is well controlled. I inject twice day – in the morning and in the evening. My friend who also has diabetes was pricking his finger 12 times a day and he has this new monitor and he says it's wonderful.
- Generally I feel very positive about using technology as much as we can, but I've not come across any monitoring technology.
- I have been using, and we as a family, have been using various monitoring for a number of years very effectively. It's just being more a case of persuading the clinicians that they should consider it and some are much more open to it than others.
- When I first got atrial fibrillation, I had to wear a monitor for 24 hours which was absolutely fine. I actually had to go back to the consultant to have that downloaded to see how it was. I can't see anybody having a problem wearing something like that. It's getting the data there. Can you say do it by your smart phone or - I mean, in some ways you actually want things to be able to be transmitted through fairly immediately.
- I think the extension of monitoring is excellent. Peterborough, for certain groups of patients, they have been giving them a one or two channel ECG to run with a smart phone so when they're having arhythmic attacks they can actually record them. Because a lot of these things are intermittent and you go back to the doctor and you say, you know, I wasn't feeling well on Tuesday. Well, now you can show him why you weren't feeling well on Tuesday. So they're a tremendous help. But it needs again [consideration of] how this is introduced and the support people get.
- The whole remote monitoring thing is great but we must think of the mental health impact. A lot of frail and old people rely on personal contact. I also know a young person with huge mental health problems and they have no chance of seeing a regular support person who they can get to know. He gets very distressed when different staff contact him.
- I think it's OK to monitor blood pressure and oxygen levels etc remotely but they need to let people know it's available and do an advertising campaign.
- Yes, it's about human interaction but also remote monitoring is fantastic – Addenbrookes monitor [my relative's] pacemaker whilst she is in her bed in the care home. But we do need better infrastructure for this – better wifi and mobile phone signals. This last year has taught many of us just how poor rural connections are. The RCC programme is frankly not enough and this needs sorting out.
- Self-help should be encouraged. So home monitoring devices could help.
- I've not asked about this for my pacemaker but I wouldn't mind. They always take my blood in Kettering – an armful. Last time I told him he had more of my blood than I had and he said they always like a lot.

- If you are wearing a heart monitor, you are looking to have in-house communications to external equipment. We have to ask "is it standalone?" That's the key. If it's an elderly person, they are not going to check if it's linked properly to the internet. And it has to be suitable. My mum always left her button alarm over the mirror. I told social services and they gave her a wristwatch that she has never taken off. If things need remote monitoring that uses Bluetooth, we need the domestic infrastructure and help to make sure its operating.
- What happens if you have no computer or wifi? What about the cost? Where do you locate the box? […] Who pays for it?
- I think this [remote monitoring] is a good idea. So many people don't want to go into care homes and they try to keep people in their own homes for as long as possible. I've told my daughter I don't want to go into a care home. My brother and sister-in-law now live in a sheltered bungalow and they seem quite happy. They couldn't manage the garden in their old home. It seems to work for them. They go out on outings and there's activities and people to help them if they need it.
- X feels that things like monitoring blood sugar levels, oxygen saturation levels etc. is the job of the nurse. X feels that asking patients to do this will lead to inaccuracies and errors as it might not be done correctly by the patient.
- What's the point? I don't have technology. Technology is ruining society, too much information causes problems. It's getting beyond control. It makes me isolated and fearful [prompt: of what?] Missing out, missing out on opportunities.
- We've used Pulse Oximeters as part of a trial for post-COVID discharge. Accurx text messages are used to report and the GP can then check [GP practice staff].
- We've had a very successful campaign to encourage people to get their own blood pressure monitor in the last 3-4 years and people can then submit their BP as part of their annual review. The whole nursing team worked hard to encourage patients to make the purchases – it's a case of education [GP practice staff].
- Well it's [remote monitoring] 50/50 for me. Good to make sure that you are OK but it will add a lot of stressing over your health. You might go into meltdown if what it says worries you. So it will help your physical health but not your mental health.
- I'd like something for checking my heart.
- I'm not keen on the practicalities of getting the information back to the doctors who monitor. I'd rather be checked out in person.
- You can have pacemakers and hearing aids that are controlled by your mobile phone. That's great.
- My mum had to wear a BP monitor but doesn't see well, and the doctors were really good about getting it set up.
- Remote monitoring might be a good idea, but who pays for it?
- I had experience of this for my heart. It was not much fun but it worked. I have a friend who has it for monitoring his diabetes and that works fine. Alarms for people who fall are good and reassuring. My mother-in-law wears one.
- I've heard of it for blood pressure. That could be useful for ongoing monitoring.
- I think we have to be extremely careful with this. There are data issues to consider.
- I agree that the camera idea could be a problem for privacy and human rights, and we should use with caution. But things like diabetes monitoring could be useful.
- But back to technology – it's only easy when you know it, isn't it? We are addressing IT education for mature students and need more of it.
- Brilliant – it can help people to live well.

- I was given a blood pressure kit for my birthday some years ago – a bit weird perhaps. But when my BP went up when I got into my 60s, I knew about it and was able to talk to my doctor about what next.
- Fantastic – that's a step in helping people to help themselves. We have to be careful where there is cost involved [for the patient]. My friend's son wears a monitor for type 1 diabetes that they bought.

Care closer to home

- The only big issue for me is that I am spending more than half of my life going to, coming back from or attending the Hamilton dialysis centre.
- St Mary's hospital is amazing. It's completely underused, it seems to me. Whether it's a reluctance for specialists to come out to visit that hospital because it's out in the sticks, I don't know. It's a lovely facility. There are no queues. If you go for an x-ray you're seen straight away. But there could be a lot more happening there. It's a 10-minute drive from home to there [St Mary's]. It wouldn't save dialysis time but would be 20 minutes travelling rather than 2 hours and the costs.
- I don't know why but the specialists I have seen at St Mary's have not been the top people. They seem to send out the 2nd or 3rd string but not the most senior people. I know a number of the staff at Glenfield Hospital but don't think I have ever seen them at St Mary's. I don't think I've ever had a heart appointment at St Marys. I have had other problems - I had a problem with my jaw a couple of years ago. It's the impression I get. There's a reluctance of the senior people to come. Is it better, more efficient, to have specialist in one place and lots of people go to see him there rather than he come out here and only see one or two people?
- So, a heart consultant could come out to Rutland.
- She said she could get a psychologist to talk to me about my mental health who was associated with the heart department. She was brilliant and came out to Oakham and I had regular appointments for 2 years. But she then said she wasn't coming to Oakham anymore so I'd have to go to Leicester, so I stopped.
- Clinics for Parkinson's is [sic] not available to many and they have to travel to Leicester in most cases.
- I see no reason why hysteroscopy and colposcopy cannot be delivered locally. Also there is always big demand for orthopaedics everywhere, and that could also be offered locally. The local hospital provides excellent facilities for visiting consultants to save lots of patients all travelling.
- Facilities at the hospital [RMH] are not used to their best effect. There's been talk of new buildings but we can use what's there more.
- My partner was referred to a specialised Parkinson's nurse at Leicester General Hospital for support but we couldn't get an appointment. That could easily be offered locally.
- The children have their bloods done about once a month on average normally at different times. Although we can use the community nursing team, they will not take children's bloods by accessing veins, only adults', so we have to go to [travel] every time. Why not do this in the Doctors' practice or in the community? It's a 10-minute job and would be so much better [for the whole family]. The community nurses used to do it where we lived in Cambridgeshire, so there's no real reason why they can't.
- Again, the local surgery will do finger-prick tests for adults e.g. if they are taking warfarin, and it takes a few seconds. But they won't do it for children.

- There is no reason why patients could not be accessing their local facilities for routine check-up appointments, discussing test results, having scans if equipment is available, injections for wet AMD, local procedures and potentially being triaged for an appointment in Leicester or Peterborough.
- The community hospitals offer tremendous service on end-of-life care. We have a growing older population and Rutland has the oldest population in the East Midlands, so we definitely have a need for that facility.
- One of the problems, as long as I can remember, has been the problem of getting consultants to undertake clinics out of Rutland Memorial. One of the reasons being that a consultant can oversee five or six rooms operating with junior doctors in a clinic in Leicester General Hospital. The problem with clinics out in remote areas is the consultants have to come out. With a properly serviced centre in Oakham you could actually get around that because the consultant would still be available to the junior doctors [remotely].
- Antenatal and postnatal support is not working. We assume everyone drives and when services are in Oakham and parents are isolated in Uppingham they find it difficult to access.
- I do think local diagnostics are very important for Rutland, so, x-rays, scans, MRIs. Could any agreement be reached to use Stamford Hospital MRI facilities? Also local outpatient consultant appointments are helpful, as long as waiting lists are not too long. When restrictions allow, promote the self-referral physiotherapy scheme that Rutland operates.
- I had an incident in the garden, I think it was early afternoon, I whipped into Oakham hospital and that was fantastic. I wouldn't want to have driven to Peterborough or Leicester. Having the local walk-in service was brilliant and I want to keep it going and add to it.
- I went for a hearing test to Oakham hospital for the first time in 12 years. I needed new hearing aids. I had them within 2 hours.
- I also had some great carers to help at home. My daughter is a carer and so I had the people who work with her. He had had some local support at Dove Cottage at Riddlington, but had to move to going to Stathern because they had better toileting facilities.
- I also needed an x-ray and went to Stamford hospital. That was quick and I'm happy to go to Stamford.
- I've been a patient at Uppingham Practice for 2 decades and have no need to go to Stamford. I have blood tests and results back in a day. They have also had online booking for a long time. I'm happy with the service. I agree about Rutland Memorial – x-rays are quick. And can I make a general comment on RMH – the MP claims she saved the hospital. It's an ideal place for step-down care.
- I'm concerned that A&E at RMH should remain. I got an insect in my ear one weekend and went straight there – they syringed it out. Also, when we were putting up a marquee someone had a cut and was seen very quickly.
- Care homes can just see this [step down care] as getting a taster of our [care home] lifestyle on the NHS for six weeks and we don't really do very much with them. The people need intermediate care, they need the rehabilitation, they need to be able to go back to their own homes. There is a motivation to do that in an NHS run Community Hospital. There isn't the motivation to do that in a care home."
- I've also had extremely good care at RMH when accidents have happened.
- If you need an MRI you have to go to Peterborough or Leicester. The van doing mammograms is good but could there be a mobile MRI scanner that could come to Rutland?
- I'd like to raise the bigger picture. Our care is normally associated with Leicester but Peterborough is closer. If the General closes, getting to the Royal is very difficult. But people who go to Peterborough are diverted to Addenbrookes – Peterborough is not a teaching

