Healthwatch Rutland reflects the public voice: The University Hospitals of Leicester NHS Trust consultation on reconfiguration of acute hospitals and maternity services

December 2020

Acronyms used in this document

CCG	Clinical Commissioning Groups
GH	Glenfield Hospital
HWR	Healthwatch Rutland
LGH	Leicester General Hospital
LRI	Leicester Royal Infirmary
LLR	Leicester, Leicestershire and Rutland
NHS	National Health Service
PCBC	Pre-consultation Business Case
RTT	Referral to Treatment (time)
UHL	University Hospitals of Leicester

1. Introduction

The combined Leicester, Leicestershire and Rutland (LLR) Clinical Commissioning Groups (CCG) are responsible for conducting the public consultation about the reconfiguration plans for acute hospitals and maternity services of the University Hospitals of Leicester NHS Trust (UHL). The reconfiguration plans include the following:

- **Glenfield Hospital (GH)** will have a new treatment centre, a super Intensive Care Unit, an outpatients' haemodialysis unit and upgraded car parking. It will deal with all planned and outpatients' care.
- **Leicester Royal Infirmary (LRI)** will have a new Children's Hospital, an obstetric and midwife-led unit with neonatal care adjacent and a super Intensive Care unit. It will deal with all emergency care.
- **Leicester General Hospital (LGH)** ceases to provide acute care and the outpatients' haemodialysis unit (to be sited elsewhere) and the hydrotherapy pool will close. But there will be a community hub, a rehabilitation unit, a diabetes centre of excellence and a diagnostics hub. Subject to consultation there could be a midwife-led birthing unit (initially on a trial basis to understand demand), a GP facility and an urgent care centre. Surplus land is to be sold for affordable housing developments providing, possibly, homes for key workers[1].
- **St Mary's Birthing Unit**, Melton Mowbray will close.

[1] See for example: https://www.betterhospitalsleicester.nhs.uk/what-are-we-consulting-on/leicester-general-hospital/

Over the period of the consultation, 28th September to 21st December 2020, Healthwatch Rutland (HWR) has engaged widely with people in Rutland to hear their opinions about the proposals to reconfigure Leicester acute hospitals and maternity services. Our activities have included:

- website articles
- social media updates
- articles in local newspapers
- analysis and questions about the UHL pre-consultation business case PCBC)[2]
- a podcast
- the hosting of a virtual public meeting
- conversation/drop-in events with local groups and organisations[3].

This document provides a consolidation of the many questions and comments Healthwatch Rutland (HWR) has received during the consultation. First, we pursue further the travel difficulties and uncertainty about bed calculations which we first raised with the CCG in our analysis of the PCBC in October. Second, we have drawn out the major themes of the PCBC which have emerged as very important for the Rutland public during HWR public engagement events held in the consultation period. Third, although recognising that community care is stated as not part of the UHL reconfiguration, we address the lack of information and intense concern that Rutland people have consistently expressed throughout the consultation about plans for care closer to home in Rutland.

2.1 Travel and transport

Rutland is a rural area with infrequent public transport services. Access to health care has consistently emerged as a major concern in HWR public engagement activities. With acute facilities moving from LGH to LRI or GH, 30% of the LLR population will have longer journeys to access health care currently available at LGH. All Rutland residents are included in this 30%.

In October 2020 HWR questioned the use of 2014-2015 data for the UHL Pre-Consultation Business Case (PCBC) which suggests an extra 9-11 minutes journey time to either LRI or GH, for Rutland residents who would have previously attended LGH. The CCG provided the following response[4]:

> *The Travel Plan is the document that provides the detail and which informs travel requirements, this has been published on the consultation website. This document was updated in 2019 and included surveys undertaken with the public, patients and staff. This document provides the baseline from which the new Travel Action Plan is being developed.*

The 2019 Travel Plan[5] states:

[2] Can be retrieved from: https://www.healthwatchrutland.co.uk/sites/healthwatchrutland.co.uk/files/editors/UHL%20PCBC%20considerations%20for%20Rutland%20.pdf

[3] Full details of all engagement activities are in Appendix 1

[4] The CCG responses to the questions are available to view at: https://www.healthwatchrutland.co.uk/sites/healthwatchrutland.co.uk/files/Paper%203%20CCG%20response%20to%20Considerations%20for%20Rutland.pdf

[5] The UHL Travel Plan can be viewed at https://www.bettercareleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=80225&type=full&servicetype=Inline

> *On the whole, the majority of staff/volunteers and patients/visitors are able to access hospital sites within a 60 minute journey time using public transport* (Page 165, Section 16.6.5)…. *There are several areas in which there is limited access to public transport where staff/volunteers and patients/visitors reside. These areas include South West Loughborough, Ashby-de-la-Zouch, Ibstock and Lutterworth* (Section 16.6.6)… *In order to improve connectivity to the outlying areas where no public transport is accessible within a 60 minute travel time, bus services could be improved to provide sustainable transport options* (Section 16.6.7).

Section 16.6 does not acknowledge that many Rutland residents face journey times longer than 60 minutes; especially if using public transport or by car at peak travel times. Responsibility for transport improvements lies with private transport companies or financially-constrained local authorities. Also, such improvements depend on public transport and park and ride facilities interlinking with the hospital hopper bus service. There are currently park and ride facilities to the north, south and west of Leicester but nothing in the East – where the 30% facing longer journeys reside and including Rutland residents.

Appendix 2 contains the complete list of comments from Rutland residents about their travel difficulties but, in summary, their transport concerns are:

- Congested roads.
- Poor parking facilities.
- Insufficient parking bays, lack of space for disembarking wheel chairs for disabled people and absence of enforcement of restrictions for parking in bays assigned for disabled users.
- Increased length, time and complexity of journey.
- Loss of independence if asking someone else to take them to hospital.
- No accommodation by hospitals of people's employment or domestic responsibilities.
- Infrequent and poor Rutland public transport services with several buses, sometimes a train and walking involved.
- High travel and car parking costs.
- Familiarity with existing services, especially at LGH, will be disrupted and impose extra transport difficulties, especially for those with impaired sight.

The Voluntary Action Rutland car and driver service is appreciated by Rutland residents who are elderly and infirm. There was no mention of the Non-Emergency Patient Transport service which implies that:

- People might not be aware of it.
- People are not satisfied with it.
- Most people find they are not entitled to use it or do not know how to access it.

2.2 UHL bed numbers, waiting lists and hospital spaces

HWR also asked the CCG about the reconfiguration plans:

Given that, despite efficiency plans etc the waiting list will only reduce by 3013 patients by 2023/24[6], should the plans be modified to better meet demand and reduce waiting times?

Our concern was that, nationally, acute bed numbers have reduced from 299,000 in 1987/88 to 141,000 in 2018/19, largely due to more care in the community and shorter hospital stays, but there are now 'signs of a growing shortage of acute hospital beds' (Ewbank et al 2020)[7]. This shortage results in Government targets not being achieved, rising demand and staff shortages (Ewbank et al 2020). UHL calculates that 300 extra beds will be needed by 2023/24. This will be met by 139 new beds and a further 161 beds released through improved patient pathways, efficiencies and reorganisation.

