



# Improving health services in Rutland where treatment is needed on the same day

## What do you think?



## Survey only

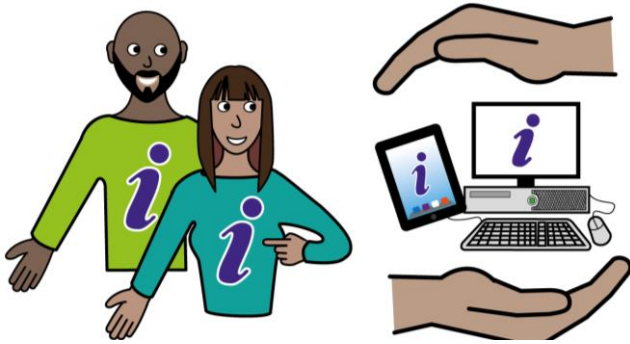
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Images marked with \* are stock images or taken by the NHS Leicester, Leicestershire and Rutland Integrated Care Board.

# Data protection statement

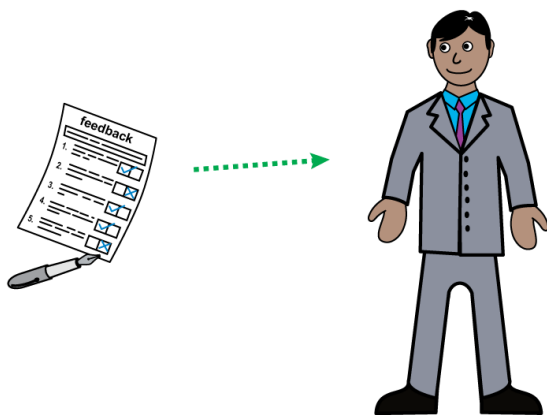


We have paid a different organisation to manage all the feedback we get.



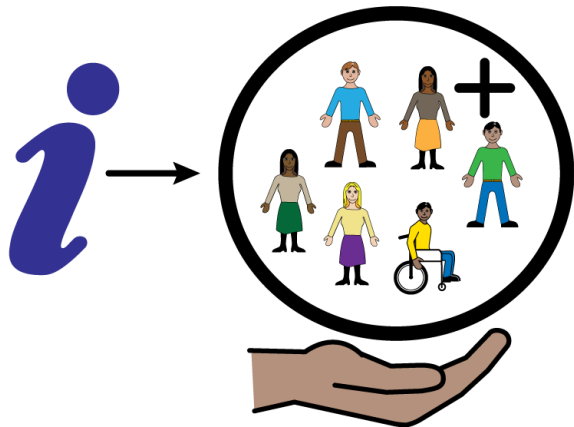
Any feedback we get will be handled safely. We are following the General Data Protection Regulations.

We are following the Data Protection Act 2018.



We will consider what people tell us. We will then make a decision.

# Data protection statement



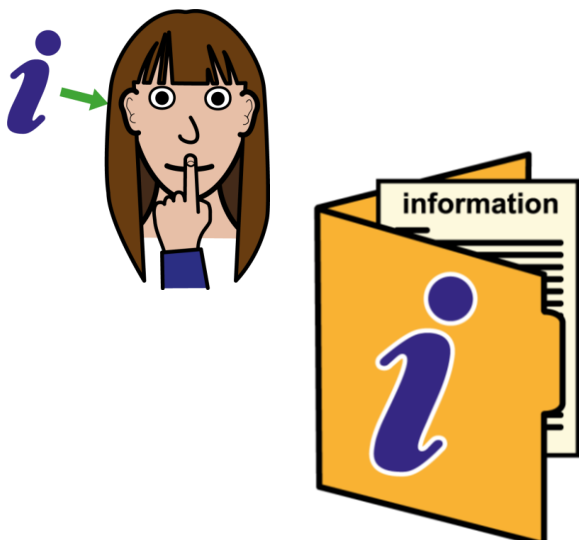
The survey asks people to share their postcode. It also asks for other information like age and gender.

You don't have to tell us if you do not want to.



We want to know this so we get feedback from lots of different people.

