

Prepared for

:

Consultation Report:

Public Consultation About
Proposed Improvements to the
Access of Community Health
Services in Lutterworth –
Leicester, Leicestershire and
Rutland.

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Executive Summary

Opinions on Proposals to Invest In and Improve Health Services in Lutterworth:

Proposal 1: Refurbishing Feilding Palmer Hospital to Provide More Outpatient and Diagnostic Services – Headline Findings

Overall, the large majority of respondents to the consultation (86% - 1,198 respondents) say that they agree to some extent with the proposal (Proposal 1) to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services as described. In total, 58% (804 respondents) indicate that they 'strongly agree' with this proposal, with a further 28% (394 respondents) saying that they 'agree' with it. Only a small minority of respondents (8% - 106 respondents) disagree to some extent with the proposal to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services as described, with 3% (39 respondents) saying they 'strongly disagree' with this and 5% (67 respondents) indicating that they 'disagree'.

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 1, in line with the high level of agreement generally with Proposal 1, the large majority of comments about this specific proposal are positive.

The most commonly mentioned reasons why respondents agree with Proposal 1 relate to the subject of convenience. Overall, 23% (237 respondents) feel that to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services **'would reduce the amount of travel time/travel cost/stress required to access services'**, while 23% (316 respondents) feel that **'Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare'**. The next most commonly mentioned theme amongst those agreeing with Proposal 1 relates to a feeling that the Lutterworth area is in need of more local outpatient services generally. Overall, 17% (236 respondents) state that their main reason for agreement with Proposal 1 is simply because it **'would increase volume of medical facilities available in Lutterworth/outpatient services are badly needed'**, with a further 6% (88 respondents) agreeing with Proposal 1 **'because the Lutterworth area is growing/becoming more populated'**. There is also a feeling amongst some respondents that keeping Feilding Palmer Hospital open and refurbishing it in order to provide more outpatient and diagnostic services would help to improve patient experiences in the wider area generally – 8% (108 respondents) agree with Proposal 1 because it **'would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists'**, while a further 6% (84 respondents) agree with Proposal 1 because they feel **'it will reduce the pressure/burden on local GPs/hospitals'**.

Amongst the small minority who disagree to some degree with Proposal 1, the main theme relates to a feeling that either some or all of the inpatient beds at Feilding Palmer hospital should remain. Overall, 7% (95 respondents) disagree to some degree with Proposal 1 because they make a general (non-specific) comment about **'wanting/needing to keep some/all beds at Feilding Palmer Hospital'**, while a further 1% (20 respondents) **'would need a guarantee that the ten inpatient beds will be provided elsewhere (even if only as stopgap)'**. Meanwhile, at a lower level, the only other significant theme of note relating to disagreement with Proposal 1 is that 3% (42 respondents) feel that family and friends of inpatients **'may have to travel too far to visit patients in other/replacement inpatient bed locations'**.

Proposal 2: To Increase the Number and Range of Outpatient and Diagnostic Services Provided at Feilding Palmer Hospital – Headline Findings

Overall, the vast majority of respondents to the consultation (88% - 1,235 respondents) say that they agree to some extent with the proposal (Proposal 2) to increase the number and range of diagnostic services provided at Feilding Palmer Hospital as described. In total, 66% (926 respondents) indicate that they 'strongly agree' with this proposal, with a further 22% (309 respondents) saying that they 'agree' with it. Only very small minorities of respondents (2% - 26 respondents) disagree to some extent with the proposal to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital as described, with 1% (12 respondents) saying they 'strongly disagree' with this and 1% (14 respondents) indicating that they 'disagree'. It should be noted that 7% (92 respondents) did not provide an answer to this question.

Reflective of the high level of agreement with Proposal 2, the large majority of comments about this specific proposal are positive.

The most commonly mentioned reasons why respondents agree with Proposal 2 relate to the subject of convenience. Overall, 23% (321 respondents) feel that to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital '**would reduce the amount of travel time/travel cost/stress required to access services**', while 22% (304 respondents) think that '**Feilding Palmer Hospital is a more convenient/ local location/provides easier access to healthcare**'. Meanwhile, 14% (195 respondents) state that their main reason for agreement with Proposal 2 is simply because it '**would increase volume/variety/quality/range of medical facilities available in Lutterworth**', with 7% (100 respondents) stating their belief that it '**would benefit the local community generally (e.g. support a wide range of people, be beneficial to myself/my family)**'. There is also a feeling amongst some respondents that to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital would help to improve patient experiences in the Lutterworth area and indeed the wider area generally – 6% (86 respondents) agree with Proposal 2 because it '**would allow for quicker diagnoses for patients/less time for patients to be seen/reduce waiting lists**', while a further 5% (63 respondents) agree with Proposal 2 because they feel '**it will reduce the pressure/burden on other hospitals**'.

Amongst the small minority who indicate that they disagree to some extent with Proposal 2, the main theme relates to a feeling that other services should be included in the revamped Feilding Palmer Hospital. The most commonly mentioned themes include 2% (28 respondents) feeling that they '**would like other services to be included too (e.g. X-rays, audiology)**', while a further 2% (27 respondents) '**want to keep some/all of the 10 beds at Feilding Palmer Hospital or think this should still be possible**'. At a lower level, other concerns include '**a concern that people may have to travel too far to visit patients in other/ replacement bed locations**' (1% - 13 respondents mentioning this), while 1% (12 respondents) express a concern about '**the length of time site will take to be fully updated or when services would be fully available**'.

Proposal 3: Opinions on Care at Home and Inpatient Care Provision – Headline Findings

Although it should be noted that 58% (809 respondents) did not provide an answer for this question, respondents who did make a comment are slightly more likely to have expressed either a reservation or a concern about care provided at home or in a care home than a positive comment.

Of the 19% (263 respondents) who made a positive comment about care provided at home or in a care home, the most commonly mentioned theme is that they believe that **'care at home/in a care home is preferable than a hospital e.g. the patient is happier, allows for continuity of care'** (6% - 81 respondents – mentioning this). At a much lower level, other themes mentioned are that providing more care to people in their home or the place they call home **'will reduce pressure on/free up resources in hospitals'** (1% - 19 respondents), 'care experienced in care homes/given at home has been excellent/good/acceptable' (1% - 16 respondents) and that **'care home care makes caring for/visiting patients easier/more convenient'** (1% - 14 respondents).

Of the 27% (383 respondents) who made a less positive comment or expressed a concern about care provided at home or in a care home, the two most commonly mentioned concerns are that **'care home placements could be a long way away for families/care staff to travel to'** (4% - 57 respondents – mentioning this) and the concern that **'there will be no community hospital beds or care facilities in Lutterworth, or that there should be some or more beds'** (4% - 55 respondents). At a slightly lower level, other main themes mentioned relate to care homes specifically, rather than care at home, with the main concerns being the **'additional staffing levels/staff motivation needed for extra care home provision'** (3% - 42 respondents), **'that care homes don't provide same level/standard/quality of care as a hospital'** (3% - 39 respondents) and **'the varying standards of care homes'** (3% - 39 respondents), while **'the quality/training of additional staff needed in care homes or to deliver care at home'** (3% - 39 respondents) is also a concern for some.

Proposal 4: Opinions on Services Provided at GP Practices – Headline Findings

Although it should be noted that 47% (660 respondents) did not provide an answer for this question, respondents either made comments relating to their own GP practice or relating to the GP practice proposals. Respondents who make a comment relating to their own GP practice are more likely to express either a reservation or a concern than a positive comment, whereas respondents who make a comment relating to the GP practices proposals are more likely to express a positive view as opposed to a negative view or concern.

Of the 17% (236 respondents) who made a positive comment about their own GP practice, 14% (195 respondents) simply made a general comment that their GP service is always good or excellent or that they were happy with the service from their GP practice, with no other notable specific themes evident.

Of the 29% (401 respondents) who made a less positive comment or expressed a concern about their own GP practice, by far the most commonly mentioned concern is that it is **'hard to get GP appointments generally e.g. hard to book, no availability, too many patients at their GP practice'** (14% - 194 respondents – mentioning this). At a much lower level, another

main theme relates to the perceived under-resourcing of local GP practices – 3% (36 respondents) feel that their **'GP practice is overstretched'**, while 2% (29 respondents) believe there is a **'lack of staff or GPs/limited staff/limited staff working hours at my GP practice'**. Meanwhile, 2% (25 respondents) feel that **'other services could also be offered at the GP practice (e.g. ear syringing services, minor injuries, ultrasound, Admiral nurses, annual health checks, vaccinations)'**.

Of the 12% (167 respondents) who made a positive comment about the GP practice proposals, 6% (90 respondents) express general agreement with them. Of the specific themes mentioned, 4% (50 respondents) believe that the proposal will have the benefit of **'allowing practice nurses to deal with more/relieve pressure on GPs'**, while 1% (12 respondents) think that the proposals **'will allow people to be seen more quickly/increase level of appointments'**.

Of the 7% (100 respondents) who made a less positive comment or expressed a concern about the GP practice proposals, the most commonly mentioned concern is the issue of **how extra demand will be staffed/resourced (e.g. need more GPs, more consulting rooms, more NHS funding)'** (2% - 31 respondents – mentioning this). At a slightly lower level, other main themes relate to the concern about whether **'non-GPs (e.g. practice nurses) will be specialist enough to provide quality care'** (1% - 18 respondents) and **'whether appointments will be easier to obtain/will it be easier to be seen quickly'** (1% - 14 respondents).

Introduction

Background to the consultation

The Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) want to invest in and improve community services in Lutterworth. The proposals for these investments and improvements are as follows.

- **Not closing Feilding Palmer Hospital.**
- **Finding a better way of using the current space in Feilding Palmer Hospital** to provide outpatient and diagnostic services replacing the current 10 inpatient beds.
- **Increasing the number of outpatient services** (where people visit a hospital for a diagnosis or treatment, but do not need to stay overnight) to approximately 17,000 appointments per year covering over 25 branches of medicine.
- **Providing inpatient services in a better way**, at home or close to home.
- **Reducing travelling times and the miles travelled** to receive some health care, by approximately 200,000 miles per year.
- **Provide more care from your GP practice.**
- **In time creating a Lutterworth Health Campus** on Gilmorton Road, Lutterworth to include health and care services – mental health, GP practices, local authority services, optometry, and dentistry.

These plans are specifically designed to:

1. respond to the expected growing demand for local services which will come from people living in the 2,700 new homes being built in the future.
2. improve support to people who need physical and mental health services.
3. provide more services closer to home.

To this end, a public consultation was designed to capture the opinions of people in the Lutterworth area regarding these proposals. This included an online and offline consultation covering the following aspects:

- Setting out the key proposals and asking respondents to indicate their level of agreement with each one;
- Whether respondents had any specific issues around travel and access to the proposed services;
- Demographic information, including equality questions.

It should be noted that this public consultation does **not** cover all mental or physical health services outside of Lutterworth and the immediate surrounding areas – these include:

- Services delivered at the Wycliffe Medical Practice and The Masharani Practice.

- Social care services delivered in local care homes, home care, home assessment, and reablement and crisis response services.

About the consultation approach

The Improving Lutterworth Community Services public consultation was open between Monday 23rd October 2023 – Sunday 14th January 2024. The survey questions used for this public consultation and the full Public Consultation Document and Communications and Engagement Plan are available to view at the consultation website

(<https://leicesterleicestershireandrutland.icb.nhs.uk/be-involved/maximising-access-in-lutterworth/>). The majority of the questions in the consultation were closed questions, although there were a few ‘open-ended’ questions where respondents were invited to write in answers in their own words. None of the questions in the consultation were mandatory to answer.

The public consultation was undertaken using Cabinet Office principles (updated January 2016) and NHS England guidance ‘Planning, assuring and delivering service change for patients’ (published in November 2015).

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The public consultation took account of the range of legislation that relates to ICB decision making including:

- Equality Act 2010
- Public Sector Equality Duty Section 149 of the Equality Act 2010
- Brown and Gunning Principles
- Human Rights Act 1998
- NHS Act 2006
- NHS Constitution
- Health and Social Care Act 2012

Public consultation activities

In order to maximise the reach of the public consultation and to encourage as many people as possible to participate, a multi-channel approach was used.

The Improving Lutterworth Community Services Survey could be answered by respondents online (using the QuestionPro survey tool, which collected the data from respondents) or offline (by completing a printed survey). People could also attend an event or focus group to share their views. The vast majority of respondents to the consultation answered the questions online.

In addition, the public consultation used a variety of both online and offline tools and techniques to communicate with the people of Lutterworth and users of services in Lutterworth. These included, but were not limited to, the following activities:

- Online technology was used to hold meetings, share information and allow for recordings of meeting, which enabled a wider reach across communities.
- Off-line and face-to-face communications and engagement activities were undertaken to reach people who may not be digitally enabled or active. We commenced with a drop-in session held at Lutterworth Town Council offices for community groups and individuals

to collect collateral to circulate across the area. Throughout the consultation we attended events, hosted drop-in sessions and conducted one-to-one interviews.

- Information online and in hard copy format was produced, including a leaflet, booklet and questionnaire. An Easyread booklet and questionnaire and video content was also produced. Examples of this are shown below.



- We developed an online partner toolkit comprising articles, web copy and social media assets. We distributed them to organisations, businesses and communities to use on their own digital channels. We also distributed off-line toolkits comprising of questionnaires, leaflets, posters and banners.
- We partnered with Celebrate Our Similarities (a voluntary and community organisation that aim to deliver social impact to address equity issues and identify good practice examples which recognise our shared human priorities) to reach into the heart of communities and particularly reach those with protected characteristics and those communities who are seldom heard.
- The most fundamental activity was bringing together communities in and around Lutterworth, developing community relationships and jointly implementing the public consultation. This included:
 - Co-design of public consultation documents and activities with community through a Task and Finish Group.
 - Creating community partnerships with voluntary and community sector.
 - Creating a partnership with Lutterworth Town Council.
 - Creating an ‘army’ of individuals who ‘spread the word’.
 - Gaining the support from parishes and Harborough District Council to amplify messages.
 - Built relationship with lobbyists.
 - Established strong working relationships with NHS partners – Leicestershire Partnership NHS Trust and the Primary Care Network
- This resulted in a wide range of individuals, parish and district councils, business forums and community organisations coming together to share the messages about this consultation working on the ground level. We want to acknowledge and thank everyone who contributed. They have ensured that local people were aware of the consultation and how to get involved.
- The public consultation used a variety of both online and offline tools and techniques to communicate with the people of Lutterworth and surrounding areas. These include, but are not limited to, the following activities:
 - Commissioning Celebrate Our Similarities (COS) to reach out to community organisations and seldom heard and often overlooked communities to encourage

and support them to participate (with a focus on protected characteristics of age, race, disability, pregnancy/maternity, sexual orientation). This included:

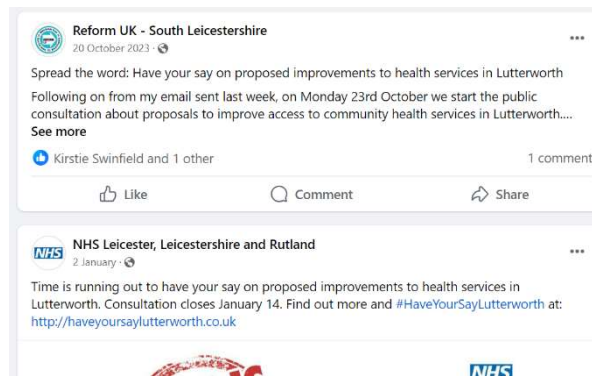
- Dementia and Parkinson support group.
 - Individuals visiting the Lutterworth Christmas Light Switch-on
 - Gypsy travellers.
 - 3 x Reading groups.
 - 3 x parent and toddler groups.
- 'Traditional' media coverage was county-wide and locality specific including the following:
- BBC East Midlands Today
 - Leicester Mercury
 - Leicestershire Live
 - BBC Radio Leicester
 - Harborough FM
 - Harborough Mail
 - Rugby Observer



- Advertorials in three editions of Swift Flash with a circulation of circa 17,000 homes around Lutterworth and its surrounding villages in South Leicestershire (NB: these are also available online on the Swift Flash website (<https://www.swiftflash.co.uk>)).

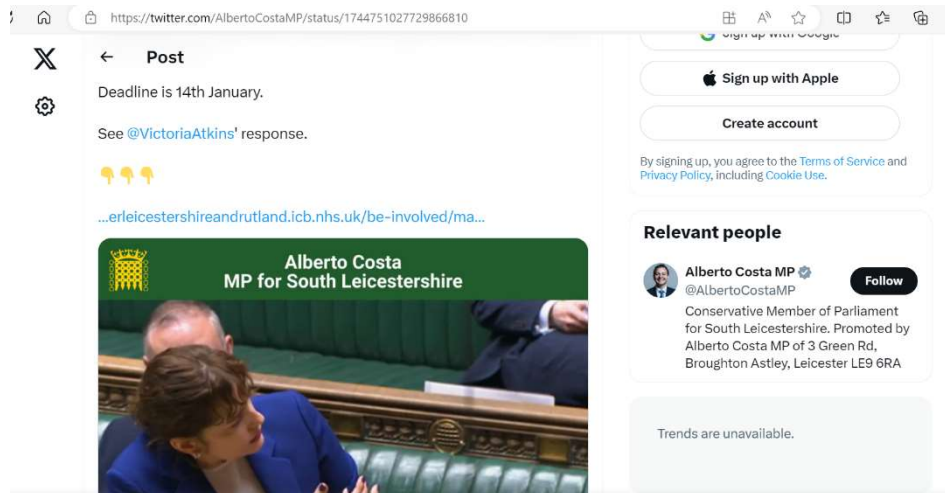


- Widespread utilisation of social media, including local NHS-owned platforms, Spotted and community target users of Facebook, Instagram and X (formerly Twitter). Activity and reach across main social media platforms for organic promotion, is circa 400,000 users.