The UHL response to the HWR question states:

> *The Pre-Consultation Business Case beds model has been designed to ensure that University Hospitals of Leicester and the Leicester, Leicester and Rutland health economy are able to meet the national key waiting times standards (such as treatment within 18 weeks). The overall waiting list position is dependent on the size of the trust and the population (e.g. within London, one major Acute Trust has a waiting list of over 100,000, but can still meet key waiting list standards).*

The Government standard requires that no fewer than 92% of patients should have to wait longer than 18 weeks from initial referral to the start of treatment (Referral to Treatment Time – or RTT). So HWR explored the UHL waiting times in more detail. The graph below shows UHL performance against the Government target:

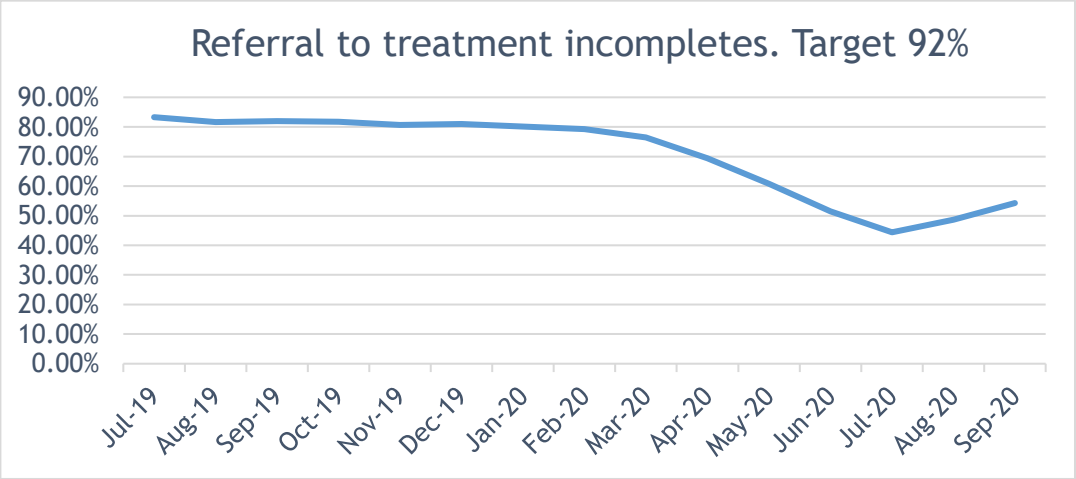

Chart 1. The percentage of patients receiving treatment within 18 weeks of referral

In July 2019 there were 65,600 people waiting for their treatment to commence at the UHL hospitals. 83.3% of patients started their treatment within the 18 week target[8]. From then,

[6] Stated in the reconfiguration Pre-Consultation Business Case

[7] Ewbank, L. Cet al (2020) *NHS hospital bed numbers: past, present and future* Retrieved from https://www.kingsfund.org.uk/publications/nhs-hospital-bed-numbers The Kings Fund.

[8] All figures taken from UHL Quality and Assurance Monthly Reports in the Board meeting papers. Retrieved from https://www.leicestershospitals.nhs.uk/aboutus/our-structure-and-people/board-of-directors/board-meeting-dates/

there was a slight downward trajectory to 80.1% RTT compliance in January 2020. From this point onwards the combination of winter weather and the COVID-19 pandemic emergency suspension of all but emergency or life-threatening urgent care meant that there were 72,292 people waiting for treatment and only 44.4% of patients starting their treatment within 18 weeks of referral by July 2020. As the pressures of the first wave of COVID-19 subsided, planned care was resumed and 54.3% of patients commenced treatment within 18 weeks in September. The figures for October and November 2020, coinciding with the second wave of the pandemic are not yet published.

The comments and questions HWR received from the public during the engagement activities are listed in appendix 3 and are summarised below:

- Are there going to be flexible spaces within the hospitals to deal with potential future surges in COVID-19 infection rates?
- There are uncertainties about the PCBC bed calculations and some people thought there will be a loss of beds.
- Has projected population growth, resulting in increasing demand, been taken into consideration?
- Hospital spaces need also to be designed for those people with disabilities.

In view of these comments and the fact that UHL was not meeting Government waiting list targets before the COVID-19 pandemic, HWR would ask that UHL provides for the public:

- A clear, understandable calculation of the number of beds required for now and the future, which will result in the achievement of Government targets for Referral to Treatment times.
- Such a calculation should demonstrate contingencies for possible future pandemics and population growth.
- When planning hospital spaces, UHL will demonstrate full consideration of the needs of people with learning and physical disabilities.

3.1 Moving from 3 acute hospitals to 2, the splitting of planned and emergency care and changes at LGH

There were fewer comments about allocating emergency care to LRI and planned care to GH (see appendix 4). In summary, Rutland people told us:

- They support splitting emergency and planned care in order to reduce cancellations.
- They support all planned services being available in one hospital.
- There are concerns that planned care at GH involves longer and more difficult journeys.
- Specialist staff will be more available where most needed and not scattered across three sites.
- The organisation of hospital services will be easier for patients to understand.

3.2 The consultation

This public consultation took place during the COVID-19 pandemic when varying restrictions applied, including social distancing and a month-long national lock down. Many events and most information have been readily available on line but there has been an awareness that not

all Rutland residents have access to the internet. The CCG therefore utilised non-digital means across LLR including: an 8 page information leaflet to be delivered to each household; local newspapers; local television and radio; and communication via faith and community groups. Rutland residents' comments are listed in appendix 5 and are summarised below

- The Rutland public wanted much more information about 'care closer to home' and the future of Rutland Memorial Hospital so they could respond fully.
- People want mitigations for the adverse impacts of the reconfiguration.
- People wanted a Rutland-specific meeting to explain more about community care.
- The consultation information leaflet was not delivered to all households.
- There was concern that the 'general population' might not be aware of the consultation.
- People felt that the proposals did not offer Rutland many benefits.
- There was praise for UHL services and a future Children's Hospital is welcome.

3.3 Using technology: virtual appointments

During the virtual drop-ins people were asked specifically about their thoughts and experiences of talking remotely with their health professionals. The comments, listed in appendix 6, raise the following points:

- People with impaired sight find it difficult to use technology.
- People with impaired hearing prefer email to telephone.
- Doctors are requested to use understandable language.
- Some spoke of very good experiences with remote consultations.
- Some preferred face-to-face consultations.
- There are people who do not have access to, and/or do not know how to use the technology.

The Rutland public have sent a clear message that patients should be offered a choice in how they communicate with health care professionals.