This helps us understand what everyone needs.



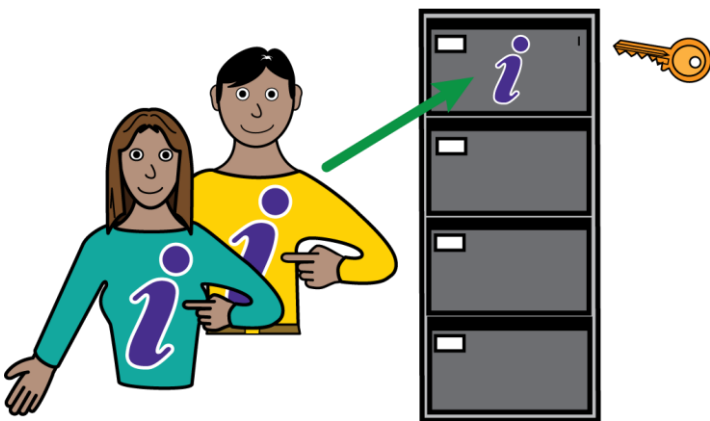
Your feedback will be kept private in any reports we make using the feedback.

We may share the feedback publicly on websites or leaflets.

# Data protection statement



You can stop completing the survey at any time. You don't have to answer all of the questions.



We will keep all responses for 5 years after the survey ends.

This is because we are following the Records Management Code of Practice for Health and Social Care 2020.



# Survey

Tell us a bit about you

## Question 1



Please tick to confirm you have read and agree with the data protection act statement.



We cannot use your survey if the box is not ticked.

I have read and understood the data protection statement



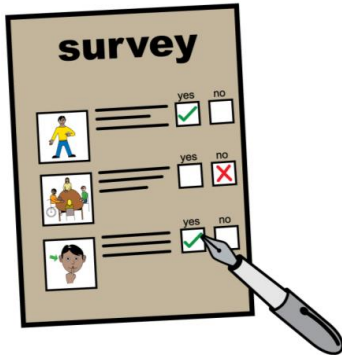
# Survey

Tell us a bit about you

## Question 2

How did you hear about this survey?

Please tick all the boxes that match how you heard. There are more options on the next page.



Text, letter, app notification from my GP practice

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Social media, like Facebook

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Email

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Staff information

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Radio

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Newspaper



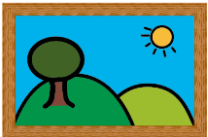
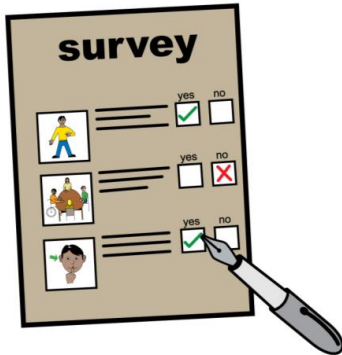
# Survey

Tell us a bit about you

## Question 2

How did you hear about this survey?

Please tick all the boxes that match how you heard.



Poster



Friend or family member

Other

Please write down how you heard about the survey below.



# Survey

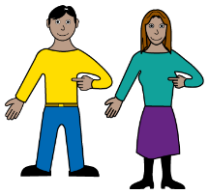
Tell us a bit about you



## Question 3

In what way are you completing this survey?

Please tick 1 box only.



As a member of the public. If you tick this, go to question 5.



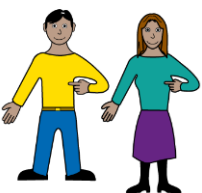
As somebody who works at a GP practice.



As somebody who works in healthcare but not a pharmacy or GP practice.



As somebody who works for a different public sector organisation, like a local authority.



As a member of an organisation that represents patients.