hospital and doesn't have the facilities. Closing the General means the result for Rutland is poor.

- What we need is local diagnostics eg ECG [electrocardiogram].
- Can I just say that if you need 24 hour blood measurement you have to drive to Leicester and back twice. That's ridiculous and we need it locally.
- My husband had a quadruple bypass. He was supposed to go to Glenfield afterwards for rehab but went to Inspire to Try for 6 weeks instead. It was great. He would not have been able to go to Glenfield.
- I also had a leg ulcer problem and the nurse from Rutland Memorial came to sort me out.
- I also know of a lady who went to Leicester General for chemo and had excellent district nurses' help afterwards. She had a really tough time with the emotional impact of going to hospital every week and the local nurses helped a lot.
- There's really no purpose in asking. We will say EVERYTHING but it depends upon what pot of money you have. So the answer is everything. It also depends on how safe it is. For example some chemo drugs are unstable and it might not be safe to do it locally.
- I've had 2 cataract operations. I've been to Stoneygate hospital, a private hospital in Leicester, on the NHS. You hear of "cataract buses" in 3rd world countries. Could we have that here?
- We need the peripheral clinics run by consultants to be continued and expanded – I'm not sure if they are still running.
- It's a shame they are not doing ear syringing now. I have to have it done every year and now I have to pay £35 to have it done at the pharmacy in Oakham.
- I think we should stop talking about Rutland Memorial Hospital. We need a central community services hospital that does all the diagnostics and x-rays etc. We keep bringing up beds and we need to move the conversation away from that. We need more community services available and to stop them going downhill.
- If all the pre-operative tests were available at Oakham that would be great. For example, an MRI scanner – they have one in the carpark at Stamford - that would be good to have in Oakham. If the diagnostics were there, there's the opportunity to build it up with more specialities.
- I think there's an intermediate stage. The GP refers you for diagnostics then you are off for the operation. If you went back to the GP [after diagnosis], then you could discuss through the options. We don't have that.
- I was referred for an ultrasound 2 weeks ago and got told to go to Melton – no choice on diagnostic referral.
- Really, we should have X-rays, scans, MRI.
- Regarding clinics, we need ear syringing, skin clinics, podiatry, physio and everything should be easy to access and in plain English.
- It would be good to get local angiograms.
- I had a nasty melanoma. The consultant came out to Rutland Memorial Hospital and it was dealt with there.
- If a consultant sees 10 people at RMH, then its 10 journeys to Leicester that are avoided. A consultant could see 10 patients here rather than 10 individual journeys over to Leicester.
- My husband has leukaemia and has regular blood tests which then go to Cambridge due to a shortage of the special machines. RMH can't cope with that [the blood test]. I'm ok with that.
- There's a lot of initial cost in supplying [diagnostic] equipment but there would be a benefit long term. I don't know what the future of RMH is, but something easily accessible would be

good. RMH seems quite empty and a wasted resource. The building is quite old and has been said to need £3m to sort out.

- I think the [RMH] building is waste off space and money. It looks quite empty but the maintenance costs are high.
- It would be good to have a diagnostic clinic somewhere in Oakham. It need not necessarily be RMH.
- Rutland has lot of older people living here. They are not so adventurous or mobile, so having the services in this area makes sense for me.
- If they could set up clinics for first diagnostics, like colonoscopies, locally that would be brilliant.
- Opthalmology locally - could be done here with a specialist GP.
- I had a hearing test in Stamford. There is a clinic in RMH but they don't have full access for all services. I had to wait a long while for audiology due to the COVID pandemic.
- The Centres of Excellence they've set up are fine for major surgery. But they're not so good for minor stuff like blood tests. The travelling needed is not good for the environment. Local services mean less pollution and less wear and tear on roads.
- I like the idea of mobile units coming here.
- We should definitely keep it [RMH]. I think it should be used for minor operations and for somebody who needs care but not in one of the big hospitals. Say, somebody who has had a fall. My son has two operations there when he was a child. My daughter had her baby there. There should be more outpatient appointments. My granddaughter has [a chronic long-term condition] which developed when she was a child. She's always had to go to Leicester for everything. She's at work now and the last time she needed blood taking her Mum [a registered nurse] did it so she didn't have to stay off work. She's anaemic and has to go to Leicester for a transfusion. Everybody, adults and children, should be able to have their blood taken here in Oakham.
- I would like to have dressings done at the GP surgery, also blood tests and injections.
- X feels it would be better to be able to see consultants at Rutland Memorial Hospital but feels she should be able to see a consultant at Rutland Memorial Hospital and then be referred straight to Peterborough if she needs an operation, as she isn't happy to go to the Leicester hospitals. X feels the Leicester hospitals are very difficult to get to. However X is happy to attend Melton. X would like minor ops at Melton, she has seen a dermatologist in the past at Melton and has had minor ops there. X has in the past been directed by the consultant to have her skin graft dressing done at Leicester Royal. X wasn't happy with this and thinks it is better to have them done locally.
- In terms of diagnostic procedures I think we hardly have any here in Stamford. We've got a very small hospital that had the great minor injuries unit. You could get a blood test. But certainly when you want to go for bigger diagnostics, someone has to go to Peterborough.
- Proximity is a really big issue, having care near and in easy reach.
- We want to get as much care as we can from the Stamford and Rutland Hospital. And we're disappointed that the minor injuries unit has been closed [due to COVID] temporarily. They have got an MRI capability that comes on a truck, or is in fact parked there for long periods, so they are seeking to improve diagnostic capability. There used to be an ability to have minor procedures done at Lakeside [Stamford GP practice], and I needed a solar keratosis, a sun damaged lesion to be resolved. They sent me to Lincoln. I had to drive all the way to Lincoln, to get a tiny piece of cryotherapy, to blast you with liquid nitrogen [Rutland resident registered with Lincolnshire GP practice].

- So I would love to have a small ICS, or whatever it is here, which could be managed. Instead of trying to deal with Lakeside which is based in Corby and Bourne, and heaven knows where else, that is completely unresponsive and above all, arrogant.
- Try and work together to perhaps create a new surgery. On the north western edge of Stamford out on the Tinwell Road. This is a good example where perhaps Lincolnshire and Leicestershire/Rutland could say, 'Let's forget the boundaries. Let's look at the capabilities that we have of working together and provide some new surgery resourced by existing practices.' […] I know it's very hard to start a new practice from scratch but it does seem a possible strategic way forward.
- Access to a GP. They are not doing ear syringing. I have diabetic blood tests. The nurse is taking the load. People are saying, 'We wonder what the GP does all day'.
- Everything could be local; x-rays, blood checks. There was a consultant that came to Oakham for dermatology but that stopped.
- There's lots of lung monitoring things and diabetes things that can be done locally.
- There's no walk-in mental health services here.
- I was referred to the LPT employment support service. They are doing loads of stuff to help people out and I'm very impressed with them.
- I've not seen my GP for 18 months.
- I get a therapy call every week.
- I don't think they have enough community mental health team (CMHT) people at Melton. They just act as a switchboard. It makes me feel angry and I wouldn't call them.
- I think there are a lot of stresses for staff at the CMHT at Melton, I think they are very supportive when you are desperate, but it's lots of telephone support, not proper live chats.
- Chiropody – not much locally.
- Ear syringing – NHS do not provide it anymore.
- More, readily available patient transport.
- Sexual Health clinics – evening ones that are safe and discreet. There's clinics in Kettering, Corby and run from the Haymarket in Leicester but we need something here.
- A Parkinson's nurse working out here.
- More mental health services are needed. You have to go to Leicester.
- I would like them to reinstate the orthotics clinic in Melton. We have to go to the Meridian Centre in Leicester. It is not very accessible even though it's where they fit people out with wheelchairs. It has no accessible toilet or changing place. We used to go to Melton Hospital which has suitable facilities for us. It moved in about 2015/16.
- They do the adults orthotics service from Oakham Hospital – X is now with the adult service
- It's much less stressful [for all of us] if it's local like Melton – more friendly – they know you and your young person. [Carer]
- There's loads of things that we should have here – occupational therapy, counselling, educational psychology, ADHD [attention deficit hyperactive disorder] assessments.
- Regarding speech and language therapy, lots of children are being totally failed by services. You might get 3 appointments over 4 or 5 months and then they deem teachers will do the rest.
- [We need] schools suitable for children with needs. Oakham CoE only goes to 11, then they have to go out of county for secondary school [parent].
- We had a dermatology referral to Melton which is great. We got a test first then the paperwork. Not given any choices but very happy with that [carer].
- I had to go to the physio in Grantham. I don't know Grantham. It would be much better if it could be Oakham.