3.4 Maternity care and the planned closure of St Mary's birthing centre

The PCBC (appendix X p469) states that 22 Rutland women gave birth in St Mary's Birthing Unit, Melton Mowbray in the year 2017/8. Nevertheless, only 6 comments were received (appendix 7) expressing the following:

- Five people disapproved of the proposal.
- One person supported the proposal.
- The greater travelling distance might mean that women in labour could give birth before reaching the hospital.
- The demand to give birth at St Mary's has been artificially reduced because women are not offered it as an alternative.

3.5 Other comments, suggestions and unanswered questions relating to the reconfiguration

There were other comments about perceived benefits and disbenefits, suggestions and unanswered questions which do not fit neatly into the main themes that emerged. These are too valuable to overlook and are listed separately in appendix 8. In summary:

- There is praise for the Leicester hospitals.
- Some think that hospitals and services will be improved.
- Others perceive that there will be no extra benefits for Rutland residents.
- The hospitals do not consider the juggling of domestic and employment commitments in order to get to hospital.
- More services are required locally, including haemodialysis and chemotherapy.

4. Care Closer to home

Care in the community and 'closer to home' is not included in the public consultation[9]. Yet, the UHL reconfiguration plans and bed calculations rely heavily on shortened hospital stays, swift patient discharge and care closer to home. So many people expressed their need to know what care would be available in Rutland before giving an informed response to the survey, that their comments have been included in this document. Some of this anxiety can be traced back to the 2016 proposal to close Rutland Memorial Hospital – an idea which many Rutland people opposed.

In response to HWR representations, the CCG held a public Rutland-specific virtual meeting on 3rd December 2020. In a short presentation it was stated that, based on what Rutland people have been saying, the CCG ambitions for the county are that everyone is able to:

- Access clear advice on staying well.
- Access a range of preventative services.
- Access simple, joined-up care and treatment when they need it.
- Access digital services (with non-digital alternatives) that put the citizen at the heart of their own care.
- Access proactive support to keep as well as possible, where they are vulnerable or at high risk
- To expect the NHS, through its employment, training, procurement and volunteering activities, and as a major estate owner to play a full part in social and economic development and environmental sustainability.[10]

Concerns expressed at the meeting were multiple and varied and are set out in the appendices. They include:

- There was a clear message that people want more care in Rutland - closer to home.
- It is not clear what the CCG means by 'care closer to home'.

[9] See for example the public consultation document retrievable from: https://www.betterhospitalsleicester.nhs.uk/EasysiteWeb/getresource.axd?AssetID=80128&type=full&servicetype=Inline

[10] LLR CCG *An emerging plan for Rutland.* Presentation for Rutland-specific public meeting 3rd December 2020

- Rutland people needing step-down care are often inappropriately allocated beds in distant community hospitals that are difficult to access for visitors. Similarly, people from other parts of the LLR region are allocated beds in Oakham.
- There is no mention of the offer for those with learning disabilities and autism.
- The availability in Rutland of opthalmology, haemodialysis and chemotherapy services is requested.
- It is very difficult to see or speak to a doctor at Oakham Medical Practice.
- There are difficulties with travel and cost to get to the Leicester hospitals from Rutland
- There are now over 70,000 people on UHL waiting lists. Are the plans to add only 139 new beds sufficient to reduce this?
- Will it be possible to fill all staff vacancies?
- Would the LGH Community Hub detract from the availability of services in Rutland?
- Concerns about the capacity, maintenance and sites of the Rutland Healthcare estate.
- The UHL reconfiguration proposals are being consulted without clear plans for the co-dependent community offer.

5. A Healthwatch Rutland Concern

The 1.1 million population is comprised as follows: Leicestershire 715,000, Leicester City 360,000 and Rutland 40,000. Rutland people therefore make up approximately 3.5% of the LLR population. Any LLR combined numerical data analysis of the consultation survey responses potentially favours the greater number of responses received from areas of higher populations. What is best for Leicester and/or Leicestershire residents might not be in the best interests of their Rutland counterparts. For example, closure of LGH haemodialysis unit removes one of the nearest facilities for Rutland patients, but relocating it at Glenfield and/or the south of Leicester eases the travel burden of those living in the north or south of Leicester.

6. Conclusion

The major themes emerging from the HWR engagement are unsurprising in many cases, having been put forward by the public and by HWR in previous engagement reports:

- Travel to access health care is consistently a problem. People are worried this will get worse once LGH is no longer an acute hospital. The strength of feeling on this issue requires a concerted effort from UHL/CCGs to mitigate what may become a growing inequality of access to healthcare.
- There remains a concern that UHL plans may have under-calculated the number of beds needed and HWR asks that consideration is given to this before final decisions on plans are taken.
- More outpatient appointments, diagnostics and procedures are welcomed in Rutland and suggestions about specific diagnostics and procedures have been put forward by the public which should be included in planning.
- There is no ‘one size fits all’ when considering remote consultations and health care providers must acknowledge factors such as personal preferences, disabilities, digital exclusion etc.
- People like the plans to split emergency and elective care to prevent cancellations.

- People wanted to know more about the 'care closer to home' offer so they could make fully informed comment to the consultation.
- There was little comment about the closure of St Mary's but those who did comment mostly expressed disapproval.
- The final analysis of consultation feedback should take into account the smaller population size of Rutland. Consideration of overall numbers of responses across LLR only, would allow bias towards the views of larger populations.

Acknowledgements

We are grateful to all of the Rutland residents who gave their opinions about the future of healthcare across Leicester, Leicestershire and Rutland. We also thank Mr Andy Williams, Chief Executive of LLR CCGs, his team, and partner organisations for holding a Rutland locality meeting and for answering questions and listening to comments.

Appendix 1 Healthwatch Rutland public engagement activities

Healthwatch Rutland heard directly from 162 Rutland people whilst undertaking our engagement activities, both direct and indirect, during the consultation:

1. Analysis and questioning of the pre-consultation business case which was published on the HWR website and sent to the CCG (for response), UHL, Rutland councillors, and Member of Parliament.
2. Taking part in the '*The Persani Podcast*'[11].
3. Virtual public meeting 28/10/2020 – all participants' comments recorded and transcribed.
4. Comprehensive information and regular updates on HWR website, Facebook and Twitter, and Rutland newspapers.
5. A 'quick poll'.
6. Meetings attended include:
    - LLR Joint Health Overview and Scrutiny Commission
    - CCG Rutland locality meeting 3/12/2020
    - Rutland Health and Social Care Policy Consortium 9/12/2020
7. Virtual engagement drop-ins held with the following groups:
    - Rutland Disabled Youth Forum (ages 14-25 with all disabilities)
    - Macular Society
    - Rutland Youth Council (ages 11-19)
    - Over 50s Coffee Morning
    - Out-Of-Hours Club, Rutland (Young adults 18-40 with disabilities, especially learning disabilities & autism)
    - Age UK Monday Club
    - Time Out For Us (Rutland Young carers ages 11-19)
    - Tea at Three
    - Rutland Rotaract Family Centre (carers)
    - Age UK Befrienders