- Two public drop-in events hosted by LLR ICB in November and December 2023. In addition, the ICB attended three face-to-face events hosted by community groups/organisations to present proposals.
- Email marketing throughout the consultation to 156 voluntary and community sector groups, schools and key business either work or based Lutterworth and surrounding areas.
- Weekly drop-in sessions hosted at Lutterworth Library to support people to complete the questionnaire. Sessions were held every Thursday during the consultation except through the Christmas and New Year holiday period – total of 9 session.
- Engagement efforts targeted children, young people, and their families across diverse community settings. A multifaceted approach leveraged school parent newsletters and in-class promotions, nursery parent newsletters, and communication channels such as sports club and WhatsApp groups. Additionally, we reached out through community organisations like church choirs, youth clubs, and Young Farmers networks, as well as 19 local preschools, primary, secondary schools, and sixth forms. Also, local sports clubs including Lutterworth Town AFC and Lutterworth Cricket Team, as well as community groups such as The Wycliffe Fellowship, HAB Anti-bullying and Mental Health, HCYC (vulnerable and isolated children and Harborough District), and Lutterworth Young Farmers.
- Circa 164 community groups shared key messages throughout the campaign with residents via their own email lists and social media.
- Briefings and/or letters to MP and councillors (county, district and parish) delivered information about the proposals, the consultation, and asked for support in disseminating within their community.

- The topic was also discussed between Alberto Costa MP and the Secretary of State for Health in the House of Commons, where the health system was praised for consulting local people.



- Information was shared at the Magna Park Business Forum and to their 29 businesses who then shared with employees.
- Written communications with ICB staff were undertaken, as people who may be impacted by proposals and requesting circulation of information to communities.
- Posters and information were provided to approximately 50 local community venues, across 45 villages including libraries, churches, community centres, local shops, public houses and businesses, GP surgeries and pharmacies.
- Large information banners were placed on key arterial roads into Lutterworth to raise awareness of the consultation.
- We ensured that messages went out to NHS and social care staff providing information to go into a range of staff communications.
- Overall, we are confident that our activities during the public consultation allowed us to meet both our statutory and common law duties.

There has been a high level of interest in the Improving Community Services in Lutterworth Survey and a good response to the consultation. In total, and across all of the different ways of participating in the consultation, **1,398** usable responses have been included in the overall analysis. The composition of these 1,398 usable responses by the different ways of participating breaks down as follows:

- 1,273 online responses received – consisting of:
 - 930 responses to the Main online survey; and
 - 343 responses to the Easyread online survey.
- 125 responses received using the postal/hard copy of the survey
- (NB: an additional 14 people responded via correspondence (letters, emails), telephone calls and comments on the LLR ICB website – these are included in Appendix B).
- (NB: additional feedback from stakeholders is also included in Appendix B).

Please note that the combined overall response figure for the consultation of 1,398 has been used for the 'Total (All Responses)' base for the figures in the report. A full profile (by respondent type and demographics) of who responded to the consultation is provided in Section 1 of this report. However, for the quantitative findings for each Proposal, a summary table has also been included showing the agreement levels and preferences registered for each of the different ways of participating in the consultation.

About this report

JW Research Limited, an independent market research company, was commissioned to provide an independent analysis of the consultation findings.

The online and postal surveys asked respondents a series of questions including closed ('tick-box') questions, and open questions where respondents could type in comments. The key questions from the online and postal surveys were, as far as possible, replicated in the community engagement events, and feedback was collected by individual event moderators.

Partly completed surveys have been included in the final analysis but only if they include answers to the key questions relating to levels of agreement or disagreement with the proposals.

In addition to analysing the closed questions, JW Research Limited carried out thematic analysis of the open comments from the online survey and postal survey on a question-by-question basis, coding them into themes so that these could be quantified.

This document summarises the findings from the independent analysis.

Section 1: Respondent Profile

1.1 Respondent Profile

In total, 1,398 usable responses to the consultation were received across all means of engaging and completing the online and paper surveys. A profile of the respondents to the consultation is provided below (tables 1 to 13).

Table 1: QA. Which of the following best applies to you?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
I am answering this questionnaire as an individual service user or member of the public	1,348	96%
I am answering as an NHS employee	41	3%
I am answering on behalf of another public sector organisation	4	<0.5%
I am answering on behalf of another voluntary group, charity or social enterprise	2	0.5%
I am answering on behalf of an NHS organisation	2	<0.5%
I am answering on behalf of a patient representative organisation	1	<0.5%
No information	0	0%

The overwhelming majority of respondents (96% - 1,348 respondents) say that they are completing the consultation as an individual service user or member of the public. A total of 3% (41 respondents) are completing the consultation as an NHS employee, with the remaining 1% (9 respondents) completing the survey in a different capacity (i.e. on behalf of an organisation of some description).

Table 2: Q12. What is your age?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
16-19	1	<0.5%
20-24	24	2%
25-34	57	4%
35-49	170	12%
50-64	388	28%
65-74	310	22%
75-84	191	14%
85+	49	4%
Prefer not to say	21	2%
No information	187	13%

Most age groups are well represented, although only 6% (82 respondents) are aged under 35. A total of 39% (550 respondents) to the consultation are aged 65 or over.

Table 3: Q10. What is your sex?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Male	389	28%
Female	798	57%
Intersex	2	<0.5%
I prefer not to say	23	2%
No information	186	13%

In total, 57% (798 respondents) to the consultation are female, while 28% (389 respondents) to the consultation are male. It should be noted that 13% (186 respondents) did not provide an answer for this question.

Table 4: Q11. Do you identify as the gender you were assigned at birth?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Yes	1,167	83%
No	2	<0.5%
Prefer not to say	24	2%
No information	205	15%

Table 5: Q14. What is your ethnicity? Select one option.

OVERALL GROUPEd RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
White (i.e. British, Irish, any other white background)	1,125	80%
Asian or Asian British (i.e. Indian, Pakistani, Bangladeshi, any other Asian background)	25	2%
Black or Black British (i.e. Caribbean, African, or any other Black background)	4	<0.5%
Mixed (i.e. White & Black Caribbean, White & Black African, White & Asian and any other Mixed background)	13	1%
Other	8	1%
Prefer not to say	32	2%
No information	191	14%

The large majority of responses received are from respondents who consider their ethnic origin to be White (80% - 1,125 respondents). Only a small minority of responses (4% - 50 respondents) are from BAME respondents. It should be noted that 14% (191 respondents) did not provide an answer for this question.

Table 6: Q13. What is your religion or belief? Please select one option.

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Christian	753	54%
Hindu	9	1%
Sikh	6	<0.5%
Buddhist	5	<0.5%
Jain	2	<0.5%
Jewish	1	<0.5%
Baha'i	1	<0.5%
Muslim	0	0%
Other religion/belief	15	1%
No religion	354	25%
Prefer not to say	53	4%
No information	199	14%

Overall, 54% (753 respondents) taking part in the consultation identify with, or follow, the Christian religion, with 25% (354 respondents) saying that they identify with no religion. However,

it should be noted that 4% (53 respondents) prefer not to say what their religion is, while 14% (199 respondents) did not provide an answer for this question.

Table 7: Q19. What is your sexual orientation (preference)?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Heterosexual/straight (male to female relationship)	1,070	77%
Bisexual (relationship with any gender/s)	17	1%
Gay or lesbian (same sex relationship)	16	1%
Other	10	1%
Prefer not to say	78	6%
No information	207	15%

Only a small minority (2% - 33 respondents) have a sexual orientation that is not heterosexual.

However, it should be noted that 6% prefer not to say what their sexual orientation is, while 15% (207 respondents) did not provide an answer for this question.

Table 8: Q18. What is your relationship status?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Married/civil partnership	807	58%
Partnered/living with a partner	85	6%
Single	91	7%
Widowed/surviving civil partner	99	7%
Separated or divorced	62	4%
Prefer not to say	44	3%
No information	210	15%

The majority of those taking part in the consultation (58% - 807 respondents) are either married, in a civil partnership or living with a partner.

It should be noted that a significant minorities of respondents either preferred not to say what their relationship status is (3% - 44 respondents) or did not answer this question (15% - 210 respondents).

Table 9: Q16a. Do you consider yourself to have a disability or suffer from poor health? (The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term - i.e. 12 month period or longer - or substantial adverse effects on their ability to carry out day-to-day activities).

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Yes	225	16%
No	925	66%
Prefer not to say	53	4%
No information	195	14%

In total, 16% (225 respondents) of those taking part in the consultation consider themselves to have a disability or suffer from poor health – although it should be noted that minorities either prefer not to say whether they have a disability or suffer from poor health (4% - 53 respondents) or did not answer this question (14% - 195 respondents).

Table 10: Q16b. If you have selected 'yes', please tell us which condition(s). Select as many options as appropriate.

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Physical	118	8%
Long standing illness or condition	116	8%
Partial or total loss of hearing	33	2%
Mental health condition	32	2%
Partial or total loss of vision	17	1%
Learning disability/difficulty	5	<0.5%
Speech impediment or impairment	3	<0.5%
Other medical condition or impairment (please specify)	30	2%
I prefer not to say if I have a disability	53	4%
No information (did not give reason for disability)	9	1%
<i>I do not have a disability</i>	925	66%
<i>No information (about whether have a disability or not)</i>	195	14%

Of the 16% of respondents who indicate they have a disability or suffer from poor health, the most common condition is a physical one (8% - 118 respondents) or a long standing illness or condition (8% - 116 respondents).

Table 11: Q15. Are you pregnant or have you given birth in the last 26 weeks? (*The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period*)

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Yes	15	1%
No	1,144	82%
Prefer not to say	20	1%
No information	219	16%

Overall, only 1% (16 respondents) say that they are pregnant or have given birth in the last 26 weeks.

It should be noted that small minorities preferred not to say whether they are pregnant or have given birth in the last 26 weeks (1% - 20 respondents) or did not answer this question (16% - 219 respondents).

Table 12: Q17. Do you provide care for someone? *Select as many options as are appropriate.*

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Yes - Care for young persons(s) aged 24 or younger	97	7%
Yes - Care for adults(s) 25 to 49 years of age	19	1%
Yes – Care for older person(s) aged 50 or over	158	11%
No (not a carer)	898	64%
Prefer not to say	31	2%
No information	207	15%

Overall, 19% (262 respondents) say that they provide care for someone – the most common care provided is for an older person aged over 50 (11% - 158 respondents). However, the majority (64%) say they do not provide care for someone.

It should be noted that small minorities preferred not to say whether they provide care for someone (2% - 31 respondents) or did not answer this question (15% - 207 respondents).

Table 13: Q20. Have you ever served in the Armed Forces?

OVERALL RESULTS (all responses: n=1,398).

Respondent type	No. responses	% responses
Yes	56	4%
No	1,126	81%
Prefer not to say	20	1%
No information	196	14%

Overall, a small minority (4% - 56 respondents) say that they have served in the Armed Forces. It should be noted that small minorities preferred not to say whether they have served in the Armed Forces (1% - 20 respondents) or did not answer this question (14% - 196 respondents).

In the remainder of this report, where appropriate, analysis has been conducted to determine how views differ by some of the different respondent types and demographic groups outlined above.

Section 2: Opinions on Proposals to Invest In and Improve Health Services in Lutterworth: Proposal 1 – Refurbishing Feilding Palmer Hospital to Provide More Outpatient and Diagnostic Services

2.1 Headline Findings

Those responding to the consultation were presented with the following proposal (Proposal 1):

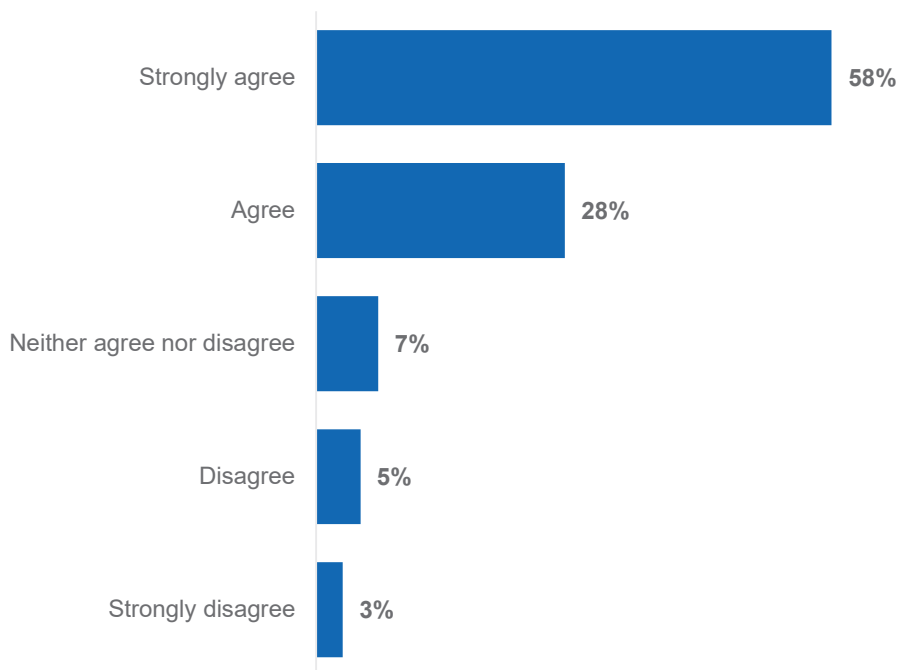
PROPOSAL 1:

We would like to keep Feilding Palmer Hospital open and refurbish it, so that we can provide more outpatient and diagnostic services. To create space for these new services, we would permanently close the 10 patient beds.

Respondents were then asked to indicate their level of agreement or disagreement with this proposal. The overall results for this question are summarised in Figure 1 below.

Figure 1: Q1. To what extent do you agree with this proposal (Proposal 1)?

OVERALL RESULTS (all responses: n=1,398).



Overall, the large majority of respondents to the consultation (86% - 1,198 respondents) say that they agree to some extent with the proposal (Proposal 1) to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services as described. In total, 58% (804 respondents) indicate that they 'strongly agree' with this proposal, with a further 28% (394 respondents) saying that they 'agree' with it. Only a small minority of respondents (8% - 106 respondents) disagree to some extent with the proposal to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services as described, with 3% (39 respondents) saying they 'strongly disagree' with this and 5% (67 respondents) indicating that they 'disagree'.

2.2 Results by Respondent Type

Table 14a shows how responses to this question vary by respondent status and gender, while Tables 14b shows responses by age and Table 14c shows responses by ethnicity, disability status and carer status.

Table 14a: Q1. To what extent do you agree with this proposal (Proposal 1)? RESULTS BY RESPONDENT STATUS & GENDER (base sizes in brackets).

	Total (1,398)	Answering As a Member of:			Gender:	
		Public (1,348)	NHS Staff (41)	Organisation (9)	Male (389)	Female (798)
Strongly agree	58%	58%	44%	56%	64%	59%
Agree	28%	28%	29%	44%	26%	29%
Neither agree nor disagree	7%	7%	5%	0%	4%	7%
Disagree	5%	5%	15%	0%	4%	4%
Strongly disagree	3%	3%	7%	0%	3%	2%
<i>Net 'Agree':</i>	<i>86%</i>	<i>86%</i>	<i>73%</i>	<i>100%</i>	<i>89%</i>	<i>88%</i>
<i>Net 'Disagree':</i>	<i>8%</i>	<i>7%</i>	<i>22%</i>	<i>0%</i>	<i>7%</i>	<i>6%</i>
No information	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with Proposal 1 between those answering as a member of the public and answering in a different capacity, although there may be some evidence to suggest that those answering the survey as an NHS Staff member may be slightly less likely to agree with Proposal 1 than those answering as a service user or member of the public (73% of those answering as an NHS Staff member agree to some extent with Proposal 1, compared with 86% of those answering as a service user or member of the public).

There are no significant differences between males and females in relation to their agreement levels with Proposal 1.

Table 14b: Q1. To what extent do you agree with this proposal (Proposal 1)? RESULTS BY AGE (base sizes in brackets).

	Total (1,398)	16-34 (82)	35-49 (170)	50-64 (388)	65-74 (310)	75+ (240)
Strongly agree	58%	61%	59%	61%	58%	63%
Agree	28%	32%	30%	25%	30%	25%
Neither agree nor disagree	7%	2%	4%	7%	5%	8%
Disagree	5%	1%	4%	5%	5%	2%
Strongly disagree	3%	4%	2%	2%	3%	3%
<i>Net 'Agree':</i>	<i>86%</i>	<i>93%</i>	<i>89%</i>	<i>86%</i>	<i>87%</i>	<i>88%</i>
<i>Net 'Disagree':</i>	<i>8%</i>	<i>5%</i>	<i>6%</i>	<i>7%</i>	<i>8%</i>	<i>5%</i>
No information	0%	0%	0%	0%	0%	0%

Although agreement levels are high across all age groups, the highest level of agreement is registered amongst under 35s (93% - 76 respondents). There are no significant differences in agreement levels between the age groups.