- Well, we have to be realistic. We can't have our own plastic surgeon for Rutland, but there are lots of visits to hospitals that could be done here.
- Heart checks - I go to Glenfield to have my heart checked and I had a scan.
- Physio - My mum has to go to hospital once a month for physio. I'm not sure if its Leicester or Peterborough. She's had a really bad back for many years. The doctors broke her and we'll never forgive them for what they did.
- Eye injections. My grandpa is going blind and has to have injections in his eye but he has to travel to hospital for that.
- They do the cochlear implant at Leicester and we need free ear syringing.
- We seem to be forgotten about here, there are not enough services.
- I'd be happy to do a bit of travel for things but there's no buses.
- There needs to be more for mental health – an Oakham clinic
- We have to go to Peterborough for everything. My mum recently had an operation in Peterborough but we go to Empingham for general check-ups.
- I had to go to Peterborough just for blood tests. It would be much easier to go to the doctors or to Rutland hospital.
- [A member of my family] had an ultrasound and MRI at Leicester – there was nothing local.
- When you live on a military base you get your own doctors but they have to send you out for other things. When we needed physio there was nothing at the base so we just didn't get anything.
- Eye things would be much better local. My mum has to go to hospital but it's difficult to travel when you can't see very well and she relies on nan and grandad who do drive, but are getting quite old.
- [Leader] There's only one community paediatrician for here and the caseload is massive. The waiting list is 8 months and you can wait up to 2 years for an autism diagnosis. The community paediatrician is actually amazing, but we need more.
- Leg splints and checks for cerebral palsy could be local. We have to go all the way to Leicester.
- We need special shoes to be done locally and not to have to travel to Leicester. It's also difficult to get to the sensory therapy courses in Leicester. That could be done here.
- I firmly believe that Rutland Memorial Hospital or its replacement should stay. This is essential for people being discharged from hospital who are not quite ready to go home.
- End of life care is important. Most people want to die in their own homes and this needs to be facilitated.
- We need basic diagnostics here – a sensible range and then only have to go through to the city hospitals for specialist diagnostics.
- You have to have respect for the locality. People want to do things and be near to where their support systems are. If they have to go to the city hospitals they are taken away from their friends and family.
- We should have an out of hours service locally and also outpatient clinics.
- RMH should definitely stay; especially for people who are discharged from the city hospitals but not ready to go home. For convalescence and especially for older people. It would be a shame to lose RMH but if it does go it has to be replaced by a good local facility.
- We need an A&E for minor injuries and x-rays.
- So, because they [hospital discharge staff] said he was bed-bound, I couldn't get a care plan or get any kit to help at home. We didn't have the right sort of mattress or anything when he was discharged. The GP had to write the care plan and it took over a week and it caused pressure sores. I had to cry and scream to get what we needed. RCC refused a hoist because

of the discharge letter. The mattress started bleeping a couple of hours after it had been installed. All the professional carers had gone home and someone had to come back. My son helped me move his dad to my bed while they fixed it because we had no hoist and no proper way of moving him."

- We need outpatients there and also at the GP surgeries.
- Orthotics, orthopaedics, genetics, counselling, eye checks, OT [occupational therapy], physio, sensory assessment [all paediatric services].
- My child is considered non-verbal. He gets 6 hours per year SALT from the PARKS at school.
- Of course you can get a private SALT – it's £60 for 45 minutes. And that's cheap. The average is £100.
- Leicester services lost a lot of SALTs. They all went private because of the pay.
- The NHS only give the schools so much for SALT so the school has to pay itself to top it up.
- We just want life to be easier for people who still have yet to walk this path.
- There is so much potential in these children that just can't be fulfilled.
- The local authority does not have enough SENCOs. It would be good to have a new case officer every year to ensure that bias does not creep in and you start getting fobbed off.
- We need to keep the midwives at Rutland Memorial – brilliant. During COVID I needed them on the Sunday and they helped me and referred me – just brilliant.
- Definitely physio – for sports injuries and for people in general, young and old.
- And x-rays.
- Yes, the x-ray department at the hospital is useful and they can send you on if necessary. And it's very useful to have a hearing aid services there. We need to keep that.
- Any outpatient clinics we can get, please. Also what about dialysis and some chemo services? You hear of some chemo having 5-minute sessions. I don't know, but could they be local?
- More children's services are needed here – some of those should be able to be located here. Regarding the hearing services, I was sent all the way to Nottingham as I couldn't get an appointment in Oakham. I then went to Melton for follow-up.
- And ear-syringing. You have to go to the Late Night Pharmacy. It's quite expensive if you are on a limited budget.
- We need to keep the walk-in services at RMH for urgent care and, I must say, the vaccination centre has been brilliant.
- The big thing is mental health services. There needs to be more available and locally.
- My chest x-ray could have easily been done locally.
- We do need consultants once a month to come to the Oakham hospital. It's quiet and it's quick.
- They can easily do ophthalmology and monitoring [locally].
- I asked for a GP or ANP [advanced nurse practitioner] and got the ANP next day at the local hospital with skills in coronary care. I think they are under-utilised at the hospital. There should be more specialist care in the community at the hospital.
- Orthotics could be local. There's a complete lack of information. Some go to Leicester and some go to Oakham but there's a massive waiting list. If it was local and known about it would be more used and there would be less chance of kids' problems being undiagnosed. It would be much better for mental health and the wellbeing of the family.
- Information is always a problem; some people know about some things and not about others. We really must get that sorted. The podiatry service is very good at Oakham if you fit the criteria, but, when you first get through, they try to push patients to Leicester. If you know about Oakham you can ask for it, but they don't offer it.

- So I take him in the care every 2 or 3 weeks for an injection. Much better to be local – even Melton. He may need surgery and that may be done at Melton. So, eye care in general could be local; ideally Oakham as there is a bus from here.

Staying well/leading a healthy lifestyle

- I do tai chi. It used to be a weekly class and was lovely socially as we had coffee afterwards. This sort of thing is brilliant. It's so calming and relaxing. At the moment it's on Zoom.
- I really think health education starts when you are young and children should be taught responsibility for their health and wellbeing. It's a 50/50 thing – you look after your own body then the NHS will step up to the plate. They should know how to feed themselves properly and look after their health.
- We already have a lot of facilities. It's the communication that seems to be bad. I think Oakham lacks a central hub where information can be picked up, where you could find out about exercise classes, healthy living information and groups and so on.
- The 6 weeks of Council reablement were [sic] great and they were very good and prompt with adapting the house with grab rails etc. They also helped by suggesting a community physio.
- There are no smears or routine health checks or 'MOT's' happening at the moment, but these need to happen so that people don't suffer in the future.
- The pain got worse so we discussed as a family what we should do and came to the decision that he should go privately. We contacted the [private hospital] without a referral and mentioned to the consultant about this. He sorted the problem out within days. The operation took place a few days later and he is now in recovery.
- Self-help should be encouraged. So, home monitoring devices could help; and healthy lifestyle advice. Active Rutland provide good exercise classes. These help physical and mental health. Maybe promote these again with information to remind people how to be referred to the scheme.
- We already have an excellent gym facility in Manton. It gives post-operative care. It's a small gym and they support people wonderfully. Can we use this as a model and have it in other places locally?
- My husband had a quadruple bypass. He was supposed to go to Glenfield afterwards for rehab but went to Inspire to Try for 6 weeks instead. It was great.
- We badly need a nice swimming pool. The one in in Oakham is not very good. I go to the pool in Melton now.
- I have a friend [who lives over the border in Northamptonshire] who needs help – they have Alzheimer's and desperately need help and telephone support but can't get it because they don't live in Rutland. They are registered at Uppingham but can't even get a phone call from the Admiral Nurses even through in desperate need of help. They are told to go elsewhere.
- I think exercise is covered better than diet
- Is the Oakham School swimming pool open to the public? If not, there's not a public swimming pool in Rutland.
- Are there services for people with alcohol and drug addictions?
- Debt counselling.
- My regular [screening] mammograms stopped when I was 70. I think they should carry on beyond 70, to be quite honest. I know so many people who have developed breast cancer after 70. Fortunately, I caught it early.
- I take tablets for my diabetes which developed some years ago when I was given high dose steroids due to a low platelet count. My diabetes is well controlled. I've not really had any

other experience of other long-term conditions. [prompt – for other people?] The district nurses - do they still go round?

