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**Consultation Report:**

Improving Access to Health Services in Rutland Where Treatment is Needed on the Same Day

18 June 2025

**Produced by JW Research Limited**

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Executive Summary

This report presents the activities and findings from a public consultation on proposals to improve same-day access to health services in Rutland. Led by NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB), in partnership with Rutland County Council, Citizens Advice Rutland and other stakeholders, the 9-week consultation ran from 13 January to 16 March 2025. The public consultation provided a wide range of opportunities for interested persons to participate, both online and offline.

Specifically, the consultation covered:

* The combination of the Minor Injury Service and Urgent Care Service at Rutland Memorial Hospital into one Minor Injury and Illness Service
* The intention to open the new Minor Illness and Injury Service seven days a week, eight hours per day (1pm – 9pm)
* The ongoing provision of X-ray services each Wednesday and Thursday
* Access to the service via appointment, booked through GP surgeries or NHS 111

The findings comprise of 1349 responses:

* 1,195 online responses received
* 136 responses received using the postal/hard copy of the survey
* 3 responses received using the Easy Read postal/hard copy of the survey
* Direct emails from 13 individuals
* Written submissions from Healthwatch Rutland and the H&SC Policy Consortium

Proposal 1: Creation of one Minor Illness Service by Combining the Current Minor Injury Service and the Urgent Treatment Centre at the Rutland Memorial Hospital – Headline Findings

Overall, the large majority of consultation respondents (85% - 1,131 respondents) agree to some extent with Proposal 1, which is to create a combined Minor Illness Service. Only a small minority of respondents (7% - 89 respondents) express any level of disagreement.

Reflecting this high level of support, most comments on Proposal 1 are positive. The most commonly cited reasons for agreement include improved convenience for patients, reduced complexity, and more efficient use of resources.

Among the small minority who disagree, the main concerns relate to the proposed service needing longer opening hours, a walk-in option, and fears that it could lead to a less efficient or more limited service.

Proposal 2: If Adopted, The Proposed Combined Minor Illness Service Would Be Open Seven Days a Week and Eight Hours a Day (from 1pm-9pm) – Headline Findings

Overall, just under half of consultation respondents (49% – 657 respondents) say they agree to some extent with Proposal 2: that the combined Minor Illness Service facility would be open seven days a week, from 1pm to 9pm. However, a third (33% – 434 respondents) disagree to some extent.

Although more people agree than disagree with Proposal 2, some who agree also express concerns or caveats about the proposed hours.

The most common reasons for supporting Proposal 2 relate to the perception that the proposed hours offer good coverage, would improve access for working people, and enhance convenience for those needing same-day services.

Among those who disagree, or who agree but raise concerns, the most frequently mentioned issue is that the facility should also cover morning hours, be open for longer than eight hours, or operate to a different eight-hour schedule.

Proposal 3: If Adopted, The Proposed Combined Minor Illness Service Facility Would Offer X-Ray Services Every Wednesday and Thursday – Headline Findings

Overall, just over two-fifths of consultation respondents (42% – 561 respondents) say they agree to some extent with Proposal 3: for the combined Minor Illness Service facility to continue offering X-ray services every Wednesday and Thursday. However, nearly two-fifths (37% – 500 respondents) disagree to some extent.

Although more people agree than disagree, some of those who support the proposal also raise concerns or caveats about the limited provision.

The most mentioned specific reasons for agreeing with Proposal 3 include reducing the travel time, cost, or stress of accessing X-ray services elsewhere; improving convenience for same-day services; and enhancing the availability of outpatient services and medical facilities in Rutland.

Among those who disagree or express reservations, the most common themes are that the X-ray service should be available on more days or for longer hours, that minor injuries can happen at any time, and that some people may still face long travel times to access an X-ray service.

Proposal 4: If Adopted, Appointments for the Combined Minor Illness Service Facility Would be Booked Through GP surgeries or Via NHS 111 – Headline Findings

Overall, two-fifths of consultation respondents (40% – 533 respondents) say they agree to some extent with Proposal 4: that appointments for the proposed Minor Illness Service should be booked through their GP surgery or via NHS 111. A similar proportion (40% – 530 respondents) disagree to some extent.

Although agreement and disagreement levels are equal, several respondents who support the proposal also raise concerns or caveats, resulting in more concerns than positive comments overall.

The most common specific reasons for agreeing with Proposal 4 include that it could make access easier or less confusing for patients, help prevent misuse of the service, and that NHS 111 is considered easy or preferable to use.

Among those who disagree, or who agree but raise concerns, the most frequently mentioned themes are that a walk-in option is still needed, that booking an appointment could be difficult due to current issues with GP access or NHS 111 complexity, and that the proposal could increase pressure on both GP surgeries and NHS 111.

**Other Specific Comments About the Proposals for Health Services in Rutland Where Treatment is Needed on the Same Day**

When asked whether they had any other specific comments about the proposals for a combined Minor Illness Unit in Rutland, or suggestions for alternative options, 13% of respondents (174 respondents) to the online and postal surveys chose not to comment.

Among those who did, comments were more likely to raise concerns than express support. A notable proportion of responses repeated issues already raised in earlier open-ended questions.

Aside from general agreement with the overall proposals, the most frequently mentioned positive themes were that a combined Minor Illness Unit would improve the volume and quality of medical facilities in Rutland, helping to address the need for more outpatient services; make better use of resources by combining them; and reduce pressure on local GPs and hospitals.

Among those expressing concerns, the most common themes were a perceived need for a walk-in option and a belief that the proposed opening hours are too limited, often linked to the view that minor injuries can happen at any time of day or week. Another commonly mentioned issue was that health services in Rutland need to be reviewed and expanded more generally, with comments referencing the need for more GP surgeries, dentists, and mental health services.

Pharmacy First Initiative: Rating of Most Recent Pharmacy Treatment Experience for Certain Listed Conditions – Headline Findings

Overall, just over a third of respondents (36% – 430 respondents) say they have visited a pharmacist since the beginning of 2024 for one of the listed conditions, while nearly two-thirds (64% – 768 respondents) say they have not used these services.

Among those who have used the Pharmacy First service, the large majority rate their experience as either ‘very good’ or ‘good’, with only a small minority rating it as poor to some extent.

Reflecting this high level of satisfaction, most comments about pharmacy experiences are positive. In addition to general positive remarks, the most commonly mentioned reasons for satisfaction are the speed of service and the sense that it helps prevent conditions from worsening, as well as being attended to by knowledgeable and helpful staff.

Among the small proportion who reported a ‘poor’ or ‘very poor’ experience, the most frequently mentioned concerns are the perception that pharmacists have less knowledge or training than GPs, or that the pharmacy was unable to resolve the issue, resulting in the need to visit a GP afterwards.

Introduction

Background to the Engagement

The Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) want to invest in and improve health services in Rutland. The proposals would improve services for people by bringing together two local services – the Minor Injuries Unit and the Urgent Care Centre - creating a Minor Illness Service which would be open 7 days a week. Minor injuries and illnesses include sprains, strains, wounds, sore throats and ear infections, where treatment is needed on the same day. The proposals for these investments and improvements are as follows[[1]](#footnote-1).