As a member of a voluntary, community or social enterprise organisation





# Survey

Tell us a bit about you

## Question 4

**If you are completing this survey as somebody who works or volunteers for an organisation, write down the name of the organisation below.**

**If you have answered this question, go to question 6.**





# Survey

Tell us a bit about you



## Question 5

**If you are completing this survey as a member of the public, which GP practice are you registered with?**

**Please write it down below.**



# Survey

Tell us a bit about you



## Question 6

**Are you a member of the farming community?**

Yes

---

No

---

I prefer not to say



# Survey



## Question 7

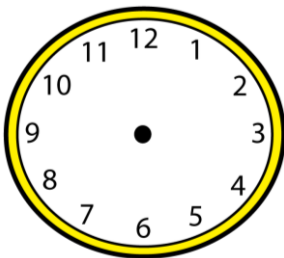
Please read the text below about proposal 1.



Now in Rutland there are 2 places where you can get urgent healthcare.



They are called the Minor Injury Unit and the Urgent Care Centre.



These places run differently and are open at different times.



We would like to put these 2 places together to make 1 place to get urgent healthcare for minor injuries and minor illnesses.

We want to call this service a Minor Illness and Injury Service.



# Survey



## Question 7

What do you think? Tick 1 of the boxes under the face that matches what you think.

Strongly agree

Agree

Don't agree or disagree

Disagree

Strongly disagree

\*





# Survey

## Question 8

If you want to, you can write down what you think about these changes below.



If you want to, you can write down what you think is good or bad about our ideas.

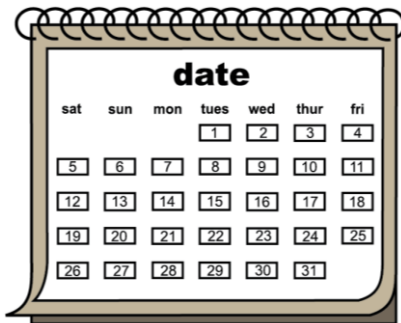


# Survey



## Question 9

Please read the text below about proposal 2.



We would like the Minor Illness and Injury Service to be open 7 days a week.



We would like it to be open for 8 hours a day, from 1pm to 9pm.



# Survey



## Question 9

What do you think? Tick 1 of the boxes under the face that matches what you think.

Strongly agree



Agree



Don't agree or disagree



Disagree



Strongly disagree







# Survey

## Question 10

If you want to, you can write down what you think about these changes below.



If you want to, you can write down what you think is good or bad about our ideas.

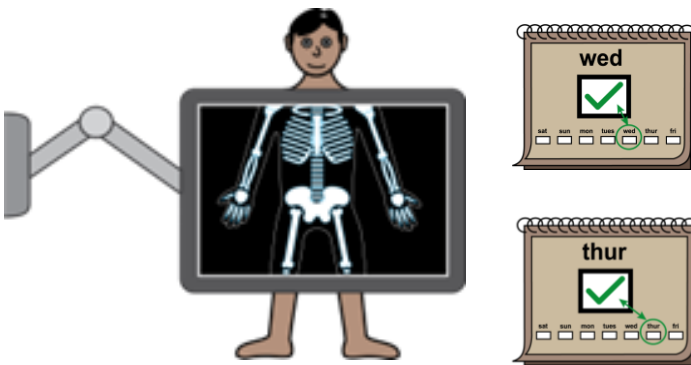


# Survey



## Question 11

Please read the text below about proposal 3.



We would like the Minor Illness and Injury Service to have X-ray services on every Wednesday and Thursday.



What do you think? Tick 1 of the boxes under the face that matches what you think.

Strongly agree

Agree

Don't agree or disagree

Disagree

Strongly disagree





# Survey

## Question 12

If you want to, you can write down what you think about these changes below.



If you want to, you can write down what you think is good or bad about our ideas.



# Survey



## Question 13

Please read the text below about proposal 4.



We would like you to call your GP surgery or NHS 111 to book an appointment at the Minor Illness and Injury Service.



What do you think? Tick 1 of the boxes under the face that matches what you think.

Strongly agree

Agree

Don't agree or disagree

Disagree

Strongly disagree





# Survey

## Question 14

If you want to, you can write down what you think about these changes below.