Table 14c: Q1. To what extent do you agree with this proposal (Proposal 1)? RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS (base sizes in brackets).

	Total (1,398)	Ethnicity		Disability/Poor Health?		Carer Responsibility?	
		White (1,125)	BAME (50)	Yes (225)	No (925)	Yes (262)	No (898)
Strongly agree	58%	60%	64%	59%	61%	58%	61%
Agree	28%	28%	22%	24%	28%	28%	28%
Neither agree nor disagree	7%	6%	4%	9%	5%	6%	6%
Disagree	5%	4%	6%	6%	4%	5%	4%
Strongly disagree	3%	2%	4%	3%	2%	4%	2%
<i>Net 'Agree':</i>	86%	88%	86%	82%	89%	85%	88%
<i>Net 'Disagree':</i>	8%	6%	10%	9%	6%	9%	6%
No information	0%	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with Proposal 1 by ethnicity or carer responsibility.

There may be some evidence to suggest that those with a disability or poor health may be slightly less likely to agree with Proposal 1 compared to those with no disability/poor health - 82% (185 respondents) of those with a disability or poor health say that they agree to some extent with Proposal 1, compared with 89% (825 respondents) of those with no disability/poor health.

2.3 Results by Respondent Consultation Method

Table 14d shows how responses to this question vary by the different ways in which respondents participated in the public consultation.

Table 14d: Q1. To what extent do you agree with this proposal (Proposal 1)? RESULTS BY PUBLIC CONSULTATION PARTICIPATION METHOD (base sizes in brackets).

	Total (All Responses) (1,398)	Online Survey Total (1,273)	Online Main Survey (1,055)	Online Easyread Survey (343)	Postal (125)
Strongly agree	58%	57%	62%	45%	59%
Agree	28%	29%	26%	34%	24%
Neither agree nor disagree	7%	7%	5%	11%	6%
Disagree	5%	5%	4%	7%	6%
Strongly disagree	3%	3%	3%	3%	5%
<i>Net 'Agree':</i>	86%	86%	88%	79%	83%
<i>Net 'Disagree':</i>	8%	7%	7%	10%	10%
No information	0%	0%	0%	0%	0%

Although there are no significant differences in agreement levels with Proposal 1 by the different methods of completing the survey, there is some evidence to suggest that those completing the Online Easy Read survey may be less likely than those using other methods of survey completion to agree to some extent with Proposal 1 (79% - 270 respondents – completing the Online Easy Read survey agreeing, compared with 88% completing the regular Online Main survey).

2.4 Reasons Given for Agreement Levels with Proposal 1

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 1 - namely the proposal to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

Table 15: Q2. Please explain in the space below why you agree or disagree with this proposal (Proposal 1). Please include any impacts, either negative or positive, that you feel this proposal may have on you, your family or any groups you represent.

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 10+ respondents.

Theme of comment	No. responses	% responses
Reasons why <u>agree</u> with Proposal 1:		
<i>'To keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services'</i>		
It would reduce the amount of travel time/travel cost/stress required to access services	327	23%
Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare	316	23%
Would increase volume of medical facilities available in Lutterworth/outpatient services are badly needed	236	17%
Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists	108	8%
Because the Lutterworth area is growing/becoming more populated	88	6%
It will reduce the pressure/burden on local GPs/hospitals	84	6%
Agree with the Proposal (no specific reason given)	83	6%
Good use of a currently under-utilised site/infrastructure (e.g. more efficient use of space/resources)	80	6%
Because of the generally ageing population/better for older people	69	5%
Would benefit the local community generally (no specific reason given)	67	5%
Because Feilding Palmer Hospital has limited facilities currently/is not fit for purpose/needs a revamp	52	4%
Would reduce carbon footprint/have environmental benefits (due to less travel)	29	2%
Because Feilding Palmer Hospital has already been successfully used for similar purposes (e.g. COVID-19 vaccination centre, had previous treatment there)	27	2%
Would reduce burden on partners/carers (e.g. to take patients to/from the Hospital)	14	1%
Because inpatient beds can easily be provided at other locations	12	1%
Would benefit people living in rural areas/surrounding villages	10	1%

Table 15 (Continued): Q2. Please explain in the space below why you agree or disagree with this proposal (Proposal 1). Please include any impacts, either negative or positive, that you feel this proposal may have on you, your family or any groups you represent.

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 5+ respondents.

Theme of comment	No. responses	% responses
Reasons why <u>disagree</u> with Proposal 1:		
<i>'To keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services'</i>		
Want/need to keep some/all beds at Feilding Palmer Hospital (general comments)	95	7%
May have to travel too far to visit patients in other/replacement inpatient bed locations	42	3%
Would need guarantee that the ten inpatient beds will be provided elsewhere (or even if only as stopgap)	20	1%
Concerned about whether/how the new outpatient services would be staffed	8	1%
Concerned that inpatient beds are vital in the area (e.g. need more beds, not less/need more beds instead of clinics due to growing local population)	8	1%
Concern about the quality of care provided at replacement inpatient bed facilities	8	1%
Concern about how much proposal will cost	7	1%
Concern about current car parking capacity	6	<0.5%
Other information:		
<i>Other comments (mentioned by less than 10 respondents)</i>	50	4%
<i>Need more information to be able to make a judgement</i>	6	<0.5%
<i>Don't know/not sure</i>	0	0%
<i>No comment made</i>	243	17%

Reflective of the high level of agreement with Proposal 1 - namely the proposal to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services – the large majority of comments about this specific proposal are positive.

The most commonly mentioned reasons why respondents agree with Proposal 1 relate to the subject of convenience. Overall, 23% (237 respondents) feel that to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services **'would reduce the amount of travel time/travel cost/stress required to access services'**, while 23% (316 respondents) feel that **'Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare'**.

Meanwhile, the next most commonly mentioned theme amongst those agreeing with Proposal 1 relates to a feeling that the Lutterworth area is in need of more local outpatient services generally. Overall, 17% (236 respondents) state that their main reason for agreement with

Proposal 1 is simply because it **'would increase volume of medical facilities available in Lutterworth/outpatient services are badly needed'**, with a further 6% (88 respondents) agreeing with Proposal 1 **'because the Lutterworth area is growing/becoming more populated'**.

There is also a feeling amongst some respondents that keeping Feilding Palmer Hospital open and refurbishing it in order to provide more outpatient and diagnostic services would help to improve patient experiences in the wider area generally – 8% (108 respondents) agree with Proposal 1 because it **'would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists'**, while a further 6% (84 respondents) agree with Proposal 1 because they feel **'It will reduce the pressure/burden on local GPs/hospitals'**.

Amongst the small minority who disagree to some degree with Proposal 1, the main theme relates to a feeling that either some or all of the inpatient beds at Feilding Palmer hospital should remain. Overall, 7% (95 respondents) disagree to some degree with Proposal 1 because they make a general (non-specific) comment about **'wanting/need to keep some/all beds at Feilding Palmer Hospital'**, while a further 1% (20 respondents) **'would need a guarantee that the ten inpatient beds will be provided elsewhere (even if only as stopgap)'**. Meanwhile, at a lower level, the only other significant theme of note relating to disagreement with Proposal 1 is that 3% (42 respondents) feel that family and friends of inpatients **'may have to travel too far to visit patients in other/replacement inpatient bed locations'**.

In total, 1,155 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with Proposal 1 are shown below.

Example comments (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 1 - to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services.

Comment	Age	Gender
KEY THEME: ‘It would reduce the amount of travel time/travel cost/stress required to access services’		
“As a Lutterworth family we have recently had to travel to Highfields and the LRI for treatment, traffic and parking is horrendous. Having access to medical care nearer to home would mean not having to miss the hours of school/work that it takes to get across Leicester and into the car parks.”	35-49	Female
“Currently we have to travel to receive any type of outpatient services such as an X-ray. It is quite a feat to travel and try to park at the big hospitals, especially for older members of the community. This would greatly take away the stress of having to go to a city hospital.”	50-64	Female
“I agree because I have had to visit the hospitals in Leicester and also Hinckley, Loughborough and Market Harborough for various consultations and investigations. The journey in and parking issues cause extra stress over and above the worry over the illness. According to research, the most car journeys in the UK are made to attend hospital appointments.”	75-84	Female
“For Parkinson’s patients with mobility problems it could provide consultant-level access without travelling to Leicester or Coventry.”	75-84	Male
“My husband and I have been travelling to Rugby and Walsgrave for scans blood tests, X-rays, operations and now immunotherapy - a lot of travelling for appointments, some of which could have been in a Lutterworth clinic, if available. I would still like inpatient beds but I understand space is an issue.”	65-74	Female
“It would cut down on travelling time to see various consultants. I have recently travelled to Kettering, Hinckley, Coventry and LRI Leicester. I am lucky I have a car but it is difficult for those who don’t. Also I don’t know how long I will be able to drive. It will help all age groups in saving money, time and carbon footprint and for those without transport.”	65-74	Female
KEY THEME: ‘Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare’		
“A lot of my family in Blaby have health issues and getting to and from hospitals on the other side of the city is a nightmare. The waiting list for outpatient appointments is out of control, this would give so many local people a chance to get care closer to home and faster.”	25-34	Female
“As a busy single mum working full time it is reassuring to have access healthcare in adequate conditions for me and my daughters. If we didn’t things might get missed or our already-hectic lives will be inconvenienced. Even if it’s just reassurance, that means a lot.”	35-49	Female
“As a service user for diabetic eye tests which prevents me from driving, this would be much more convenient than Glenfield.”	50-64	Male
“I agree with this statement. Speaking as a member of the public and a student nurse at the LRI in Leicester, I understand how busy services get and it would be beneficial for the local people of Lutterworth to have a service to use close to home.”	25-34	Female
“This proposal would allow greater access to diagnostic services which may then identify a need for care available from other facilities.”	35-49	Male
“This is a convenient hospital as being in this location we are in between many major hospitals, therefore there is a conflict between where to go and who treats us.”	35-49	Female
KEY THEME: ‘Would increase volume of medical facilities available in Lutterworth/outpatient services are badly needed’		
“I agree that this space would be best used for outpatient services so that the largest number of people possible can use the services there.”	25-34	Male
“I feel Lutterworth needs a hospital that adds value. These proposals do just that.”	35-49	Male
“It makes more sense to use the space to treat many people as outpatients rather than just 10 inpatients at a time.”	25-34	Female
“Local services need to focus on short term procedures/high throughput. Inpatient stays can be provided from Hinckley or Leicester.”	50-64	Male

Example comments (continued) (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 1 - to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services.

Comment	Age	Gender
KEY THEME: ‘Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists’		
“Freeing up more diagnostic centres will speed up identification of cases and enable prioritising of cases and treatment.”	65-74	Male
“Often diagnostic test delays are why people can end up being late with treatment so it's vital we get quicker access to diagnostic tests.”	50-64	Female
“Lack of available outpatient services/appointments is a significant issue in Lutterworth and needs resolving.”	25-34	Female
“Urgent need to address the huge backlog of NHS appointments. Also, to move back to a situation where the vast majority of appointments are face to face.”	50-64	Male
KEY THEME: ‘Because the Lutterworth area is growing/becoming more populated’		
“Realistically with the proposed growth of the town, it is essential services are increased in line with demand that will result from this expansion.”	No info	No info
“With the potential growth of the population of Lutterworth this is a ‘must do’ proposal.”	No info	No info
“Because Lutterworth is growing in size and we have a greater need for outpatient and diagnostic services.”	65-74	Female
KEY THEME: ‘It will reduce the pressure/burden on local GPs/hospitals’		
“I feel by creating more outpatient and diagnostic treatments we can relieve the pressure on city hospitals, opening up more bed space in hospitals to replace the reduced beds at the Feilding Palmer Hospital and allowing for those that find it difficult to access out patient and diagnostic appointments at city hospital to attend appointments.”	35-49	Female
“This will make a massive effect on relieving appointment pressure on the current medical centres in Lutterworth.”	50-64	Male
“Existing services are overstretched. It is an absurd burden for Lutterworth residents to travel to Leicester, Hinckley or Market Harborough for half-day ophthalmic procedures or routine, regular dialysis.”	65-74	Male
KEY THEME: ‘Good use of a currently under-utilised site/infrastructure (e.g. more efficient use of space/resources)’		
“In my opinion, Feilding Palmer is a small local hospital which seems better suited to outpatient or diagnostic use, Loughborough and Leicester royal infirmary are capable of having patients overnight, I don't think we will miss 10 hospital beds.”	25-34	Female
“Larger hospitals are able to employ good quality doctors and then become specialist places, smaller units are best kept for diagnostics and outpatients.”	50-64	Female
“Removing overnight stay beds and increasing other services should be a better use of NHS funds and resources. Overnight stays are better serviced at one of the LLR/UHL acute hospitals.”	50-64	Male

Example comments (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 1 - to keep Feilding Palmer Hospital open and refurbish it in order to provide more outpatient and diagnostic services.

Comment	Age	Gender
KEY THEME: ‘Want/need to keep some/all beds at Feilding Palmer Hospital (general comments)’		
“There should be some inpatient beds. Lutterworth is going to become a large town with a range of ages, from very young to very old.”	No info	No info
“Beds are required to help patients between major hospitals and home (the NHS is always short of beds) and in our own small way we could help with the problem. A stopgap while care packages are put in place for patients to go home.”	65-74	Female
“It is important to provide more services, but beds also matter. It is much easier and environmentally justifiable to visit a patient when they are housed nearby (as opposed to, say, at Glenfield).”	65-74	Male
“What Lutterworth needs to bring back is the inpatient beds. My family and other families need respite when leaving bigger hospitals. There is hardly any care at home. These community hospitals are needed and not just for clinics.”	25-34	Female
“It would be much more beneficial if you were able to complete your refurbishment without closing any beds. In a time when crisis hits the NHS and people feel that they don’t want to clog hospitals, closing beds sounds counter-intuitive, although to bring the standards of any hospital up-to-date is always a positive.”	25-34	Male
“It would be nice if there were some overnight beds, perhaps 4 or 5 for palliative and convalescent care.”	65-74	Female
“I am a previous employee of the FPCH and felt the inpatient service was very valuable to the local community and NHS. Community hospital beds are in constant need, there are often shortages of beds within this area which would help patient flow through acute settings.”	25-34	Female
KEY THEME: ‘May have to travel too far to visit patients in other/replacement inpatient bed locations’		
“Although an OPD and diagnostic service would be beneficial to the Harborough district, you cannot underestimate the importance of the hospital beds allowing close family to easily visit, especially the elderly. The benefit of home contact cannot be underestimated in the recovery of patients, allowing more visits than if they were in a main hospital. Would it be financially viable to cut beds but increase other services?”	50-64	Female
“Having inpatient beds close to home is better. After a recent stay in Melton Mowbray hospital, it was too far for visitors and for practical arrangements for clothes etc. It made a 16 day stay very isolating and tricky.”	50-64	Female
“Hospital beds needed for recuperation after main hospital stays. Patients are at present sent to other hospitals, sometimes miles away from the patients’ homes. Family and friends find it very difficult to visit, causing stress to all. This happened to my mother.”	65-74	Female
“I feel you should keep some beds available for overnight stays as many elderly couples find it hard to visit LRI as they don’t have transport. They could be used for respite care and also for carers of dementia patients.”	75-84	Female

Section 3: Opinions on Proposals to Invest In and Improve Health Services in Lutterworth: Proposal 2 – To Increase the Number and Range of Outpatient and Diagnostic Services Provided at Feilding Palmer Hospital

3.1 Headline Findings

Those responding to the consultation were presented with the following proposal (Proposal 2):

PROPOSAL 2:

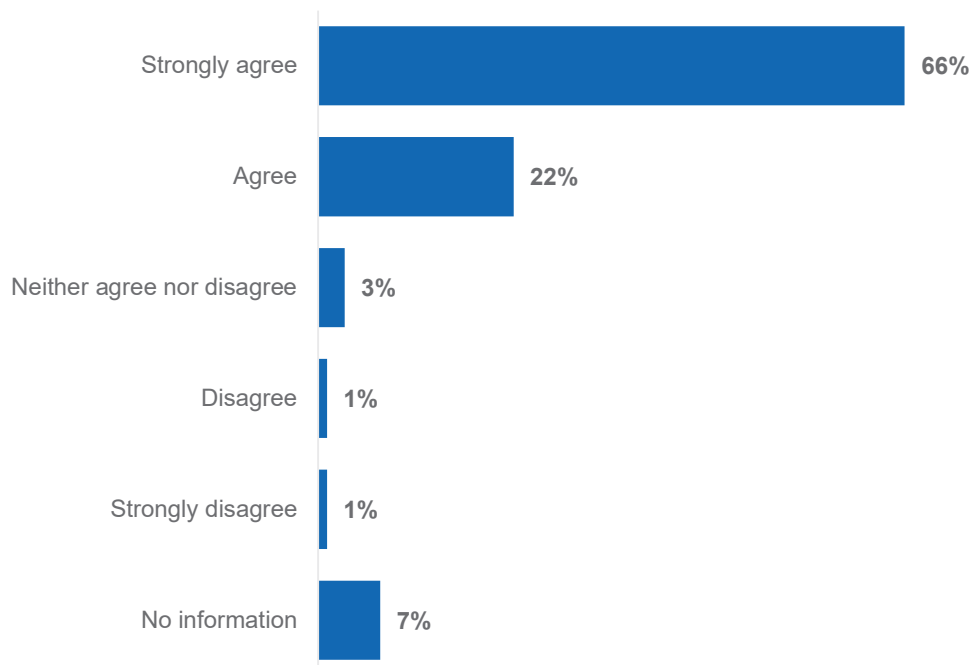
We would increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital:

Over time, the following services would be provided abdominal aortic aneurysm (AAA) screening, attention deficit hyperactivity disorder (ADHD) support, dermatology, dietary, echocardiogram (ECHO), gynaecology, general internal medicine, cardiology, general surgery, respiratory medicine, rheumatology, heart failure, mental health, musculoskeletal (MSK) ophthalmology, physiotherapy, out of hours, paediatrics (children), Parkinson's care, psychiatrics, psychiatric nurse, pulmonary and cardio rehabilitation, speech and language therapy - adult and children, stoma, and trauma, orthopaedics, urology, walking aid clinic.