* The NHS wishes to simplify, combine, and improve some existing services in Rutland by 1 April 2026.
* In Rutland, the Minor Injury Service and Urgent Care Service run separately and have different opening times. These services would be combined and provided from a refurbished facility at Rutland Memorial Hospital.
* The service would operate for 8 hours every day (Monday to Sunday). Appointments would be pre-bookable via NHS 111 or your GP practice.
* The proposed service would be provided by nurses, advanced nurse practitioners (nurses who have taken a Masters in clinical practice) and other clinicians who have access to and guidance from a GP. If people need it, they would be receive a prescription for medication (drugs).
* The types of non-life-threatening conditions that could be treated remain unchanged and include:
  + Minor dislocation
  + Cuts, grazes, bites
  + Minor head injury
  + Eye injury
  + Burns or scalds
  + Wound infection
  + Bone fracture
  + Sore throats
  + Ear infections
  + Water infections
* A typical appointment would include:
  + Immediate assessment to identify the specific needs of a person and the action to be taken.
  + Reviewing the patient's medical history.
  + Dressing and treating a wound, if applicable.
  + Referral to an X-ray (an image of the inside of your body) if required, which may be on-site.
  + Referral to another service if needed.
  + Providing patients with information on managing their condition.
* LLR ICB would like to increase access to X-ray facilities at Rutland Memorial Hospital, but currently only have money to provide this service on Wednesdays and Thursdays. Providing X-ray facilities is expensive as the machine must be operated by expertly trained staff, has high energy usage, and requires maintenance to ensure quality and safety. Over time, LLR ICB would assess the demand for the X-ray service from people living both inside and outside of Rutland; however, it is unlikely that the service would be expanded in the immediate future.

These plans are specifically designed to address the following issues in Rutland:

* **The population of Rutland is increasing -** Based on the 2021 Census (done every 10 years to get a picture of all the people and households in England and Wales). Rutland's population was 41,049. This had increased by 9.8% since 2011. By 2043, the population is expected to reach 46,510, which is a 13.3% increase from 2021, adding 5,461 people. (Source: Rutland Joint Strategic Needs Assessment 2023).
* **The population of Rutland is changing -** In 2021, 25.3% of Rutland's population was over the age of 65. By 2043, it is anticipated that there will be 4,710 additional older people. This is an increase of 45% from 2021. (Source: Rutland Joint Strategic Needs Assessment 2023).
* **Access to some services can be difficult -** Rutland borders Lincolnshire, Cambridgeshire, Northamptonshire and Leicestershire. People use acute healthcare facilities in these areas, which can be difficult to access. Acute care services, for example, accident and emergency departments, provide treatment to people with short-term severe medical needs.
* **The way services are organised is confusing -** People tell us that they find services confusing. Some services you can walk into without an appointment, but others require you to book in advance. Opening hours are often complicated and some websites contain inaccurate information. Outdated signs and the different names given to similar services also causes uncertainty.
* **Buildings need refurbishing to be fit for the future -** Currently you have a Minor Injuries Unit which is a type of walk-in clinic service that treats minor injuries. They can treat things like suspected broken bones, injuries, cuts and bruises. There is also an Urgent Care Services which you can visit when your GP practice is closed if it is urgent. It treats conditions like cuts and minor injuries such as sprains. Both the Minor Injuries Unit and Urgent Care Centre are in Rutland Memorial Hospital. Both facilities need modernising to make them fit to provide 21st century care. Oakham Medical Practice, the largest GP practice in Rutland, leases its building. To meet future demand, additional space would be needed. This could be provided at Rutland Memorial Hospital, located next door. Patients from other practices in Rutland and Stamford have moved to Empingham Medical Practice. These practices have no additional space to grow in their current buildings to accommodate more patients.
* **There is more demand for services provided at GP practices -** Since the pandemic, demand for services, including those at GP practices, has increased. We need to do things differently to address this demand and join services together to make it easier for patients to access care. LLR ICB also need to increase care and services that prevent people being admitted to hospital and help people leave hospital faster.

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

* Setting out the key proposals and asking respondents to indicate their level of agreement with each one;
* Gauging opinions on the treatment received for certain specific conditions through the ‘Pharmacy First’ initiative;
* Demographic information, including equality questions.

About the Consultation Approach

LLR ICB has a legal duty to involve and consult the public on service reconfigurations, as set out in the National Health Service Act 2006.

Public consultation provides a wide range of opportunities for interested persons to participate, including both online and offline. The purpose of public consultation was to:

* Give people a voice and opportunity to influence final decisions.
* Inform people how the proposals had been developed.
* Describe and explain the proposals.
* Seek people’s views and understanding of the impact of the proposals on them.
* Ensure that a range of voices were heard reflecting the diverse communities involved in the public engagement.
* Understand the responses and consciously taken them into account in our decision-making.

The Improving Access to Health Services in Rutland Where Treatment is Needed on the Same Day public consultation was open between Monday 13th January 2025 – Sunday 16th March 2025. It was extended by two days due to an error on the online survey system which closed it early. The survey questions used for this public engagement and the full Public Consultation Document and Communications and Engagement Plan are available to view at the consultation website ([www.leicesterleicestershireandrutland.icb.nhs.uk/be-involved/rutland-same-day-access-consultation](http://www.leicesterleicestershireandrutland.icb.nhs.uk/be-involved/rutland-same-day-access-consultation)). The majority of the questions in the consultation were closed questions, although there were a few ‘open-ended’ questions where respondents were invited to write in answers in their own words. None of the questions in the consultation were mandatory to answer.

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

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

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

Public Consultation Activities

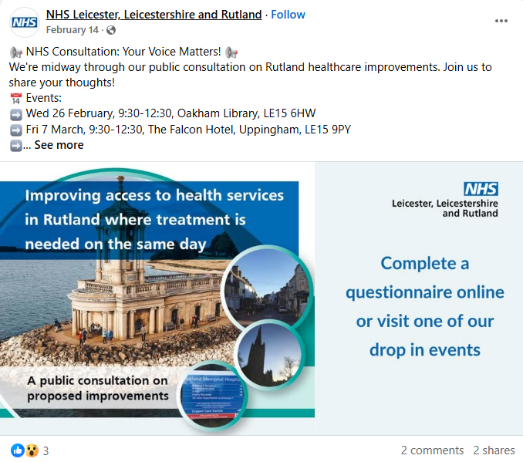
In order to maximise the reach of the public consultation and to encourage as many people as possible to participate, a multi-channel approach was used by LLR ICB.

The Survey could be answered by respondents online (using the QuestionPro survey tool, which collected the data from respondents) or offline (by completing a printed survey). The vast majority of respondents to the consultation answered the questions online.

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

Online consultation activities

LLR ICB made use of online technology for stakeholder engagement and to disseminate information, increasing reach across local communities. Online activities included:

*  A webinar for key stakeholders, including the voluntary and community sector, to provide information about the consultation and address questions;
* Extensive use of social media, including local NHS-controlled channels and community-targeted groups on platforms such as Facebook (see example 🡪), Instagram, X (Twitter), and NextDoor;
* Promotion at meetings of the Rutland Mental Health Neighbourhood Group;
* Regular email marketing to 466 voluntary and community sector organisations, schools, and key businesses in Rutland and neighbouring areas;
* Communication with partner organisations, including (but not limited to) Rutland County Council, parish councils, Rutland Health Primary Care Network and member GP surgeries, University Hospitals of Leicester NHS Trust (UHL), DHU (as providers of NHS 111), Leicestershire Partnership NHS Trust (LPT), Community Pharmacy Leicestershire and Rutland, neighbouring NHS Trusts and ICBs, Healthwatch Rutland, Leicestershire Police, Leicestershire Fire and Rescue Service, and East Midlands Ambulance Service;
* Rutland County Council posting on their social media channels and including in their newsletter;
* Internal communications to Rutland County Council, ICB, LPT and UHL staff, both as potentially affected individuals and to encourage further information dissemination.