[11] The HWR interview during the Persani Podcast can be heard here: https://soundcloud.com/user-878662302/persani-podcast-week-7

Appendix 2 Comments and reports about travel and transport from Rutland residents

From the HWR public meeting 28/10/20

1. *Rutland has a lot of elderly residents who, possibly can't or don't drive or have restricted mobility. Public transport in Rutland is infrequent and difficult. To get to any of the city hospitals from the Rutland villages will often involve a bus journey, a train journey and a further bus journey or several buses. The same has to be done in reverse to get home. Taxis and voluntary car schemes are there but they are often financially or in other ways beyond the reach of the sick, disabled and elderly. We have been complaining about this for years and yet the situation gets worse and not better. Is anything being done to help us other than telling us to go to different hospitals?*
2. *I love the line that says 'improvement to car parking facilities'. You probably haven't got the answers but how? where? when? It's one of those things that's been going on for years.*
3. *The only thing this seems to be is moving care further from home. Certainly, further away from where one can get to. Anybody who thinks you can get to Leicester Royal with its non-existent signing and its non-existent car parking in 11 minutes more than to Leicester General has obviously not tried it at rush hour.*
4. *If you've got sort of day-to-day things that you just need looking at for half an hour, it's a long way to travel to all these different hospitals.*
5. *I class myself as a confident driver but I wouldn't contemplate driving to Leicester Royal Infirmary. I'd go on the train. But the train runs only every two hours rather than every hour. And I would use the Hopper bus to go out to Glenfield. I would drive to the General but use the train for the other two hospitals. I live in Oakham and can walk to the railway station. People out in the villages have got an extra cost and the trains are not cheap.*
6. *[We've] got the transport issue, yes, we've got struggles in getting to where we've got to get. But we've also got young families. And if they've got a disabled child and a child at school, how can they manage to get to these appointments in whichever hospital as well as get the other child to school on time and then get back to pick that child up?*
7. *I was just thinking that Rutland is 40,000 out of 300,000 who are negatively affected for transport. The others must be places like Melton, Harborough and places like Zouch and maybe some places further into the north-west of the county. If this is a general concern and the CCG is addressed by the representatives of some 300,000 people it could have more traction than what they would see as just 40,000 people.*
8. *The thing about transport, getting back to it, is expecting everybody to get into Leicester and the hospitals by car. And if you are elderly you have to ask somebody to take you in, so that adds to more frustration.*
9. *Totally agree with all that's been said about elderly and travel issues. However, there are also issues for younger people. I have an appointment for a mammogram (half an hour on the letter), but I will have to take a day off work to get there and back, so I shall not be attending as I cannot afford the day off work.*
10. *The Royal Infirmary site is small. The reconfiguration of the hospital is a major construction project. Has the impact on parking during the construction period been properly considered?*
11. *This is a very long way to travel [to Glenfield Hospital for opthalmology] would people be referred to Peterborough?*

12. *You don't mind asking somebody to take you from Wing to Oakham or Wymondham to Oakham. Whereas to ask someone to take you to Leicester is a whole different ball game, I think.*

From the quick poll on Healthwatch Rutland website

1. *[My concern is] additional travel to LRI and Glenfield.*
2. *Glenfield is too far for us as an acute hospital and the Royal is a nightmare to get to, prefer Peterborough.*
3. *Distance and time to travel to Leicester hospitals will be detrimental to patients' health and wellbeing.*
4. *Getting to Leicester for any treatment is difficult and expensive for those who don't drive.*
5. *Every hospital appointment will be more difficult as most of my appointments are at the General.*
6. *All acute services will now be in the north-west quadrant of Leicestershire so it will be harder for Rutland to access.*
7. *Community hub at the General means that there will be less services available for Rutland people who will have to travel to Glenfield or LRI.*
8. *No account has been taken of travel problems for a rural community with poor public transport.*
9. *When will Rutland get a hospital bus service to get people to the hospitals in Leicester and Peterborough?*
10. *Try including improvements within Rutland or offering subsidised travel.*
11. *If treatment was required at Glenfield for example, the journey would be intolerable.*
12. *I am very concerned about the travel problems Rutland people will experience. This will be made worse by not having acute services at the nearest of the 3 hospitals – Leicester General.*

From the virtual drop-in engagements[12]

1. *One participant expressed concern over the travel difficulties for other members of the group (not present on the call) who use opthalmology services at the Royal at present and will have to go further to Glenfield in the future. Public transport to Glenfield involves several changes and takes a long time and is challenging for sight impaired people.*
2. *I was in hospital at the Glenfield but my family wished I was in Peterborough because the journey and visiting is so much easier from here (south of Rutland). More operations at Glenfield will cause more problems for more families.*
3. *I still had to get to and from the hospital which is never easy to arrange.*
4. *Just anything that stops people having to drive to Leicester.*
5. *I struggle with carparking. It costs a lot and I never have the change – not everyone uses phones to pay but sometimes the machines won't let you use cash. This needs improving.*
6. *However, I've been to all 3 Leicester hospitals and getting to all of them is a problem if you don't drive. It takes 45 minutes to an hour for any of them – that's great if you can drive, but lots of people don't. Public transport to the hospitals is very difficult with many changes needed. I think we still have community bus provision in Rutland but I don't know much about it.*

[12] Comments from the drop-in engagements include verbatim responses and also reported comments from HWR facilitator.

7. *Two participants thought that having more scans and diagnostics at the General is better than having to go to the Royal or Glenfield for such things because it is easier to get to and parking is easier.*
8. *I will miss going to the General – my daughter drives me there and it's easy. I don't drive and I could not go to Glenfield or Peterborough.*
9. *Half the participants (3 out of 6) said they use Peterborough because it's easier to get to, with 2 specifying eye clinics, some of which had moved to Stamford during Covid. All were very happy doing this.*
10. *My husband is not at all well and has to go to all 3 hospitals for different things. It would be good to have everything at one hospital and we can get to the General but it's a long way to go on the bus if everything goes to Glenfield. I've done it and it takes a long time and we haven't got transport. I'm worried about losing the General.*
11. *'[I] will have to go to Glenfield in the future and would continue to rely heavily on the community transport service to get them there. It's important that the VAR service is supported and continues to operate.*
12. *One participant whose husband has recently had cancer operation went to the Royal for it and they have been using the VAR community transport service which has worked really well for them.*
13. *One young carer has had to go to LRI several times recently, when in severe pain from a so far undiagnosed condition. It is difficult to get there quickly due to the distance from their village in the East of Rutland, and traffic is often terrible. Anything that reduces traffic to and hold-ups at LRI would make life easier.*
14. *[Technology] reduce[s] the need for travelling to hospitals, which is very difficult for their family of a single parent, along with the young carer helping to look after their sibling who is in a wheelchair.*
15. *Another young carer said that Stamford and Peterborough hospitals were preferred in their family because they were easier to get to.*
16. *Parking at all the hospitals is terrible for blue badge users like me. People use parking bays set aside for disabled people when they don't need them and there is no come back on them or punishment to stop them doing it.*
17. *Parking bays are not big enough to allow proper wheelchair access to the side and back (of the vehicle).*
18. *I have had to go to the Royal lots of times for paediatrics – I go with my mum in the car and it's really hard to get to and takes a long time with all the traffic. Peterborough is quicker and easier but I can't go there (to get the care I need).*
19. *I go to the Royal for my ear appointments – it's really difficult because we don't drive.*
20. *Its already far easier to get to Peterborough, so it's concerning that appointments will move from the General in the East, and the Royal in the Centre, out to the other side of Leicester where it's difficult to get to on transport or by car.*
21. *A member of my family goes to LRI for specific tests for [an] allergy and we have to set aside 2 hours just to get there.*
22. *My great granny goes to the Royal for eye injections and would have to go further away to the Glenfield which will be difficult for them.*
23. *To get to the Valentine Centre takes 2 buses and you have to know which ones to take which causes even more anxiety.*
24. *Travel is a big concern for the people I support (as a befriender). Especially people who can't drive. Trains and taxis are very expensive and it looks like journeys will be longer.*