Respondents were then asked to indicate their level of agreement or disagreement with this proposal. The overall results for this question are summarised in Figure 2 below.

Figure 2: Q3. To what extent do you agree with this proposal (Proposal 2)?

OVERALL RESULTS (all responses: n=1,398).



Overall, the vast majority (88% - 1,235 respondents) to the consultation say that they agree to some extent with the proposal (Proposal 2) to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital as described. In total, 66% (926 respondents) indicate that they 'strongly agree' with this proposal, with a further 22% (309 respondents) saying that they 'agree' with it. Only very small minorities of respondents (2% - 26 respondents) disagree to some extent with the proposal to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital as described, with 1% (12 respondents) saying they 'strongly disagree' with this and 1% (14 respondents) indicating that they 'disagree'. It should be noted that 7% (92 respondents) did not provide an answer to this question.

3.2 Results by Respondent Type

Table 16a shows how responses to this question vary by respondent status and gender, while Tables 16b shows responses by age and Table 16c shows responses by ethnicity, disability status and carer status.

Table 16a: Q3. To what extent do you agree with this proposal (Proposal 2)? RESULTS BY RESPONDENT STATUS & GENDER (base sizes in brackets).

	Total (1,398)	Answering As a Member of:			Gender:	
		Public (1,348)	NHS Staff (41)	Organisation (9)	Male (389)	Female (798)
Strongly agree	66%	67%	59%	56%	76%	70%
Agree	22%	22%	29%	44%	20%	24%
Neither agree nor disagree	3%	3%	7%	0%	2%	3%
Disagree	1%	1%	0%	0%	1%	1%
Strongly disagree	1%	1%	5%	0%	1%	1%
<i>Net 'Agree':</i>	88%	88%	88%	100%	96%	95%
<i>Net 'Disagree':</i>	2%	2%	5%	0%	1%	2%
No information	7%	7%	0%	0%	0%	0%

There are no significant differences in agreement with Proposal 2 between those answering as a member of the public and answering in a different capacity, or between males and females.

Table 16b: Q3. To what extent do you agree with this proposal (Proposal 2)? RESULTS BY AGE (base sizes in brackets).

	Total (1,398)	16-34 (82)	35-49 (170)	50-64 (388)	65-74 (310)	75+ (240)
Strongly agree	66%	73%	76%	71%	71%	73%
Agree	22%	23%	18%	22%	24%	24%
Neither agree nor disagree	3%	1%	2%	5%	3%	3%
Disagree	1%	2%	2%	1%	1%	<0.5%
Strongly disagree	1%	0%	2%	1%	2%	<0.5%
<i>Net 'Agree':</i>	88%	96%	94%	93%	95%	97%
<i>Net 'Disagree':</i>	2%	2%	4%	2%	3%	1%
No information	7%	0%	0%	0%	0%	0%

Agreement levels are high across all age groups, with no significant differences evident in the strength of agreement between the different age groups.

Table 16c: Q3. To what extent do you agree with this proposal (Proposal 2)? RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS (base sizes in brackets).

	Total (1,398)	Ethnicity		Disability/Poor Health?		Carer Responsibility?	
		White (1,125)	BAME (50)	Yes (225)	No (925)	Yes (262)	No (898)
Strongly agree	66%	73%	66%	78%	71%	71%	72%
Agree	22%	22%	28%	18%	23%	22%	23%
Neither agree nor disagree	3%	3%	6%	3%	3%	3%	3%
Disagree	1%	1%	0%	<0.5%	1%	2%	1%
Strongly disagree	1%	1%	0%	<0.5%	1%	2%	1%
<i>Net 'Agree':</i>	88%	95%	94%	96%	95%	92%	95%
<i>Net 'Disagree':</i>	2%	2%	0%	1%	2%	5%	1%
No information	7%	0%	0%	0%	0%	0%	0%

There are no significant differences in agreement with Proposal 2 by ethnicity or between those with or without carer responsibilities.

However, there may be some evidence to suggest that those with a disability or who are in poor health may be slightly more likely to agree strongly with Proposal 2 - 78% (175 respondents) of those with a disability or in poor health 'strongly agree' with Proposal 2, compared with 71% (660 respondents) of those without a disability or who are in good health.

3.3 Results by Respondent Consultation Method

Table 16d shows how responses to this question vary by the different ways in which respondents participated in the public consultation.

Table 16d: Q3. To what extent do you agree with this proposal (Proposal 2)? RESULTS BY PUBLIC CONSULTATION PARTICIPATION METHOD (base sizes in brackets).

	Total (All Responses) (1,398)	Online Survey Total (1,273)	Online Main Survey (1,055)	Online Easyread Survey (343)	Postal (125)
Strongly agree	66%	66%	76%	36%	70%
Agree	22%	22%	20%	29%	22%
Neither agree nor disagree	3%	3%	2%	6%	3%
Disagree	1%	1%	1%	1%	2%
Strongly disagree	1%	1%	1%	<0.5%	2%
<i>Net 'Agree':</i>	88%	88%	96%	66%	92%
<i>Net 'Disagree':</i>	2%	2%	2%	1%	5%
No information	7%	7%	0%	27%	0%

There may be some evidence to suggest that those participating in the consultation via the Main Online Survey may be slightly more likely to agree with Proposal 2 compared to those participating using other methods (96% - 1,009 respondents participating via the Main Online Survey say that they agree to some extent with Proposal 2). However, it should be noted that 27% (92 respondents) of those participating via the Online Easyread Survey did not provide an answer to this question.

3.4 Reasons Given for Agreement Levels with Proposal 2

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 2 - namely to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

Table 17: Q4. Please explain in the space below why you agree or disagree with this proposal (Proposal 2). Please include any impacts, either negative or positive, that you feel this proposal may have on you, your family or any groups you represent.

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 10+ respondents.

Theme of comment	No. responses	% responses
Reasons why <u>agree</u> with Proposal 2:		
<i>'To increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital'</i>		
It would reduce the amount of travel time/travel cost/stress required to access services	321	23%
Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare	304	22%
Would increase volume/variety/quality/range of medical facilities available in Lutterworth	195	14%
Would benefit the local community generally (e.g. support a wide range of people, be beneficial to myself/my family)	100	7%
Agree with the Proposal (no specific reason given)	89	6%
Would allow for quicker diagnoses for patients/less time for patients to be seen/reduce waiting lists	86	6%
It will reduce the pressure/burden on other hospitals	63	5%
Because of the generally ageing population/better for older people	46	3%
Because the Lutterworth area is growing/becoming more populated	40	3%
Good use of a currently under-utilised site/infrastructure (e.g. more efficient use of space)	31	2%
Would reduce carbon footprint/have environmental benefits (due to less travel)	23	2%
Would improve the overall patient experience/pathway/would be better outcomes for patients	23	2%
Would reduce burden on partners/carers (e.g. to take patients to/from the Hospital)	18	1%
Encourages healthcare prevention (e.g. would make more people use the services)	11	1%

Table 17 (continued): Q4. Please explain in the space below why you agree or disagree with this proposal (Proposal 2). Please include any impacts, either negative or positive, that you feel this proposal may have on you, your family or any groups you represent.

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 5+ respondents.

Theme of comment	No. responses	% responses
Reasons why disagree with Proposal 2:		
<i>'To increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital'</i>		
Would like other services to be included too (e.g. X-rays, audiology)	28	2%
Want to keep some/all of the 10 beds at Feilding Palmer Hospital/this should still be possible	27	2%
Concerned that may have to travel too far to visit patients in other/replacement bed locations	13	1%
Concern about length of time site will take to be fully updated/services would be fully available	12	1%
Concern about current car parking capacity at Feilding Palmer Hospital	10	1%
Concern that some services may not be offered at Feilding Palmer Hospital in the future (e.g. for elderly, at weekends)	10	1%
Concern about whether/how the new services would be staffed	8	1%
Concern that current Feilding Palmer Hospital building is not big enough to offer the additional services	6	<0.5%
Other information:		
<i>Other comments (mentioned by less than 10 respondents)</i>	35	3%
<i>Need more information to be able to make a judgement</i>	2	<0.5%
<i>Don't know</i>	3	<0.5%
<i>No comment made</i>	351	25%

Reflective of the high level of agreement with Proposal 2 - namely the proposal to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital – the large majority of comments about this specific proposal are positive.

The most commonly mentioned reasons why respondents agree with Proposal 2 relate to the subject of convenience. Overall, 23% (321 respondents) feel that to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital '**would reduce the amount of travel time/travel cost/stress required to access services**', while 22% (304 respondents) think that '**Feilding Palmer Hospital is a more convenient/ local location/provides easier access to healthcare**'. Meanwhile, 14% (195 respondents) state that their main reason for agreement with Proposal 2 is simply because it '**would increase volume/variety/quality/range of medical facilities available in Lutterworth**', with 7% (100 respondents) stating their belief that it '**would benefit the local community generally (e.g.**

support a wide range of people, be beneficial to myself/my family)'. There is also a feeling amongst some respondents that to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital would help to improve patient experiences in the Lutterworth area and indeed the wider area generally – 6% (86 respondents) agree with Proposal 2 because it **'would allow for quicker diagnoses for patients/less time for patients to be seen/reduce waiting lists'**, while a further 5% (63 respondents) agree with Proposal 2 because they feel **'it will reduce the pressure/burden on other hospitals'**.

Amongst the small minority who indicate that they disagree to some extent with Proposal 2, the main theme relates to a feeling that other services should be included in the revamped Feilding Palmer Hospital. The most commonly mentioned themes include 2% (28 respondents) feeling that they **'would like other services to be included too (e.g. X-rays, audiology)'**, while a further 2% (27 respondents) **'want to keep some/all of the 10 beds at Feilding Palmer Hospital or think this should still be possible'**. At a lower level, other concerns include **'a concern that people may have to travel too far to visit patients in other/replacement bed locations'** (1% - 13 respondents mentioning this), while 1% (12 respondents) express a concern about **'the length of time site will take to be fully updated or when services would be fully available'**.

In total, 1,044 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with Proposal 2 are shown below.

Example comments (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 2 - to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital.

Comment	Age	Gender
KEY THEME: ‘It would reduce the amount of travel time/travel cost/stress required to access services’		
“As residents of Countesthorpe for over 50 years, my husband and I would welcome an easier journey to the hospital appointments to access older age treatments and consultations than we have with LRI and Leicester General at the moment.”	No info	No info
Both myself and my husband have required diagnostics in the city, this can be very stressful planning how to get there. Ophthalmology and cardiology diagnostics alone would be massive.”	65-74	Female
“If it reduces the net amount of travel from Lutterworth into Leicester or other, bigger hospitals for non-urgent care, then I see the benefit.”	35-49	Male
“Travel to Leicester for services such as these is tricky for many people, it takes a great deal of time out of the working day and causes a lot of stress.”	50-64	Female
“I have recently been in receipt of psychiatric care and this required trips to Birmingham. This was required when I was at my most vulnerable and the 1.5hr round trip was terrifying at first when I was barely well enough to drive.”	35-49	Male
“Patients won’t need to travel for diagnostics which will cut down the number of car journeys associated with health appointments.”	75-84	Female
KEY THEME: ‘Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare’		
“I have heart problems and other health issues, to be able to have access to cardiology care almost on my doorstep would be fantastic.”	65-74	Female
“I support bringing treatment, where appropriate, to the patient - rather than expecting patients to travel for treatment. Obviously, sometimes that is not appropriate.”	65-74	Male
“It would be excellent to have these services available near to home. Whilst I have access to transport - several family members cannot get further afield - but Lutterworth is in easy reach for them.”	25-34	Male
“It would be useful to have access to these kinds of treatments at a local, non-central location, with good parking available.”	65-74	Female
“No negative impact. Whilst at the moment I do not need any of these services, I want to be able to access NHS services quickly and easily when needed, as a right to these services.”	50-64	Male
“Easier to go local for everyone . More people would benefit than those small numbers that presently benefit from the inpatient beds.”	65-74	Female
KEY THEME: ‘Would increase volume/variety/quality/range of medical facilities available in Lutterworth’		
“The range of services, once implemented, would provide for all ages would fulfil a crying-out need for people in the area of South Leicestershire.”	No info	No info
“I think diagnostic screening has been useful and will play an increasing part in medicine in the future.”	75-84	Female
“If this amount of cover could be provided it would be wonderful. I would particularly welcome the ophthalmology clinics given the overcrowded and chaotic facilities at LRI.”	65-74	Female
“I think the services that will be on offer are far beyond any expectations and provide a good range to cover common conditions. It’s worth noting there’s a provision for Mental Health Services, which is fantastic.”	35-49	Male
“A good range of services appear to be proposed, catering for the more common outpatient conditions.”	50-64	Male
“Very positive impact - it would streamline chronic disease treatment and diagnostics, much of which is very poorly serviced at present.”	50-64	Male

Example comments (continued) (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 2 - to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital.

Comment	Age	Gender
KEY THEME: ‘Would benefit the local community generally (e.g. support a wide range of people, be beneficial to myself/my family)’		
“I feel that more health checks over a broader spectrum would benefit the community.”	65-74	Male
“Positive impact on more people in the community. Well thought-through proposals!”	50-64	Female
“These vital services provided locally would be a great asset especially for young Mums, the elderly and those with limited means of transport.”	75-84	Female
“I strongly agree with above statement. I believe that these services are reflective of the demographic of the people that live in these areas.”	35-49	Male
“To have these services within reasonably easy reach would be of great benefit to everyone especially the elderly..”	65-74	Male
KEY THEME: ‘Would allow for quicker diagnoses for patients/less time for patients to be seen/reduce waiting lists’		
“To provide more services can only be a positive, particularly in times of unprecedented delays for treatment and difficulties in accessing services.”	50-64	Female
“It would be a really positive move, enabling multiple tests to be carried out in a single visit and potentially speeding up diagnosis.”	50-64	Female
“We need every opportunity provided by Hospitals to treat as many citizens with health problems urgently - not needing to wait for months/years.”	75-84	Male
“All services of children’s paediatrics are extremely and heavily delayed on the waiting lists, including mental health issues as widely publicised. Many of the other services have great long waiting lists as well subsequently this is putting a great stress and strain on our NHS Trust hospitals, doctors, nurses and services to support the public in all the backlog. We must have more vital services to support and pick up the backlog.”	35-49	Female
“It is a good idea to increase outpatient services in Lutterworth as currently it is quite challenging to get an appointment.”	25-34	Female
KEY THEME: ‘It will reduce the pressure/burden on other hospitals’		
“We need better out of hours care because the local doctors’ surgery does not provide adequate cover. It is always ‘ring 111’ and then you are sent to A&E anyway which makes the waiting times even worse. The more services kept local the better to free up the major hospitals for the really serious problems.”	50-64	Female
“We need to keep the smaller hospitals in the county open to help ease the pressure on the inner city hospitals. Therefore it will help everyone.”	50-64	Female
“Anything to cut down long waiting lists in the major hospitals...community healthcare needs to be the way forward...thus vastly reducing the extra stress of travel when feeling ill.”	85+	Female
“This would be most highly welcome - it will free up further-afield hospitals and gives the residents of Lutterworth and surrounding areas a hospital for these services. The hospital needs to have these services to give patients a proper duty of care and appointments.”	50-64	Female
“Helps other hospitals and frees up time for other patients to have the care and support and gives the hospital more of a purpose.”	35-49	Female

Example comments (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 2 - to increase the number and range of outpatient and diagnostic services provided at Feilding Palmer Hospital.