- I was thinking of prevention. I think in the NHS we should be thinking more about catching things before they become serious and that is by having a regular one-on-one appointment annually with your GP.
- More basketball courts would be good, proper sized courts. There's one at Catmose that is good but that's all. You have to book weeks in advance. There's no proper sized outside ones – just some small ones
- Exercise is expensive in Rutland. Our young people often go to Melton for exercise because it's cheaper. The gym at Catmose is £25 per month but in Melton you can pay £4 and use the gym and the pool so £16 per month if you go once a week […] There is the pool at Barnsdale but that's expensive.
- We like going swimming to Corby. Catmose does not have very good accessible changing facilities [Carer].
- There's no special place where we [young adults with disabilities who attend Out of Hours Club] can meet, we have to go to other places and book them. There's nowhere that we can hang out, like our place.
- I do lots of jobs, I'm busy so I don't get much time.
- I work at Seagrove Farm near Queniborough twice a week.
- I like walking with my assistance dog.
- I'd be happy to do a bit of travel for things but there's no buses.
- There needs to be more for mental health – an Oakham clinic.
- There's nowhere to swim. We need somewhere. Catmose is closed. Oakham school is closed.
- There needs to be proper connections between the different services. Take Parkinson's. You need to give people education and exercises to give them the confidence to get out of bed. Once they get out of bed, they are on the way to independence. But this needs district nurses, social services, therapists all to be maintained.
- A respite centre where we could leave our children with trusted people sometimes.
- Schools suitable for children with needs. Oakham CofE only goes to 11 then they have to go out-of-county for secondary.
- We have local Designated Special Provision for kids with autism but it does not have good outcomes. It's only for moderate learning disabilities and not for severe at Catmose college.
- My children should have gone out of county but they can't travel. They just get really sick, so we had to keep them at Oakham.
- We know what works. We are the experts with our children. They should listen to us.
- The Council is cutting funding to Aiming High but they need more – not more cuts. But RCC just refer on to the charity sector. We've been asking for a specific social worker for kids with disabilities for years but because they are not seen to have life limiting conditions, its refused.
- I went to the GP years ago because I was at breaking point and I was told [the child] was too young to [have] behavioural [problems].
- We want to learn about preventative things to stop things happening, but they are not available.
- I was told "the only thing that is wrong with your daughter is you." My daughter is very high functioning, so of course you question yourself, so groups like this, with people that know what it's like are so important.
- We can't work. I couldn't get any childcare when they were little although the minders were happy to do it, but they couldn't get the insurance. And the council couldn't offer anything.

- I know you X, used to go to a pulmonary exercise class, didn't you?
- There used to be a falls clinic. It's close to my heart, and it's not just me that's wobbly. But now the classes are private, in Manton. It £5 and they limit the numbers. I've no experience as I can't get in. I've tried but was told I have to be referred. So, I have to get through the waiting on the telephone lines to the Doctors'.
- I suppose it depends on your disability whether you can do these exercises. Falls clinic, cardiac clinic at the General, pulmonary rehab – this is lots of work that could be local,
- We have smear tests and bowel screening etc. That's great but it's never enough if people don't know what to do when they need help.
- I think we have to think about, 'what is wellness?' Do a brain dump of what it means and then do it. It's all about people having purpose, responsibility for themselves, connectedness and staying physically well enough to get to the benefits of outside – walking and talking
- I can't emphasise more, that, what I'd love to see is not go to the "GP surgery" but I'd love to be sent to a "wellness centre" where I could talk to someone about my general life and wellbeing, not just illness. An all-round place with "the person in centre" – a drop in facility. This would reduce requirements for GPs. People would look after themselves more and prevent illness. The GP would just be one part of it.
- There's a field for children to climb frames and play outside. It's difficult now there's so many takeaways. I was surprised the new takeaway place at Oakham was allowed. It's a shame. We should help people afford good food and make sure it is available in all the villages. We also need dieticians and help so that people can make good food quickly and simply. I think more should be done in school. I remember lessons where I was taught to cook. That's what they need. Also it makes it fun. The public must really take more responsibility for themselves and their children.
- There is a gym and swimming pool controlled by the school. But we could have council facilities.

Community/social activities and groups

- There's also U3A that I'm part of. They have lectures and clubs visiting churches, flower arranging and so on.
- More use of the Victoria Hall or the old Post Office Building in the centre would be good. Somewhere where you can get a coffee and pick up information about things like GPs, facilities and support in the community. There's the drop-in at the Congregational Church, that's good for the people who go there.
- We haven't got the same facilities because of the pandemic lockdown. Whissendine is a very nice community to be part of. We've got a pub that's well run. We used to have two. It's a good social face. There's the church which is very active. There are a number of Neighbourhood Watch or Good Neighbour schemes here. The Good Neighbourhood scheme would take you to Market Overton surgery. There's the sports club for people who use it. If you need help there's quite a lot in the village. If I couldn't drive, the good neighbour scheme would be ok. We've got the shop of course.
- Everyone drives, so the buses don't make money. Obviously, the elderly can't, so they can't get out much. The buses don't stop at Ashwell Garden Centre anymore. They say it's too dangerous because there's no proper stop. Older people like to do that; to go a for a coffee and a look round. I'd happily use buses if there was better public transport. The last bus to Stamford is at 2pm and Sundays are useless.

- I do join things - choir, ukulele band. This was before the lockdown. Everything stopped. The lockdown has not done anybody any good. We've always been so busy. We used to be out nearly every night except Fridays. That kept us busy interested. Then it all stopped. I do connect with my friends on the phone and the choir members ring me up. The choir is singing today but it's gone too cold for my wife to go out.
- As long as the elderly and the young are treated as separate species things will never change. Elderly people need to keep involved and they need to get it from the young. We need plans to encourage more integration between young and old, so people can be linked and involved. Most elderly people end up isolated. Grandchildren keep them integrated but then they go off and the elderly are left alone. So you end up with the old depriving the young of money. Better Rutland Healthcare should be about our whole needs, not just "I need a doctor". It's not just a doctor that's needed. People should be encouraged to maintain both their mental and physical health together, and I don't know if that's happening.
- The point is that there are things in between the GP and the hospital that can be done in the community.
- Our Church is having Zoom sessions where 45 people get together. The oldest is 95 and joins in. Using modern systems and the internet can work well.
- I don't know about that, but why can't we encourage younger people to drive the older ones about and get paid for it? Like a young volunteer driver scheme.
- People won't do more exercise by going to the village hall for over 80's line dancing. But they will go out and about more to meet up if transport were available
- Libraries can be an important local hub for information to keep people involved but they are closed, of course, as well [due to COVID-19].
- I'm involved with RAFA. We have 180 members and we get 17 people at our Zoom meetings. People will not come to us. We need to go to them and find out if people can access it.
- I think this should be up to the individual. They should not be told what to do. Walking is good for everybody.
- If we didn't have Peppers there would be nothing. We can call someone to talk, but you need face-to-face, it's not the same.
- Turning Point is online. They call every 2 weeks and I've been very impressed with them.
- The problem is that even when there are services, people don't know about them. Loneliness causes anxiety. It's nice to have somewhere safe to visit and not feel judged.
- Sunday afternoon is the worst time for people. We used to set up teas parties and 30-40 people came.
- Things that connect people help them. People don't cook for themselves and eat properly if they are lonely.
- Baby and Toddler groups are for families. There's nothing for young mums who are struggling with kids. It would be good to have assisted groups with a mental health supporter.
- Small support groups can help. We all have different experiences but can help each other as we understand how it feels. When you've been in a dark place you understand and you can share your experiences with other people to help them.
- It's much better for me to be in small groups, not like a big walking group I couldn't handle that, but a small group would be great.
- It is something that might be done from here – small walking groups, not too public.
- Someone said, 'the best thing about this place is that you don't know who are the volunteers' [i.e. no one distinguished between the volunteers and the people who they are there to receive support].