25. *A lot of the older people in our groups tell me (as a befriender) that they have problems with disabled parking at all the hospitals - there is not enough and other people use them so they are always at a premium.*
26. *I can't cope taking the children to Leicester and choose anywhere else – Peterborough for arthritis, eye surgery to Cambridge, metabolic condition to Birmingham children's hospital – I'd rather go to Birmingham than Leicester even though it adds another hour – it's easier to park and less stressful to get to. We have been to LRI for special physio, which was great whilst there, but the stress of busy roads & parking problems sets the scene for the rest of the visit.*
27. *I avoid Leicester hospitals because Leicester is always so busy. I've been to Peterborough twice and its great, easy and quick to get to. Leicester might be more attractive if traffic was reduced and travel made easier.*
28. *As a disabled person, I rely on VAR community transport to get me to Leicester General for neurology appointments. The transport service is essential, especially if these services will move further away to the Royal.*
29. *Disabled parking is a problem at the Royal. People are very anxious before they even get into the hospital with the traffic, the dropping off and parking.*

Appendix 3. Comments and reports about bed numbers, hospital spaces and the coronavirus pandemic

From the HWR public meeting

1. *To change the subject a little bit, in a post-COVID world, will the designs of the new hospital take into account perhaps the need for greater space which of course is an increased cost?*
2. *And the NHS Estate's guru said a couple of weeks ago that they are having to look at things like being much more flexible as they go through to developing larger areas so that they can adapt and change and move much more swiftly without having to go through a major reorganisation. So, I think an awful lot will have to take place at UHL to make it COVID-ready.*
3. *The other thing was about the 300 beds. You have already brought that down to 139. I'd like to bring it down further. I would like to say it's just 41. Because 28 of the beds are already there, they are just using them for a different purpose and if I take some sweets from you and give them to [someone else] I can't say that I've created more sweets. I may be using them in a different way but I can't say that I've created any more. We can take that 28 beds out. The other thing is that the 70 beds, they have told us that they actually haven't got the money or the space to put those in. If they need to put those 70 beds in, they are going to need to find the space and the money for 2½ more wards. So now we are taking 28 away, 70 away and we've got just 41 beds. Even those 40 beds, I can't find in the PCBC where the funding is coming from for those. It is space that is currently not in clinical use but could be converted to clinical use. So, even those 41 beds become a little suspect.*
4. *The population is predicted to grow so we are going to have more than 40,000 people.*
5. *You know, Rutland's got quite a few people with disability, dementia and things like that. A new hospital would hopefully have the features that will help these people to enter these buildings with less fear. I wouldn't say we will get rid of the fear, but they would have less fear. Everybody knows about the colour scheme when it comes to dementia. It says, blue on the floor, they think it's water, that sort of thing and the signage has to be, you know, we'd hope, with the development of this new site the signage would also be easy read, braille, you name it, all singing all dancing.*

6. *There are some comments on the consultation document and the comments about if we had already completed the reconfiguration, we would have been better off. It's actually an argument that is being viewed in hindsight because, when the reconfiguration finishes, we will have 100 intensive care beds. Actually, the plan, the modelling, as in the early period of COVID, was that UHL needed 300 intensive care beds. So, actually, they were clearing spaces out, they were using, areas that had supplies of oxygen etc and could be converted. So, with or without the reconfiguration, that would have been the case anyway.*

From the quick poll on Healthwatch Rutland website

1. *We will be losing beds in [the] General but most importantly 'Intensive care beds'.*
2. *Covid has demonstrated the importance of having enough beds.*
3. *Any reduction in hospital beds/services before alternative suitable provisions are up and running will result in empty promises.*
4. *Must protect Intensive Care beds. People have died because life-saving operations have been cancelled due to CV19 and not enough beds.*
5. *Loss of an acute hospital, birthing centre and many beds will not be replaced… we will lose far more than we will gain.*
6. *I am also concerned that they might not have correctly calculated the number of beds they will need.*

From the virtual drop-in engagements

1. *I have been to the Royal many times and you cannot get a wheelchair and 2 people in most of the toilets.*
2. *I have been to paediatrics at the Royal too and have had the same problem*
3. *When building new facilities it's really important to make hospitals children and disability-friendly and to take into account the needs of everyone; they should not be too bright and clinical. Kids with special needs don't cope well in large, busy waiting rooms and need quiet. Rooms that have lots of sensory resources will help to calm and settle the children before appointments, and are needed.*

Appendix 4. Comments and reports about splitting emergency and planned care and LGH proposals

From the Healthwatch Rutland public meeting

1. *I think the idea of segmenting out planned care from acute [emergency] care is absolutely the right way to go.*
2. *It makes sense to separate acute and LRI and all the rest of it.*
3. *I agree that you have to have the things like the acute separating from the planned care.*
4. *I think the separating out of planned and emergency services is the right way to go to make sure there are less cancellations.*
5. *A diabetic centre of excellence at the General would be good for me as I am diabetic.*

From the quick poll on Healthwatch Rutland website

1. *Diagnostic tests would be done at the Glenfield which is better.*
2. *Less cancelled operations.*
3. *It will be good to have the emergency care and planned care split so there will be (hopefully) fewer cancellations.*

From the virtual drop-in engagements

1. *Both participants supportive of the separation of planned and emergency care. One participant said that it would be reassuring for older people to know that when they have surgery booked, and are prepared for it (perhaps nervous) that it will go ahead rather than being cancelled and causing the stress of mental preparation all over again.*
2. *I will miss going to the General.*
3. *If the hospital changes make it easier for people to understand where to go for what services, I'm all in favour of that because it's so confusing.*
4. *I love the plans for separating emergency and planned care.*
5. *I've had a lot of experience with the Glenfield – heart surgery and breast cancer care – and it has been excellent so I'm glad it is being improved further.*

