

IMPROVING HINCKLEY COMMUNITY HEALTH SERVICES

A public engagement about proposed improvements to community health services in Hinckley and Bosworth

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We want your views

Your feedback on this engagement will help us to provide local people with better care, in the most appropriate place, in a financially sustainable way.

We would be grateful if you could take the time to read this document and complete the questionnaire starting on page 31, which you can also find on our website:

www.haveyoursayhinckley.co.uk Alternatively, you can print and complete the questionnaire and return it to: Freepost Plus RUEE–ZAUY–BXEG, Hinckley Engagement, NHS Leicester, Leicestershire and Rutland Integrated Care Board, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB

All completed questionnaires must be received by the closing date of Wednesday 8th March 2023.

This document includes some medical and technical words, which are **highlighted in bold script**. A definition of these words can be found in a glossary starting on page 29.

Are we speaking your language?

This document is available in an Easyread format and it can be made available in other languages on request. It is also available as a Word document for use with screen readers and as a large print Word document. These versions can be accessed on our website:

www.haveyoursayhinckley.co.uk

You can find out more by visiting our website: www.haveyoursayhinckley.co.uk You can also contact us in the following ways:

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Telephone: 0116 295 7572

Post: Freepost Plus RUEE–ZAUY–BXEG, Hinckley Engagement, NHS Leicester, Leicestershire and Rutland Integrated Care Board, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB

Twitter: @NHS_LLR

Facebook: @NHS Leicester, Leicestershire and Rutland

About the engagement

This engagement is being led by NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB).

The ICB is the organisation responsible for buying (commissioning) and making decisions about healthcare services in Leicester, Leicestershire and Rutland on your behalf.

This document aims to:

- Set out why we need to make changes to the way services are provided at Hinckley and District Hospital, Hinckley Health Centre and the Adults Musculoskeletal Physiotherapy and Children's Therapy Department on the Mount Road site.
- Explain the proposals for improving services and how they were developed.
- Explain how people and organisations who use services can get involved in the discussions and what happens next.
- Seek your views by asking you to complete the questionnaire starting on page 31, which you can also find on our website: www.haveyoursayhinckley.co.uk

What is not covered in this engagement

This public engagement is about some of the services delivered at:

- Hinckley and District Hospital
- Hinckley Health Centre
- Adults Musculoskeletal Physiotherapy and Children's Therapy on the Mount Road site

Alongside this engagement, we are working with patients, carers, healthcare staff, the public and the voluntary sector to look at ways in which we can improve all our local health services. While this work is separate from this engagement, we know that many things that people tell us about services will have links with the proposals for the hospital. We will ensure that the information is fed into the engagement responses.

This engagement does NOT include:

- Other community hospitals -
- Acute hospitals
- GP practices and wider community services, other than those referred to in this document.

Summary

Introduction and background

Leicester, Leicestershire and Rutland ICB is responsible for planning and buying healthcare that meets the needs of the local population, both now and in the future.

Planning and buying services involve really understanding the needs of local people. We take this responsibility very seriously, which is why we started a full review of community health services provided in Hinckley and Bosworth in 2014. We talked to patients, carers, staff and other stakeholders about their experiences of services, to understand what matters most to them.

The services we originally reviewed in 2014 in Hinckley were:

- **day case surgery** using both **general anaesthetic** and **local anaesthetic**
- **outpatient clinics**
- **inpatient services**
- screening services and diagnostics including **x-ray**, **ultrasound** and **phlebotomy**

Why did we need to do a review?

Hinckley and Bosworth has a population of approximately 113,640. As many patients who use services in Hinckley and Bosworth come from neighbouring Blaby and Harborough, the total registered population is closer to 129,000 people.

It is a rapidly growing and changing community with more people living and working here. More people are also living longer, many with long-term illnesses. By 2035 there will be a predicted 77% increase in the number of people aged 75 and over likely to be living alone, with the number of people with dementia (aged 65 and over) predicted to increase by 82%. There is also predicted to be an increase in the number of people with **Long Term Conditions (LTCs)** in the 65 and over population. This added demand on health and social care services needs to be planned and provided for.

The risk of continuing to provide **day case surgery** and **endoscopy** services at Hinckley and District Hospital (Mount Road) is growing too high. As a result, services may be withdrawn from the building, resulting in significant numbers of **outpatient** and day cases being seen at alternative locations.

Continuing to deliver services from Hinckley and District Hospital (Mount Road) is becoming problematic. Clinical risks of cross-infections, caused by the design of the building, are being managed by staff operating rigidly to additional working policies and procedures that should not be required in fit-for-purpose, modern healthcare settings.

Along with health and social care partners, it is our responsibility to respond positively and change services to ensure we meet the health needs of our population, now and in the future. Healthcare services cannot stand still and it is essential that buildings, equipment and ways of working keep pace and remain safe and effective, taking advantage of advances in treatments, care and best medical practice for the benefit of local people.

What did the original and subsequent reviews look at?

The reviews looked at a wide range of issues including:

- Where services are currently located Hinckley and Bosworth
- How many patients are seen each year
- The experiences of patients, carers and staff of the services and what matters most to them
- The quality of care patients are receiving now and any opportunities to improve care
- The condition of the current buildings including the two hospitals (Hinckley and District Hospital and Hinckley and Bosworth Community Hospital) and Hinckley Health Centre
- The health needs of local people, now and in the future
- Expected changes to the population over the next few years that will impact on the services we need in the future
- The financial situation – how much services are costing us now, how much they will cost in the future, and what is affordable
- What is happening outside the Hinckley and Bosworth area across Leicestershire and also in the Coventry and Warwickshire area, to get an understanding of any changes being made that impact on the people of Hinckley and Bosworth

What did people tell us during the reviews?