- I think it's very difficult to understand what someone is going through if they have never experienced mental health problems. You don't want big groups.
- When I was a student there was a real issue with signposting, it didn't work on campus. People felt disenfranchise, felt fobbed off. It takes a lot of energy to come forward. To be told to either wait or to go somewhere else to sort yourself out is difficult. We need to be more careful about not signposting and directing someone elsewhere as the first action when someone makes contact – need to talk more first to find out what they need. The handlers need training. Signposting is not an effective tactic for students.
- I think we need much better promotion of what's here already. The Rutland Council COVID Support newsletter was brilliant. It gave loads of support numbers but not Peppers. Why not?
- [Support group Leader] it would be great if the GPs would signpost to us [Peppers] but they don't recommend us and we've not got very far with that.
- We did link in with RCC with [the Armed Forces Officer] who said that the Veterans Breakfast Club were looking for other premises that are not a pub, but I've had no follow-up.
- Our members often live with elderly parents and have to keep at home because of infection risks. In some cases they are too depressed to come out.
- We have started a new parent and baby group with a few mums. We know there are others out there and it would be great to get some referrals in.
- The OMP PPG is very supportive. The chair came to the market last week to our stall and thinks she can help us with the GPs.
- I like dancing and parties. I work at Welly's in Melton. The Creative Workshops are still working. Yes, they have music and dancing and singing.
- I [also] work at Welly's and I make the cakes, I like making cakes.
- It's great to get the atmosphere from the big shows, and also the merchandise, but local would be really good. We've been to shows at Market Overton Village Hall. It's OK for us but there is no hoist. We tried the cinema at the museum [Oakham] but that has no changing place. You have to go out to the Church [carer].
- I'd like an anime club, I'd like that, I used to do it at school and it would be good to have that now.
- I love the cinema and I go to Gateway at Melton Mencap. They have a disco and fun and games and it's enough for me to do.
- [Carer] He likes going to the theatre don't you? He sings along. He goes to Welly's as well and does some of the cooking. The workers put their own stickers and pictures on the cakes that are sold, so people know who made them, it's fantastic.
- I like to go to the cinema with my friends. I really enjoy it. I can drive so it's fine. I like it. I like new films and I like to talk about what I've seen. I've seen films in the museum but it's old films, not up to date, and I can't talk about them to my friends.
- I'd like more things to do in Rutland, but not more people, we've got enough people. It's unfair that we get nothing after 25 [when Aiming High stops]. It's the only thing we've got and it's not our own space. We have to meet in other places like here at the kids' centre. We need a proper Aiming High space.
- I think there are things to do and join but they are not advertised. People don't know [about them].
- I'd be happy to do a bit of travel for things but there's no buses.
- I like bowling and going to the cinema. I'd go to local films if they got modern films [at the showings].
- My grandparents did a computer course which was great but it got cancelled. We need those for older people.

- I would like to learn general 'home skills' like getting help on how to take care of the house and other people for young people who have to do things but don't know what to do.
- There's just a lack of things to go to and join in with in Rutland. I know about marching for cadets but there's no arts and crafts stuff for young people, you have to do your own stuff.
- [Leader] Mobile things that could go round villages and communities, for young people to join would be good – games, activities, equipment. I used to be part of a group that did that a few years ago.
- We run a group called 'Mostly Men' for retired military personnel. We do afternoon teas and things.
- Rutland has an older population. The person who wrote the book about a murder in Rutland describe it as 'God's waiting room'. We need support for people with mental health problems – somebody to talk to who understands depression. We don't want somebody to tell you to pull yourself together or somebody who is going to be too sympathetic. We need support groups, coffee mornings etc. I am better if I can keep busy going out for coffee, doing the gardening etc.
- There's only Aiming High but the whole thing went to hell last year because it was found out that they were monitoring families from social services and so now no-one trusts Aiming High. They have got it sorted now and have sorted out their GDPR etc, but they are just not trusted.
- There's Sunflowers for under 5s. That provides respite for three quarters of an hour and siblings can go too. There're 6 families waiting at the moment.
- The Portage service does outreach stuff to teach families that have kids with SEND to play together. All the other counties have it but we don't here.
- There's nothing for Dads, but then half the issue is that they wouldn't want to go anyway.
- Men will come to the family activities in the summer but not to this support group.
- My husband has the gym and football. There's nothing else
- We have a community centre in Greetham and the village shop is excellent for keeping people informed. We also have a village newsletter.
- My last point is just that community lunches are good for getting people together. They can be used to spot the vulnerable and signpost them to get other help. They help to stop people being lonely.
- I go to Wetherspoons for breakfast when I can, but the people I know are not always there, but the food's alright. I like to come here [veterans' breakfast] when it's on.
- I used to go to Whissendine for lunches in the village hall. They were good. I got a VAR taxi there and back. I'd like that to start again.
- I used to exercise at St John and St Annes [sheltered housing] here in Oakham on a Thursday. It's just for people on the site – we need that.
- We had our own good neighbour scheme in the village at one time and loads of people signed up to help but no-one really came forward to ask for the help. It seems we all help each other anyway. But perhaps the towns need more organised options.
- Outside of COVID we have arts and crafts going on at the community centre. There was an older people's café club, but it never worked. There was stigma around being 'old'. Then 3 years ago 3 ladies from the church community (although it's not a church thing) started a coffee morning once a week where you donate your £1 for tea or coffee and £1 for your home-made cake. That works really well on Thursday mornings between 10 and 12.30 when people can meet. It's not age-related – 40 or 50 people might go – mums with kids, grannies. It's used as a hub and it's great for people moving into the village as everyone chats. You need to find the right time of the week for that and Thursday mornings seems to work well.

We've had talks and presentations, such as on home security and if they were approached to do cooking for example - '£5 to do a banquet for 4', that could work.

- If they set up similar in other villages there could be like a circuit of venues.
- The mental health thing is a big issue and individuals' and families' behaviours often don't get picked up. There are some neighbours with 4 children and two of them seem to have some serious issues and are not capable of handling situations.
- Things to do like tai chi can help build your body and your mind – getting a mind/body connection from an early age. Exercise is good, but it's also good to learn how to be quiet and peaceful and connected, every day.
- And volunteering is good for all age groups. I volunteer with the Good Sam app and I spoke to several people in their 80s at the weekend who just want to talk. They are lonely and need people to talk to. My mum still uses the tennis court with friends in the village. You need to keep moving at any age.
- I volunteer at Second Helpings and help reading in school. Channelling peoples' volunteering energy is important. The volunteer benefits just as much.
- Can volunteers be used to help in doctor's surgeries with comms or anything like that?
- We need to match up volunteers and opportunities.

The need for information/education

- There is already quite a lot but it is not very well advertised. I really think health education starts when you are young and children should be taught responsibility for their health and wellbeing. It's a 50/50 thing – you look after your own body then the NHS will step up to the plate. They should know how to feed themselves properly and look after their health.
- During one of my annual check-ups about 3 years ago, they said I was borderline with diabetes and offered me a course. I learned so much. It was a whole year, meeting monthly at Empingham community centre and it was fantastic. There were 25-30 people there all singing the praises saying how much they had learned. It was run by someone from the NHS in Leicester and should definitely carry on being offered locally.
- My partner has Parkinson's and was in a care home for a while and it was difficult to find information about help and support, difficult to access information when he was discharged.
- It's only about 8 or 10 years ago that I got patients from Rutland onto a diabetes network and they came back a few weeks later when they had been to a couple of meetings and said, 'My God, if only I had known this for the last five years, I could have controlled my diabetes so much better. Why wasn't this help made available to us, why weren't we given this knowledge?' And I'm still finding that for patients with various conditions that do they actually need to be given a lot of information to allow them to help themselves.
- But we're looking at generational changes [to live more healthily] and we're looking at introducing that at school level and keeping it going and I think that's the important thing is to keep it going.
- Generally everyone feels disjointed from services.
- I think it [urgent care] needs better communication.
- Self-help should be encouraged. So, home monitoring devices could help; and healthy lifestyle advice. Active Rutland provide good exercise classes. These help physical and mental health. Maybe promote these again with information to remind people how to be referred to the scheme.

- X says that apparently you can email the GPs but that this isn't on the GP site but on a different NHS site. She hasn't done this and hasn't investigated it. X isn't sure how people are meant to know that they can do this.
- Information is needed. There is a theory that bright sunlight can damage the back of the eye when people are young and it causes macular later. People should wear sunglasses and we need to protect children's eye from bright sunlight.
- If I'm ill, I don't want the choice and the doctors, they don't recommend any or give advice. The person who could give advice is the doctor but they are not allowed to do it then. That is definitely something that could be offered locally within Rutland. [Participant response] I agree, it's often difficult to make the decision and there's not much time to investigate. Choice is needed but also help to make the right choice.
- Libraries can be an important local hub for information to keep people involved but they are closed, of course, as well [due to COVID-19].
- When you are in the Forces, you go to the sick quarters. You are told where to go and what to do. That's what's needed, like a helpdesk.
- The problem is that even when there are services, people don't know about them.
- I think we need much better promotion of what's here already. The Rutland Council Covid Support newsletter was brilliant – it gave loads of support numbers but not Peppers. Why not? [Leader response] it would be great if the GPs would signpost to us but they don't recommend us and we've not got very far with that.
- You know that they do the adults orthotics service from Oakham Hospital – X is now with the adult service so you could use that? [Participant response] Do they? Why was I never told? We didn't know that. You can only get to Meridian by car. There's no public transport. For wheelchair users its inaccessible. It's much less stressful [for all of us] if it's local like Melton – more friendly – they know you and your young person [Carer].
- I think there are things to do and join but they are not advertised, people don't know [about them].
- My grandparents did a computer course which was great but it got cancelled – we need those for older people.
- I would like to learn general 'home skills' - like getting help on how to take care of the house and other people for young people who have to do things but don't know what to do.
- There's insufficient information about the available activities. The Rutland Times talks about the activities but how many people buy a paper now? Rutland Radio used to be very good. If you got into somebody's car nearly everybody would have Rutland Radio switched on. Now it's gone 'internet only', so people can't listen to it in the car.
- The NHS is brilliant in a crisis but then you get 'dropped' and the public don't know how to access services.
- Informed Parish Councils could disseminate this information in their parish newsletters but they would need briefing.
- We want to learn about preventative things to stop things happening, but they are not available.
- There's no central point for information. People don't know about things. We've had to learn things from each other often because they don't tell you. [Participant response] Yes, what we need is a central person or point of contact for signposting. Someone who knows both about health services and social services who has all the info […] Like a liaison officer that we could go to.
- A lot of people don't know what's available.