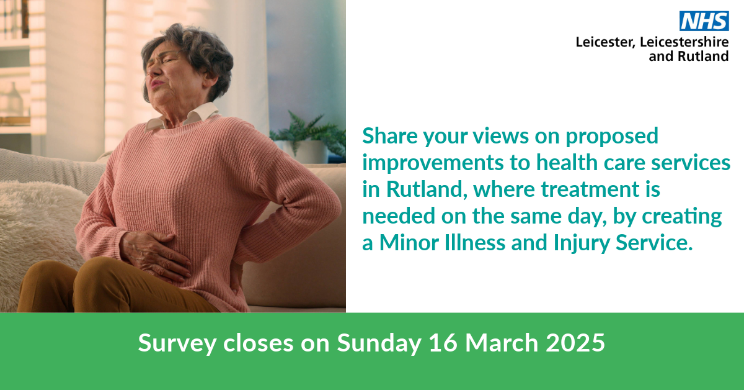
Offline consultation activities

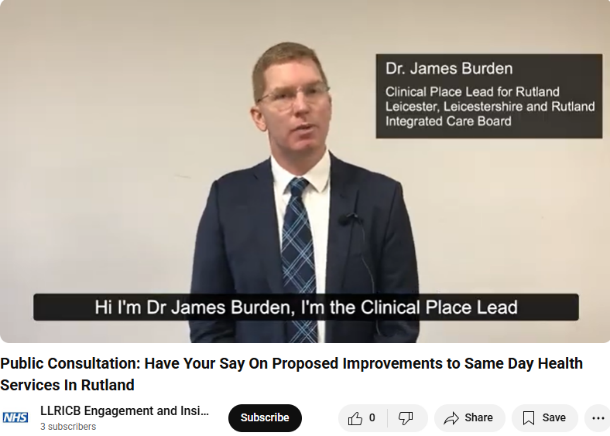
To ensure accessibility for individuals not digitally enabled or active, LLR ICB conducted face-to-face engagement across Rutland. Activities included:

* Promotion at meetings of the Rutland Mental Health Neighbourhood Group.
* A drop-in session at Rutland County Council offices for community groups and individuals to collect consultation materials for distribution. The Council remained a collection point for printed resources throughout the consultation period.
* Four additional drop-in events at Greetham Community Centre (coinciding with the coffee morning), Oakham Library, The Falcon Hotel (Uppingham), and Empingham Medical Centre, offering questionnaires and support with completion.
* A pop-up stall outside Tesco Superstore, Oakham, to boost visibility, provide hardcopy questionnaires and to support with completion.
* An open meeting hosted by Oakham Medical Practice Patient Participation Group, with ICB speakers, to share information and answer questions.
* Promotion at meetings of Rutland VCS Network, Rutland Partnership Group, and Rutland Health and Wellbeing Board.
* Attendance and promotion at community gatherings, including Rutland Armed Forces & Veterans Breakfast Club, Preston Village Hall coffee morning, Rutland volunteer coffee morning, Citizens Advice Community Information Day, Tea for Tuesday (Exon Village Hall), and Uppingham Community Fridge.
* Distribution of promotional materials to various community venues, detailed in the engagement support section.
* Display of consultation materials at Rutland Memorial Hospital.

Toolkits

* Information was made available both online and in hard-copy formats, including leaflets, booklets, and questionnaires. An Easy Read version of the questionnaire was produced, and a telephone translation service was made available.
* A partner toolkit (comprising articles, web content, and social media materials) was developed and distributed for partner organisations, businesses, and community groups to use on their digital channels. Offline toolkits, including questionnaires, leaflets, posters, and banners, were distributed to Rutland Memorial Hospital, all four local GP practices, pharmacies, Rutland County Council offices, and community centres across the county.
* LLR ICB also produced a short video to facilitate greater engagement and ensure accessible information for all audiences (this is available at [www.youtube.com/watch?v=Tt54n16QivQ](https://www.youtube.com/watch?v=Tt54n16QivQ)).
* Examples of these (questionnaire front cover, poster, social media tile, and screenshot from the YouTube video) are shown below.



Engagement support

In recognition of Rutland’s rural geography, older demographic and local feedback, LLR ICB identified the need for a strong local presence. An external engagement support officer was commissioned to attend public events and visit the majority of Rutland’s 54 villages, including some surrounding villages. Consultation materials were widely disseminated across locations such as shops, libraries, churches, community centres, businesses, pubs, restaurants, local noticeboards, bus stops and posted through resident’s letterboxes. Photos of posters and leaflets displayed in the community are shown on the following page.



Protected characteristics

LLR ICB worked with voluntary and community sector organisations to increase participation among seldom-heard and underserved groups, focusing on protected characteristics such as age, race, disability, pregnancy/maternity, and sexual orientation (for example, Vista – The Royal Leicestershire, Rutland and Wycliffe Society for the Blind).

Throughout the consultation, equality demographics of respondents were compared to 2021 Census data and the Rutland Joint Strategic Needs Assessment 2023. This ongoing analysis highlighted underrepresented groups and guided additional targeted outreach, with the aim of achieving a response sample that closely reflected the local population.

VCSE partners were instrumental in ensuring consultation materials and opportunities reached a broad range of communities. By running or attending local events such as a veterans’ coffee morning, a learning disabilities event, a crisis café for mental health support, and a men’s group, these partners enabled engagement with individuals who may not have otherwise participated, strengthening the inclusivity of the consultation process.

Children and young people

Outreach to children, young people, and their families was achieved through direct engagement with local preschools, state and private schools, sixth forms, and community groups, as well as sports clubs and the Young Farmers network. These efforts resulted in information being circulated via school and nursery newsletters, in-class promotions, youth clubs, sports activities, WhatsApp groups, and other relevant channels, ensuring broad and effective dissemination. Consultation materials were also shared with Rutland Disability Youth Forum.

Partnership working

A vital aspect of the consultation was establishing partnerships with communities in and around Rutland. This involved:

* Co-design of consultation documents and activities and stakeholder mapping with the community through a Task and Finish Group;
* Collaborative relationships with the voluntary and community sector;
* Partnership with Rutland County Council;
* Briefings and correspondence with Members of Parliament and local councillors (county and parish) to provide information and encourage wider circulation;
* Engagement with Rutland Health & Social Care Policy Consortium;
* Collaboration with NHS partners—including Leicestershire Partnership NHS Trust, DHU, the Rutland Primary Care Network (which promoted the consultation via social media and on their website), and individual GP practices;
* Involvement of Citizens Advice, Healthwatch Rutland, Voluntary Action Rutland, and Rural Community Council.

These joint efforts resulted in extensive dissemination of consultation information by individuals, parish councils, and community groups at the grassroots level. The contributions of all involved are acknowledged and appreciated, helping ensure local residents were aware of and able to participate in the consultation.

Media coverage

Media coverage of the consultation was both county-wide and locality-specific, including:

* Online articles published in outlets such as Pulse Today, Connected Together, NFU Online, Oakham & Rutland Local News (Blogspot), and Rayo x Greatest Hits Radio;
* An advertorial in The Village Diary (Oakham), distributed to 7,000 homes in Rutland villages and the town of Uppingham (example shown below);
* Dr James Burden, Clinical Place Lead for Rutland, was interviewed on BBC Radio Leicester (Ed Mellor), Rutland and Stamford Sound (Rob Persani), and Greatest Hits Rutland;
* An article in the March edition of 'Over the Garden Wall' newsletter for Knossington and Cold Overton.