The reviews gave us a shared vision for improving community health services in Hinckley and Bosworth. It also led us to develop, with patients, carers, staff and stakeholders, ten guiding principles to consider when putting together options and implementing change:

1. A happy workforce, working in new ways and realising their full potential.
2. Citizen or person-centred outcomes.
3. Equal focus on mental and physical wellbeing.
4. Positive care experience (relationship centred).
5. Focus on prevention.
6. Fit-for-purpose, safe, inspiring buildings.
7. Integrated, co-ordinated support (health and social care; voluntary sector).
8. Family, carers and patients as equal partners in care, wellbeing and change (holding providers to account).
9. Community-based services wherever possible.
10. Financially sustainable (even if it means difficult decisions).

We learned what local people need from community services in Hinckley and Bosworth to support them to keep well and recover as fully as possible. It revealed some constraints on expanding current services and identified the risks of continuing to provide services in the long term from Hinckley and District Hospital.

Crucially, the reviews identified a much better way of providing services in modern, local facilities that are affordable and that will benefit patients, supporting them to keep well and recover as fully as possible.

The findings of the review can be found at www.haveyoursayhinckley.co.uk

Impact of the pandemic on plans

In 2020 the ICB found it necessary to pause their plans to update a range of health services in Hinckley due to the Covid-19 pandemic.

In 2022 the ICB went into a period of restoring and recovering services. Collectively we took time to understand the long-term impact and consequences of Covid-19 on future service delivery. This included reviewing the plans for Hinckley to ensure that they were still the right

ones. We also aligned the plans with the opportunity provided by the announcement of additional government investment into 40 new Community Diagnostic Centres (CDC) across England. These CDCs are new one-stop-shops for checks, scans and tests to help recover the backlog created by the pandemic. An application was made and approved to develop a CDC in Hinckley.

This public engagement document summarises the improvements we want to make informed by past reviews and subsequent work and opportunities offered to understand a constantly changing health and care environment. It looks at the services currently provided and how we propose they would look in the future.

Have your say

We are now asking you what you think of the proposals for improvement that are explained in the next few pages.

We have included a short questionnaire at the end of this document, so that we understand the impact of change on you or your loved ones.

This engagement will run from 23 January until the 8 March 2023.

All the ways that you can get involved are shown on page 27.

We really want to hear what you think, so please do contribute. All your feedback will be analysed and evaluated and our Integrated Care Board will take your views into account when they make the final decision after the engagement end.

Improving Hinckley Community Health services

1. About this engagement

This engagement is seeking your views on proposals for changes to some community health services for the local population in Hinckley and Bosworth. The proposals aim to expand services available in Hinckley by increasing the number of **day case** operations and range of **outpatient** clinics provided from local facilities.

Specifically, the proposals include three areas of work that are linked:

- Build a new Community Diagnostic Centre to include **MRI and CT scanners, x-ray and ultrasound** and a **number of rooms for phlebotomy, outpatient procedures and endoscopy**. This would mean that fewer people would need to travel for their care to University Hospitals of Leicester.
- Create a **Day Case Unit, which would be purpose** built, with a ward, recovery rooms and operating theatres. It would provide day-case services that are currently on the site of Hinckley and District Hospital (Mount Road) **plus additional procedures**, providing more care close to home.
- Move the Adults Musculoskeletal Physiotherapy and Children's Therapy facilities from a Portacabin on the Mount Road site into refurbished space within the Hinckley and Bosworth Borough Council's Hinckley Hub on Rugby Road, Hinckley

Each part of the proposals is subject to separate funding requirements.

2. About the current community health services

Some community health services are currently delivered from a number of locations in Hinckley and Bosworth including GP surgeries and patients' own homes. **Although not all services are impacted by these proposals**, we have included here the health services currently available in and around Hinckley.

Services are currently delivered on three principle sites:

Hinckley and District Hospital (Mount Road)

Originally built in 1899, this hospital looks virtually the same as it did when it was first built. The original cottage hospital layout is plain to see, but with the added extensions from the 1920s onward. You can view a video of the hospital on our website at:

www.haveyoursayhinckley.co.uk

NHS Property Services own the Hospital and work in partnership with NHS providers and commissioners to maintain and determine the future of their estate. The ICB would need to declare the site surplus to requirements before NHS Property Services would do anything with this building.

The hospital provides day surgery in a small operating theatre, has wards for patients to recover and provides day case beds, none of which are for overnight stays. X-ray and two other screening units for **ultrasound** and **endoscopy** are available on site and used for internal examinations

Castlemead Radio station broadcasts from a room on the upper floor of the Hospital.

Conditions within the hospital are difficult for both patients and staff. Doctors, nurses and other staff do excellent work on the site day-to-day but are hampered by the building layout which resembles a maze of corridors, rooms and wards, compared with more modern local facilities.