- I know there are a lot of people with mental health issues who don't know where to go. If they can get an appointment, they are lucky. Often, they just need someone to talk to – if they are worried but not suicidal.
- We have a community centre in Greetham and the village shop is excellent for keeping people informed. We also have a village newsletter.
- Kevin Obrien's shop window in Gaol Street was always the place for info before COVID.
- There's lots already going on in Rutland that people don't know about. New people just don't look for it. They expect to ask on 'Next Door' [app].
- If it [orthotics] was local and known about it would be more used and there would be less chance of kids' problems being undiagnosed.
- They should advertise when the breast screening van is coming to Oakham. They could put it in the RCC newsletter. That's brilliant, I get it. [Participant response] How do I join?
- Information is always a problem. Some people know about some things and not about others. We really must get that sorted. The podiatry service is very good at Oakham if you fit the criteria, but when you first get through, they try to push patients to Leicester. If you know about Oakham you can ask for it, but they don't offer it.
- I think we need to get better at educating people to take more exercise and look after their own health. Many people are ignorant on that – it's the chip van and the microwave! Kids at school should have it explained where their food comes from – chips come from potatoes!
- We have smear tests and bowel screening etc. That's great but it's never enough if people don't know what to do when they need help.
- But back to technology – it's only easy when you know it, isn't it? We are addressing IT [information technology] education for mature students and need more of it.
- I'm in the comms business. You have to have an audience and a message and you need to connect the two […] you must not limit the media to all one type and miss people out that don't use that medium.

Mental health concerns

- After I had a heart operation my blood pressure was sky high and the consultant talked to me and asked if I was stressed. I said my mother had just died and she said she could get a psychologist to talk to me about my mental health who was associated with the heart department. She was brilliant and came out to Oakham and I had regular appointments for 2 years. But she then said she wasn't coming to Oakham anymore so I'd have to go to Leicester, so I stopped. Why can't they come out to Oakham any more for the mental health?
- I forgot to mention two areas that need attention. One is the Mental Health provision and two is the Parkinson provision. Help and support in both these areas are very badly available in Rutland. I have a friend who has mental needs. He has not been seen over the COVID time, nor has he been contacted by phone.
- Active Rutland provide good exercise classes. These help physical and mental health.
- X's illnesses have caused her to have anxiety. X is seeing a counsellor.
- It's not just a doctor that's needed. People should be encouraged to maintain both their mental and physical health together, and I don't know if that's happening.
- It would be ideal to have activities to improve physical and mental health. Physical activity, nutrition and stop smoking to be delivered locally by people who are trained to look at the patient as an individual.
- But you can't do mental health on the phone. You can't see it. Online excludes some people, especially if it's a mental health problem.

- The Community Mental Health Team are really good. The hardest part is getting a Shared Care Agreement between them and the GP. My GP is great but I still have problems.
- Turning Point is online. They call every 2 weeks and I've been very impressed with them.
- When I asked for help with my mental health, they said it was all online and I feel awful about that. During the 1st lockdown all the counselling was via Skype and it just didn't work for me. The therapist said 'this isn't working' and we carried on in the garden.
- There's no walk-in mental health services here.
- I don't think they have enough community mental health team (CMHT) people at Melton. They just act as a switchboard. It makes me feel angry and I wouldn't call them.
- I think there are a lot of stresses for staff at the CMHT at Melton, I think they are very supportive when you are desperate, but it's lots of telephone support, not proper live chats.
- I was referred to the LPT employment support service. They are doing loads of stuff to help people out and I'm very impressed with them.
- Baby and Toddler groups are for families. There's nothing for young mums who are struggling with kids. It would be good to have assisted groups with a mental health supporter.
- When I had my baby and was struggling, I was referred for mental health counselling but waited 6 weeks and just couldn't wait any more. I went private – so expensive - £80 per hour, but it worked for me.
- Small support groups can help. We all have different experiences but can help each other as we understand how it feels. When you've been in a dark place you understand and you can share your experiences with other people to help them.
- I think it's very difficult to understand what someone is going through if they have never experienced mental health problems. You don't want big groups.
- When I was a student there was a real issue with signposting, it didn't work on campus. People felt disenfranchised; felt fobbed off. It takes a lot of energy to come forward – to be told to either wait or to go somewhere else to sort yourself out is difficult. We need to be more careful about not signposting and directing someone elsewhere as the first action when someone makes contact. We need to talk more first to find out what they need. The handlers need training. Signposting is not an effective tactic for students.
- More mental health services are needed. You have to go to Leicester.
- Well it's [remote monitoring] 50/50 for me. Good to make sure that you are OK but it will add a lot of stressing over your health. You might go into meltdown if what it says worries you. So it will help your physical health but not your mental health.
- There needs to be more for mental health – an Oakham clinic.
- I can't take tablets for the depression. They give me bad dreams and stomach problems. The doctor says I need help.
- We need support for people with mental health problems. We need somebody to talk to who understands depression. We don't want somebody to tell you to pull yourself together or somebody who is going to be too sympathetic. We need support groups, coffee mornings etc. I am better if I can keep busy going out for coffee, doing the gardening etc.
- My mental health, and my husband's, have suffered from the pressure.
- I want you to tell Rutland County Council just how much my constant battles have affected my mental health."
- I was a teacher. It [having children with complex needs] affects your mental health.
- I know there are a lot of people with mental health issues who don't know where to go. If they can get an appointment, they are lucky. Often, they just need someone to talk to – if they are worried but not suicidal.
- The big thing is mental health services – there need to be more available and locally.

- I really need to see the mental [health] team. I've had a letter that they'll see me in July. I've had a lot of anxiety with the pandemic and not getting out. It got me down.
- If it was local and known about it would be more used and there would be less chance of kids' problems being undiagnosed. It would be much better for mental health and wellbeing of the family.
- I think the strength of digital will be in triage. In consultations, important visual clues may be lost, particularly around mental health if someone is anxious. If people don't say it outright it may be missed.
- Mental health is a big issue and individuals' and families' behaviours often don't get picked up. There are some neighbours with 4 children and two of them seem to have some serious issues and are not capable of handling situations.
- The whole remote monitoring thing is great but we must think of the mental health impact. A lot of frail and old people rely on personal contact. I also know a young person with huge mental health problems and they have no chance of seeing a regular support person who they can get to know. He gets very distressed when different staff contact him.
- I endorse the isolation issue.

The impacts of illness on the wider family

- Mum doesn't see what I see when I'm driving him home from dialysis. It's his pride and he wants to protect Mum. He often falls asleep. He's usually better the next day. I worry about him driving himself back because I've seen how tired he is [...] I've tried to start a little business, but I would not have started this if I had not need to be here […] I feel that I need to be here to be a bossy-boots and check on everyone.
- It takes 50 minutes there and 50 minutes back, plus the time at the hospital, so yes, a half a day of school is missed every time for something that could be done very quickly. Sometimes, one of the children might be on a weekly blood pattern for a while, so then they miss loads of school – at least a half day per week.
- My partner has Parkinson's and was in a care home for a while and it was difficult to find information about help and support, difficult to access information when he was discharged. The 6 weeks of Council reablement were great and they were very good and prompt with adapting the house with grab rails etc. They also helped by suggesting a community physio.
- By Dec 2019 and many steps in a process which involved bed rest, physio and then injections in the spine, we had to decide about an operation on the spine. By this time 2 further discs had moved and she was virtually bed bound and the only way to get her to the hospital for appointments was in a wheelchair.
- When she was 16 and lived here, she had problems and they did not take it seriously. She said "I have to be standing on a bridge ready to throw myself off" [before they would do anything]. She could get nothing so we paid for some counselling and she finished off her exams at home
- My wife's fall made things difficult. I take her out for a ride in the car every day. She fell while I was out. When I got back, she was sitting in kitchen saying she couldn't move. Not being able to see GP face-to-face is a 'bad thing'. We called an ambulance. It was hard because she was in the Royal and we couldn't visit. I used to ring her every day.
- It's sad – life is hard enough. I can't sleep. We've all had to give up good jobs. We've changed our entire lives to look after our kids. It's not something we choose but we have to fit around their timescales.
- It's sad for the kids, not just us. The kids are being set up to fail.