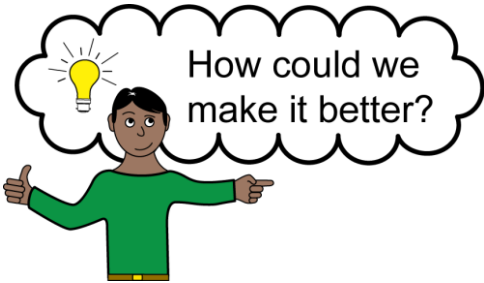
If you want to, you can write down what you think is good or bad about our ideas.



# Survey

## Question 15

**If you want to, you can write down your ideas to improve healthcare services in Rutland below.**





# Survey

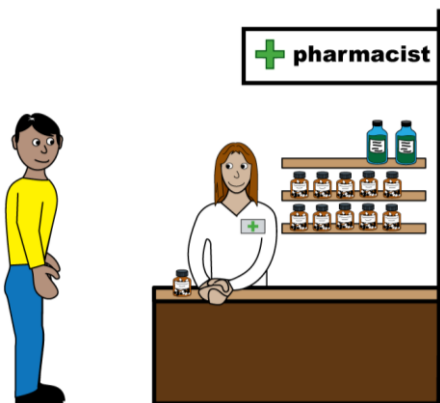
## Question 16



Please read the text below about Pharmacy First.



The number of people who need health care is growing.



Now, community pharmacists can treat more illnesses than before. We call this 'Pharmacy First'.



If you go to the pharmacy for minor illnesses, you may not need to go to your GP.



# Survey

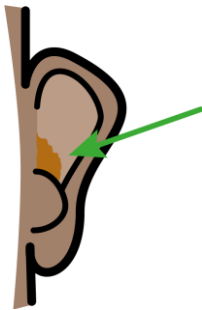
Tell us a bit about you



## Question 16

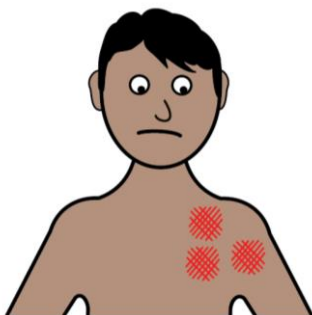
**Please read the text below about Pharmacy First.**

Pharmacists can treat the below minor illnesses.



Ear infection for people between 1 and 17 years old.

This is when ears have bad germs or disease growing in them



Impetigo for people 1 year old and over.

An infection that spreads quickly.  
It is not serious



Infected insect bites for people 1 year old and over





# Survey

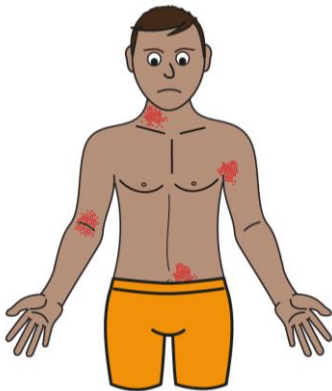
Tell us a bit about you



## Question 16

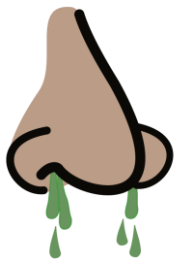
**Please read the text below about Pharmacy First.**

Pharmacists can treat the below minor illnesses.



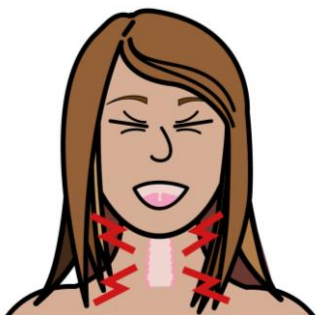
Shingles in people 18 years old and over.

Shingles is an infection that causes a painful rash



Sinusitis for people 12 years old and over.

Sinusitis is a blocked up nose with pain around the nose and face



Sore throat for people 5 years old and over.

A sore throat is when your throat hurts and feels scratchy.



# Survey

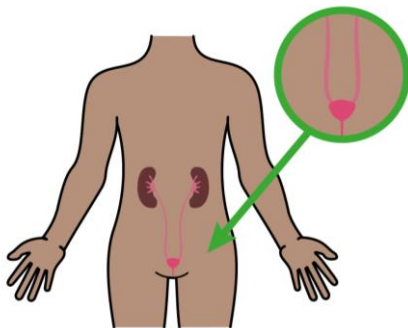
Tell us a bit about you



## Question 16

**Please read the text below about Pharmacy First.**

Pharmacists can treat the below minor illness.