Hospital conditions

- Cramped and sometime congested
- Not enough toilets and changing cubicles
- No en-suite toilet for patients having an enema
- Disability access is restricted
- The original building and extensions added in the 20s, 30s, 40s and 70s don't work with modern healthcare systems
- Often patients and visitors have to 'zig-zag' from one area of the hospital to another instead of moving in one direction on entry to treatment, then exit
- Tiny rooms with little natural light, narrow doors and corridors
- Around 50% of the site cannot be effectively used because it is outdated

The problems

- Significant financial resource would be needed to maintain the existing building and to modernise it. However, it is likely that major building work would not solve the current problems with the building's layout.
- Most of the building is 70 years old or older
- Conversion of the old site would involve compromises in the standard of medical premises we are committed to offer
- Converting old buildings is usually fraught with difficulty, extra costs and delays as construction work uncovers the detail of the original build

Hinckley Health Centre

Adjacent to Hinckley and District Hospital (Mount Road) the Health Centre houses the reception for hospital services including **day case** and **diagnostics, outpatient** consulting and treatment rooms. Located within the Health Centre is a GP surgery – the Centre Surgery - and a community dental surgery. It also houses reception areas for various services.

Clinics provided in the Health Centre look at the following problems:

- heart
- childhood illnesses
- diabetes
- skin complaints
- ear, nose and throat
- hormonal and metabolic

- women's reproduction
- stomach, intestinal and liver
- older people's problems
- nervous system
- bone and muscular
- eye
- diseases of the mouth, jaw, face and neck
- breathing
- joint, muscle and ligament
- urinary system

Leicestershire Partnership NHS Trust (LPT) delivers a range of community services from the building for adults and older people. In Hinckley Health Centre these include:

- specialist long term condition services
- adult food care
- speech and language therapy
- podiatry

Our review confirmed that the building is poorly designed and is confusing for patients trying to find their way around. It is in need of some renovation and refreshing of paint work.

Other services on the Mount Road site

Hynca Lodge and the Orchard Resource Centre are also based in the area offering adult mental health care. This service hasn't been reviewed through this project and no changes will be made to it.

- Adjacent to the Health Centre is a separate "portacabin" from which Leicestershire Partnership Trust deliver Adults Musculoskeletal Physiotherapy and Children's Therapy services. This service would benefit by moving these services from the Portacabins into a more suitable building.

Hinckley and Bosworth Community Hospital (Sunnyside)

These proposals do not impact on Hinckley and Bosworth Community Hospital also known locally as *Sunnyside Hospital*, located 1.5 miles from Mount Road, on the outskirts of the town. It has a total capacity of 49 beds across two wards, North Ward and East Ward. Both wards provide sub-acute medical care, rehabilitation and end of life care, but there are no **diagnostic** facilities. East ward operates as a 23 bedded ward but has a total capacity of 28 beds, a mixture of three 4-bedded bays plus 11 single en-suite rooms. There are a further 5 single en-suite rooms which are currently closed and classed as flexible beds (ability to use as appropriate to need). North Ward has capacity of 19 beds, a mixture of two 4-bedded bays plus 11 single en-suite rooms.

Services outside of Hinckley and Bosworth

Services provided in Nuneaton and Leicester impact on people living in Hinckley and Bosworth. During the engagement period we have reached out to our colleagues in Nuneaton to understand the changes they are proposing and making, to ensure we understand how changes in Nuneaton and Hinckley affect each other.

3. The need for change

There are many reasons we need to change and improve services in Hinckley, including a poor hospital environment, long-term safety, workforce pressures and the need to be more financially efficient.

Hinckley and District Hospital and Hinckley Health Centre

Hospital service	Service facilities	What's not working well?
Patients receiving day surgery	Two main wards for daytime recovery Theatre	No separate toilets for male/female patients, or staff Wards are a distance apart and facilities need updating Layout is chaotic, with narrow corridors and a hairpin bend to get trolleys in and out of theatre Theatre can't be converted to offer piped gas (piped gas sedates patients) which is now the 'gold standard' in theatre practice. All anaesthetists are now specially trained to use piped gas systems only. At present the hospital uses bottled gas, a practice rapidly becoming outdated
Endoscopy (tiny camera on a tube inserted into the body to check for disease)	Rooms for cleaning, sterilising, and storing endoscopy equipment Endoscopy practice suites	Layout of rooms restricts best practice for staff. As a result, the service does not have the national certification (Royal College of Physicians Joint Advisory Group (JAG) Accredited) needed to provide bowel cancer or cancer screening for middle and lower body internal examinations – the stomach, intestines, and sex organs. It's virtually impossible to convert the rooms or relocate to a more suitable area on site Providing existing endoscopy services could be a risk in future without a national certification Patients who have had an enema have to walk 200 metres to the nearest suitable toilet, across a public corridor
X-Ray	Waiting rooms Changing rooms X-Ray suite	All facilities need significantly updating Waiting room is too small, resulting in severely limited seating. Arriving patients have to ring a bell as there is no room for a reception No separate male/female changing. Staff have to manage access for male/female groups X-Ray area is outdated and needs improving New X-Ray equipment needed – existing equipment is 20 years old – requiring a major overhaul of the department
Hospital patients attending clinics	General facilities Waiting room	Difficult to locate different clinics due to layout of the building. Cramped conditions. Patients often have to zig-zag' backwards and forwards instead of moving in one direction from entry, to treatment to exit. The waiting room is in the main foyer of the Health Centre. Patients can't go into the hospital until they are collected from here

Financial

As you would expect we need to ensure that services are financially sustainable and accessible to the local population and that taxpayers receive value for money from their health services.