- It's very stressful. I've suggested we divorce [chuckling] so we can share the kids one week each to give me a rest!
- The main thing for me is getting on the incontinence pathway [already in the system]. I struggled when he was 3. I was paying £60 a week on nappies. All they said was "have you been on a poo course?" There's no incontinence team locally and there should be. You have to wait until they are 5 to get nappy prescriptions. It should be based on need, not age. My child has profound learning disabilities and autism. If his problems were physical, I'd get loads of help. I've got older children but everything is a battle. I got a dropped kerb but they wouldn't allow a blue badge. That's how it goes with everything. A lot of services want us to go on the 3-part course in Leicester. It's too far and takes too long. We don't have time. It should be based on individual families - if a family has other kids, do they really think they need a toilet training course?
- I went to the GP years ago because I was at breaking point and I was told [the child] was too young to [have] behavioural [problems].
- We can't work. I couldn't get any childcare when they were little although the minders were happy to do it, but they couldn't get the insurance. And the council couldn't offer anything.
- I'm the same. I have a degree and a masters and I'm on universal credit. I had a good job
- I was a teacher. It affects your mental health.
- My husband can't work at home, there's too much noise. My daughter literally battered her way into the study to get to him.
- I had to look after mother when she was ill and then father after. If I had problems, I could call upon my son who would be here like a shot. When looking after them, I found it tiring and I was very anxious that if I got it wrong it would be my fault.
- My husband is on the cataract list. It makes a big impact on your life. I have sight problems and I relied on him to see for me. I do the hearing for him because he is getting deaf but, if he has cataracts, he can't see either.

Living on the boundaries

Rutland residents registered with Lincolnshire practices

- I am the odd ball here because I'm in East Rutland. So, actually I get all mine [health care] through South Kesteven and Cambridgeshire.
- It's Glenside Surgery, which is Castle Bytham, and links up to Grantham for COVID jabs which, again, is working brilliantly. Links normally to Stamford but Stamford is a bit of a non-event at the moment while COVID's going on. And for the secondary, care we go to Peterborough. Tertiary to Cambridge. But that works well - slightly frustrating from the Rutland point of view is that I don't think about Rutland, I mean I think it accepts us for care support but health support, …. our numbers don't appear in the [Rutland] numbers for who is jabbed -we don't go to Oakham for our jabs and everything there assumes that one is in the LLR catchment - which many of us are not. I don't want to comment on what happens in the LLR areas because, to be honest, I don't go there. I think the only complaint I would have is about no feedback from South Kesteven and Cambridgeshire. It's because we're outside the counties. We don't get the feedback that we get from Rutland County Council, which does do various bits. So, what's happening about ICSs in Lincolnshire, Cambridgeshire I haven't a clue.
- I live in a little village next to Ryhall and we are the furthest extremity of Rutland in the East. So I came as somebody who thought I'd be on the fringes, because although I'm a Rutlander and I pay those expensive Rutland rates, I orientate totally towards Stamford. I've lived here for over forty years, all that time I've worked in Stamford until my retirement. All my

shopping and all my interests and hobbies really orientate around Stamford. Oakham is a foreign place to me. I visit it from time to time to see friends. So, in the way of healthcare, I am the one who is registered with [my wife] at the Sheep Market, and from time to time we will go to the Peterborough Hospital for the services they offer. So in the model that you've described to us, your money follows us to the Sheep Market in Stamford and to Peterborough Hospital. So, when we get told about the reorganisations at Leicester and Glenfield and so on, it seems slightly academic, because we always feel that we're Peterborough, so it's not really going to affect us.

- I'm seriously considering doing what a number of others have done, and that is registering with the Empingham Practice, which is in Rutland.
- Lakeside has thirty-two thousand patients, and we know the population of Stamford is about nineteen thousand, so that means by definition, there's about thirteen thousand patients who reside outside of Stamford and a good chance is, given the proximity of the county boundaries to Stamford, that a good number of that thirteen thousand live in Rutland, in Northamptonshire and Cambridgeshire. Now I seriously question the capability of one practice, that's failing at the moment, to offer the quality of care that thirty-two thousand patients need. And although I believe there's a fair chance that Lakeside will be reoccupying the St Marys surgery, which has been retained by Lincs Community Health Services Trust for the next five years - I believe they will be reoccupying it. At least I hope they will. The question is, will they still be capable of offering the quality of service? And isn't it about time that we had an additional practice in our vicinity? The competition would encourage Lakeside to raise its game. I feel that the monopoly that they enjoy has led to complacency. It's as if people here have got nowhere else to go. As X said, a lot of people have gone to Empingham. I'd be interested if you could find out from Empingham exactly how many transferees they've had. I'm told they've closed their books and they won't take any more, and I'm told Market Deeping has also closed its books because of the sheer number of people jumping ship from Lakeside.
- I think the people in this area don't think around county boundaries. It does seem a structural weakness of the integrated care system that it is still wedded to local authority boundaries. Stamford is only a few miles from the border of Rutland, Cambridgeshire and Northamptonshire. It is a hub. If you look at the behaviour of people, they see themselves as living in Stamford and its immediate vicinity. We ignore the county boundaries. So, what we want is a healthcare system that looks at the people, rather than the structure of the administrative bodies. I think this is one of the big challenges for the four Integrated Care Systems, for the four counties: Lincolnshire, Rutland, Northamptonshire and Cambridgeshire - to really find a way of creating a mini-ICS for Stamford, because we rarely want to go to Grantham Hospital, we rarely want to go to Leicester hospitals, or even up to Melton Mowbray. For us we want to get as much care as we can from the Stamford and Rutland Hospital.
- And we're disappointed that the minor injuries unit has been closed, because of course Stamford Hospital is run by NWAFT which is based in Cambridgeshire. Its priorities are to maintain the city hospital based in Cambridge. You can understand with COVID, why they wanted to withdraw as much resource to manage the crisis of the city hospital. But it has meant for best part of a year now, we've had no minor injuries unit. We believe there are longer term plans to create a minor injuries and urgent care centre on the redeveloped Stamford Hospital site. But this is conditional upon them selling the land […]
- I believe they have got an MRI capability that comes on a truck [to Stamford Hospital], or is in fact parked there for long periods, so they are seeking to improve diagnostic capability and

accessibility. I think an urgent need to make sure we look at how much capability can be serviced from that unit.

- There used to be an ability to have minor procedures done at Lakeside, and I for one needed a solar keratosis, a sun damaged lesion to be resolved. They sent me to Lincoln, I had to drive all the way to Lincoln, to get a tiny piece of cryotherapy, to blast you with liquid nitrogen. Would they do it at Lakeside? No, they stuck scrupulously to 'Nobody can come in, nobody can come in at all, even though whenever they appeared on screen, they were wearing scrubs and looked as if they were about to enter. That was all cosmetic window dressing to make them appear more worthy. I'm sorry to be bitter, but it just seems they were unresponsive to the reality of where we live. I'd probably bring in Empingham, they are effectively serving a lot of people from East Rutland, from Stamford and Belmesthorpe residents.
- It's as if we're caught in the middle of a structural weakness that doesn't look at the reality of where the population is, and how it behaves.
- We appear here, in this part of Rutland, to have the best of both worlds but actually we've got the worst of them. That is the situation, and if you go away with that understanding you have summarised our situation very well.
- I'd like to raise the bigger picture. Our care is normally associated with Leicester but Peterborough is closer. If the General closes, getting to the Royal is very difficult. But people who go to Peterborough are diverted to Addenbrookes – Peterborough is not a teaching hospital and doesn't have the facilities. Closing the General means the result for Rutland is poor.
- We've talked about how desirable it would be to have another healthcare provider in Stamford. The natural dynamic that would force the improvement for everyone to see, within the next possibly five years and certainly ten years, there are likely to be another two thousand homes on the north side of Stamford, between two and three thousand I believe. Almost certainly a similar number on the St George's site, whatever people think of the latest development, it is going to be developed, and there's likely to be another similar number, so another five thousand homes. So you have an increased demand, as well as the demand for competition, you have an increased demand. Who's going to provide for these people? It's screaming out for another practice. The Empingham Practice is well placed to serve that greater population. If not them then another practice on the north side of Stamford within this new development would be a very obvious thing to do. Kind of, if you were looking forward, one thing you might like to see would be an expanded Empingham Practice to cover all of that area, or a new practice on the north side of Stamford, which would suck in the people from St George's anyway. How is that going to happen. Who makes that happen?

Northamptonshire residents registered with a Rutland practice

- Because I live in Northants but am registered at Uppingham surgery I've had 20 years of being given a choice between Leicester or Kettering (Woodlands). Woodlands, it's a private hospital, was more convenient. I was recently sent to Rutland Memorial Hospital. That was great. I don't really want to go from Gretton to Leicester, whilst Oakham serves my needs that's fine, full marks to RMH. Although I'm reluctant to travel to Leicester, for a complex thing I would. But I'd always choose Woodlands or RMH if they offer what I need.
- Several years ago they talked about closing the branch surgery at Gretton. But the doctors did not know that there was no public transport from Gretton to Uppingham. You have to go via Corby and it takes a full day.
- With the branch surgery closed now due to COVID, we all come to Uppingham because Gretton can't be COVID-secure. It will reopen but my thinking is that unless there is a better infrastructure, don't live in a village.