Comment	Age	Gender
KEY THEME: ‘Would like other services to be included too (e.g. X-rays, audiology)’		
“A good range but would like to see antenatal, maternity and services for new mothers.”	35-49	Female
“I believe strongly that we need walk-in accident, rehab care and palliative care - all of which used to be provided here.”	65-74	Female
“There is no mention of dementia diagnosis - does that come under mental health? If so what services would be available?”	85+	Female
“I feel this would be great opportunity to include a memory assessment service for people with cognitive decline and this is not listed above. Older, frail individuals currently travel for these assessments.”	50-64	Female
KEY THEME: ‘Want to keep some/all of the 10 beds at Feilding Palmer Hospital/this should still be possible’		
“From what people have said, most of these services already run out of Feilding Palmer. Those still could continue and still have the inpatient beds back.”	25-34	Female
“All but three of those clinics run out of the hospital already, you could still bring the wards back into force.”	50-64	Male
“They have most of those clinics already and the turn out for them is dire!! How can you justify having beds always being full and then just getting rid of them?”	35-49	Female
“I think that both beds and outpatient clinics should be included, especially for an ageing population in the area.”	65-74	Female
KEY THEME: ‘Concerned that may have to travel too far to visit patients in other/replacement bed locations’		
“If the inpatient ward is not reopening, then where will the people in Lutterworth need to travel requiring a hospital stay?”	25-34	Female
“Due to the growth of Lutterworth over the next few years; there will be a need for inpatient beds. This should not be just adjusting the building; but to expand the building to take into account the needs of the expanded community with its range of ages, including the elderly. We are ill-served by public transport so getting to hospitals and for visitors (very important to the recovery) to get to inpatients can be both difficult, if not impossible, and very expensive with the appallingly high car parking charges.”	No info	No info
“I would like to see the hospital used for care after illness instead of staying at a large hospital to come back to Lutterworth for ease of visitors, especially the old.”	75-84	Male
KEY THEME: ‘Concern about length of time site will take to be fully updated/services would be fully available’		
“What does ‘over time’ mean? A timescale that is not defined is meaningless. If four services were to be added between years 1 and 3, and then four more in years 4 – 6, that would be a commitment over time, it might never be delivered.”	No info	No info
“I agree but ‘over time’ means nothing. The people of Lutterworth need some definite timelines. This feels that currently there is currently no commitment from the additional services outlined above to support Lutterworth on a local basis..”	65-74	Female

3.5 Other Outpatient or Diagnostic Services That Residents Would Like to Have Provided in Lutterworth

Respondents were asked to indicate which other outpatient or diagnostic services, if any, they think should be provided in Lutterworth, in addition to the services already outlined in the supporting information accompanying Proposal 2. Again, a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

Table 18: Q5. What other outpatient or diagnostic services do you think we should consider providing in Lutterworth?¹

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 7+ respondents.

Theme of comment	No. responses	% responses
Other outpatient or diagnostic services that respondents think should be considered for provision in Lutterworth:		
X-ray facilities	146	10%
Minor injuries/walk-in unit	88	6%
Scans (e.g. CT, MRI, ultrasound)	78	6%
Accident & Emergency/urgent care	47	3%
Audiology (e.g. hearing tests, wax removal)	44	3%
Dementia/Alzheimer's services/support	41	3%
Diabetes services/support	37	3%
Breast screening/mammograms/breast care	36	3%
Ophthalmology*	29	2%
Blood/haematology services (e.g. blood tests, blood pressure, blood donation)	24	2%
Physiotherapy*	24	2%
Maternity services (e.g. midwifery, baby clinics, pregnancy checks)	23	2%
Oncology/cancer services (e.g. chemotherapy, radiotherapy, screening)	22	2%
Podiatry services	19	1%
Paediatrics (children)*	18	1%
General surgery*	17	1%
Out of hours*	17	1%
Dental services	17	1%
Health MoT/monitoring/general advice services	17	1%
Mental health*	16	1%
Neurology	12	1%

¹ * indicates that this service is mentioned by respondents despite that service already appearing in the proposed list of outpatient or diagnostic services.

Table 18 (continued): Q5. What other outpatient or diagnostic services do you think we should consider providing in Lutterworth?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 7+ respondents.

Theme of comment	No. responses	% responses
Other outpatient or diagnostic services that respondents think should be considered for provision in Lutterworth:		
Ear, Nose and Throat (ENT) services	10	1%
Geriatric/elderly services	10	1%
Autism services (for patients and their parents)	9	1%
Phlebotomy	9	1%
Endoscopy	9	1%
Dietary*	7	1%
Counselling (non-specific comments)	7	1%
Family planning services	7	1%
Other information:		
<i>Other services/comments (mentioned by less than 7 respondents)</i>	165	12%
<i>'As many services as can possibly be provided' (general comments)</i>	69	5%
<i>'No other services needed' (i.e. the list is comprehensive)</i>	110	8%
<i>Don't know</i>	94	7%
<i>No comment made</i>	430	31%

Outside of the outpatient or diagnostic services that would be provided under Proposal 2, the most commonly mentioned additional services that residents think should be considered for provision in Lutterworth are **X-ray facilities** (mentioned by 10% - 146 respondents), a **minor injuries/walk-in unit** (6% - 88 respondents) and **scanning facilities such as CT, MRI or ultrasound** (6% - 78 respondents).

For around 13% (179 respondents), the list of suggested outpatient services they had been presented with appear to be either adequate or appreciated – 5% (69 respondents) indicate they would like **'as many services as can possibly be provided'**, while 8% (110 respondents) feel that **'no other services are needed (than the ones already stated)'**. It should also be noted that 31% (430 respondents) did not provide an answer for this question.

In total, 1,036 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the comments made about other outpatient and diagnostic services that should be considered for provision in Lutterworth are shown below.

Example comments (relating to other outpatient and diagnostic services that should be considered for provision in Lutterworth).

Comment	Age	Gender
KEY SERVICE: 'X-ray facilities'		
<i>"An X-ray facility would be an excellent and well used service. Currently we have to travel, try to park, and get round/through a large hospital to find the X-ray department, which is quite traumatic in itself."</i>	50-64	Female
<i>"Are scans or X-rays something Lutterworth would be able to provide? I do appreciate the equipment alone and the space needed may not make that a viable option."</i>	65-74	Female
<i>"I am not sure if X-raying patients would come under this heading? The service given by Rugby is very good but not all people have vehicles and a local source would be beneficial."</i>	No info	No info
KEY SERVICE: 'Minor injuries/walk-in unit'		
<i>"A minor accident facility to stop unnecessary 999/111 calls which seem to result in long waits at A&E."</i>	75-84	Female
<i>"A walk-in clinic would also be welcome. GP surgeries are oversubscribed in the Lutterworth area and there is a need for another practice. An enhanced service would also take some pressure off A&E departments, all of which require travel of more than 10 miles each way."</i>	50-64	Female
<i>"A walk-in centre for minor illnesses would be a bonus. I once attended the GP practice with a minor asthma attack which I couldn't get under control. I was given medical help at the surgery to calm my breathing and stop the attack developing. This stopped me having to go miles to A&E where it would have taken hours to be seen and where my condition would have deteriorated massively. I can't thank the GP service enough for this and strongly believe this type of service would stop the huge numbers of people descending on A&E services."</i>	50-64	Female
KEY SERVICE: 'Scans (e.g. CT, MRI, ultrasound)'		
<i>"A mobile CT or MRI scanner would ease pressure on the NHS waiting list."</i>	No info	No info
<i>"Probably too difficult/ costly but an MRI scanner?"</i>	65-74	Male
KEY SERVICE: 'Accident & Emergency/urgent care'		
<i>"An A&E department would be nice, that would keep NHS staff at the hospital instead of them travelling."</i>	65-74	Male
<i>"It would be nice to have an A&E department that is local but I can also understand the logistics and staffing requirements behind this. Any local services to support diagnostic/outpatients can only be for the good."</i>	65-74	Female
<i>"A minor A&E department as there used to be in the 1970s. This would greatly benefit the local community."</i>	50-64	Female
KEY SERVICE: 'Audiology (e.g. hearing tests, wax removal)'		
<i>"A hearing department would be of great benefit to older people. Both my husband and I wear two hearing aids, getting to LRI is sometimes quite difficult."</i>	75-84	Female
<i>"I think the list you have provided is pretty comprehensive, however if ophthalmology services were provided, maybe some services for people with hearing loss would be useful too."</i>	65-74	Female
KEY SERVICE: 'Dementia/Alzheimer's services/support'		
<i>"Admiral nurses as they are not based at every surgery, including my mother's which is The Orchard medical practice in Broughton Astley."</i>	50-64	Female
<i>"Dementia services. Lutterworth is fortunate to have the Academy of Dementia Research with many people using their services. Feilding Palmer could link in well with the Academy. Ageing Lutterworth means dementia services will be increasingly important."</i>	50-64	Male
<i>"Memory issues such as Cognitive Impairment and Dementia are rising in the population and these areas need to be looked at earlier whilst things may be implemented to slow down the decline."</i>	75-84	Male

Section 4: Opinions on Proposals to Invest In and Improve Health Services in Lutterworth: Proposal 3 - Opinions on Care at Home and Inpatient Care Provision

4.1 Headline Findings

Those responding to the consultation were presented with the following proposal (Proposal 3):

PROPOSAL 3:

We are providing more care to people in their own home or in the place they call home. If there is a need for an inpatient bed, it would be provided in a care home facility near or close to Lutterworth or in a nearby community hospital outside of Lutterworth.

Respondents were then asked to provide any specific comments about services provided at home or in a care home. The overall results for this question are summarised in Table 19 below.

Table 19: Q6. If you have any specific comments about services provided at home or in a care home, please use this space to tell us?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 2+ respondents.

Theme of comment	No. responses	% responses
Positive Comments:		
Agree with the proposal (general/non-specific comments)	124	9%
Care at home/in a care home is preferable than a hospital (e.g. patient is happier, continuity of care)	81	6%
Will reduce pressure on/free up resources in hospitals	19	1%
Care experienced in care homes/given at home has been excellent/good/acceptable	16	1%
Care home care makes caring for/visiting patient easier/more convenient	14	1%
Proposal would be more cost-effective for the NHS	3	<0.5%
Care home provision will reduce patient travel/save patient journeys	3	<0.5%
Total number of positive comments made about services provided at home or in a care home	263	19%

Table 19 (continued): Q6. If you have any specific comments about services provided at home or in a care home, please use this space to tell us?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 5+ respondents.

Theme of comment	No. responses	% responses
Less Positive Comments/Concerns:		
Concern that care home placements could be a long way away for families/care staff to travel to	57	4%
Concern that there will be no community hospital beds or care facilities in Lutterworth/that there should be some or more beds	55	4%
Concern about additional staffing levels/staff motivation needed for extra care home provision	42	3%
Concern that care homes don't provide same level/standard/quality of care as a hospital	39	3%
Concern about quality of additional staff needed in care homes/to deliver care at home (e.g. fully trained)	39	3%
Concern about varying standards of care homes	39	3%
Concern that there are limited numbers of beds/enough capacity across local care homes	25	2%
Concern about the cost/budget of funding the proposals for the NHS	24	2%
Concern about personal monetary costs of care home/at-home provision for patients/families	15	1%
Concern about additional strain on families/carers of patients	10	1%
Concern about consistency of home care visits (e.g. they often need to be more than 15 minutes)	9	1%
Concern that not all patients in care homes are elderly (e.g. community care also needs to cater for younger people)	8	1%
Any care would need to cater for end of life services	6	<0.5%
Concern about the 'stigma'/effect on patient of going into a care home	6	<0.5%
Total number of less positive comments made/concerns expressed about services provided at home or in a care home	383	27%
Other information:		
<i>Other comments (mentioned by less than 5 respondents)</i>	46	3%
<i>Need more information to be able to make a judgement</i>	11	1%
<i>Don't know</i>	9	1%
<i>No comment made</i>	809	58%

Although it should be noted that 58% (809 respondents) did not provide an answer for this question, respondents who did make a comment are slightly more likely to have expressed either a reservation or a concern about care provided at home or in a care home than a positive comment.

Of the 19% (263 respondents) who made a positive comment about care provided at home or in a care home, the most commonly mentioned theme is that they believe that ***'care at home/in a care home is preferable than a hospital e.g. the patient is happier, allows for continuity of care'*** (6% - 81 respondents – mentioning this). At a much lower level, other themes mentioned are that providing more care to people in their home or the place they call home ***'will reduce pressure on/free up resources in hospitals'*** (1% - 19 respondents), ***'care experienced in care homes/given at home has been excellent/good/acceptable'*** (1% - 16 respondents) and that ***'care home care makes caring for/visiting patients easier/more convenient'*** (1% - 14 respondents).

Of the 27% (383 respondents) who made a less positive comment or expressed a concern about care provided at home or in a care home, the two most commonly mentioned concerns are that ***'care home placements could be a long way away for families/care staff to travel to'*** (4% - 57 respondents – mentioning this) and the concern that ***'there will be no community hospital beds or care facilities in Lutterworth, or that there should be some or more beds'*** (4% - 55 respondents). At a slightly lower level, other main themes mentioned relate to care homes specifically, rather than care at home, with the main concerns being the ***'additional staffing levels/staff motivation needed for extra care home provision'*** (3% - 42 respondents), ***'that care homes don't provide same level/standard/quality of care as a hospital'*** (3% - 39 respondents) and ***'the varying standards of care homes'*** (3% - 39 respondents), while ***'the quality/training of additional staff needed in care homes or to deliver care at home'*** (3% - 39 respondents) is also a concern for some.

In total, 589 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the comments made about services provided at home or in a care home are shown below.

Example positive comments (relating to comments made about services provided at home or in a care home).

Comment	Age	Gender
KEY ISSUE: 'Care at home/in a care home is preferable than a hospital (e.g. patient is happier, continuity of care)'		
<i>"Ten beds is surely not viable financially to keep staffed and maintained. I think caring for the individual in their own home is better for the patient (ex-community nurse). If a rehab hospital is required then a local care home providing the same service or a larger community hospital would be more cost effective than a small ten-bed inpatient facility."</i>	25-34	Female
<i>"I think the focus needs to be on care at home. Whilst care homes do have their place there is evidence that people deteriorate faster when placed in a care home."</i>	75-84	Female
<i>"I've not had to consider this for myself, fortunately, but I would imagine people would prefer to receive the care in their own home if that's at all possible but if not, then somewhere close to home or Lutterworth would be a reasonable alternative."</i>	65-74	Female
<i>"People are more comfortable at home so recovery is often quicker."</i>	50-64	Female
KEY ISSUE: 'Will reduce pressure on/free up resources in hospitals'		
<i>"Anything that can be done in the community has got to help the main hospitals with their work load."</i>	50-64	Female
<i>"It is so important to allow people to remain in their own homes and provide comprehensive support for them to match their needs. This also keeps more hospital beds free for those who really need them."</i>	65-74	Male
<i>"It's a good idea. Hospital beds get blocked. It can be difficult to get people out of community hospitals beds."</i>	85+	Male
KEY ISSUE: 'Care experienced in care homes/given at home has been excellent/good/acceptable'		
<i>"Excellent equipment and carers have been provided for me after a recent spell in hospital."</i>	50-64	Female
<i>"My friend who lives close by is receiving excellent care to enable him to stay in his home."</i>	75-84	Male
<i>"The care home at Bitteswell cared for my mother for the last four weeks of her life. I was upset that she couldn't be at our cottage hospital as she lived a few yards away. But she did have good care there."</i>	75-84	Female
<i>"We have had to use these services before when my father in law was discharged from hospital but could not go home as he didn't have a care plan. It was so valuable to us. Without it he would have had to stay in hospital much further from home where it was difficult to visit him."</i>	50-64	Female
KEY ISSUE: 'Care home care makes caring for/visiting patient easier/more convenient'		
<i>"No inpatients should be kept at Lutterworth as families don't always have access to seeing their loved ones."</i>	20-24	Female
<i>"Reassuring for loved ones and lessens trauma to groups of people who otherwise struggle to attend hospitals which are out of town."</i>	50-64	Female

Example less positive comments/concerns (relating to comments made about services provided at home or in a care home).