During the lifetime of this project, the options for change have been modified as we continue to review what is needed and affordable. We have also been able to respond positively to the opportunity provided by the announcement of additional government investment into 40 new Community Diagnostic Centres (CDC) across England. The total capital cost we have attracted specifically for a CDC in Hinckley is circa £14.5m.

This money is in addition to the £7.35 million of funding allocated by NHS England in 2018, which will specifically fund the Day Case Service.

Rising costs do mean that we have to use the money allocated to this project wisely, ensuring that space is used more efficiently so that we can increase the services provided.

Workforce

There is pressure on recruitment across the NHS, including in Hinckley and Bosworth. But we are thinking differently about our workforce so that it better meets the needs of an ageing population, the changing burden of disease and rising patient expectations. For example, developing the roles of nurse endoscopists, who assist the endoscopist during procedures and specialised patient care before, during and after the procedure.

Creation of Primary Care Networks

During the lifetime of this project Primary Care Networks (PCNs) have been developed. Our 13 GP practices in Hinckley and Bosworth improved the way they work together by creating a local area group.

PCNs were announced as part of NHS England's Long-Term Plan earlier in 2019. They are in place to improve and extend the range of services that are available in the community and join up the care that is provided from different organisations. Practices work together in the Hinckley and Bosworth PCN to make resources go further and care for patients more creatively.

The PCN has a much wider team of health professionals that have become involved in patients' care. This includes **clinical pharmacists, physiotherapists, physician associates, community paramedics** and **social prescribing link workers**, who look after patients day-to-day.

GPs and the health professionals in practices work together with others in their group, as well as with other health, social care and voluntary sector organisations, to plan the care patients need and prevent ill-health in a co-ordinated way. These wider teams include pharmacists, district nurses and specialists who care for certain types of conditions or groups of patients with particular needs.

GPs will always care for the most seriously ill patients in the practice or those with more complicated illnesses. But it is not always the best use of their time and expertise if they see patients that other members of the practice team are qualified and experienced to be able to manage. People contacting their practice, are advised as to who is the most appropriate person to see. If people are seen by one professional, but then need further care or a second opinion, this will happen safely.

Enhanced access to your GP practice

All PCNs now provide an increase in access to GP services between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays.

This service is providing many benefits, such as improved access and more care closer to home provided by a patient's own GP staff or staff from other practices within their local PCN. It is hoped that over time the service improves the health of the population.

Integrated urgent care

When you need to be seen right away for a illness, injury or condition, but it is not severe enough to go to the emergency department this is call Urgent care. **Urgent care** services are available 24 hours a day, 7 days a week which includes **clinical triage** and support to navigate the system.

People who call NHS 111 or 999 may be referred to a Clinical Navigation Hub which

provides telephone advice, assessment and onward referral for people. The clinicians working in this service have access to patients' primary medical care records and care plans, where relevant, and can in most cases directly book patients into primary and community urgent care services.

Improvements being made to community health services

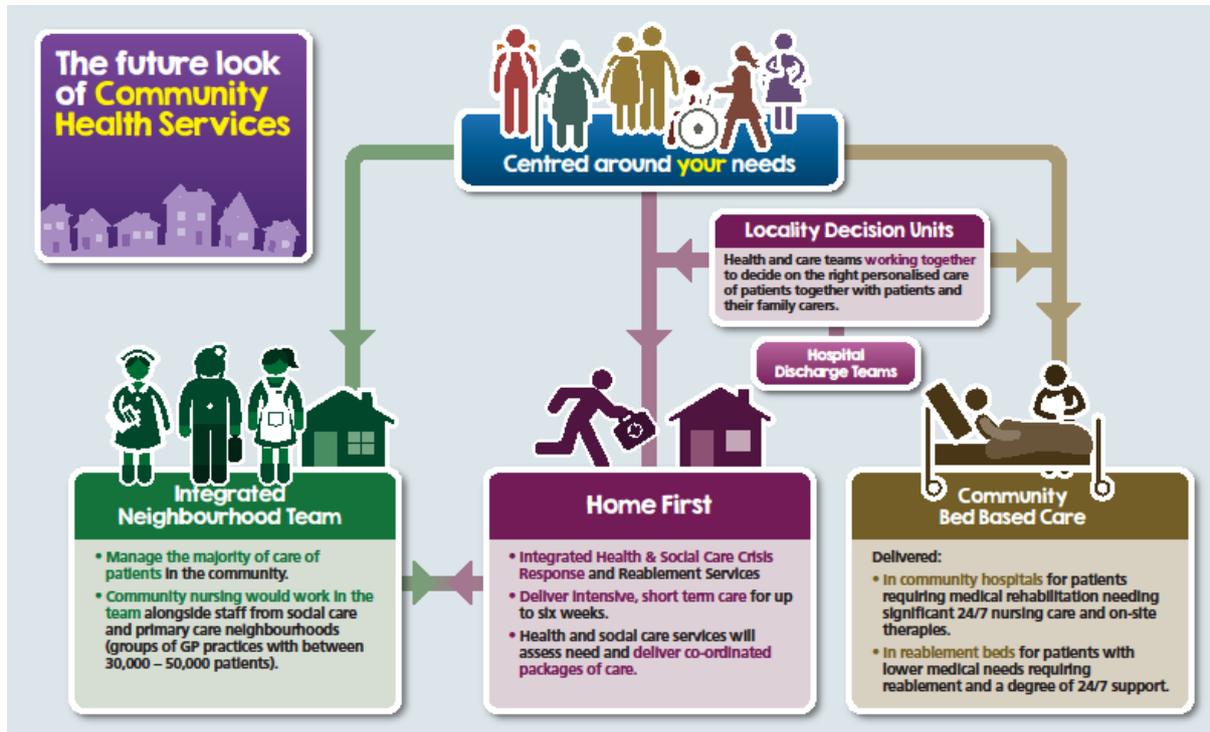
At the same time as planning improvements in Hinckley, a new way of providing services in people's home is in place in Leicester, Leicestershire and Rutland. It complements our proposals for Hinckley and is mainly made up of the following three services:

Neighbourhood community nursing and therapy services: aligned to PCNs, offering planned nursing and therapy and same day community nursing, working closely with primary care and social care as part of integrated teams. It will also provide enhanced medical care.