Consultation response

Overall, LLR ICB is confident that their activities during the public consultation allowed them to meet both their statutory and common law duties.

There has been a high level of interest in the ‘Improving Access to Health Services in Rutland Where Treatment is Needed on the Same Day’ Consultation and a good response to the engagement. In total, and across all of the different ways of participating in the engagement, **1,334** usable questionnaire responses have been included in the overall analysis. The composition of these 1,334 responses by the different ways of participating breaks down as follows:

* 1,195 online responses received
* 136 responses received using the postal/hard copy of the survey
* 3 responses received using the Easy Read postal/hard copy of the survey

In addition to the responses received via the consultation questionnaire, further formal feedback was submitted through other channels, including:

* Direct emails from an additional 13 individuals
* Written submissions from Healthwatch Rutland and the H&SC Policy Consortium

Please note that the combined overall response figure for the engagement of 1,334 has been used for the ‘Total (All Responses)’ base for the figures in the report. A full profile (by respondent type and demographics) of who responded to the engagement is provided in Section 1 of this report. However, for the quantitative findings for each Proposal, a summary table has also been included showing the agreement levels and preferences registered for each of the different ways of participating in the engagement.

About this report

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

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

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

This document summarises the findings from the independent analysis.

Section 1: Respondent Profile

1.1 Respondent Profile

In total, 1,334 usable responses to the engagement were received across all means of engaging and completing the online and paper surveys. A profile of the respondents to the engagement is provided below (tables 1 to 13).

**Table 1: Q3. In what capacity are you completing this questionnaire?   
OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| As a member of the public | 1,257 | 94% |
| As somebody who works in a pharmacy | 4 | <0.5% |
| As someone who works at a GP practice | 11 | 1% |
| As somebody who works in healthcare (but not a pharmacy or GP practice) | 33 | 2% |
| As somebody who works for another public sector organisation (e.g. local authority) | 9 | 1% |
| As a member of a patient representative organisation | 4 | <0.5% |
| As a member of a voluntary, community or social enterprise organisation | 15 | 1% |
| No information | 1 | <0.5% |

The overwhelming majority of respondents (94% - 1,257 respondents) say that they are completing the engagement as an individual service user or member of the public. A total of 4% (48 respondents) are completing the engagement in a healthcare capacity (working in a pharmacy, a GP practice or in another healthcare occupation), with the remaining 2% (28 respondents) completing the survey in a different capacity (i.e. on behalf of an organisation of some description).

**Table 2: Q20. What is your age?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| 16-19 | 19 | 1% |
| 20-24 | 4 | <0.5% |
| 25-34 | 40 | 3% |
| 35-49 | 208 | 16% |
| 50-64 | 358 | 27% |
| 65-74 | 339 | 25% |
| 75-84 | 263 | 20% |
| 85+ | 45 | 3% |
| Prefer not to say | 30 | 2% |
| No information | 28 | 2% |

Most age groups are well represented, although only 5% (63 respondents) are aged under 35. A total of 49% (647 respondents) to the engagement are aged 65 or over.

**Table 3: Q18. What is your sex?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Male | 337 | 25% |
| Female | 910 | 68% |
| Prefer not to say | 33 | 2% |
| No information | 54 | 4% |

In total, 68% (910 respondents) to the engagement are female, while 25% (337 respondents) to the engagement are male. It should be noted that 4% (54 respondents) did not provide an answer for this question.

**Table 4: Q19. Do you identify as the gender you were assigned at birth?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Yes | 1,239 | 93% |
| No (please tell us your gender identity) | 1 | <0.5% |
| Prefer not to say | 38 | 3% |
| No information | 56 | 4% |

**Table 5: Q22. What is your ethnicity?** *Select one option.*

**OVERALL GROUPED RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| White  (i.e. British, Irish, any other white background) | 1,235 | 93% |
| Asian or Asian British  (i.e. Indian, Pakistani, Bangladeshi, any other Asian background) | 8 | 1% |
| Black or Black British  (i.e. Caribbean, African, or any other Black background) | 6 | <0.5% |
| Mixed  (i.e. White & Black Caribbean, White & Black African, White & Asian and any other Mixed background) | 5 | <0.5% |
| Other | 1 | <0.5% |
| Prefer not to say | 42 | 3% |
| No information | 37 | 3% |

The large majority of responses received are from respondents who consider their ethnic origin to be White (93% - 1,235 respondents). Only a small minority of responses (1% - 19 respondents) are from BAME respondents. It should be noted that 3% (37 respondents) did not provide an answer for this question.

**Table 6: Q21. What is your religion or belief?** *Please select one option.*

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Christian | 778 | 58% |
| Hindu | 4 | <0.5% |
| Buddhist | 3 | <0.5% |
| Muslim | 2 | <0.5% |
| Jain | 1 | <0.5% |
| Jewish | 1 | <0.5% |
| Sikh | 0 | 0% |
| Baha’i | 0 | 0% |
| Other religion/belief | 18 | 1% |
| No religion | 413 | 31% |
| Prefer not to say | 82 | 6% |
| No information | 33 | 2% |

Overall, 58% (778 respondents) taking part in the engagement identify with, or follow, the Christian religion, with 31% (413 respondents) saying that they identify with no religion. However, it should be noted that 6% (82 respondents) prefer not to say what their religion is, while 2% (33 respondents) did not provide an answer for this question.

**Table 7: Q28. What is your sexual orientation (preference)?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Heterosexual/straight (male to female relationship) | 1,104 | 83% |
| Bisexual (relationship with any gender/s) | 30 | 2% |
| Gay or lesbian (same sex relationship) | 14 | 1% |
| Other | 8 | 1% |
| Prefer not to say | 138 | 10% |
| No information | 40 | 3% |

Only a small minority (4% - 52 respondents) have a sexual orientation that is not heterosexual.

However, it should be noted that 10% prefer not to say what their sexual orientation is, while 3% (40 respondents) did not provide an answer for this question.

**Table 8: Q27. What is your relationship status?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Married/civil partnership | 871 | 65% |
| Single | 107 | 8% |
| Widowed/surviving civil partner | 101 | 8% |
| Partnered/living with a partner | 92 | 7% |
| Separated or divorced | 74 | 6% |
| Prefer not to say | 66 | 5% |
| No information | 23 | 2% |

The majority of those taking part in the consultation (72% - 963 respondents) are either married, in a civil partnership or living with a partner.

It should be noted that a significant minorities of respondents either preferred not to say what their relationship status is (5% - 66 respondents) or did not answer this question (2% - 23 respondents).

**Table 9: Q24. Do you consider yourself to have a disability or suffer from poor health?**

**Q25. If you have selected 'yes', which condition(s) do you have?**

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

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Yes – I have a disability | **180** | **13%** |
| Yes – I am in poor health | **119** | **9%** |
| Long standing illness or condition | 144 | 11% |
| Physical | 136 | 10% |
| Partial or total loss of hearing | 51 | 4% |
| Mental health condition | 35 | 3% |
| Partial or total loss of vision | 17 | 1% |
| Learning disability/difficulty | 17 | 1% |
| Speech impediment or impairment | 8 | 1% |
| Other medical condition or impairment (please specify) | 38 | 3% |
| I prefer not to say if I have a disability | 15 | 1% |
| No information (did not give reason for disability) | 0 | 0% |
| No | **966** | **72%** |
| Prefer not to say | 73 | 5% |
| No information | 26 | 2% |

In total, 22% (299 respondents) of those taking part in the engagement consider themselves to have a disability or suffer from poor health – although it should be noted that minorities either prefer not to say whether they have a disability or suffer from poor health (5% - 73 respondents) or did not answer this question (2% - 26 respondents).