Appendix 5. Comments and reports about the consultation

From the Healthwatch Rutland public meeting

1. *There should be, in the proposals, compensatory measures for Rutland and some people feel the detail is lacking on this point. The chat said that prior to any decision on the reconfiguration and maybe people should have some certainty about maybe what is going to happen for health provision in Rutland prior to these reconfigurations.*
2. *And I certainly don't like the rather cavalier comment that was picked up about going elsewhere. So, I don't see how one can sensibly comment on the acute bit in an Integrated Care System without seeing what's meant to happen in the community. There are all sorts of good words.*
3. *There's no reason whatsoever why we cannot be looking at community services in parallel. Indeed, if you look at some of appendices that go with the PCBC, it's clear, it's stated that the community services review should have been completed by now and we should be looking at a complete package. It's been made clear, time and time again, that community and acute, the community services will be dependent on community taking up its share of the package. So, without that, we actually cannot give a considered response to the consultation.*
4. *I certainly think that a meeting with the CCG is a very good idea. One other question, these questionnaires that are being sent out. We haven't received one.*
5. *If we're going to make sensible answers to this consultation, we need to know the answers to these questions.*
6. *Coming back to the document we are supposed to be getting, I phoned the Better Hospitals NHS in Leicester today because [somebody] had sent me the link to that place. I phoned them and they told me we weren't going to automatically get this information and I said I would like a copy. She said I could ring up and request one. Anyway, she's going to send me 12 copies of the document and the survey. Then I noticed that I, going through next door, some people, I think it's in Uppingham mainly, have filled in the survey. I presume it's on line, you see. But that's all very well if people know about it. If they don't know about it, they don't get to fill it in, do they?*
7. *All I wanted to say was that, for a further meeting to have sense, we do need more information on what is proposed for Rutland so just to have a rerun of what's there at the moment I don't think will achieve a lot. What we do need, I would ask Mr Williams to try*

and produce, doesn't need to be in a flashy brochure or anything else but at least some details of what Rutland might reasonably expect.

8. *I think it's not just a case of telling everybody to complete the questionnaire because the questionnaire gives quite a nuanced view of the proposals. I think it's really important that the people understand for example that the document that you have put onto your website recently with a lot of questions and highlighting some of the concerns and questions that need to be answered for Rutland before we just merrily respond to the questionnaire*

From the quick poll on Healthwatch Rutland website

1. *Having worked for the NHS in management, I am aware of its oblique terminology.*
2. *I have read the consultation document and it didn't offer any benefits to Rutland.*
3. *There is no mention of community services which we are told is the way forward for care but is desperately underfunded.*
4. *But the other side of reconfiguration is the community care and community hospitals. There are just promises but no details and no finance.*
5. *What are the concrete plans for more procedures closer to home? There is little info as to how health care will be 'closer to home'.*
6. *Apparently, Rutland Memorial Hospital is not to be closed but there is little to no detail as to what services will be provided there.*
7. *No proper plans for decent healthcare locally in Rutland. More appointments at Oakham.*
8. *Impact on Rutland has not been considered – great for Leicester City West.*
9. *The reconfiguration plan has still not been published and we have had no literature yet about the consultation.*
10. *It is impossible to answer this question until we can understand what more 'health in the community' means and establish the part Rutland Memorial Hospital will play.*
11. *Also, how can Rutland people comment on a plan that depends on care closer to home without knowing what care closer to home will be on offer?*
12. *This is a lot of money. I think every effort should be made to get it right. Only by listening and acting on what the public say, will this be achieved. It seems as if they have already decided what they are going to do and this consultation is a tick-box exercise.*

From the virtual drop-in engagements

1. *The group leader felt that the group want to know what development of services will happen at Rutland Memorial Hospital that make things more local. Not just UHL but LPT services too.* (Youth Council)

Appendix 6. Comments and reports about technology and virtual appointments

From the virtual drop-in engagements

1. *One young carer who helps to care for their partially blind mum said that using video technology for appointments would not be useful or practical for the mum. Mum had had a telephone appointment/consultation with the young carer present to help - that was OK because they were able to use a smart phone to take a photo that the doctor needed. But that only works when it is suitable for the young carer to be present at a remote health consultation for mum.*

2. *Another young carer had not had any remote appointments/consultations, but was happy that it was a good thing to do in the right circumstance.*
3. *One participant explained that his experience of this was mostly phone calls for mental health support and medicines reviews. As a young adult, he still feels the need to have his parents listen in to "translate what the doctor is saying". He feels that too many long medical words are used that mean nothing to non-medical people and that the clinicians should "give a more simplified version" that people can understand if phone and video consultations are to happen successfully.*
4. *Another participant said that, after breaking a bone in their arm, they had various follow-up physiotherapy to do regularly and had found the "MSK app" much more useful than the sheets of paper that had been sent.*
5. *A second person with specific experience of remote physiotherapy support said that they had completed an online questionnaire to pinpoint the injury, received a phone call and then been given specific exercises without ever seeing a clinician; very happy with the result of this remote approach and thinks it is great for people who can't get to care settings easily.*
6. *One participant felt that additional use of technology in consultations will not be possible for people with macular degeneration, so more care in the community is needed instead of this for these particular patients.*
7. *I have had both a phone call and a screen appointment, but I still prefer to see someone face to face to talk to them and understand them properly, even though getting me to appointments with my wheelchair is difficult.*
8. *I've had an online consultation with my GP surgery at Uppingham which worked really well and I think this would work well for consultants at hospital as well, if the situation is appropriate. But not everyone has a smart phone to do this and I have a lot of friends like that. (The organiser of the coffee morning at Age UK) is loaning out tablets and giving help to get older people online – they also had a lowbrow meeting at the town hall - but my friends would not even consider it. This means that they have no idea of the possibilities – people will never know what they are missing if they never get online.*
9. *I've had to help people do things online and I created 'easy notes' by writing simple short steps and putting a screen shot with each step so the new user knows what to expect on the screen and they know they have done it right or wrong.*
10. *I've used online for repeat prescriptions but not for anything else – that works well.*
11. *I was recently supposed to go to an outpatients' appointment at Glenfield but it was changed to a phone appointment, followed up by an email with some questions because I am hard of hearing. That all worked really well for me and I didn't have to go to the hospital. I subsequently had another outpatients' appointment that I needed to attend in person – that too was brilliant because I was in & out with no waiting because of COVID precautions. It would be great if that efficiency carried on, but I still had to get to and from the hospital which is never easy to arrange.*
12. *I have noticed recently that Peterborough do most of their communication now by email because of COVID, which is great for me because I am hard of hearing and miss things by phone.*
13. *4 out of 6 participants were keen to say that they could not and would never want to receive online consultations because they are not computer or smart phone users and prefer to see clinicians face to face:*