Home First services: offering intensive nursing and therapy as part of an integrated team offer (NHS and social care staff) **reablement, rehabilitation (within 2 days)** and crisis response (within 2 hours). Home First services typically see people who need a more intensive, short term level of care to avoid admission or to provide support after a period of hospital stay.

Locality Decision Units (LDUs): access points into multi-disciplinary **triage assessment**, care planning and treatment. There is one LDU in each local authority area. They determine whether a person can be safely well supported at home or whether they need to be admitted to a **reablement** bed or community hospital bed. If they do, arrangements are made for an admission or a package of care to be delivered by Home First. LDUs link hospital staff, GPs or other health professionals refer into Home First. They work closely with hospital discharge teams to arrange the support required when a patient is coming out of hospital.

The community health service structure is shown below:



4. Our proposal set in context of the Integrated Care System

Health and social care providers work together through the Integrated Care System or ICS. An ICS simply means health and care organisations working closely together to improve the health and wellbeing of local people.

The Hinckley review is just one part of our ICS and the proposals for Hinckley and Bosworth will help to achieve the following:

1		Best start in life We will support you to have a healthy pregnancy, a safe environment, a nurturing and secure relationship with caregivers, good nutrition and healthcare, and support from birth to adulthood.	
3		Living and supported well We will support you through your health and care needs to live independently and to actively participate in your care.	
2		Staying healthy and well We will help you to live a healthy life, make healthy choices, within safe and strong communities, and maintain a healthy quality of life.	
4		Dying well We will ensure you have a personalised, comfortable, and supported end of life with personalised support for your carers and families.	

We also want to reduce pressure on health services generally, for example rising numbers of people going to hospital emergency departments, increasing waiting times, and issues around looking after your own health.

5. Our proposals for Hinckley and Bosworth - what improvements are we proposing?

We want to improve services for patients by providing them in modern, fit-for-purpose buildings. We also want to expand services to meet the needs of a growing and ageing population in Hinckley and Bosworth and provide more services efficiently.

To find out more about patient activities in Hinckley please go to our website www.haveyoursayhinckley.co.uk

To achieve this, we need to make better use of existing space on Mount Road and invest money and time into the local health infrastructure in Hinckley to:

- Build a new Community Diagnostic Centre (CDC) in Hinckley on the Hinckley and District Hospital (Mount Road) site. The CDC would provide **MRI and CT scanners, plain film X-ray machine and ultrasound**. It will also have **phlebotomy** rooms and outpatient/procedure rooms and two **endoscopy** rooms with supporting accommodation.
- Create a Day Case Unit that provides the day-case services that are currently on the site of Hinckley and District Hospital (Mount Road) plus additional procedures. Speciality services that would be delivered include General Surgery, Gynaecology, Ophthalmology, Orthopaedic Surgery, Pain Management, Plastic Surgery, Podiatric Surgery, Urology and Vascular Surgery. There are a number of options being considered in regard to the development of a Day Case Unit:
 1. Remodel the existing Hinckley and District Hospital to provide appropriate accommodation for the day case service only, in part of the building following reconfiguration and refurbishment.
 2. Build a standalone Day Case Unit on the existing Hinckley and District Hospital site
 3. Co-locate a Day Case Unit with the CDC on the Hinckley and District Hospital site
- Move the Adults Musculoskeletal Physiotherapy and Children's Therapy facilities from the Portacabin on the Mount Road site into the Hinckley Hub, Rugby Road, Hinckley. While the new home for these services is made ready, it would be necessary to find a temporary home for them.
- Undertake some renovation of Hinckley Health Centre including improving paint work

- Ensure that community services in Hinckley are financially sustainable.

From the three options for the Day Case Unit shown above, the co-location of a Day Case Unit with the CDC, whilst logistically difficult, would ensure more services in modern, fit for purpose buildings that would meet the needs of a growing and ageing population. The final option chosen would be dependent on the outcome of this engagement.

Depending on the outcome of this engagement either the entire Hinckley and District Hospital or an element of it may be demolished and the site used to provide additional car parking for both the CDC and Day Case Unit.

6. How did we develop these proposals for improving services?

The ICB formerly the CCG started the conversations about the future of health services with local people in 2014 and have continued to engage regularly since. It is a process that has been hampered by delays caused in the main by the pandemic.

To date, a significant number of people including patients, service users, health service staff and clinicians, local politicians and community and voluntary groups have been involved in detailed discussions, but many more have been reached and made aware of the work to review health services.

We originally asked people “*What needs to happen so that community health services in Hinckley support people to keep well and recover as fully as possible?*” We shared the challenges facing health care locally, such as the population changes and the impact on health care needs, financial and workforce resources, and facilities needed to provide the care patients need.