- Here, where I live, there are only 30 houses and 80 people. If there is an emergency, loads of people will help. It works well.
- But the thing is we will never get village buses. The thing about people is that they will help to get you into Oakham if you need it. But to Leicester is a different thing. People don't have the time. VAR is a good idea but I was told you have to book a week in advance – that's no good. One person told me they get hospital transport. I don't know how that works.
- I have a friend who [lives over the border in Northamptonshire] who desperately needs help. They have Alzheimer's and need help and telephone support but can't get it because they don't live in Rutland. They are registered at Uppingham but can't even get a phone call from the Admiral Nurses even through in desperate need of help. They are told to go elsewhere.

Comments about the NHS

- It's very frustrating dealing with NHS bureaucracy. Once you get through the bureaucracy and reach the consultants etc its ok. It's that buffer of the first contact and then getting through the hierarchy to the consultants. People seem to feel it's their job to form a protective ring around the consultants.
- I was a Human Resources manager and one of my pet hates was the petty rules. I used to say that we make rules that effect 98% the people we employ but we only have 2% who break the rules. The energy should be on the 2% who break the rules. The system is the wrong way round. If people concentrated on the awkward squad, the difficult patients, concentrate their energies there, the whole thing could be a lot better. Those who don't attend the appointments as they should or try to gain against the system.
- When I come up against it [NHS bureaucracy], I get, shall we say, very excited. Once I've had a phone call and not got anywhere I, dunno, kick the cat – metaphorically of course.
- Once you can make that initial contact then you get somewhere.
- [At the dialysis centre they should] separate the management from the clinical. They had a big problem yesterday with a burst pipe. If only they could concentrate on the job in hand. The administration needs separating, because the clinical staff seemed to get involved in everything.
- They have built all these houses in Oakham and there are no more doctors. There just aren't enough doctors.
- People who are ill with something and must be careful going to the surgery because of COVID, that goes without saying, and staff are very vulnerable and that has to be taken into account. But we have doctors and staff in hospitals that work safely and teachers in school every day. Doctors' surgeries should do the same.
- Care homes are often 'the end of the road'. People don't usually come out, so the process for reablement is not good. If care homes are to be used more effectively as a way for people to get back home, they need to give better information when they discharge. Care homes can be used to rid the NHS of bed-blocking, and are cheaper for looking after people for a short time; like the old system of 'convalescent homes'. There seemed to be steps towards this about 5 years ago but it's not progressed.
- Apart from getting local blood tests, [I would like] some kind of system at OMP where people who have very serious conditions can be assigned a doctor. This could be for medicines reviews and general contact. Something like a sore throat can be very serious [for my children] and we need antibiotics straight away as a precaution to avoid having to be admitted for I/V [intravenous] antibiotics later. We can't wait a week, which is the usual advice. We always need antibiotics - just in case. But you have to keep explaining yourself repeatedly to different people every time this happens. The children have had some rare

vitamins and unregulated treatments so it would be very beneficial to be assigned a specific GP who could know our situation. This happened at our old practice [in Cambridgeshire] where the doctor went away to learn more and knew what we needed when we contacted the practice.

- I think other practitioners are fine for some conditions but it would need to be a GP for things like transplants, in our case, because it is so specialised.
- But I would say again the problem here is that we are going very much down an American style of patient interaction with 'it's your responsibility, you have to do this you have to do that, you have to take care of yourself.' But we have developed over the years the mentality of 'doctor knows best' and the doctors have told you what to do. And I think that there are going to be people that are probably in the age range, a little older than us, that will have difficulty switching.
- The power of the CCG is extremely limited, they are compelled to contract with private doctor partnerships, and, once they've got a contract established, monitoring the performance of those practices and enforcing any kind of contractual obligations is incredibly torturous […] It's powerful to appoint a contract, it's almost lacking in any power to enforce and discipline performance of a contract. I think there needs to be some other body that can hold practices to account, without necessarily just relying on the draconian Spanish Inquisition of the CQC coming flying through the window and giving them a poor rating. There needs to be some process through maybe the Health and Wellbeing Boards, through the Integrated Care System, where general practice provision can be held to account […] There needs to be something that is more dynamic, more agile, more current and continuous.
- Generally everyone feels disjointed from services.
- From what I see, it was all done by NHS staff and equipment but some via NHS and the rest privately. It was a difficult process to step through and it cost money. I don't really know how someone with less access to the private sector would ever get the success we have been able to achieve.
- But the consultants couldn't change her medication on the phone consultations.
- I have 2 points. The reforms increase the efficiency for the system but push the cost on to the individual in terms of travelling and time. I had involvement with research projects in Colombia using smart phones, to avoid travelling for healthcare and we are very behind the offer here. I have also had remote consultations that have been much better than travelling to Glenfield.
- Whilst Peterborough City has huge capabilities, it doesn't have enough to give a one stop shop.
- We must make sure we don't centralise too much and we have to be careful about having services across the piece. Big doesn't mean better. The further away from services you get, the worse it gets.
- They should pull the system together. There are just too many different factions. They need a McDonalds model – one size fits all. They don't seem to latch on to that. All GP practices operate differently. So, for example, Oakham Medical Practice has, say, 16000 patients, then you have to have the set number of phones and receptionists to deal with the [probable] number of calls each day.
- Has anybody mentioned anything about big business corporations taking over GP practices as in other parts of the country? I find it encouraging that there are businesses out there that want to buy in to primary care. This shows there is some money in it. If companies want to buy in then it is doable. But other bits fall down.
- Surely, they should pay [GP practices] more for older patients and those with long term conditions than they do for younger people? It's all about balancing it.

- My regular [screening] mammograms stopped when I was 70. I think they should carry on beyond 70, to be quite honest. I know so many people who have developed breast cancer after 70. Fortunately, I caught it early.
- Vitamin B helps X feel better and not being able to have Vitamin B injection has made X feel like it is something that is thought of by the professionals as a luxury rather than a necessity. This was also how they felt about the discontinuation of acupuncture. They have now reinstated the Vitamin B clinic, but you have to ring to book each appointment. You can't book in advance. X feels like there is no security, that treatments needed can be discontinued without any notice and with no consideration to health. X feels this is not cost effective, as discontinuing preventative medicine puts a greater burden on future health services.
- X feels with GPs there is no continuity, and that GP don't read past histories. X feels patients need to be seen as a whole person and that this isn't possible if there aren't face-to-face consultations.
- We had a lot of interaction with the CCG, but really, I didn't sense they had the power to do anything. Is that because they're going to be defunct eventually? I felt they didn't have the power to do anything about Lakeside.
- The CQC is not particularly effective either, I think.
- When we go back to the CCG or whatever regulation, is someone actually looking at that data and actually making formal decisions based on that data? Here are the optimum figures per surgery. This surgery is oversubscribed, undersubscribed etc?
- The CQC is less accessible. It only seems you can complain at a national level.
- I was going to write to [the Secretary of State for Health] to say why don't you try and make Stamford a test case and pilot the principle of trying to work across boundaries and encourage the four ICS's to create a single mini ICS? And I know it produces layers upon layers. But it does seem to me that NHS England is driven by strategic thinking that flows from McKinsey and Co, and doesn't really look at the realities of human behaviour.
- I think it's a mistake to have 'super hospitals' where everything is centralised. They are doing down community hospitals.
- I guess the problem [in accessing GP services] is because they have difficulty in recruiting doctors. [4 doctors named] have all left Oakham Medical Practice recently.
- There needs to be proper connections between the different services. Take Parkinson's. You need to give people education and exercises to give them the confidence to get out of bed. Once they get out of bed they are on the way to independence. But this needs district nurses, social services, therapists all to be maintained.
- My husband had issues from an old injury. He had to wait a long time and in terrible pain. It's unacceptable.
- But other things are so lacking. We are not addressing wellbeing and not helping people to live well. We only treat illness. For instance nutritionists - why and when to take vitamin C or vitamin D. I want to be able to go to get help to look after myself, not just when I'm ill.
- How many vulnerable people are there of school age who just don't get help? We need better wellness facilities.
- I worked on a contract that was working on digitalising the NHS – I hadn't known anything about it [before then]. The Government is not explaining to people what it's actually doing to transform the NHS […] the public need to be up to speed with what they are trying to do.
- People won't follow if change happens to them, unless they are involved. The population need enthusing, then we'll help. You have to engage with people to make them feel part of the solution. All the negative energy of complaint could be turned into a positive to transform society.

- I think with ICS there needs to be co-location of elements of social and health. Now where that is located, I don't know. But it ought to be somewhere where it's fairly simple to get to. I mean Oakham or Uppingham.
- But you need to take these specialties, have an open mind about what can be provided locally. And then once you got the infrastructure in places as per the recent list you can start talking about bringing things out and the best place to have them is closer to home. Everyone says that. But only if it clinically practical.
- But you do need to accept that things are changing and plan so they can change and, if they don't move towards care closer to home, we're going to have an awful lot of people across the country travelling in every direction and it's just pointless.
- I have heard the argument for a centre on the ring road etc. There is nothing I would like more than a new centre but I am incredibly aware of the position Ashby de La Zouch got themselves into. When their hospital was closed, they were promised so much. Six years on they've just been [sic], 'Well, we're looking at community services now. We will have a plan for you.' Absolutely ridiculous. And I think, if we let Rutland Memorial go, we might not have anything. So, I'm very much, 'Build a new one but you put everything in here first.' And we develop from the old one and we do not close the old one.

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