Of the 22% of respondents who indicate they have a disability or suffer from poor health, the most common condition is a long standing illness or condition (11% - 144 respondents) or a physical one (10% - 136 respondents).

**Table 10: Q23. Are you pregnant or have you given birth in the last 26 weeks?** *(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period)*

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Yes | 15 | 1% |
| No | 1,205 | 90% |
| Prefer not to say | 20 | 1% |
| No information | 94 | 7% |

Overall, only 1% (15 respondents) say that they are pregnant or have given birth in the last 26 weeks.

It should be noted that small minorities preferred not to say whether they are pregnant or have given birth in the last 26 weeks (1% - 20 respondents) or did not answer this question (7% - 94 respondents).

**Table 11: Q26. Do you provide care for someone?** *Select as many options as are appropriate.*

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Yes - Care for young persons(s) aged 24 or younger | 150 | 11% |
| Yes - Care for adults(s) 25 to 49 years of age | 25 | 2% |
| Yes – Care for older person(s) aged 50 or over | 169 | 13% |
| No (not a carer) | 949 | 71% |
| Prefer not to say | 40 | 3% |
| No information | 19 | 1% |

Overall, 24% (326 respondents) say that they provide care for someone – the most common care provided is for an older person aged over 50 (13% - 169 respondents). However, the majority (71%) say they do not provide care for someone.

It should be noted that small minorities preferred not to say whether they provide care for someone (3% - 40 respondents) or did not answer this question (1% - 19 respondents).

**Table 12: Q29. Which of the following apply to you?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| I have previously served in the Armed Services | 97 | 7% |
| I am a family member of someone serving in the Armed Services | 42 | 3% |
| I am a civilian or have another role in the Armed Services | 24 | 2% |
| I am serving personnel in the Armed Services | 2 | <0.5% |
| I am a reserve in the Armed Services | 0 | 0% |
| None of the above | 1,096 | 82% |
| Prefer not to say | 41 | 3% |
| No information | 38 | 3% |

Overall, a small minority (12% - 159 respondents) say that they have served in the Armed Forces.

It should be noted that small minorities preferred not to say whether they have served in the Armed Forces (1% - 41 respondents) or did not answer this question (3% - 38 respondents).

**Table 13: Q6. Are you a member of the farming community?**

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Respondent type | No. responses | % responses |
| Yes | 38 | 3% |
| No | 1,277 | 96% |
| Prefer not to say | 14 | 1% |
| No information | 5 | <0.5% |

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

Section 2: Opinions on Proposals to Improve Access to Same Day Health Services in Rutland: Proposal 1 –Combining the Current Minor Injury Service and Urgent Treatment Centre to Create One Minor Illness Service

2.1 Headline Findings

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

**PROPOSAL 1:**

**Rutland currently offers two services from Rutland Memorial Hospital: the Minor Injury Service and the Urgent Treatment Centre. These services operate separately and have different opening hours. We propose combining these two services to create one Minor Illness Service that treats conditions such as cuts, grazes, bites, minor head injuries, eye injuries, burns, scalds, wound infections, bone fractures, water infections, ear infections and sore throats.**

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

**Figure 1: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1)**

**OVERALL RESULTS**(all responses: n=1,334).

Overall, the large majority of respondents to the consultation (85% - 1,131 respondents) say that they agree to some extent with the proposal (Proposal 1) to create one combined Minor Illness Service. In total, 50% (671 respondents) indicate that they ‘strongly agree’ with this proposal, with a further 34% (460 respondents) saying that they ‘agree’ with it. Only a small minority of respondents (7% - 89 respondents) disagree to some extent with the proposal to create one combined Minor Illness Service, with 3% (45 respondents) saying they ‘strongly disagree’ with this and 3% (44 respondents) indicating that they ‘disagree’.

2.2 Results by Respondent Type

Table 14a shows how responses to this question vary by respondent status and gender, while Tables 14b shows responses by age and Table 14c shows responses by ethnicity, disability status and carer status. Following that, Table 14d shows responses by sexual orientation, religion/belief and Armed Forces involvement, Table 14e shows responses by relationship status, whether part of the farming community and pregnancy status and Table 14f shows responses by respondent engagement method.

**Table 14a: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1) RESULTS BY RESPONDENT STATUS & GENDER**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Answering As a Member of: | | | Gender: | | |
|  | **Total**  (1,334) | **Public**  (1,258) | **NHS**  (49) | **Organisation**  (26) | | **Male**  (337) | **Female**  (910) |
| Strongly agree | **50%** | 50% | 59% | 50% | | 50% | 51% |
| Agree | **34%** | 34% | 31% | 38% | | 35% | 34% |
| Neither agree nor disagree | **8%** | 9% | 6% | 8% | | 7% | 9% |
| Disagree | **3%** | 3% | 0% | 4% | | 4% | 3% |
| Strongly disagree | **3%** | 3% | 4% | 0% | | 4% | 3% |
| *Net ‘Agree’:* | *85%* | *84%* | *90%* | *88%* | | *85%* | *85%* |
| *Net ‘Disagree’:* | *7%* | *7%* | *4%* | *4%* | | *8%* | *6%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | | 0% | 0% |

There are no significant differences in agreement with Proposal 1 between those answering as a member of the public and answering in a different capacity.

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

**Table 14b: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1) RESULTS BY AGE**(base sizes in brackets).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total  (1,334) | 16-34  (63) | 35-49  (208) | 50-64 (358) | 65-74 (339) | 75+ (308) |
| Strongly agree | **50%** | 51% | 51% | 45% | 51% | 56% |
| Agree | **34%** | 24% | 26% | 41% | 34% | 36% |
| Neither agree nor disagree | **8%** | 5% | 12% | 10% | 10% | 4% |
| Disagree | **3%** | 6% | 6% | 3% | 2% | 3% |
| Strongly disagree | **3%** | 14% | 5% | 2% | 2% | 1% |
| *Net ‘Agree’:* | *85%* | *75%* | *77%* | *85%* | *85%* | *92%* |
| *Net ‘Disagree’:* | *7%* | *21%* | *11%* | *5%* | *4%* | *4%* |
| No information | **<0.5%** | 0% | 0% | 0% | <0.5% | 0% |

Although agreement levels are high across all age groups, agreement with Proposal 1 generally increases with age - 75% (47 respondents) of under 35s agreeing to some extent with Proposal 1, rising to 92% (284 respondents) amongst over 75s.

**Table 14c: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1) RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Ethnicity | | Disability/Poor Health? | | Carer Responsibility? | |
|  | **Total**  (1,334) | **White**  (1,235) | **BAME**  (19) | **Yes**  (268) | **No**  (967) | **Yes**  (326) | **No**  (949) |
| Strongly agree | **50%** | 51% | 42% | 51% | 51% | 46% | 53% |
| Agree | **34%** | 35% | 32% | 35% | 34% | 33% | 35% |
| Neither agree nor disagree | **8%** | 8% | 16% | 8% | 9% | 10% | 8% |
| Disagree | **3%** | 3% | 5% | 3% | 3% | 5% | 3% |
| Strongly disagree | **3%** | 3% | 5% | 3% | 3% | 5% | 2% |
| *Net ‘Agree’:* | *85%* | *85%* | *74%* | *86%* | *85%* | *80%* | *87%* |
| *Net ‘Disagree’:* | *7%* | *6%* | *11%* | *6%* | *6%* | *10%* | *5%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 1 by ethnicity or current health situation. However, there is some evidence to suggest that those with carer responsibilities are slightly less likely to agree with Proposal 1 compared to those with no carer responsibilities - 80% (260 respondents) of those with carer responsibilities say that they agree to some extent with Proposal 1, compared with 87% (830 respondents) of those with no carer responsibilities.