People told us that health issues were affecting how they lived and worked. People wanted to feel more in control and independent. We also found that maintaining emotional wellbeing and exercising keeps people well, although some people struggle with this, especially those who work. People living with a **long term condition** rely heavily on hospital teams to support them.

People want closer relationships and more continuity of care with hospital teams and in general practice. Health staff working in the area wanted closer working relationships between colleagues working in hospitals, community settings and general practice. Some staff told us that unreliable building services, old equipment and the existing environment made the job of providing high quality services to patients increasingly difficult.

Many people told us they would actually change very little about the quality of the healthcare they received in Hinckley. Visit our website to take a look at the research report www.haveyoursayhinckley.co.uk

Here are some of the things people said:

We went back out to the community to share the vision and scenarios and test whether it reflected what people wanted from healthcare in the future. These discussions helped inform the further development of scenarios for community health services.

To ensure that these scenarios truly represented the views that we had heard from the people of Hinckley and Bosworth we arranged for an independent review of all the feedback we received. Ten principles for change which summed up what residents, staff and carers told us matters most to them were created (see page 7). These principles have remained a central focus for us throughout the development of the proposals for improvement.

Ongoing dialogue

Between 2016 – 2022 we have continued reaching out to patients, carers, staff and stakeholders and attended many events to engage and involve people in the review and the scenarios. Visit our website to see the types of events we attended.

www.haveyoursayhinckley.co.uk

We have involved and worked closely with staff who work in the local hospitals and other health facilities. We have also worked closely with NHS Property Services who own Hinckley Health Centre and Hinckley and District Hospital.

Extensive engagement has been undertaken with Hinckley Borough Council through their scrutiny committee and with their executive team who has expressed their support for the developments. They have also really supported us to reach out to community groups in Hinckley and Bosworth by giving us access to their well-established networks. We have also worked closely with the local MP, who has been supportive of our plans.

We also talked to our colleagues over the border of Hinckley and Bosworth in Nuneaton to find out about the plans they were putting together and talk through any impact.

Based on all these conversations, the options have continued to evolve. Some other health services have changed and new opportunities have emerged.

Who has led the review?

Originally the Hinckley Hospital Project Board, oversaw this project. This group has evolved into the Hinckley Development Group. It has included representation from local providers

and partners, GPs, the Borough Council and Patient Participation Group representatives. Members have been continually and heavily involved with the options for improving services.

The Project Board has continued to update and review the scenarios and the list of options.

Ensuring equality of care

As both a legal requirement, but also as a moral duty we have ensured that engagement since 2014 has reached out to all those who have an interest in the proposals and that they were empowered to get involved.

An Equality Impact Assessment was undertaken before the engagement to ensure that the process and decision making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act, and that we are taking account of people's protected characteristics.

7. Taking our proposal forward to a formal engagement

Before starting engagement, we have liaised with NHS England to consider:

- how strong our public and patient engagement has been
- the consistency with current and prospective need for patient choice
- the clear clinical evidence bases to support proposals
- whether the proposals have the support of commissioners (the people responsible for planning and buying health services)

8. Engagement

This engagement will run from 23 January until 8 March 2023.

The ICB want to know what you think about the proposals for improvements to some community health services in Hinckley and Bosworth. You can tell us by:

- Coming along to one of our public online or face to face events - full details available on our website at **www.haveyoursayhinckley.co.uk**
- Completing our questionnaire online at **llricb-llr.beinvolved@nhs.net**
- Filling in and returning a questionnaire available at community venues located across Hinckley and Bosworth
- Emailing us your views at **llricb-llr.beinvolved@nhs.net**
- Telephoning us on 0116 295 7572 to request a questionnaire
- Writing to us at:
Freepost Plus RUEE–ZAUY–BXEG,
Hinckley Engagement
NHS Leicester, Leicestershire and Rutland Integrated Care Board
Room G30, Pen Lloyd Building,
County Hall, Glenfield,
Leicester
LE3 8TB

Further information is available on our website on the Getting Involved pages by visiting **www.haveyoursayhinckley.co.uk**

Due to the volume of responses we expect to receive, we won't be able to write back to every response to the engagement, but we will do our best to respond to any questions and post the answers onto our website.

Please be aware that your responses to this engagement will be passed to a company for independent analysis so that they can be summarised anonymously as part of our engagement report.

9. What happens after the engagement ends?

All the feedback we receive from the engagement will be independently analysed and evaluated and a report produced. We will then reflect on the findings.

It will then be received by the Integrated Care Board in a public meeting and the public engagement will be considered and taken into account in any decisions they make.

All decisions will be made public after the meeting of the Integrated Care Board and further communications work will commence with the people of Hinckley and Bosworth.

When the date of the meeting is known we will publish details on our website.