Comment	Age	Gender
KEY ISSUE: 'Concern that care home placements could be a long way away for families/care staff to travel to'		
<i>"The alternative options are often far away, leaving increased stress and strain for relatives needing to travel to visit their loved ones."</i>	35-44	Male
<i>"Community hospital is a valuable resource and provides a wider range of services closer to home than care homes - the care is more 'joined up' However, it is little use, particularly with the ageing population, for someone from Lutterworth to be in Coalville."</i>	65-74	Female
<i>"From personal experience of care homes for emergency placement I know that sometimes this would not be local and family would have to travel quite far. This would be a good idea if was local."</i>	20-24	Female
<i>"I think it's very important that people in recovery get regular visits by friends as well as family. This is a problem for the elderly who struggle with mobility and so placing them at a distance from where they live is a false economy."</i>	50-64	Male
KEY ISSUE: 'Concern that there will be no community hospital beds or care facilities in Lutterworth/that there should be some or more beds'		
<i>"Beds are a must for recuperating elderly patients, if after that there is a need for alternative accommodation other than home then do this when it happens."</i>	50-64	Female
<i>"Market Harborough care homes are not in Lutterworth. Lutterworth and the surrounding villages have many elderly people who need to be placed in Lutterworth so they can receive visits and thus improve mental health."</i>	50-64	Female
<i>"That won't work need beds at hospital people return to their homes much quicker if treated in their local community."</i>	No info	No info
<i>"There is a need for cost-effective medical rehabilitation in Leicester/Leicestershire to allow planned step-down rehabilitation. 'Bed blocking' occupies 10-30% of central hospitals and 200-600 patient beds on any particular day. Our commissioner's 'ten beds in local care homes' will provide rehabilitation for 87 people. NHS rehabilitation using 15 beds at Lutterworth will accommodate 380 to 760 people a year. NHS rehabilitation is faster and more quality than non NHS rehabilitation. Central hospital beds are more expensive than beds in Lutterworth, we calculate that 15 rehabilitation beds in Lutterworth would save our commissioners £1.5M a year."</i>	65-74	Male
KEY ISSUE: 'Concern about additional staffing levels/staff motivation needed for extra care home provision'		
<i>"Care homes are currently under strain for staffing nearby due to the preferred work at Magna Park. This will assuredly get worse and may impact future plans and proposals."</i>	No info	Female
<i>"Having care at home is all well and good but more needs to be done to increase the number and quality of care providers and to treat them as a valid member of the NHS."</i>	75-84	Male
<i>"There is a shortage of carers currently , how will services ensure need is met without low quality patchy provision?"</i>	65-74	Female
KEY ISSUE: 'Concern that care homes don't provide same level/standard/quality of care as a hospital'		
<i>"Absolutely not. Impersonal and frankly frightening. This feels like a way to reduce NHS costs and is a tax on the sick and elderly."</i>	No info	No info
<i>"I would expect the level of care at the care home facility to be equal to that of an inpatient bed."</i>	No info	No info
<i>"I'm not clear how a bed in a care home would provide the level of medical care associated with an inpatient bed. I have no problem with the idea of inpatient care they provided at a community hospital (e.g. Hinckley or Market Harborough). If this proposal will help towards the problem of so called ' bed blockers' so much the better."</i>	65-74	Male

Section 5: Opinions on Proposals to Invest In and Improve Health Services in Lutterworth: Proposal 4 - Opinions on Services Provided at GP Practices

5.1 Headline Findings

Those responding to the consultation were presented with the following proposal (Proposal 4):

PROPOSAL 4:

We are providing more care in GP practices delivered by members of the practice team who are qualified and experienced to manage different conditions. A GP will always care for people with more serious problems, worsening conditions, or complicated illnesses.

Respondents were then asked to provide any specific comments about services provided at their GP practice. It should be noted that for this question, some respondents made comments about their own GP practice specifically, although a number of others made comments relating to the actual GP practices proposal (Proposal 4). Hence, the overall results for this question are summarised in Table 20a (below), Table 20b and Table 20c.

Table 20a: Q7. If you have any specific comments about the services provided at your GP practice, please use this space to tell us?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 3+ respondents.

Theme of comment	No. responses	% responses
Positive Comments Made About Own GP Practice:		
GP service is always good/excellent/happy with GP practice service (general/non-specific comments)	195	14%
Nurse practitioners offer an excellent/good/useful service	13	1%
Can always get seen quickly by GP/can easily get appointments	9	1%
GP practice staff helpful and knowledgeable	9	1%
GP practice staff are friendly/personable	7	1%
Good range of services at GP practice	3	<0.5%
Total number of positive comments made about own GP practice	236	17%

Table 20b: Q7. If you have any specific comments about the services provided at your GP practice, please use this space to tell us?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 3+ respondents.

Theme of comment	No. responses	% responses
<u>Negative Comments Made/Concerns About Own GP Practice:</u>		
Hard to get GP appointments generally (e.g. hard to book, no availability, too many patients at GP practice)	194	14%
Concern that GP practice is overstretched	36	3%
Lack of staff/GPs/limited staff/limited staff working hours at my GP practice	29	2%
Other services could also be offered at GP practice (e.g. ear syringing services, minor injuries, ultrasound, Admiral nurses, annual health checks, vaccinations)	25	2%
Hard to get in touch with/access GP directly	23	2%
High staff turnover/no continuity at my GP practice	20	1%
Not satisfied with my GP practice (general/non-specific comments)	17	1%
GPs only offer generalist care (not specialist care)	15	1%
Dislike having appointments over the telephone/cannot get a face to face appointment	13	1%
My GP practice is not very welcoming/understanding/sympathetic/patient	11	1%
Some services at my GP are not now available	7	1%
Lack of information given by GP practice (e.g. opening times, services available)	3	<0.5%
Have had/heard negative experiences of being treated by non-GP practice staff	3	<0.5%
Issues with pharmacy/repeat prescriptions	3	<0.5%
Other comments	2	<0.5%
<i>Total number of negative comments made/concerns about own GP practice</i>	401	29%

Table 20c: Q7. If you have any specific comments about the services provided at your GP practice, please use this space to tell us?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 2+ respondents.

Theme of comment	No. responses	% responses
<u>Positive Comments Made About GP Practices Proposal (Proposal 4):</u>		
Agree with the proposal (general/non-specific comments)	90	6%
Proposal will allow practice nurses to deal with more/relieve pressure on GPs	50	4%
Proposal will allow people to be seen more quickly/increase level of appointments	12	1%
Proposal will reduce pressure on hospitals	7	1%
Proposal will allow GPs to offer a better/more personal service	3	<0.5%
Other comments	5	<0.5%
Total number of positive comments made about GP practice proposal (Proposal 4)	167	12%
<u>Negative Comments Made/Concerns About GP Practices Proposal (Proposal 4):</u>		
Concern - how extra demand will be staffed/resourced (e.g. need more GPs, more consulting rooms, more NHS funding)	31	2%
Concern - will non-GPs (e.g. practice nurses) be specialist enough to provide quality care?	18	1%
Concern - will appointments be easier to obtain/will it be easier to be seen quickly?	14	1%
Concern - would prefer to see a GP, not a different healthcare professional	8	1%
Concern - would like out of hours service	8	1%
Disagree with the proposal (general comments)	6	<0.5%
Concern - whether GP practices will be willing/able to deliver this	6	<0.5%
Concern - some conditions might be misdiagnosed/missed without GP consultation	4	<0.5%
Concern - would like face to face consultations (not telephone)	3	<0.5%
Concern - continuity of care might not happen	2	<0.5%
Total number of negative comments made/concerns about GP practice proposal (Proposal 4)	100	7%
Other information:		
<i>Other comments (mentioned by less than 2 respondents)</i>	21	2%
<i>Need more information to be able to make a judgement</i>	1	<0.5%
<i>Don't know</i>	2	<0.5%
<i>No comment made</i>	660	47%

Although it should be noted that 47% (660 respondents) did not provide an answer for this question, respondents who did make a comment relating to their own GP practice are more likely to have expressed either a reservation or a concern than a positive comment, whereas respondents who made a comment relating to the GP practices proposals are more likely to have expressed a positive view as opposed to a negative view or concern.

Of the 17% (236 respondents) who made a positive comment about their own GP practice, 14% (195 respondents) simply made a general comment that their GP service is always good or excellent or that they were happy with the service from their GP practice, with no other notable specific themes evident.

Of the 29% (401 respondents) who made a less positive comment or expressed a concern about their own GP practice, by far the most commonly mentioned concern is that it is **'hard to get GP appointments generally e.g. hard to book, no availability, too many patients at their GP practice'** (14% - 194 respondents – mentioning this). At a much lower level, another main theme relates to the perceived under-resourcing of local GP practices – 3% (36 respondents) feel that their **'GP practice is overstretched'**, while 2% (29 respondents) believe there is a **'lack of staff or GPs/limited staff/limited staff working hours at my GP practice'**. Meanwhile, 2% (25 respondents) feel that **'other services could also be offered at the GP practice (e.g. ear syringing services, minor injuries, ultrasound, Admiral nurses, annual health checks, vaccinations)'**.

Of the 12% (167 respondents) who made a positive comment about the GP practice proposals, 6% (90 respondents) express general agreement with them. Of the specific themes mentioned, 4% (50 respondents) believe that the proposal will have the benefit of **'allowing practice nurses to deal with more/relieve pressure on GPs'**, while 1% (12 respondents) think that the proposals **'will allow people to be seen more quickly/increase level of appointments'**.

Of the 7% (100 respondents) who made a less positive comment or expressed a concern about the GP practice proposals, the most commonly mentioned concern is the issue of **how extra demand will be staffed/resourced (e.g. need more GPs, more consulting rooms, more NHS funding)'** (2% - 31 respondents – mentioning this). At a slightly lower level, other main themes relate to the concern about whether **'non-GPs (e.g. practice nurses) will be specialist enough to provide quality care'** (1% - 18 respondents) and **'whether appointments will be easier to obtain/will it be easier to be seen quickly'** (1% - 14 respondents).

In total, 738 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the comments made about services provided at GP practices, and about Proposal 4, are shown below.

Example comments (relating to positive comments made about services provided at GP practices).

Comment	Age	Gender
KEY THEME: ‘GP service is always good/excellent/happy with GP practice service (general/non-specific comments)’		
<i>“Compared with comments from people who use other go practices in the area, Wycliffe is generally to a high standard as per my experience.”</i>	65-74	Female
<i>“Current practice team are brilliant so expanding this can only be a positive.”</i>	65-74	Male
<i>“Generally as a rule I have always praised our GP surgery and communications but also understand people are frustrated with the NHS and access to it, plus the extended delays for waiting lists / referrals and more serious illnesses. To have more facilities on our doorstep and an increased population, with more planned house builds, can only be a huge positive for Lutterworth and not being shipped to Hinckley or Market Harborough or elsewhere keeps the services in our town. I hope whatever result we get these changes with or without beds.”</i>	50-64	Female
<i>“Good GP services but understand they are under increasing pressure due to increasing local population increase.”</i>	35-49	Female
<i>“I am extremely happy with my GP services, they have been very efficient during the last year for me and my husband.”</i>	65-74	Female
<i>“I think we are extremely lucky with our GP practice when I hear from family members living elsewhere who have to jump through hoops to get an appointment.”</i>	75-84	Female
<i>“The Masharani Practice in Lutterworth provides excellent GP services and I hope that it will receive all the NHS support that it requires to cope with the proposed changes.”</i>	75-84	Male
<i>“The Diabetes service provided - annual retinopathy, annual reviews - are very helpful.”</i>	50-64	Male
<i>“I have always been very impressed with the services provided by both Lutterworth Medical Practices (having lived here for 24 years) and the way that they work closely together.”</i>	50-64	Male
KEY THEME: ‘Nurse practitioners offer an excellent/good/useful service’		
<i>“I already have a nurse clinician looking after my diabetes instead of a doctor, she is well trained and enables me to build a relationship with her and frees up a doctors’ appointment.”</i>	65-74	Female
<i>“I find the nurse practitioners particularly good and you can get access to treatment quicker by requesting to see one.”</i>	50-64	Female
<i>“Senior Nurse Practitioners at Orchard Medical Centre, Broughton Astley provide an excellent service. More serious illness is immediately referred by them (on examination) to a GP. This service is fast and effective and gives you confidence in the system.”</i>	65-74	Female
<i>“The last few times I have needed an appointment I have been happy to see a member of the practice team and whilst I understand the reason for this, to see a GP every so often would be welcomed.”</i>	65-74	Female
<i>“The advanced practitioners nurses are excellent. The team approach has worked very well for me.”</i>	65-74	Female

Example comments (relating to negative comments made/concerns about services provided at GP practices).

Comment	Age	Gender
KEY THEME: 'Hard to get GP appointments generally (e.g. hard to book, no availability, too many patients at GP practice)'		
<i>"Access to GP practices is vital and more opportunities to access that care are essential, ringing in mid-December to be told the earliest bookable appointment was almost 4 weeks away and was the best the receptionist could do I felt was unacceptable. Without more access to GP care locally I believe health issues will be left until they become critical and possibly life threatening."</i>	50-64	Female
<i>"Advance appointments are still not being offered routinely and this puts pressure on on-the-day appointments which should be for urgent problems."</i>	25-34	Female
<i>"Again due to high rising numbers of people living in the area, doctors/nurses are very difficult to get appointments with and calling 111 is not always an option for people to have to travel to another walk-in centre."</i>	50-64	Female
<i>"It is becoming difficult to get appointments and they are severely time-limited and don't cover multiple problems, it sometimes puts you off getting less urgent problems sorted out."</i>	65-74	Female
<i>"Better access to the practice would be a great help. Inability to get through on the phone is a big problem. Having to stand outside and queue when one is ill to get an appointment is ridiculous. More triage nurses might help."</i>	65-74	Female
<i>"Booking appointments need to be improved. Long wait to connect, then told there is no appointment available and to ring back following day. It would be better for the practice to ring back and advise of an available appointment."</i>	65-74	Male
KEY THEME: 'Concern that GP practice is overstretched'		
<i>"GP practices in Lutterworth seem very overstretched and have been very unresponsive in recent years. Resources seem badly-used, an example being that I had to see a nurse 3 times to get something sorted, this could have been solved by one doctors' appointment."</i>	25-34	Male
<i>"It feels as if the Wycliffe Practice is more stretched than it was a few years ago. Any resource made available to support staff there would be welcome."</i>	50-64	Female
<i>"Staff at GP surgeries are getting more and more stressed out. I worry if I have to contact them."</i>	65-74	Female
KEY THEME: 'Lack of staff/limited staff/limited staff working hours at my GP practice'		
<i>"GP practices only have limited staff. Funding hasn't increased for the practices. This needs to be looked at."</i>	35-44	Female
<i>"Maybe if the GPs put a full week in they could see more patients. Both GPs in Lutterworth are a waste of space."</i>	75-84	Female
<i>"Unfortunately GP services are limited to the times the surgery is open. This puts more work on out of hours doctors and major hospitals."</i>	65-74	Female
KEY THEME: 'Other services could also be offered at GP practice'		
<i>"Admiral nurses not based at The Orchard Medical practice in Broughton Astley."</i>	50-64	Female
<i>"Ear cleaning and syringing services would be useful."</i>	50-64	Male
<i>"I feel more specialised knee conditions treatment could be available as my partner has to travel to Coventry for his knee problems. I also think gynaecology conditions could be managed by GP surgeries if stable and no further investigations were needed at the time."</i>	20-24	Female
KEY THEME: 'Hard to get in touch with/access GP directly'		
<i>"Face to face with a doctor seems harder to access and for those 'less insistent patients' some conditions could possibly be left without proper attention."</i>	75-84	Female
<i>"It is almost impossible to see a doctor, work smarter, where people work full time allow a waitlist to be called, use technology such as Microsoft Teams to 'see' a patient."</i>	35-44	Female
<i>"We need more access to GPs and not just telephone staff."</i>	25-34	Female
KEY THEME: 'High staff turnover/no continuity at my GP practice'		
<i>"Continuity is a problem at my GP practice. You never see the same GP twice and staff turnover seems to be a problem."</i>	75-84	Female
<i>"It would be good to see the same GP all the time, especially if it is regarding the same condition."</i>	65-74	Male
<i>"My GP surgery is very busy. It is difficult to see the same doctor each time and we often see a locum."</i>	50-64	Female

Example comments (relating to positive comments made about the GP practices proposal (Proposal 4).

Comment	Age	Gender
KEY THEME: 'Agree with the proposal (general comments)'		
<i>"I think again a wise use of resources is good as long as it's not at the detriment of a patient."</i>	50-64	Female
<i>"More services at GP surgeries would help, blood tests, more vaccinations."</i>	65-74	Female
<i>"Seems a sensible use of resources and gives a more specialist approach."</i>	35-49	Male
<i>"I think it is a great idea that you don't have to take up a doctor's time for something that just needs a reassuring check."</i>	50-64	Female
<i>"We are an ageing population where we are living longer therefore we are needing more services. If you are one needing more complex help then being nearer to you GP can only be a good thing."</i>	75-84	Female
<i>"So long as a doctor is available for advice and direction I feel this is acceptable."</i>	65-74	Female
KEY THEME: 'Proposal will allow practice nurses to deal with more/relieve pressure on GPs'		
<i>"Any support given to our overstretched GPs would free them up to work with other patients."</i>	50-64	Female
<i>"Certainly more common complaints and illnesses can be dealt with by less qualified staff."</i>	75-84	Male
<i>"Good idea - a GP is not always needed and other healthcare professionals are just as capable in their field."</i>	50-64	Female
<i>"I appreciate avoiding taking the doctor's time by seeing a qualified team member for 'minor' concern."</i>	65-74	Male
<i>"It will be good to release doctors as they are over worked and it's not easy to see a doctor so the practice team should alleviate this situation."</i>	65-74	Female
<i>"Spreading the work load to the right physicians and areas surly is a good and more efficient."</i>	35-49	Female
KEY THEME: 'Proposal will allow people to be seen more quickly/increase level of appointments'		
<i>"Agree with this approach. Enables people to be seen more quickly rather than waiting to see a GP."</i>	50-64	Female
<i>"Anything that means you can be seen sooner is welcome."</i>	50-64	Female
<i>"Great idea if you can get through on the phone and a timely appointment."</i>	65-74	Male
<i>"Hopefully accessible a little more easily than some appointments at present - I know they are busy!"</i>	50-64	Male

Example comments (relating to negative comments made/concerns about the GP practices proposal (Proposal 4).