**Table 14d: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Sexual Orientation: | | | Religion/Belief: | | | Armed Forces Involvement?: | |
|  | **Total**  (1,334) | **Hetero** (1,106) | **Gay/ Lesb/Bi** (44) | **Other** (5) | **Christian** (778) | **Non Christian** (19) | **No religion** (413) | **Yes** (159) | **No** (1,096) |
| Strongly agree | **50%** | 51% | 50% | 40% | 50% | 58% | 53% | 53% | 50% |
| Agree | **34%** | 35% | 30% | 40% | 36% | 32% | 32% | 34% | 35% |
| Neither agree nor disagree | **8%** | 8% | 5% | 20% | 9% | 11% | 8% | 6% | 9% |
| Disagree | **3%** | 3% | 9% | 0% | 4% | 0% | 2% | 4% | 3% |
| Strongly disagree | **3%** | 3% | 7% | 0% | 2% | 0% | 5% | 2% | 3% |
| *Net ‘Agree’:* | *85%* | *86%* | *80%* | *80%* | *86%* | *89%* | *85%* | *87%* | *85%* |
| *Net ‘Disagree’:* | *7%* | *6%* | *16%* | *0%* | *5%* | *0%* | *8%* | *6%* | *6%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | 0% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 1 by sexual orientation, religion/belief or Armed Forces involvement.

**Table 14e: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1) RESULTS BY RELATIONSHIP STATUS, WHETHER PART OF THE FARMING COMMUNITY & PREGNANCY STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Relationship Status: | | | Part of Farming Community?: | | Pregnant/Given Birth?: | |
|  | **Total**  (1,334) | **Married/ Partner** (963) | **Separated/Divorced/ Widowed** (175) | **Single**  (107) | **Yes**  (38) | **No**  (1,278) | **Yes**  (15) | **No** (1,205) |
| Strongly agree | **50%** | 51% | 54% | 49% | 39% | 51% | 53% | 51% |
| Agree | **34%** | 36% | 27% | 36% | 37% | 34% | 40% | 34% |
| Neither agree nor disagree | **8%** | 8% | 11% | 7% | 21% | 8% | 7% | 9% |
| Disagree | **3%** | 3% | 3% | 3% | 3% | 3% | 0% | 3% |
| Strongly disagree | **3%** | 2% | 3% | 6% | 0% | 3% | 0% | 3% |
| *Net ‘Agree’:* | *85%* | *86%* | *82%* | *85%* | *76%* | *85%* | *93%* | *85%* |
| *Net ‘Disagree’:* | *7%* | *6%* | *7%* | *8%* | *3%* | *7%* | *0%* | *6%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 1 by relationship status or pregnancy status. However, there may be some evidence to suggest that those in the farming community may be slightly less likely to agree with Proposal 1 compared to those who are not farming community members - 76% (29 respondents) of farming community members say that they agree to some extent with Proposal 1, compared with 85% (1,088 respondents) of those who are not in the farming community.

**Table 14f: Q7. To what extent do you agree or disagree with the proposal to create one combined Minor Illness Service? (Proposal 1) RESULTS BY RESPONDENT PARTICIPATION METHOD**(base sizes in brackets).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total  (1,334) | Online Survey  (1,195) | Printed/ Paper Survey  (139) |
| Strongly agree | **50%** | 51% | 47% |
| Agree | **34%** | 34% | 40% |
| Neither agree nor disagree | **8%** | 9% | 7% |
| Disagree | **3%** | 4% | 2% |
| Strongly disagree | **3%** | 3% | 4% |
| *Net ‘Agree’:* | *85%* | *85%* | *86%* |
| *Net ‘Disagree’:* | *7%* | *7%* | *6%* |
| No information | **<0.5%** | <0.5% | 0% |

There are no significant differences in agreement levels with Proposal 1 by the different methods of completing the survey (online or via a printed questionnaire).

2.3 Reasons Given for Agreement Levels with Proposal 1

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 1 - namely the proposal to combine the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service that treats conditions such as cuts, grazes, bites, minor head injuries, eye injuries, burns, scalds, wound infections, bone fractures, water infections, ear infections and sore throats - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 15: Q8. Please explain (in the space below) why you agree or disagree with the proposal to create one combined Minor Illness Service (Proposal 1). Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,344).

*NB: Themes mentioned by 4+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why agree with Proposal 1:  *‘To combine the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service’* |  |  |
| It will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times) | 278 | 21% |
| Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff) | 276 | 21% |
| Makes it easier/less complicated/less confusing for patients | 261 | 20% |
| Agree with the Proposal (no specific reason given) | 107 | 8% |
| It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area | 105 | 8% |
| Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists | 98 | 7% |
| It will reduce the pressure/burden on local GPs/hospitals | 76 | 6% |
| Would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed | 40 | 3% |
| Because the Rutland area is growing/becoming more populated | 16 | 1% |
| Would provide peace of mind to residents/would reduce stress | 12 | 1% |
| Have used a similar service elsewhere that works well | 11 | 1% |
| Would benefit the local community generally | 6 | <0.5% |
| Proposed times will improve access for working people (specific comments) | 4 | <0.5% |

**Table 15 (Continued): Q8. Please explain (in the space below) why you agree or disagree with the proposal to create one combined Minor Illness Service (Proposal 1). Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 4+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why disagree with Proposal 1:  *‘To combine the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service’* |  |  |
| Concern - need longer opening times than those proposed | 60 | 4% |
| Concern - need a walk-in facility available | 53 | 4% |
| Concern - could result in a less efficient service/worse/more limited service | 46 | 3% |
| Concern - need to know the logistics of getting an appointment/calling NHS111 | 23 | 2% |
| Concern - could result in less staff being needed/need to know how the new service would be staffed | 22 | 2% |
| Concern - only limited services for limited conditions would be available | 14 | 1% |
| Concern - would still need to have X-ray services available | 14 | 1% |
| Concern - didn't know this service was available | 10 | 1% |
| Concern - no need to change current provision of same day services | 10 | 1% |
| Concern - could be costlier to the NHS to provide this service (e.g. greater costs to set up/run the single unit, more effective to use Pharmacy First service) | 9 | 1% |
| Concern - could result in some longer waits for treatment in some cases (e.g. less appointments available, the elderly for X-rays etc.) | 4 | <0.5% |
| Other information: |  |  |
| *Need more information to be able to make a judgement* | *33* | *2%* |
| *Will make no difference* | *4* | *<0.5%* |
| *Have never used these services* | *3* | *<0.5%* |
| *Other comments (mentioned by 3 or less respondents)* | *32* | *2%* |
| *Don’t know/not sure* | *5* | *<0.5%* |
| *No comment made* | *192* | *14%* |

Reflective of the high level of agreement with Proposal 1 - namely the proposal to combine the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service that treats conditions such as cuts, grazes, bites, minor head injuries, eye injuries, burns, scalds, wound infections, bone fractures, water infections, ear infections and sore throats – the large majority of comments about this specific proposal are positive.