Glossary (A-Z)

- **CT scanners** - a computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body.
- **clinical pharmacists** - clinical pharmacists are health professionals who train for many years to become specialists in medicines.
- **Community paramedics – relative new service working across primary health care,** public health and preventive services to provide care in underserved populations in the community.
- **day case surgery** - the admission of selected patients to hospital for a planned surgical procedure, returning home on the same day
- **diagnostics / diagnostic test** - procedure performed to confirm, or determine the presence of disease in an individual suspected of having the disease, usually following the report of symptoms, or based on the results of other medical tests for example an x-ray
- **clinical triage / triage assessment** - understanding what is the matter with a patient, including the degree of urgency and order of treatment required, in order to refer them to the right person or service
- **endoscopy** - the insertion of a long, thin tube directly into the body to observe an internal organ or tissue in detail
- **general anaesthetic** - being put to sleep
- **inpatient services** – overnight stays in a community hospital
- **lay member** - a representative from the community who has a patient/user perspective (outside) to try to influence the system (inside) and improve things for the people whose interests they articulate
- **local anaesthetic** - numbing an area of the body
- **long term condition** – also known as chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment, for example: diabetes, arthritis and hypertension
- **MRI scanner** - magnetic resonance imaging is a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body. An MRI scanner is **a large tube that contains powerful magnets**. You lie inside the tube during the scan. An MRI scan can be used to examine any part of the body.
- **options appraisal** – in the context of a engagement, a technique for reviewing options and analysing the costs and. benefits of each one

- **outpatient clinic** - where people visit the hospital for a diagnosis or treatment, but do not require overnight care
- **planned care** - the provision of routine services with planned appointments or interventions within community settings such as GP surgeries, health centres and other community facilities
- **primary care** - the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.
- **phlebotomy** – relating to blood and blood testing
- **physician associate** - medically trained, generalist healthcare professionals, who work alongside GPs and provide medical care
- **Adults Musculoskeletal Physiotherapy and Children's Therapy** - helps to restore movement and functions
- **reable / reablement** - services for people with poor physical or mental health to help them accommodate their illness by learning or re-learning the skills necessary for daily living
- **social prescribing link workers** - help to reduce health inequalities by supporting people to unpick complex issues affecting their wellbeing. They enable people to have more control over their lives, develop skills and give their time to others, through involvement in community groups.
- **ultrasound** - image of the inside of the body
- **urgent care** – an NHS service for patients whose condition is urgent enough that they cannot wait for the next GP appointment (usually within 48 hours) but who do not need emergency treatment at the hospital emergency department (ED).

Engagement Questionnaire

This engagement questionnaire is your opportunity to give your views about the changes proposed which we believe will deliver higher quality and safer services to meet the needs of our patients, their families and carers.

The engagement is open to everyone: organisations, representatives and individuals including the general public, patients, family carers and staff. All information received via this questionnaire will be anonymous and your feedback will be independently analysed.

To complete an online version of this questionnaire please visit:

www.haveyoursayhinckley.co.uk

The engagement closes **Wednesday 8th March 2023** and all feedback, including completed questionnaires must be received by or on this date.

Data Protection statement

The NHS Leicester, Leicestershire and Rutland ICB would like to understand your views on proposals to invest in and improve health services in Hinckley.

The ICB has commissioned an independent organisation to collect, handle and process the responses gathered for this engagement. Any information you provide will be handled in accordance with GDPR and the Data Protection Act 2018.

The questionnaire also asks respondents to provide their full postcode and demographic profiling data (age, gender, ethnicity etc.). This information is used to ensure the responses are representative of the demographics of the local population. You do not have to provide this information to take part in the questionnaire, but it really helps the ICB to ensure that any decisions made meet the needs of a diverse community.

Any reports published using the insights from the questionnaire will not contain any personal identifiable information and only show feedback in anonymous format. These anonymised results may be shared publicly, for example on NHS public facing websites or printed and distributed.

Your involvement is voluntary, and you are free to stop completing the questionnaire at any time. Only submitted responses will be included in the analysis. You can also refuse to answer questions in this questionnaire, should you wish. All information collected via the questionnaire will be held for a period of five years from the date of questionnaire closure, in line with the Records Management Code of Practice for Health and Social Care 2020, which all NHS organisations work under.

Please tick to confirm you agree with the Data Protection statement. If you do not provide your consent then we will not be able to include your feedback in this engagement.

A Which of the follow best applies to you? (Please select one answer only)

- I am answering this questionnaire as an individual service user or member of the public (move to question D1)
- I am answering on behalf of another public sector organisation (move to question B)
- I am answering as an NHS employee (move to question B)
- I am answering on behalf of a patient representative organisation (move to question B)
- I am answering on behalf of an NHS organisation (move to question B)
- I am answering on behalf of a voluntary group, charity or social enterprise (move to question B)

B If you are answering on behalf of an organisation or as an NHS Employee, please state the name of the organisation (if you are happy to do so) (move to question C).

C If you are answering on behalf of an organisation or as an NHS employee, please confirm if this is an official response from your organisation (move to question D2).

- YES
- NO

D1 If you are responding as an individual service user or member of the public, please provide your full postcode (move to question E).

D2 If you are responding as an organisation or as an NHS employee, please provide your organisation's postcode (this should be the building you are registered at).

E How did you hear about this engagement (please select all that apply)?

- Facebook Twitter Instagram YouTube
- Poster Radio Leaflet Newspaper
- Through a friend or family member
- Through a staff communication
- Event (Please specify details)

Where _____ Date _____

- Other (Please state) _____

Improving community health services in Hinckley and Bosworth – NHS Leicester, Leicestershire and Rutland Integrated Care Board

PROPOSAL 1:

We want to build a new Community Diagnostic Centre (CDC) in Hinckley on the Hinckley and District Hospital (Mount Road) site. The CDC would include MRI and CT scanners, a plain film X-ray machine and ultrasound. It would also have phlebotomy rooms, outpatient/procedure rooms and two endoscopy rooms with supporting accommodation.

