

Public Consultation

Have your say on proposed improvements to health services in Lutterworth

This consultation questionnaire is your opportunity to give your views about the changes proposed, which we believe will deliver higher quality and safe services to meet the needs of the population of Lutterworth and surrounding areas.

The questionnaire is open to everyone: organisations, representatives and individuals including the general public, service users, carers and staff.

All information received via this questionnaire will be anonymous and your feedback will be independently analysed.

The consultation closes on **Sunday 14 January 2024** and all feedback, including completed questionnaires, must be received by or on this date.

Please read more about our proposals in our Pre-Consultation Business Case which can be accessed at:

www.haveyoursaylutterworth.co.uk

SCAN ME



Welcome to
LUTTERWORTH
Workplace of John Wycliffe
and Sir Frank Whitt

Data Protection Statement

The NHS Leicester, Leicestershire and Rutland Integrated Care Board (ICB) would like to understand your views on proposals to maximise services in Lutterworth.

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.). The postcode data will also be used to profile and segment those participating in the engagement by geography and the Index of Multiple Deprivation. 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 an 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 consultation.

About you

Before starting the questionnaire, please tell us about you

A	<p>Which of the follow best applies to you? (Please select one answer only)</p> <p>I am answering this questionnaire as an individual service user or member of the public (move to question D1)</p> <p>I am answering on behalf of another public sector organisation (move to question B)</p> <p>I am answering as an NHS employee (move to question B)</p> <p>I am answering on behalf of a patient representative organisation (move to question B)</p> <p>I am answering on behalf of an NHS organisation (move to question B)</p> <p>I am answering on behalf of a voluntary group, charity or social enterprise (move to question B)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	<p>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) (then move to question C).</p>						
C	<p>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 (then move to question D2).</p>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		
D1	<p>If you are responding as an individual service user or member of the public, please provide your full postcode (then move to question E).</p>						
D2	<p>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).</p>						
E	<p>How did you hear about this engagement (please select all that apply)?</p> <p>Facebook <input type="checkbox"/></p> <p>Poster <input type="checkbox"/></p> <p>Text <input type="checkbox"/></p> <p>Twitter <input type="checkbox"/></p> <p>Radio <input type="checkbox"/></p> <p>Email <input type="checkbox"/></p> <p>Instagram <input type="checkbox"/></p> <p>Leaflet <input type="checkbox"/></p> <p>Other (Please state) <input type="checkbox"/></p> <p>YouTube <input type="checkbox"/></p> <p>Newspaper <input type="checkbox"/></p> <p>Through a friend or family member <input type="checkbox"/></p> <p>Through a staff communication <input type="checkbox"/></p>						
	<p>At an event (Please specify details)</p>	<input type="checkbox"/>	Where	<input type="checkbox"/>	Date	<input type="checkbox"/>	<input type="checkbox"/>

OUR PROPOSALS:

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.

Some words explained:

- **Outpatient:** appointment in a hospital or clinic that you do not stay overnight for.
- **Diagnostic:** test or procedure to identify a disease or health condition.
- **Inpatient:** overnight hospital stay.

Q1 To what extent do you agree or disagree with this proposal?
(Please tick one box only)

Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>
----------------	--------------------------	-------	--------------------------	----------------------------	--------------------------	----------	--------------------------	-------------------	--------------------------

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.

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

Q3 To what extent do you agree or disagree with this proposal?
(Please tick one box only)

Strongly agree	<input type="checkbox"/>	Agree	<input type="checkbox"/>	Neither agree nor disagree	<input type="checkbox"/>	Disagree	<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>
----------------	--------------------------	-------	--------------------------	----------------------------	--------------------------	----------	--------------------------	-------------------	--------------------------

Q4 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.

Feilding Palmer Hospital

This is a smoke-free site.
Please do not smoke in our buildings or grounds.



Q5	What other outpatient or diagnostic services do you feel we should consider providing in Lutterworth?

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.

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

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.

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

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.**

Equality monitoring questions

We want to make sure that everyone who already receives or who may need our services in the future has had the opportunity of getting involved in this consultation.

Your answers to the following equality monitoring questions make our services better. For example, if we find that a certain group of people have had a worse experience of particular services, we can work with them to make improvements.

Please spend a few moments to answer the equality questions below. These questions are optional, but the information provided will be anonymous and will play an important role in improving care.

Q10	What is your sex? (Select one option)								
	Male		Female		Intersex		Prefer not to say		
Q11	Do you identify as the gender you were assigned at birth? (Select one option)								
	Yes		No		Prefer not to say				
	If no, please write your gender identity								
Q12	What is your age? (Select one option)								
	16-19	20-24	25-34	35-49	50-64	65-74	75-84	85+	Prefer not to say
Q13	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)				
Q14	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 & 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					

Q15	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	
Q16 (a)	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	
Q16 (b)	If you have selected 'yes', please tell us which condition. (Select as many options as appropriate)			
	Physical	Partial or total loss of vision		
	Learning disability/difficulty	Partial or total loss of hearing		
	Mental health condition	Other medical condition or impairment, please tell us here:		
	Speech impediment or impairment			
	Long standing illness or condition			
Q17	Do you provide care for someone? (Select as many options as appropriate)			
	Yes - Care for young persons(s) aged 24 or younger	Yes - Care for adults(s) 25 to 49 years of age		
	Yes - Care for older person(s) aged 50 or over	No	Prefer not to say	
Q18	What is your relationship status? (Select one option)			
	Single	Married / Civil Partnership	Separated or divorced	
	Partnered / Living with a partner	Widowed / surviving civil partner	Prefer not to say	
Q19	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			
Q20	Have you ever served in the Armed Services? (Select one option)			
	Yes	No	Prefer not to say	

Have you remembered to tick to confirm you agree with the Data Protection statement?

If you do not provide your consent, we will not be able to include your feedback in this engagement.

Please return this questionnaire to arrive by **Sunday 14 January 2024** to:

Freepost Plus RUEE-ZAUY-BXEG
Lutterworth Consultation
C/O 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.haveyoursaylutterworth.co.uk

If you would like us to stay in touch with you and update you on other NHS questionnaires and involvement opportunities, or just keep up to date with news about the NHS locally, then join our online Citizens' Panel.

You can join right now at www.healthcareviewsllr.co.uk

Thank you for taking the time to give your feedback on our consultation proposals for improving community health services in Lutterworth.

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 consultation.

A photograph of a blue and white welcome sign for Lutterworth. The sign features a small illustration of a church at the top. Below the illustration, the text reads: "Welcome to LUTTERWORTH Workplace of John Wycliffe and Sir Frank Whittaker". At the bottom left, there is a small Union Jack flag and the word "Twinned" followed by a partially obscured word.

Welcome to **LUTTERWORTH**

Workplace of John Wycliffe
and Sir Frank Whittaker



Twinned with

What happens after the consultation ends?

All the feedback we receive from the consultation will be independently analysed and evaluated by an external organisation. They will also undertake a review half-way through the consultation and advise the Integrated Care Board if there are communities that are not being reached. If the review shows any gaps, then we would adjust our engagement plan accordingly.

A final report of the consultation findings will be received by the Integrated Care Board in public meetings and the public consultation will be considered in any decisions they make.

We will promote the Board Meeting to enable people to attend and hear the discussions. All decisions will be made public after the Board Meeting. This work will include communicating the decision via local newspapers, social and broadcast media.