Comment	Age	Gender
KEY THEME: 'Concern - how extra demand will be staffed/resourced (e.g. need more GPs, more consulting rooms, more NHS funding)'		
<i>"GPs are barely able to cope with their role as primary care practitioner, will they have time to do more?"</i>	50-64	Female
<i>"Surely more staff will be required and is there money to pay them?"</i>	75-84	Female
<i>"The current GP practice isn't sufficient for the population, asking them to take on more will have a negative impact for the whole community."</i>	25-34	Female
<i>"Totally inefficient numbers of doctor/nurses to facilitate the population, let alone the growth of it in the future."</i>	85+	Male
<i>"We need more GPs which would require more surgery space. If all nursing services were moved to Feilding Palmer we would gain the necessary space."</i>	65-74	Male
<i>"Whilst we have two GP practices, it can still be weeks before there is an available appointment. More GP's and better facilities are needed."</i>	35-49	Male
KEY THEME: 'Concern – whether non-GPs (e.g. practice nurses) will be specialist enough to provide quality care'		
<i>"Care should always be given by qualified and experienced professionals. Receptionists for instance cannot and should not diagnose or make decisions on behalf of the patient. Senior nurses may ease the pressure on GPs but I don't feel they are qualified to diagnose and treat."</i>	50-64	Male
<i>"Despite how qualified a senior nurse or technician are, we are increasingly passed on to these instead of doctors and the level of understanding is not the same. It's equivalent to a teaching assistant teaching in schools. Stop cost-cutting."</i>	35-49	Female
<i>"Fine if rigorous training is provided but may devalue the doctor, which in turn will become a remote figure. Also concern about who makes the decision about which healthcare personnel to see."</i>	50-64	Female
<i>"It must be made clear to patients whether they are being treated by a doctor or an experienced practitioner. Currently this is not always clear and patients should have the opportunity to make an informed choice."</i>	75-84	Female
<i>"It has become increasingly difficult to book an appointment with a GP. Whilst the 'on the day' call for an appointment facility is important it does not result in a guarantee of seeing a doctor when needed. It is hard to understand how this is the most effective and efficient model for securing an appointment. The removal of online booking / booking a few days ahead is a loss. Very happy to have expert and specialist practitioners active in care and being able to apply their expertise well (e.g. increased involvement of pharmacist and nurses) Based on recent experience - my view is that any medical practitioner is an expert in whom I have confidence; I am seeking their expertise. Being asked what tests 'I would like' on a sample taken recently did not inspire confidence - I should not be 'selecting' the service I fancy! I was showing symptoms and felt unwell. I had come from advice to prevent further illness and / or help me feel better. I need to remain confident in the expert to know what to do, how and what to test."</i>	50-64	Female
KEY THEME: 'Concern - whether appointments will be easier to obtain/whether it will be easier to be seen quickly'		
<i>"Agree with the above as long as it is easy to access a doctor when and if it is necessary."</i>	75-84	Female
<i>"Fine with this as long as there is always timely access to a GP in certain circumstances."</i>	50-64	Female
<i>"This is a no-brainer, but staffing levels and obtaining timely appointments are an issue."</i>	75-84	Male
<i>"I feel that this comment suggest routine patients will continue to be pushed back along the waiting list. Is there investment for additional staffing?"</i>	25-34	Female
<i>"Getting any appointment in the local surgery is really difficult now. Resources will need to be improved for this to work."</i>	65-74	Male

Section 6: Other Specific Comments About the Proposals for Community Services in Lutterworth

6.1 Further Comments Relating to Travel/Access to the Services in Lutterworth

When respondents were asked to make any comments relating to being able to travel to or access the services in Lutterworth, a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

Table 21: Q8. Do you have any concerns about being able to travel to or access any services in Lutterworth and what would need to happen to make this less of a concern?

OVERALL RESULTS (all responses except Groups/Events: n=1,398).

NB: Themes mentioned by 5+ respondents.

Theme of comment	No. responses	% responses
Concern about public transport links (e.g. frequency of bus services)	116	8%
Concern about how people who don't/can't drive (e.g. older people) will access services	92	7%
Shuttle bus/transport service would need to be available to make service access easier	87	6%
Concern about car parking capacity/cost at Feilding Palmer Hospital	62	4%
Cost of travelling too far to access services would be an issue	27	2%
Would not like to have to drive/travel too far to access a service	21	2%
Will still have to travel out of Lutterworth for some medical services	19	1%
Concern about physical access on site (e.g. entry into hospital, narrow corridors, disabled access)	9	1%
Concern about logistics of Feilding Palmer Hospital surrounding area (e.g. traffic)	7	1%
Concern about time needed to access services (e.g. taking time off work, accessing out of hours)	6	<0.5%
Concern about length of time it would take to get to appointments	6	<0.5%
<i>I do not have any concerns with this/proposals will make things better</i>	490	35%
<i>Other</i>	31	2%
<i>Don't know</i>	1	<0.5%
<i>No comment made</i>	584	42%

When asked if they wanted to make any comments regarding concerns about being able to travel to or access any services in Lutterworth, it should be noted that 42% (584 respondents) of respondents to the online and postal surveys did not provide a comment for this question, with a further 35% (490 respondents) saying that they had no concerns relating to being able to travel to or access any services in Lutterworth.

Amongst those that did make further comments relating to concerns about being able to travel to or access any services in Lutterworth, the most commonly mentioned themes relate to the general issue of non-drivers being able to access health services more easily. 8% (116

respondents) express a '**concern about public transport links (e.g. frequency of bus services)**' and 7% (92 respondents) cite a general '**concern about how people who don't/can't drive (e.g. older people) will access services**', while 6% (87 respondents) feel that a '**shuttle bus/transport service would need to be available to make service access easier**'. The other most commonly mentioned theme relates to people accessing health services by car, with 4% (62 respondents) expressing '**concern about car parking capacity/cost at Feilding Palmer Hospital**'. At a lower level, the distance required to travel to access health services is an issue for some - 2% (27 respondents) have concerns about the '**cost of travelling too far to access services**', while a further 2% (21 respondents) '**would not like to have to drive/travel too far to access a service**'.

In total, 814 respondents to either the online or paper survey provided a comment of some kind for this question, although only 324 respondents made comments relating to concerns about being able to travel to, or access, services in Lutterworth. A few **example comments** illustrating some of the comments made about services provided at home or in a care home are shown below.

Example comments (comments made by respondents in relation to being able to travel to or access services in Lutterworth).

Comment	Age	Gender
KEY THEME: 'Concern about public transport links (e.g. frequency of bus services)'		
<i>"At the moment I have a car, but if I didn't the bus service by Arriva is appalling so I'd be concerned about getting there. Taxis are very expensive. More services at FP Hospital would be beneficial in terms of less travelling."</i>	35-49	Female
<i>"Need better bus services in the villages, being limited or some days when there are no services is a problem for villagers without cars."</i>	65-74	Female
<i>"Bus stops around town are a disaster. There should be usable stops down the Bitteswell Road - traffic will have to slow down and wait! Quicker services to Hinckley and Leicester are also beneficial and will be needed when new builds are completed for accessing larger hospital sites and for NHS professionals connected to the local service. This helps improved waiting lists and options for those who may be able to travel and are happy and able if they urgently wish to access a professional working across sites. This would leave more local accessible appointments for those with limited to no transport options."</i>	35-44	Female
<i>"Currently I have no concerns except if a bed in a care home outside of Lutterworth was used i.e. Hinckley or Market Harborough. The bus services are limited."</i>	65-74	Female
<i>"We live just outside of a village with no public transport, yet Market Harborough is barely ten miles away, Lutterworth is five miles. This must be addressed."</i>	65-74	Female
<i>"There is a lack of public transport from most of the surrounding areas into Lutterworth, therefore there needs to be work carried out to look at how access is improved."</i>	50-64	Male
<i>"Thankfully I have the ability to travel but many in this community are reliant on public transportation which only runs hourly depending where you need to travel and what time."</i>	35-49	Female
KEY THEME: 'Concern about how people who don't/can't drive (e.g. older people) will access services'		
<i>"As long as I'm driving, these changes will be good but I can understand it being difficult for people with no transport."</i>	50-64	Female
<i>"I do have a problem walking now, sometimes my daughter takes me, but she is not always available."</i>	85+	Female
<i>"I worry that, as my mobility worsens, I will find it impossible to use public transport and will need to rely on someone to come with me. This is possible for 1/2 hours but less possible for longer transport/waiting times."</i>	50-64	Female
<i>"My only concern is for others who may not be able to get to see their inpatient relative or may not get visits due to distance and reliance on others to provide transport. If this was an end of life patient, a journey of 45 minutes plus may mean that, if called in, a relative may not make it to be at their bedside during their final moments."</i>	35-49	Female
<i>"Yes my concerns are that when you are looking after a loved one who is not very mobile and you have got to get from A to B it is very stressful, especially if you are struggling with your own health issues."</i>	75-84	Female
<i>"Concerned about how elderly people access services and travel to appointments, and with chaperones if needed."</i>	50-64	Female
<i>"As I am elderly, I may only be driving for a few more years."</i>	75-84	Male

Example comments (concerns raised by respondents in relation to being able to travel to or access services in Lutterworth).

Comment	Age	Gender
KEY THEME: 'Shuttle bus/transport service would need to be available to make service access easier'		
<i>"A shuttle bus would be an asset, picking up people for timed appointments through the day."</i>	85+	Female
<i>"At present I am confident arriving but clearly as one gets older and particularly if health problems arise, travelling anywhere is more problematic. A local volunteer driver scheme would be one idea to address this."</i>	65-74	Female
<i>"Even though I live in Lutterworth, without my sons taking time off work to come to take me to appointments I can't attend the GP or hospital - is it possible to have some sort of transport?"</i>	65-74	Female
<i>"I can't travel without transport assistance and can hardly walk without assistance. Therefore any services nearby would be welcome."</i>	85+	Female
<i>"I understand that it can be difficult to get to Lutterworth if you have to travel, perhaps a dedicated taxi service can be arranged freeing up ambulances?"</i>	No info	No info
<i>"Have a village ambulance service? I would be happy to volunteer to do that too whilst I am able."</i>	65-74	Female
<i>"Perhaps the community bus can be utilised and volunteers can be brought in to help people who have difficulty getting to the Feilding Palmer Hospital."</i>	85+	Female
KEY THEME: 'Concern about car parking capacity/cost at Feilding Palmer Hospital'		
<i>"A much larger car park would be required, especially when Lutterworth East is functional."</i>	75-84	Female
<i>"Free parking should be available to ensure people can easily access without the worry of cost for parking."</i>	50-64	Female
<i>"I am concerned that this proposed new use of Feilding Palmer will expose inadequate nearby parking."</i>	65-74	Male
<i>"I think additional parking would definitely need to be established as the two car parks supporting the current hospital, GP surgeries and pharmacy are always full."</i>	35-49	Female
<i>"Please try to ensure enough parking capacity is provided. I don't mind paying for parking if that helps provide the service."</i>	65-74	Male
KEY THEME: 'Cost of travelling too far to access services would be an issue'		
<i>"I worry that people will not travel to appointments because it costs so much to run a car and it takes up most of the day with waiting around."</i>	50-64	Female
<i>"As mentioned earlier, the COST of travelling, be it by your own car or a bus, taxi etc. is getting too costly for most people."</i>	65-74	Female
<i>"It takes a long time to travel to the outlying hospitals and the car park fees are expensive. I personally have to travel to LGH regularly for routine venesection. This takes three quarters of an hour each way with car parking at £1.70 plus."</i>	65-74	Female
<i>"Travel is always a problem, especially cost i.e. petrol, parking or bus fares."</i>	65-74	Female

6.2 Other Comments About the Proposals for Community Health Services in Lutterworth

At the end of the consultation, respondents were asked to share any specific comments about the proposals for community health services in Lutterworth or indicate if there were any other proposals that they think should be considered by LLR ICB. A variety of responses were provided and the key themes to these comments are shown in the table below.

Table 22: Q9. If you have any other specific comments about the proposals for community health services in Lutterworth, or if there are any alternative proposals that you think we should consider, please tell us and explain these in the space below.

OVERALL RESULTS (all responses: n=1,398).

NB: Themes mentioned by 5+ respondents.

Theme of comment	No. responses	% responses
<u>Positive Comments Made About Proposals:</u>		
Agree with the proposal (general/non-specific comments)	113	8%
Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare (e.g. for elderly people)	26	2%
Needed because the Lutterworth area is growing/becoming more populated	23	2%
Would increase volume/variety of medical facilities available in Lutterworth/services are much-needed	20	1%
A brand new/modern building is required/more practical/will be more fit for purpose	15	1%
It would reduce the amount of travel time/travel cost/stress required to access services	14	1%
Good use of a currently under-utilised site/infrastructure (e.g. more efficient use of space)	14	1%
Would benefit the local community generally	12	1%
The current site/building needs modernisation/renovating/preference for it to be updated	11	1%
It will reduce the pressure/burden on other hospitals in the area	10	1%
Prefer to keep the aesthetic/historical look of Feilding Palmer Hospital/surrounding area	6	<0.5%
<i>Other positive comments (mentioned by less than 5 respondents)</i>	15	1%
Total number of positive comments made about proposals	291	21%

Table 22 (continued): Q9. If you have any other specific comments about the proposals for community health services in Lutterworth, or if there are any alternative proposals that you think we should consider, please tell us and explain these in the space below.

OVERALL RESULTS (all responses: n=1,398).

NB: Themes mentioned by 5+ respondents.

Theme of comment	No. responses	% responses
<u>Negative Comments Made/Concerns Expressed About Proposals:</u>		
Concern that other specific diagnostic services also need to be offered at Feilding Palmer Hospital	79	6%
Concern that local GP services need to be improved/expanded (e.g. to allow more appointments, for continuity of care)	46	3%
Concern - want/need to keep some/all inpatient beds at Feilding Palmer Hospital (along with proposed diagnostic services)	42	3%
Concern about current car parking capacity/cost	14	1%
Concern about how much proposals will cost	13	1%
Concern that overall healthcare services need to be more holistic/joined up in the area	11	1%
Concern about whether/how the new services would be staffed	9	1%
Concern about length of time site will take to be fully updated	8	1%
Concern about whether it will be suitable for the growing local population	8	1%
Concern about public transport links (e.g. frequency of bus services)	7	1%
Concern that new facility may not be fit for purpose	5	<0.5%
<i>Other negative comments/concerns made (mentioned by less than 5 respondents)</i>	9	1%
<i>Total number of negative comments made/concerns expressed about proposals</i>	255	18%
Other information:		
<i>Other comments</i>	19	1%
<i>Need more information on proposals</i>	2	<0.5%
<i>Don't know</i>	3	<0.5%
<i>No comment made</i>	938	67%

When asked if they had any other specific comments about the proposals for community health services in Lutterworth, or if there were any alternative proposals they think should be considered, it should be noted that 67% (938 respondents) of respondents to the online and postal surveys did not make a comment.

Amongst those that did make further comments, the comments made are split fairly equally between positive comments and potential concerns, with most of the comments repeating issues that respondents had already made to other open-ended questions earlier in the survey.

Other than respondents reiterating their general agreement with the overall proposals (8% - 113 respondents – doing this), the most commonly mentioned positive themes are that ***‘Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare (e.g. for elderly people)’*** (mentioned by 2% - 26 respondents), that the proposals are ***‘needed because the Lutterworth area is growing/becoming more populated’*** (2% - 23 respondents) and that they ***‘would increase the volume/variety of medical facilities available in Lutterworth and that these services are much-needed’*** (1% - 20 respondents).

Of those making negative comments or expressing concerns, the main issue is the desire amongst some for additional services to be offered at the remodelled Feilding Palmer Hospital. Most commonly there is a preference amongst some for ***‘other specific diagnostic services also need to be offered at Feilding Palmer Hospital’*** (6% - 79 respondents – mentioning this), while at a slightly lower level 3% (42 respondents) say that they ***‘want/need to keep some or all inpatient beds at Feilding Palmer Hospital (along with proposed diagnostic services)’***. Meanwhile, the only other theme of note relates to a feeling that ***‘local GP services need to be improved/expanded (e.g. to allow more appointments, for continuity of care)’***.

In total, 457 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the themes mentioned by respondents about the proposals for community health services in Lutterworth, and some alternative proposals they think should be considered, are shown below.

Example comments (positive comments made about the proposals for community health services in Lutterworth, or any alternative proposals they think should be considered).