Urinary tract infections for women between 16 and 64 years old.

A urinary tract is the parts of your body that make wee and remove wee.



A urinary tract infection happens when it has harmful germs growing inside it.



# Survey

## Question 16



If you saw a pharmacist in 2024, how would you describe your experience?

Tick 1 of the boxes under the face that matches what you think.

Very good



Good



Neither good or poor



Poor



Very poor





# Survey

## Question 17



**If you want to, you can write down what you thought about seeing a pharmacist.**

**If you want to, you can write down what was good or bad about it.**

# Survey

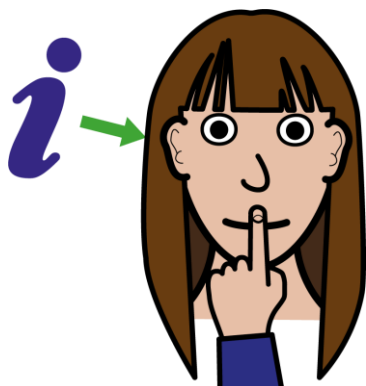
## The next questions are about you



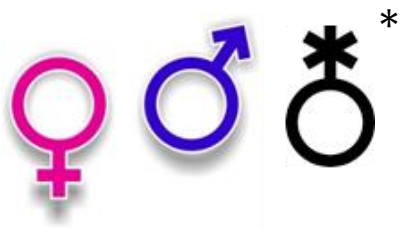
Please complete as much of the information about yourself as you feel comfortable with.



We are asking these questions as it helps us to understand who has completed this Survey.



If you answer these questions we won't be able to tell who you are.



## Question 18

Please tell us your sex

Please tick 1 option.



\*

I am male.



\*

I am female.



\*

I prefer not to say.



## Question 19

Are you the same gender as what you were given at birth?

Please tick one option



Yes.



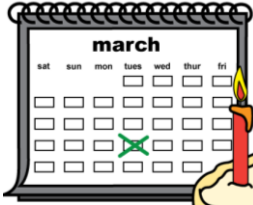
No.

Please tell us your identity

\_\_\_\_\_



Prefer not to say.



## Question 20

Please tell us your age.  
Please tick one option.

16 – 19

20 – 24

25 – 34

35 – 49

50 – 64

65 – 74

75 – 84

85+

Prefer not to say





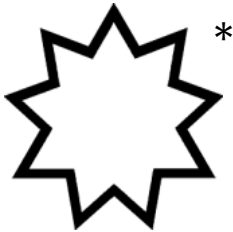
## Question 21

What is your religion or belief?  
There are more on the next page

Please tick 1 box only.



No religion



Bahá'i



Buddhist



Christian



Hindu



## Question 21

What is your religion or belief?

Please tick 1 box only.



Jain



Jewish



Muslim



Sikh



Prefer not to say.



\* Something else, please tell us here:

\_\_\_\_\_

\*

## Question 22



### What is your ethnicity?

You don't have to tell us if you don't want to. Please tick 1 box only. There are more on the next page.

### Asian or Asian British

Bangladeshi

Chinese

Indian

Pakistani

Any other Asian background

If you want to, you can tell us here:

\_\_\_\_\_

## Question 22



**What is your ethnicity?**

You don't have to tell us if you don't want to. Please tick 1 box only. There are more on the next page.

### Black or Black British

African background  
If you want to, you can tell us:

\_\_\_\_\_

Caribbean

Somali

Any other black background  
If you want to, you can tell us:

\_\_\_\_\_



## Question 22

**What is your ethnicity?**

You don't have to tell us if you don't want to. Please tick 1 box only. There are more on the next page.

### Mixed

Asian and White

Black African and White

Black Caribbean and White

Any other mixed or multiple background

If you want to, you can tell us here:

---

## Question 22



### What is your ethnicity?

You don't have to tell us if you don't want to. Please tick 1 box only. There are more on the next page.