- *1 said that they understood from friends that "signal" was a problem*

- *another said they had no idea about mobile phones and computers and were too old to learn; a comment that others agreed.*
- *1 said that they were glad they used Uppingham GP surgery because the staff knew they couldn't use tech and didn't try to persuade them each time they needed to see a GP.*

14. *We had a video consultation for my child's arthritis in lockdown, which went ok and was good because we didn't have to travel, but we also had a face-to-face later, and this was much better. Remote monitoring isn't great for that – the joint may look and seem ok to me, but they sometimes know better, and swelling can't be detected by me or on a screen.*
15. *I think there are lots of people who will need to carry on face-to-face consultations, especially on the mental health side when people want personal contact.*
16. *On the other hand I had a remote consultation with the GP about my child's skin condition – they were able to see it onscreen and prescribe special cream and shampoo for me to collect. This was great and shows that it's all about thinking carefully about when remote consultation can be effective and when its not….'horses for courses'*
17. *I've been talking to my GP by phone about every fortnight and that has been fantastic and very reassuring.*
18. *I was asked to do a video call with the hospital but wasn't very happy that I'd be able to manage it so said I'd rather have a phone call – that worked out well.*
19. *I'm housebound and can't get out and have had a couple of reviews on the phone – doing more of this by phone and video will be great for me because travelling anywhere is a problem.*
20. *2 other participants mentioned using video calls with GP surgery that have worked well. 1 of these stressed that it must be for something that's suitable and that sometimes remote won't work and face-to-face must always be an option.*
21. *1 participant said remote methods must be more efficient for doctors and staff in that they can use their time more effectively instead of having to walk out to get patients from the waiting area for each appointment. This participant also said that the whole process offered better confidentiality, because getting an appointment in the first place often meant talking to receptionists publicly when all appointments were face-to-face.*

Appendix 7. Comments about St Mary's birthing unit

From the Healthwatch Rutland public meeting

1. *With maternity moving to LRI probably, there seems to be a left and a right hand about whether there's going to be something at Leicester General. I do think there's going to be quite a lot of babies born in the back of cars on the ring road.*
2. *It seems to me to be folly to close St Mary's birthing centre in Melton*
3. *it's very easy to engineer the reduction in births and from a family experience where people have been shipped off to Leicester for being over 30 or something like that, it's engineered, in my view.*

From the quick poll on Healthwatch Rutland website

1. *Stop the closure of St Mary's birthing Centre*

From the virtual drop-in engagements

1. *I'm concerned about the mums having to drive to Leicester to have their babies. My daughter was not told she could go to Melton and had to go to Leicester…… we need birth centres closer to us.*

2. *Very positive to move maternity and neonatal services together into a new maternity hospital, bringing everything together. Mums can plan a midwife-led birth at the unit, knowing that, if anything goes wrong, they are in the right place for specialist care for them and their babies if needed, which is important to a lot of women. Closing Melton midwife unit reduces choice in that area, but a new replacement unit in Leicester General makes it accessible to more people.*

Appendix 8. Other comments, questions and suggestions

a) Perceived benefits of the reconfiguration

From Healthwatch Rutland public meeting

1. *I think we have to appreciate just how much the services have improved in Leicester, Leicestershire and Rutland over the last 50 years. We are actually in an area where we have very, very, high quality services and we should be enormously grateful for that.*
2. *Yes, I appreciate Leicester Infirmary is a centre of excellence and that is great for us if you've got that sort of problem*
3. *I've already indicated that there are tremendous advantages to be had by the plans that have been put forward for all of us across Leicester, Leicestershire and Rutland. But I think one thing in particular is the dedicated children's hospital which will be the only dedicated children's hospital in the whole of the East Midlands. I think that will be a tremendous asset for our community.*
4. *I think it will be good to have modern buildings or upgraded wards*

From the quick poll on Healthwatch Rutland website

1. *Better, more up-to-date intensive care.*
2. *Only benefit if acute care needed.*

From the virtual drop-in engagements

1. *Centralising services to ensure that the best qualified medical staff are always available is a good thing.*
2. *If the hospital changes make it easier for people to understand where to go for what services, I'm all in favour of that because it's so confusing.*

b) Perceptions of little or no benefit

From the HWR public meeting

1. *We have to be incredibly careful that we don't find ourselves in the same position as Ashby de la Zouch. Six years ago, the community hospital in Ashby was closed. They were promised all of the things that we're now being promised would be available in their communities. If you want to find out what's available in the community, have a look at the Leicestershire Health Overview and Scrutiny meeting in January of this year and there were people of Ashby saying, 'We're still waiting, we don't have anything.' So, I think it really is important that the two fit together.*
2. *But I do worry about young children and those with disability and carers trying to get from A to B without burning out. We are, as carers, we are struggling as it is to cope and putting this extra pressure on carers when they've got to work out, 'ok what time's that? I'm never going to do that' you know, because the person they're caring for won't get dressed in the*

morning or they won't, you know. Because that's our lives, we spend all our time running behind.

3. *It's clear from this discussion tonight that Rutland people are going to be disadvantaged.*

From the virtual drop-in engagements

1. *Rutland feels like the "poor relation" in this.*

From the quick poll on Healthwatch Rutland website

1. *Probably little.*
2. *The proposal will not benefit me, my family, my community or anyone else in Leicester, Leicestershire or Rutland.*
3. *There will be absolutely no benefit to any families and communities in Rutland. It will only benefit the shareholder.*
4. *Simply won't benefit any of us.*
5. *Don't think it will.*
6. *I have read the consultation document and it didn't offer any benefits to Rutland.*
7. *The proposal will bring little benefit to Rutland.*
8. *Leicester hospitals seem to have grabbed all the money for themselves leaving little for outlying areas such as Rutland. I cannot see any benefits especially as Melton Mowbray's birthing unit is to close. There is no mention of community services which we are told is the way forward for care but is desperately under-funded.*
9. *As a retired nurse and midwife, I feel we will be left to fend for ourselves and rely on the kindness of neighbours for help.*
10. *Good on paper. If it is just an exercise in reducing staff then it will do little to reduce their workload.*
11. *More appointments at Oakham but no investment or money for Oakham hospital*

c. Suggestions

From the HWR public meeting

1. *But what I think we need to do here in Rutland is to demonstrate that it is cost-effective and improves the quality of lives, not just for the people in Rutland but also the people in Leicestershire if the Rutland Memorial Hospital stays open. Now I think we can do that. What we need to do is get together and find the facts and figures to ensure that that message is got firmly across to the Clinical Commissioning Group. I think that will be an enormously difficult task but what a wonderful thing to be able to do to reconfigure a huge new organisation in such a way.*
2. *Providing dialysis on a site like Rutland Memorial is relatively cheap surely? And would save all this terrible travelling to hospital, to Glenfield three times a week. So, it seems to me to be a no brainer that there ought to be dialysis somewhere in the county, preferably in Oakham.*
3. *And can I say chemo as well?*
4. *It's not difficult to actually make the case for the presence of a dialysis unit in Rutland Memorial Hospital. The costs, as just indicated, are fairly small. The staffing costs have to be taken into account. But I would have thought that's something that we can, or Healthwatch can do – actually look at the costs and present them to the CCG and say, 'Look, this is a viable alternative, it's a viable possibility for Rutland.'*