The most commonly mentioned reasons why respondents agree with Proposal 1 relate to the subject of convenience. Overall, 21% (278 respondents) feel that combining the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service ‘***will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times)’***, while 20% (261 respondents) feel that combining thee Minor Injury Service and the Urgent Treatment Centre ‘***makes it easier/less complicated/less confusing for patients’***. Meanwhile, 8% (105 respondents) feel that a combined Minor Illness Service ‘***it would reduce the amount of travel time/travel cost/stress required to access services outside of the local area***’.

The next most commonly mentioned theme amongst those agreeing with Proposal 1 relates to a feeling that combining the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service makes sense because it is ‘***better to combine resources/it is a more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff)***’, with 21% (276 respondents) mentioning this as a theme.

Another theme prevalent amongst those agreeing with the proposal to combine the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service relates to the perceived improvement in current service provision in Rutland generally. Overall, 7% (98 respondents) state that their main reason for agreement with Proposal 1 is simply because it ‘***would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists***, with a further 6% (76 respondents) agreeing with Proposal 1 ***‘it will reduce the pressure/burden on local GPs/hospitals***’ and 3% (30 respondents) feel that the combined Minor Illness Service ***‘would increase volume/quality of medical facilities available in Rutland and that outpatient services are badly needed***’.

Amongst the small minority who disagree to some degree with Proposal 1 – namely the proposal to combine the existing Minor Injury Service and the Urgent Treatment Centre (currently offered at the Rutland Memorial Hospital) to create one Minor Illness Service - the main concerns are that the Minor Illness Service would ***‘need longer opening times than those proposed’*** (4% - 60 respondents) and that there would ***‘need to be a walk-in facility available’***.(4% - 53 respondents). Slightly smaller proportions also mention the concern that the Minor Illness Service ***‘could result in a less efficient service/worse/more limited service*** (3% - 46 respondents), that they would ***‘need to know the logistics of getting an appointment/calling NHS111’*** (2% - 23 respondents) and that it ‘could result in less staff being needed or they would need to know how the new service would be staffed’ (2% - 22 respondents).

In total, 937 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with Proposal 1 are shown below.

**Example comments** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 1 - to combine the existing Minor Injury Service and the Urgent Treatment Centre - currently offered at the Rutland Memorial Hospital - to create one Minor Illness Service).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘It will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times)’* | | |
| *“This would be brilliant. We already use Rutland Memorial Hospital but to have access 7 days per week in the event of accidents/illness at the weekend would be amazing. Strongly support this proposal.”* | *35-49* | *Female* |
| *“Agree, it will give longer opening hours overall, easy to access hopefully, in time more facilities like every day X-rays, plastering when necessary, stitching wounds etc. combined with minor illnesses.”* | *75-84* | *Male* |
| *“At present the service is fragmented and difficult to access, especially for the older generation and service users who are not computer literate. Having a service available for longer hours seven days per week would ensure that people would be able to be seen locally.”* | *65-74* | *Male* |
| *“I agree with the proposal as I had occasion to call my GP regarding an infection in my foot from where the receptionist referred me to a drop-in centre. They told me they couldn’t do anything and told me to ring my GP. I was given antibiotics without seeing anyone. To have one point of call is far more important.”* | *75-84* | *Female* |
| *“It makes much more sense to have the service open all day for minor illness’s. I have been there a couple of times during the day to be told I can’t be seen until later in the day and there was no one there waiting for treatment.”* | *50-64* | *Female* |
| *KEY THEME: ‘Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff)’* | | |
| *“It seems ridiculous to have two similar services with different operating hours, facilities and booking procedures at the same site. They should have been unified from the start.”* | *75-84* | *Male* |
| *“Combining two elements of service with agreed opening times will improve communication and efficiency.”* | *65-74* | *Male* |
| *“It would seem to make sense to consolidate services, times of opening and staff.”* | *65-74* | *Female* |
| *“It makes sense to combine. Could reduce administration staff and increase medical staff. Costs would reduce and more/better equipment provided.”* | *75-84* | *Female* |
| *“Surely one overall department is more organised than two individual units and probably better staffed.”* | *75-84* | *Female* |
| *KEY THEME: ‘Makes it easier/less complicated/less confusing for patients’* | | |
| *“Having different opening times, and locations is confusing, and not user friendly especially if you need something quickly and can’t remember what the criteria is or opening times. Also this has often changed so the info I have on my pinboard is usually out of date.”* | *50-64* | *Female* |
| *“Signage currently inaccurate, times published are different depending where you seek them. Service depends on who is staffing it. So variable it needs standardising.”* | *65-74* | *Female* |
| *“The current service is confusing, I'd welcome anything that reduces this confusion.”* | *35-49* | *Female* |
| *“Current facilities are fragmented, with no clear public understanding of what is offered during what time periods.”* | *65-74* | *Male* |
| *“No confusion as to which service to use. If an original injury/illness is deemed to need additional care/ services, they would be able to access this on the same site.”* | *75-84* | *Female* |

**Example comments (continued)** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 1 - to combine the existing Minor Injury Service and the Urgent Treatment Centre - currently offered at the Rutland Memorial Hospital - to create one Minor Illness Service).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area’* | | |
| *“This facility would be extremely useful without having to drive a child or myself to Leicester or Peterborough to get seen on the same day.”* | *35-49* | *Female* |
| *“It can only be a positive step for Rutland to have a combined Minor Illness Service in the county, trying to get to Leicester or Peterborough is tricky enough with a car!”* | *50-64* | *Female* |
| *“I believe the people who live in Rutland should have such facility. Usually the 50+ years tend to require these services more frequently and asking them to travel out of county should not be necessary in this day and age.”* | *65-74* | *Male* |
| *In Rutland we struggle to access all medical services. We are sent to Peterborough which is so busy and unable to cope with the large area. Transport is a huge problem and about to get worse when the bus serving Ketton is about to change to a demand-responsive service which is well proven to be inadequate.”* | *75-84* | *Female* |
| *“I feel this needs to happen, I have an asthmatic daughter who is prone to chest infections, I do not drive yet I can't take her to the walk in as it is injuries-only, and they try to send us to places as far as Market Harborough.”* | *25-34* | *Female* |
| *KEY THEME: ‘Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists* | | |
| *“I agree with the proposal. When both services are combined as one, it must be so much easier for the public to be seen to by a bigger pool of medical team quickly.”* | *65-74* | *Female* |
| *“Because it's impossible to get in to see a doctor at Oakham Medicine Centre and you never see the same doctor. Plus it’s never the doctor you should be under. You can wait up a month to get into the doctors unless you stay up until midnight to see if you can get a doctor’s appointment online which still does not get an appointment that way, let alone trying to ring up to see if you can get an appointment by ringing the Oakham Medicine Centre to be told there are no appointments left.”* | *55-64* | *Female* |
| *“Maybe now we would actually be able to get seen the same day not passed about between the doctors and the minor injuries.”* | *55-64* | *Female* |
| *“Accessing a doctor is currently impossible in less than 4 weeks so a centre treating injuries and minor health problems is important.”* | *65-74* | *Female* |
| *“There are occasions in life when the provision of a local Minor Illness Service could be utilised to the benefit of the residents in Rutland e.g. my recent experience of damaging the tip of a finger to the extent it required a professionally applied dressing, this could have been done sooner rather than later and the healing process would have commenced almost immediately. This a small example of the benefit of the proposed service. I can cite other past experiences where the service would benefit the county.”* | *75-84* | *Male* |
| *KEY THEME: ‘It will reduce the pressure/burden on local GPs/hospitals’* | | |
| *“I strongly agree as I have two small children that have both required urgent same day care in the last 12 months. A minor illness service would have been ideal but on all occasions we ended up at A&E which unnecessary resulting in an overcrowded and overwhelmed department.”* | *35-49* | *Female* |
| *“For smaller injuries and problems, I believe it will take the onus off the local GP's, leaving them free to deal with more urgent healthcare. This would work so well and keep a lovely local hospital at the forefront of local care.”* | *50-64* | *Female* |
| *“Having access to both minor injuries and illness help means that patients can be more effectively managed in the community, preventing A&E attendances.”* | *25-34* | *Female* |
| *“It is about time that the public got a 7-days-a-week service for healthcare needs or issues. The GP practices in Rutland have shown no willingness to be more proactive in working towards operating a 7-days-a-week service. This new initiative is a good one and will relieve pressure on large hospital A&E departments and also the Ambulance Service.”* | *No info* | *No info* |