### White

British, English, Northern Irish,  
Scottish, Welsh

Irish

Gypsy/Irish Traveller

Polish

Roma

Any other White background

If you want to, you can tell us here:

---



## Question 22

**What is your ethnicity?**

You don't have to tell us if you don't want to.  
Please tick 1 box only.

### Other ethnic group

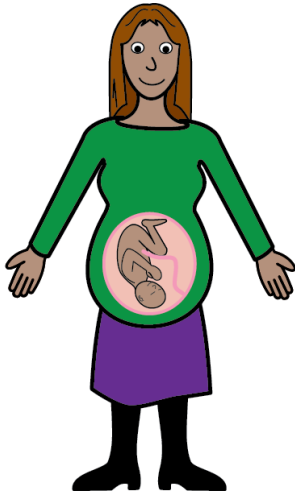
Arab

Any other ethnicity

If you want to, you can tell us which here:

\_\_\_\_\_

Prefer not to say



## Question 23

Are you pregnant or have you given birth in the last 26 weeks?

Please tick one option



Yes



No



I prefer not to say





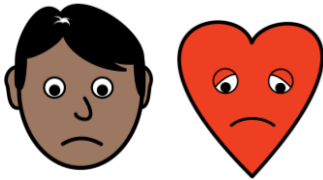
## Question 24

Do you have a disability or do you suffer from poor health?

Please tick all boxes that apply option.



Yes, I have a disability



Yes, I am in poor health



No



I prefer not to say



## Question 25

If you have ticked yes, please tick which one.

You can tick more than 1.

You do not have to answer if you don't want to.

There are more on the next page.



I have a physical condition



I have partial or total loss of vision



I have a learning disability or difficulty



I have a partial or total loss of hearing



I have a mental health condition



## Question 25

If you have ticked yes, please tick which one.

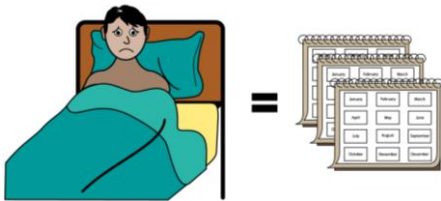
You can tick more than 1.

You do not have to answer if you don't want to.

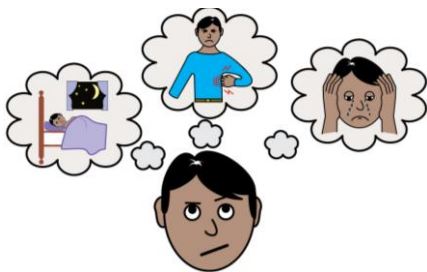
There are more on the next page.



I have a speech impediment or impairment



I have a long standing illness or disease



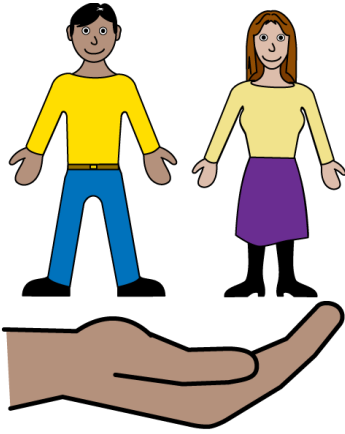
I have something else.

If you want to, you can tell us here:

\_\_\_\_\_



Prefer not to say



## Question 26

Do you provide care for someone?

You can tick more than 1.



Yes

I care for a young person(s)  
who is 24 years old or younger



Yes

I care for an adult(s) 25 to 49  
years old



Yes

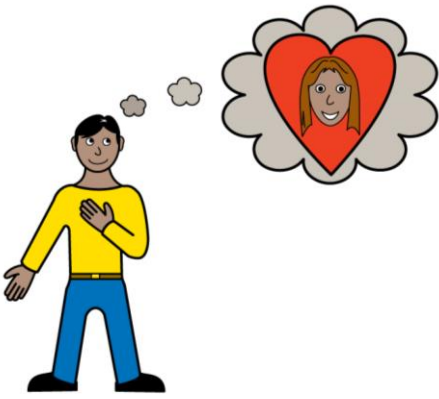
I care for an older person(s) who  
is 50 years old or over 50 years  
old



No



Prefer not to say



## Question 27

What is your relationship status?