From the virtual drop-in engagements

1. *It's very busy and frightening at the Royal. all the hospitals need to be more friendly. CAMHS should come to RMH once a week so that young people don't have to miss school*

From the quick poll on Healthwatch Rutland website

1. *Hospitals should be better equipped.*
2. *Try including improvements within Rutland or offering subsidised travel.*
3. *Stop selling off the Leicester General.*
4. *Look what happened to Stamford surgeries… This will happen on a larger scale in Rutland with the Hospitals.*
5. *Don't ever trust verbal reassurances, they have a terminology that says nothing and means less.*
6. *For residents of Rutland, the General should be updated instead of diminishing its significance.*

c) Unanswered questions

From the HWR public meeting

1. *What about the Karen Ball Suite and palliative care [at Rutland Memorial Hospital], that offers, will that continue? And also, I heard you say about Melton Hospital which obviously is quite close to us? And the closure of maternity unit, how's that going to be used as well?*
2. *But, with that, and if Rutland Memorial is to stay, will they get an uplift as well?*
3. *The question is what can be done to bring us back on to a level playing field? And nothing I've heard has suggested that will be done. If anything, it may get worse with the Rutland Memorial Hospital being closed.*

From the HWR quick poll (comments and reports)

1. *Once Leicester University Hospital trust has paid off its debts, how much money will be left?*
2. *When will Rutland get a hospital bus service to get people to the hospitals in Leicester and Peterborough?*

Appendix 9. Comments and reports about care closer to home

From the HWR public meeting 28/10/20

1. *I just think it's a shame. We've got these facilities both in Rutland and in Melton that are quite close to us in terms of transport. I'm sure there must be more creative ways to use those facilities.*
2. *My understanding is that the background to this is that it's all about an Integrated Care System with care closer to home. Now very much picking up what's been said by others, the only thing this seems to be is care moving further from home. Certainly, further away from where one can get to it… I don't mind whether it's RMH [Rutland Memorial Hospital] or somewhere else, but there needs to be services for Rutlanders with access by Rutlanders.*
3. *The abiding principle of the Long Term Plan is care closer to home. This flies in the face of that 'closer to home'. It would be an opportunity to make a genuine community hospital at RMH, not unlike the one in Corby, to include step-down from acute, things like dialysis and*

chemotherapy. We have a vibrant hospital in Rutland which, of course, is growing with St George's and Woolfox in the offing.

4. *I would like to pick up on a couple of points that were made around community services. I've been involved with this since 2012. March 2012, I attended my first meeting on the reconfiguration of Leicester hospitals. Now back as far as then, an integrated part of that was looking at services that could be moved around the community and into the community spaces. We were talking back then about community services.*
5. *If Rutland Memorial can do a lot more things, like outpatients and everything, I mean, they do some now - which is pretty good – it saves all that hassle.*
6. *We need a genuine community hospital. I'm worried, and I know that a lot of other people are worried, that this will be used as an opportunity ultimately to close RMH.*

From the quick poll on Healthwatch Rutland website

1. *Local services for residents should be expanded by reducing the centralisation of services.*
2. *Rutland Memorial Hospital is essential in order that patients may go there after being in other hospitals, thus freeing up beds in those places. The recuperation beds are essential – when my husband was discharged from Glenfield he was offered another place the other side of M1 -Hinckley- not a feasible distance for an elderly person to visit!*
3. *Also, once Leicester University Hospital [sic] has paid off its debts, how much money will be left?*
4. *Downgrading, even further, of local services.*
5. *Lack of services in Rutland without expanded of local services.*

From the virtual drop-in engagements

1. *One young adult who goes to Glenfield for regular heart check-ups gets very nervous about going and finds the experience very nerve-wracking; his carer had high praise for how he is treated and cared for.*
2. *One participant very much in favour of more appointments and procedures at Rutland Memorial Hospital to 2 participants talked about community hospitals being much more calming and relaxing than the acute hospitals and want more care in these settings. One specifically said that RMH is by far the best out of all the hospitals – 'it's not white' and therefore relaxing on the eyes & senses; 'you don't get crowds'. The other said that he had been to both Loughborough and Melton and preferred them for similar reasons.*
3. *The carer of another participant, explained a recent experience at Melton that could not have been better – the cared for person has little speech and when his agitation at being there was noted by staff they allowed him his own time to acclimatise then engaged him calmly and thoughtfully to allow the appointment to proceed. The carer wants more community appointments at Melton and RMH for 2 reasons: First they are easy and quick to get to and it does not end up taking a whole day for a single appointment as can happen with LRI or Glenfield; second, the unhurried and sympathetic approach and less intimidating scale and environment at the community hospitals is easier for people with learning disabilities and autism to deal with.*
4. *One Young adult had visited his mother in a Leicester hospital when she had surgery on her back (didn't know which hospital) and found it very uncomfortable and unclean – they thought it frightening for people having treatment and visiting people.*
5. *Any extra facilities at Oakham hospital would be great as part of this care closer to our home but I can't really say exactly what.*

6. *More X-rays at RMH would be good – every day rather than certain days and times. It gives people a choice.*
7. *Half the participants (3 out of 6) said they use Peterborough because it's easier to get to, with 2 specifying eye clinics, some of which had moved to Stamford during COVID. All were very happy doing this.*
8. *One participant wanted to say how fantastic their care has always been at Leicester hospitals and they have used them all. Now they are not getting out and about much, more outpatients clinics at RMH would make their life easier.*
9. *All the hospitals need to be more friendly.*
10. *Services are so hard to navigate, particularly for young people with both physical and mental illness.*
11. *One participant very much in favour of more appointments and procedures at Rutland Memorial Hospital to minimise travel problems that sight impaired people face.*
12. *I really like the idea that there will be more appointments going on in the community such as Rutland Memorial Hospital (RMH). It would be great to have more paediatrics outpatients/follow-up going on there, especially for rheumatology.*
13. *There is one local paediatrics outpatient appointment we attend (not rheumatology), where the paediatrician comes over from Leicester. I'm supposed to provide (hardcopy) information before the consultation, but RMH will not accept it (because of covid) and I can't get anyone to give me an email address to send it to the consultant in advance!*
14. *For Paediatrics/eye conditions my child needs 3 monthly outpatients checks with NWAFT and we have to go to Peterborough or Cambridge. More NWAFT outpatients' clinics at RMH would make things easier too.*
15. *More Occupational Therapy sessions for Rutland families are needed locally – to demonstrate how everyday life can be made easier for children with dyspraxia, autism, hypermobility etc.*
16. *Having more procedures in local hospitals is the right thing to do – eg I had an operation at Melton so I didn't have to travel into Leicester.*

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