Q1. *To what extent do you agree or disagree with this proposal?*

Please tick one box only

Strongly Agree Agree Neither agree nor disagree

Disagree Strongly Disagree

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

PROPOSAL 2:

We want to create a Day Case Unit that provides the day case services that are currently offered on the site of Hinckley and District Hospital (Mount Road). There are three options being considered in regard to the Day Case Unit and we would like your opinion on all three of these options:

- Option 1: Remodel the existing Hinckley and District Hospital to provide appropriate accommodation for the day case service
- Option 2: Build a standalone Day Case Unit on the existing Hinckley and District Hospital site

- **Option 3: Co-locate a Day Case Unit with the Community Diagnostic Centre (CDC) on the Hinckley and District Hospital site**

Q3. Of the three options outlined in Proposal 2, please indicate which one is your preferred option?

(Please tick one box only).

- Option 1: Remodel the existing Hinckley and District Hospital to provide appropriate accommodation for the day case service.
- Option 2: Build a standalone Day Case Unit on the existing Hinckley and District Hospital site.
- Option 3: Co-locate a Day Case Unit with the Community Diagnostic Centre (CDC) on the Hinckley and District Hospital site.

Q4. Please explain (in the space below) why you have selected the option you have as your preferred option. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.

PROPOSAL 3: We want to move the Adult and Children’s Therapy facilities from the Portacabin on Mount Road to the Hinckley Hub

Q5 To what extent do you agree or disagree with this proposal?

Please tick one box only

- Strongly Agree Agree Neither agree nor disagree
- Disagree Strongly Disagree

Q6. Please explain (in the space below) why you agree or disagree with this proposal. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.

Q7. If you have any further comments relating to issues around travel or access to the services described in Proposal 3, please explain these in the space below.

Q8. If you have any other specific comments about the three proposals for community services in Hinckley and Bosworth or if there are any alternative proposals that you think we should consider, please tell us and explain these in the space below.

Demographic profiling

Please complete as much of the information about yourself as you feel comfortable with, as this will help us understand who is taking part in the engagement. The information you provide will be kept in accordance with the terms of the Data Protection Acts 1998 and 2000 and will be used for monitoring purposes and questionnaire analysis.

Q9. What is your sex? (Select one option)

- Male
- Female
- Intersex
- Prefer not to say

Q10. Do you identify as the gender you were assigned at birth? (Select one option)

- Yes
- No, please write in your gender identity _____
- Prefer not to say

Q11. What is your age? (Select one option)

- Under 16
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+
- Prefer not to say

Q12. What is your religion or belief? (Select one option)

- No religion

- Bahá'í
- Buddhist
- Christian
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Prefer not to say
- Other, please tell us here:

Q13. What is your ethnicity? (Select one option)

Asian or Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Any other Asian background _____

Black or Black British:

- African background, please tell us here _____
- Caribbean
- Any other Black background _____

Mixed:

- Asian and White
- Black African and White
- Black Caribbean and White
- Any other Mixed or multiple background _____

White:

- British, English, Northern Irish, Scottish, Welsh
- Irish
- Gypsy/ Irish Traveller
- Roma
- Any other White background _____

Other:

- Arab
- Polish
- Somali
- Prefer not to say
- Any other ethnicity _____

Q14. Are you pregnant or have you given birth in the last 26 weeks? (Select one option)

(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period).

- Yes
- No
- Prefer not to say

Q15a. Do you consider yourself to have a disability or suffer from poor health? (Select one option)

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

- Yes
- No
- Prefer not to say

Q15b. If you have selected 'yes', please tell us which condition: (Select one option)

- Physical

- Partial or total loss of vision
- Learning disability/ difficulty
- Partial or total loss of hearing
- Mental health condition
- Long standing illness or condition
- Speech impediment or impairment
- Other medical condition or impairment, please tell us here:

Q16. Do you provide care for someone? (Tick as many as appropriate)

- Yes - Care for young persons(s) younger than 24 years of age
- Yes - Care for adults(s) 25 to 49 years of age
- Yes – Care for older person(s) over 50 years of age
- No
- Prefer not to say

Q17. What is your relationship status?

- Single
- Married/civil partnership
- Separated or divorced
- Partnered/living with partner
- Widowed/surviving civil partner
- Prefer not to say

Q18. What is your sexual orientation (preference)? (Select one option)

- Bisexual (relationship with any gender/s)
- Gay or lesbian (same sex relationship)
- Heterosexual/ straight (male to female relationship)
- Prefer not to say
- Other, please tell us here:

Q19. Have you ever served in the Armed Services? (Select one option)

Yes

No

Prefer not to say

Have you remembers to tick to confirm you agree with the Data Protection statement. If you do not provide your consent then we will not be able to include your feedback in this engagement.

Thank you for your time. Please return this questionnaire to arrive by Wednesday 8th March 2023.

Freepost Plus RUEE–ZAUY–BXEG,
Hinckley Engagement,
NHS Leicester, Leicestershire and Rutland Integrated Care Board,
Room G30, Pen Lloyd Building,
County Hall,
Glenfield,
Leicester,
LE3 8TB

This engagement document was produced by NHS Leicester, Leicestershire and Rutland ICB.

To find out more about us and what we do visit our website www.haveyoursayhinckley.co.uk or follow our social channels:

Facebook: @NHS Leicester, Leicestershire and Rutland

Twitter: @NHS_LLRL