Comment	Age	Gender
KEY THEME: 'Agree with the proposal (general/non-specific comments)'		
<i>"Any additional support for the people of Lutterworth and the surrounding communities - I would welcome this proposal for Feilding Hospital."</i>	35-49	Female
<i>"As always it is going to be extremely difficult to find a solution that suits all residents of Lutterworth. Thank you though for carrying out this piece of work so that all concerned feel that they have been able to have their say."</i>	65-74	Female
<i>"Having the Feilding Palmer Hospital back being used as it should be, would be a blessing."</i>	50-64	Male
<i>"I think these proposals will be a great improvement to medical services in Lutterworth."</i>	No info	No info
KEY THEME: 'Feilding Palmer Hospital is a more convenient/local location/provides easier access to healthcare (e.g.. for elderly people)'		
<i>"Accessible local services will solve so many problems for older people."</i>	75-84	Female
<i>"By providing many more LOCAL services, I do feel it would solve a lot of issues and I think that 'the only way is up' with this proposal."</i>	65-74	Female
<i>"I'm disabled now so greatly appreciate that most of my care will be kept in town where I live."</i>	65-74	Female
<i>"It would be of great help for many to be able to go to Lutterworth for treatment and other appointments."</i>	65-74	Male
KEY THEME: 'Needed because the Lutterworth area is growing/becoming more populated'		
<i>"I think with Lutterworth growing so quickly, having a modern hospital is a very practical way forward for the town."</i>	75-84	Female
<i>"With Lutterworth East round the corner we need to increase our locally available services to meet the demand."</i>	75-84	Female
<i>"Would be nice to see expansion and modernisation given the major population changes in South Leicestershire. Bed numbers have not grown over the last 10 years."</i>	50-64	Male
<i>"With the ever-increasing number of people in Lutterworth and surrounding areas, all I would like to see is that they are all cared for professionally, being closer to home makes it a lot less stressful for all concerned – for patients and their families."</i>	65-74	Female
KEY THEME: 'Would increase volume/variety of medical facilities available in Lutterworth/services are much-needed'		
<i>"I think this is the best practical solution, providing more outpatient treatment locally and realising that the Feilding Palmer cannot function in the present day for inpatient care."</i>	65-74	Female
<i>"Listening to local people I definitely get the feeling that medical services in Lutterworth could be a lot better."</i>	65-74	Female
<i>"The more services we can have in Lutterworth the better, especially as it also serves so many surrounding villages. I appreciate the friendliness and care you get when using local services."</i>	50-64	Female
KEY THEME: 'A brand new/modern building is required/more practical/will be more fit for purpose'		
<i>"I doubt whether any plan to incorporate the original old, outdated Feilding Palmer hospital (in which I worked for 15 years, until very recently), would be cost effective or fit for 21st century requirements. In my opinion, the whole building should be demolished and replaced with a new, purpose built facility using as much as possible of the footprint, gardens etc to provide maximum number and quality of facilities."</i>	65-74	Female
<i>"I genuinely feel that Feilding Palmer Hospital should be demolished and replaced with a modern construction. Its heritage is massive, but it has had its day. A good architect could incorporate some of its original features to maintain a sense of continuity."</i>	75-84	Male

Example comments (concerns expressed about the proposals for community health services in Lutterworth, or any alternative proposals they think should be considered).

Comment	Age	Gender
KEY THEME: 'Concern that other specific diagnostic services also need to be offered at Feilding Palmer Hospital'		
<i>"A walk in centre for adults would be good for minor ailments rather than having to go to Leicester Royal or Rugby."</i>	50-64	Female
<i>"A walk-in minor injuries unit is very much needed, also where dressings could be changed and help provided for the likes of stoma care, post-op eye drops and splinter removal."</i>	75-84	No info
<i>"I think you need to further the provision of services for those living with dementia and their carers. Make use of the resources already in place, build on them and signpost patients to them. It's important to have a cohesive effort between community services through the NHS and local organisations."</i>	20-24	Female
<i>"Feilding Palmer Hospital is not the building, it is the provision of a service. It should have a minor injuries A&E - this happens similar size places in Spain and should be available in the UK."</i>	65-74	Male
<i>"Health visiting for antenatal appointments and postnatal/newborn checks are still struggling with capacity. I know this should be offered through the children's centre but additional capacity through Feilding Palmer may be helpful."</i>	25-34	Female
<i>"I would like to see more emphasis on the prevention of illness/ conditions and more regular health checks with a member of staff so that problems such as high blood pressure or cholesterol for example, can be picked up and treated if necessary."</i>	65-74	Female
KEY THEME: 'Concern that local GP services need to be improved/expanded (e.g. to allow more appointments, for continuity of care)'		
<i>"I feel the hours that the GP practices are open should expand, to help with the level of appointments."</i>	50-64	Female
<i>"I would like to see more GPs available for people to see, and longer opening times. And more approachable receptionists as they can be as rude as some patients."</i>	50-64	Female
<i>"If further houses are built in Lutterworth, another GP practice must be accommodated in addition to the proposed Feilding Palmer Hospital renovations."</i>	35-49	Female
<i>"If Lutterworth East goes ahead then more GP services will be needed so this is a must despite what planning say!!"</i>	35-49	Male
<i>"More in-house GP specialist support to provide more appointments would be a massive help. At present GP appointments are difficult, if not impossible, to get. Triaging isn't working. A recent example was having been told there were no GP appointments I was told to contact the chemist. He assessed on the phone and advised me to contact 111. The 111 advisor then assessed and made an appointment for me to see the GP on the same day. This was a complete waste of health services' time and resources as the outcome was what I requested in the first place...a GP appointment!"</i>	35-49	Female
KEY THEME: 'Concern - want/need to keep some/all inpatient beds at Feilding Palmer Hospital (along with proposed diagnostic services)'		
<i>"I think that there should be some sort of NHS-provided inpatient facilities alongside the diagnostic centre. These inpatient beds should not be contracted out to the care home sector which is already stretched and understaffed. They should be provided in a cottage hospital type convalescent short-stay type setting."</i>	50-64	Female
<i>"Ideally there would also be inpatient beds in the Feilding Palmer Hospital for convalescent care or end of life care, but realistically the NHS is unlikely to fund this."</i>	65-74	Female
<i>"It would be nice to be able to have all extra outpatients in Lutterworth and beds for recuperation and palliative care in an ideal world. Is there no possibility of redesigning the health centre and current hospital to be more floors maybe to utilise the space better?"</i>	65-74	Female

Appendix A:

How Respondents Heard About This Consultation

Table 23: QE. How did you hear about this engagement? (Select all that apply).

OVERALL RESULTS (all responses: n=1,398).

Theme of comment	No. responses	% responses
Text message	546	39%
Leaflet	244	17%
Facebook	238	17%
Through a friend or a family member	175	13%
Poster	147	11%
Email	129	9%
Newspaper	72	5%
Event	59	4%
Through a staff communication	47	3%
X/Twitter	26	2%
Instagram	16	1%
Radio	12	1%
YouTube	0	0%
Other way (total)	168	12%
<i>NB: The most commonly mentioned 'other' ways are:</i>		
Local free newspaper (e.g. Swift Flash)	35	3%
From GP surgery (e.g. via text, saw display)	18	1%
From GP surgery (e.g. via text, saw display)	18	1%
NHS app	14	1%
Resident/neighbourhood group (e.g. WhatsApp group, Neighbourhood Watch)	10	1%
Library	10	1%
From local help group (e.g. U3A)	10	1%
From a school (e.g. newsletter)	8	1%
NET: Aware of one channel only	1,099	79%
NET: Aware of more than one channel	296	21%
NET: Not aware of any channel	3	<0.5%

Appendix B:

Additional Feedback Received

Table 24: Feedback Received from Other Sources (Correspondence).

Source:	Date:	Key Issues/Themes/Comments
Email to Ilricb-llr.beinvolved@nhs.net	24 th October 2023	<i>“Good morning, I think building a community diagnostic centre is an absolute fantastic idea that will ensure the treatment of many in local and surrounding areas. I have a question please, when will this diagnostic centre be complete and ready to serve the community?”</i>
Email to Ilricb-llr.beinvolved@nhs.net	10 th November 2023	<i>I live in Broughton Astley. Lutterworth is our nearest Hospital building. I have read the article in the Swift Flash this week on the above. I am totally in favour of a NEW BUILD with beds. I have had experience of similar facilities there and can attest to the value of them to the local area.”</i>
Email to Ilricb-llr.beinvolved@nhs.net	13 th November 2023	<i>“This seems the most sensible way to serve the community. Wishing it all goes ahead. (Countesthorpe)”</i>
Email to Ilricb-llr.beinvolved@nhs.net	18 th November 2023	<i>“New build with beds. PLEASE.”</i>
Email to Ilricb-llr.beinvolved@nhs.net	21 st November 2023	<i>“New build with beds please.”</i>
Email to Ilricb-llr.beinvolved@nhs.net	10 th January 2024	<i>“I totally agree that the hospital would be better used for other purposes. (Staniforth)”</i>
Email to Ilricb-llr.beinvolved@nhs.net	11 th January 2024	<i>“Dear Wycliffe Practice , I have filled in the questionnaire and there is one thing I need to add and that is a pain clinic department, at the moment I have to travel to Leicester Hospital, so do many patients, I suppose it probably may be a difficult department to set up as there are many different pain control procedures, but maybe a consideration.”</i>
Telephone call to ICB	12 th January 2024	<i>“He advised that when he has to travel into Leicester City to visit the LRI, it is a ‘day job’ due to the travel time, parking queues, waiting around etc. He currently needs to be seen 1-2 times a month, which can take hours at a time at the LRI, therefore the proposal to bring some services to the local area and surrounding area is welcomed. He advised that he has accessed ENT type services in Wigston, at Two Steeples Medical Centre which have been great, so any similar services that can be provided would be great.”</i>

Table 24 (continued): Feedback Received from Other Sources.

Source:	Date:	Key Issues/Themes/Comments
Email to Ilricb- Ilr.beinvolved@nhs.net	17 th January 2024	<p><i>“A new community hospital is vital with regard to a vastly increased population in Lutterworth and in the future Lutterworth East.</i></p> <p><i>A new GP surgery for primary care must be included in the planning permission for Lutterworth East pursuant to town planning act.</i></p> <p><i>1/ Royal Infirmary 12 miles, no regular and direct transport.</i></p> <p><i>2/ St Cross Rugby- reduced facilities 8 miles.</i></p> <p><i>3/ Coventry 15 miles.</i></p> <p><i>Villages surrounding Lutterworth have no public transport to access any of the above directly.</i></p> <p><i>A new hospital must include and provide an urgent care unit, radiology, scan unit, ultrasound treatment on site including chemotherapy.</i></p> <p><i>Such a hospital would unburden above mentioned hospitals and facilitate faster diagnostic and treatment for local residents.</i></p> <p><i>Realistically, if the current site of Feilding Palmer Hospital is the objective of a community hospital is it:-</i></p> <p><i>1/ Sufficient?</i></p> <p><i>2/ Is another site under consideration?</i></p> <p><i>Suggestions for End of life care and rehabilitation suite will take a large amount of space therefore reducing diagnostic and treatment areas.</i></p> <p><i>Is there perhaps another location for this?</i></p> <p><i>Such a proposed new community hospital could provide valuable experience and training for newly qualified doctors, nurses, medical students, physios etc to promote their development and retention.”</i></p>

Table 24 (continued): Feedback Received from Other Sources.

Source:	Date:	Key Issues/Themes/Comments
<p>Email to llricb- llr.beinvolved @nhs.net</p>	<p>15th January 2024</p>	<p><i>“These points are guided by my business and research background; knowledge of and contribution to previous Leicestershire NHS / government DHSC initiatives (and outcomes); and personal background (local resident since 1976, fit but with chronic health conditions, reliant on public transport, ex-carer with family member working in social care for past 16 years).</i></p> <p><i>1. The worse "pinch points" in healthcare delivery are the extreme shortage of clinical and other specialist staff, especially of staff working in community services (e.g. GPs, Advanced Nurse Practitioners, etc). As the shortage of staff will take years to sort out, the plans for the Feilding Palmer hospital site need to avoid wasting the scarce time of the limited number of clinicians available and to improve the retention of GPs etc who might otherwise take early retirement, cut their hours or emigrate.</i></p> <p><i>While patients fit enough and mobile enough can attend outpatient / GP surgery appointments, the more sick or disabled can't. Community services now see an increasing number of such patients (largely because of earlier reductions in the number of hospital beds) - a lot of clinicians' time is wasted travelling between widely scattered homes and sometimes patients can't be assessed properly because necessary medical equipment is not available or not easily transported by car. Experience with "hospital care at home" schemes (e.g. at Ashby de la Zouch) is that often it's more expensive to provide than in-patient care in a community hospital.</i></p> <p><i>Scarce staff time would be far better utilised if Feilding Palmer had enough in-patient beds to cater for patient groups in most need of the sort of intensive, relatively short-term treatment that doesn't require overly expensive specialist equipment or a highly diverse range of clinicians. The medics currently spending most time travelling between patients are probably the best placed to advise on the selection of particular patient groups that could be more efficiently and as cheaply treated over short periods as in-patients.</i></p> <p><i>My guess would be those patient groups would include patients needing assessment, rehabilitation and post-operative care beyond the resources of a nursing home; hospice care; and pregnancy care not requiring immediate treatment in an acute services hospital. There's also a case for providing respite care for family carers - unpaid family carers save the state huge sums for as long as they can keep going and respite care helps exhausted family members cope for longer.</i></p> <p><i>I'm aware that these suggestions are practicable only with an extensive rebuild of Feilding Palmer. However the UK and Leicestershire are already under-bedded to the extent of being dangerous for patient care; in-patient care (e.g. for bed blockers who can't be safely discharged) in a rebuilt cottage hospital is typically far cheaper than in an acute services hospital; and there will be a growing need for care in hospital due to demographic and social changes (e.g. an ageing society with more one person households and personal assets too small to self-fund even short-term nursing care).</i></p> <p><i>2. The development and organisation of the new Feilding Palmer hospital should take into account the likelihood its most frequent users of healthcare will reach it by bus, not by car.</i></p> <p><i>The patient groups most likely to travel by bus include people acquiring health conditions that make it unsafe for them to drive (e.g. sight problems, heart disease, strokes, Parkinson's Disease and dementia); economically disadvantaged groups; and (increasingly) young adults.</i></p>

Bus travel typically takes twice the amount of time needed to travel the same distance by car and travel across routes is often near impossible. The healthcare implications of the constraints created by reliance on bus travel are that clinic appointments should ideally be available throughout the standard day rather than being half-day clinics (morning or afternoon).

3. The Feilding Palmer hospital planners need to take into account the risks of the current social care framework collapsing in the near future, with the likelihood there will be a long delay in getting any alternative provision. The Feilding Palmer hospital proposals assume social care providers will provide "hotel services" care for patients who previously would have been NHS in-patients. That assumption is increasingly untenable, partly because of what's happening in social care and in local authorities and partly because of the widespread lack of savings and decline in home ownership amongst the population at large. Increasingly none of the parties (individuals needing care and councils having to fund care for the majority of those requiring it) can afford to pay enough to make social care profitable. Many social care providers are leaving the business. Others only take self-funders (which in practice means the well-off elderly, easy individuals who don't have time-consuming or difficult to meet health challenges).

What the hospital is likely to face in the near future are patients who can't look after themselves but who can't get care because it's not available or it can't be afforded by the individuals or their councils. The health problems of these patients are likely to worsen because of the lack of care, putting them at risk and increasing the cost and complexity of treating them."

Table 24 (continued): Feedback Received from Other Sources.

Source:	Date:	Key Issues/Themes/Comments
Comments on our website	12 th January 2024	<p><i>“We are fully in favour of the expansion of the Feilding Palmer Hospital facility which will supply improved health care resources to Lutterworth and the surrounding area. As we have recently moved to the area it would have been a great help to us to have had a local facility. Having to travel to appointments in unfamiliar territory does add to the anxiety around the need for the appointment.</i></p> <p><i>Observing the expansion in the Lutterworth area we can see the logic and the need to expand the services that are available on a local basis.</i></p> <p><i>Having worked in the care sector in our previous employment situations we have had first-hand experience of the benefits of this kind of facility.</i></p> <p><i>This forward thinking is very much needed with the pressure the NHS is under.”</i></p>
Comments on our website	14 th January 2024	<p><i>“It is so important to keep The Feilding Palmer Hospital, Lutterworth. The services it has provided over the years has been much appreciated by the people of Lutterworth and surrounding village. It could be used so much more and utilised to save a lot of travelling by elderly and others by bringing consultants and specialists into Lutterworth.</i></p> <p><i>We are very much an growing community, and to close this vital building would only cause more strain to accommodate expansion in the medical departments of our town.”</i></p>
Handwritten letter received	5 th January 2024	<p><i>“I have read your glossy A4 leaflet folded so as to create four A5 pages and would agree with the proposals identified on page 3. Any increase in services able to be provided at a local level rather than having to make a journey to one of the three Leicester hospitals or the one in Rugby, will be welcome. This presumably would be for non-frantically urgent cases needing a 999 call but ones which the GP practices in Lutterworth cannot provide already.</i></p> <p><i>However, I believe some sort of overnight stay accommodation is necessary, and because of the characteristics of the existing building it would have to be new build provision.. I would assume that this would have to be some sort of post-operative recovery and rehabilitation care on a fairly small scale, say a couple of wards only, with appropriate nursing staff as well as the provision of food facilities. This would then mirror the provision of some of the other town surrounding Leicester.”</i></p>

Feedback Received from Other Sources

In addition to the feedback received (outlined above), there were also various interactions with stakeholders. The main sentiment of these interactions were:

- Build new community hospital and seek to examine money saving assumptions and various sources of money e.g. lottery funding, large industrial operations in South Leicestershire, builders e.g. as with Brackley Community Hospital.
- New builds are more attractive and effective.
- Require fit and proper costing of the plan.
- New build surgery for one of two practices.
- Cost comparisons with medical beds in care homes and community hospitals beds.
- Cost comparisons with refurbishments and new builds e.g. New Build Foleshill.
- Liaison with local groups, politicians, research and industrialists.
- Capital challenges – do not think this is a good use of capital.
- Doesn't align with longer term system strategic risk.
- Struggle to effectively use outpatient and diagnostic appointments.
- Strengthen the utilisation of St Luke's in Market Harborough – it takes less than 25 minutes and there are direct buses between the two.