Please tick 1 box.



\*

Single



\*

Married or in a civil partnership



\*

Separated or divorced



\*

Living with a partner



\*

Widowed/surviving civil partner



Prefer not to say



## Question 29

What is your sexual preference?

Please tick 1 box.



Bisexual

This could be a relationship between a man or a woman. There is no preference.



Gay or lesbian

This is a relationship between 2 men or 2 women



Heterosexual or straight

This is a relationship between a man and a woman



Something else

If you want to, you can tell us here:

\_\_\_\_\_



Prefer not to say

## Question 30

\*



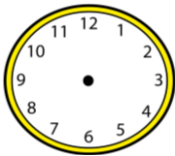
Please tick the boxes that apply to you about the armed services.

These are things like the army, the navy and the royal air force.

There are more options on the next page.



I am serving in the Armed Services



I have previously served in the Armed Services



\*

I am a family member of someone serving in the Armed Services

# Question 30



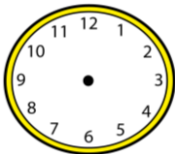
Please tick the boxes that apply to you about the armed services.

These are things like the army, the navy and the royal air force.

There are more options on the next page.



I am a reserve in the Armed Services



I am a civilian or have another role in the Armed Services



None of the options apply to me



I prefer not to say



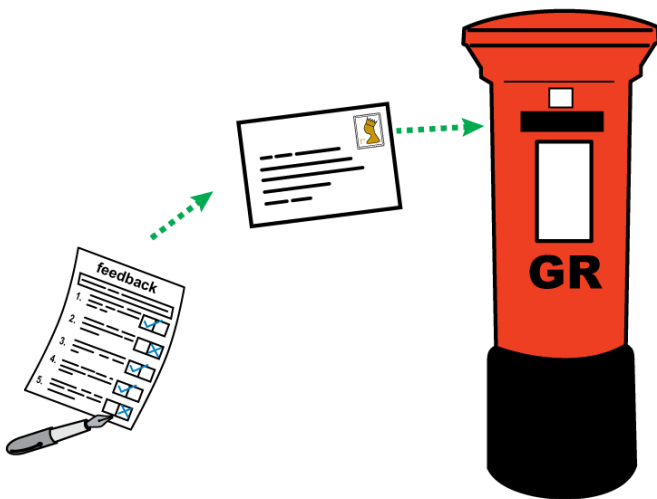
# Thank you for completing our survey



Thank you for completing our survey

Put the survey in an envelope and send it to us for free

Write our address on the envelope



Freepost Plus  
RUEE-ZAUY-BXEG  
Rutland Consultation  
LLR ICB, G30  
Pen Lloyd Building  
Leicestershire County Council  
Leicester Road  
Glenfield  
Leicester  
LE3 8TB

# Thank you for completing our survey



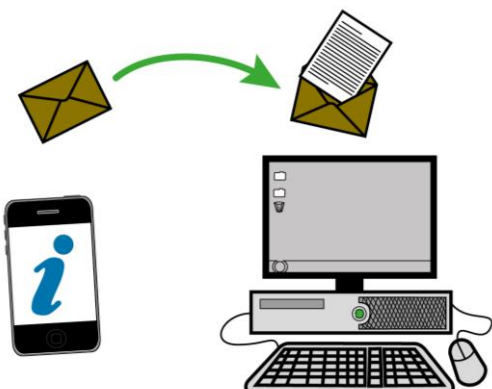
If you want to read more about other health services in Rutland, visit our website  
[www.bit.ly/rutlandsurvey](http://www.bit.ly/rutlandsurvey)



The document online is called “Other services in Rutland Easy Read”



Or you can call us to ask for the document on 0116 295 7532



Or you can email us to ask for the document:  
[llricb-llr.beinvolved@nhs.net](mailto:llricb-llr.beinvolved@nhs.net)