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 1 - to combine the existing Minor Injury Service and the Urgent Treatment Centre - currently offered at the Rutland Memorial Hospital - to create one Minor Illness Service).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Concern - need longer opening times than those proposed’* | | |
| *“Finally a service being proposed that Rutland really needs but disagree with the opening hours, these need to be longer!”* | *35-49* | *Female* |
| *“I don't feel there is enough access time for the services and I want to have my care in Rutland, not have to travel to Corby, Leicester or Peterborough. I think the opening times should be longer than you propose for the combined service.”* | *35-49* | *Female* |
| *“Unless I have misunderstood the times that the existing services are available there would be a reduction in hours. I cannot see how reduced clinic times would increase the number of appointments.”* | *65-74* | *Female* |
| *KEY THEME: ‘Concern - need a walk-in facility available’* | | |
| *“We need to keep minor injuries as a walk-in service or at least with same day appointments for the local community. My husband recently had his leg driven over by a tractor and they were able to treat him and X-ray him immediately. They also stitched up my son’s leg a few hours after he had had a cycling accident. This is an amazing service and it should not change or decrease.”* | *35-49* | *Female* |
| *“I have used the minor injuries service and as far as I am concerned what is most important is having a service that I can walk into if required.”* | *65-74* | *Male* |
| *“It (this proposal) removes the walk-in service, and times are limited. It is already extremely difficult to obtain a GP appointment, let alone a referral to another unit.”* | *65-74* | *Female* |
| *KEY THEME: ‘Concern - could result in a less efficient service/worse/more limited service’* | | |
| *“As with many things, an amalgamation of services often results in a less efficient service.”* | *50-64* | *Male* |
| *“Minor illness is not the same as minor injury so services will be reduced. As the community is growing fast and the GP surgeries cannot cope this will put more pressure on Leicester Hospital A&E and Peterborough A&E which is not what I would want to do.”* | *50-64* | *Prefer not to say* |
| *“By combining the services you will get longer waiting times, as both services will end up using the same resources as you have for a simple service now.”* | *50-64* | *Prefer not to say* |
| *KEY THEME: ‘Concern - need to know the logistics of getting an appointment/calling NHS111’* | | |
| *“Would the new combined service rely on a receptionist deciding, depending on the obvious urgency, or would it be a sit and wait system?”* | *75-84* | *No info* |
| *“From my experience, 111 has been often severely lacking, there have been instances when the call handler triages it to a healthcare professional who has taken 12-18 hours to call back.”* | *50-64* | *Female* |
| *KEY THEME: ‘Concern - could result in less staff being needed/need to know how the new service would be staffed’* | | |
| *“Having one combined building would likely put a lot more pressure on the staff, especially considering they’re most likely already packed as it is. Due to the general staff capacity of one building too, people could potentially lose their jobs and the ones left over would have far more work than usual.”* | *16-19* | *Female* |
| *“If it’s combined there’ll be less staff so less appointments, thus no benefit.”* | *16-19* | *Female* |
| *“On the negative side, there is the risk of the odd situation where there are insufficient staff for large numbers of patients arriving at once.”* | *75-84* | *Female* |

Section 3: Opinions on Proposals to Improve Access to Same Day Health Services in Rutland: Proposal 2 – For the Combined Minor Illness Service to be Open Seven Days a Week and Eight Hours a Day (from 1pm-9pm)

3.1 Headline Findings

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

**PROPOSAL 2:**

**If adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm.**

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

**Figure 2: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances? (Proposal 2)**

**OVERALL RESULTS**(all responses: n=1,334).

Overall, just under half (49% - 657 respondents) to the consultation say that they agree to some extent with the proposal (Proposal 2) that the combined Minor Illness Service facility opening hours (seven days a week and eight hours a day, from 1pm-9pm) would be the most suitable opening times. In total, 22% (292 respondents) indicate that they ‘strongly agree’ with this proposal, with a further 27% (365 respondents) saying that they ‘agree’ with it. However, a third (33% - 434 respondents) disagree to some extent with the proposal that the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm, with 8% (111 respondents) saying they ‘strongly disagree’ with this and 24% (323 respondents) indicating that they ‘disagree’.

3.2 Results by Respondent Type

Table 16a shows how responses to this question vary by respondent status and gender, while Tables 16b shows responses by age and Table 16c shows responses by ethnicity, disability status and carer status. Following that, Table 16d shows responses by sexual orientation, religion/belief and Armed Forces involvement, Table 16e shows responses by relationship status, whether part of the farming community and pregnancy status and Table 16f shows responses by respondent engagement method.

**Table 16a: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances? (Proposal 2) RESULTS BY RESPONDENT STATUS & GENDER**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Answering As a Member of: | | | Gender: | | |
|  | **Total**  (1,334) | **Public**  (1,258) | **NHS Staff**  (49) | **Organisation**  (26) | | **Male**  (337) | **Female**  (910) |
| Strongly agree | **22%** | 22% | 22% | 15% | | 24% | 22% |
| Agree | **27%** | 27% | 27% | 38% | | 28% | 27% |
| Neither agree nor disagree | **18%** | 18% | 8% | 27% | | 16% | 18% |
| Disagree | **24%** | 25% | 18% | 12% | | 23% | 25% |
| Strongly disagree | **8%** | 8% | 22% | 8% | | 8% | 8% |
| *Net ‘Agree’:* | *49%* | *49%* | *49%* | *54%* | | *53%* | *49%* |
| *Net ‘Disagree’:* | *33%* | *33%* | *41%* | *19%* | | *31%* | *33%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | | 0% | <0.5% |

Although there are no significant differences in agreement with Proposal 2 between males and females or those answering as a member of the public and answering in a different capacity, there is some evidence to suggest that those answering on behalf of an organisation may be slightly less likely than those answering as a member of the public or as NHS staff to disagree with this proposal (19% of those answering on behalf of an organisation disagree to some extent with Proposal 2, compared with 33% of public respondents and 41% of those answering in an NHS capacity).

**Table 16b: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances (Proposal 2)? RESULTS BY AGE**(base sizes in brackets).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total  (1,334) | 16-34  (63) | 35-49  (208) | 50-64 (358) | 65-74 (339) | 75+ (308) |
| Strongly agree | **22%** | 32% | 25% | 20% | 19% | 25% |
| Agree | **27%** | 24% | 26% | 30% | 26% | 29% |
| Neither agree nor disagree | **18%** | 11% | 12% | 17% | 21% | 21% |
| Disagree | **24%** | 19% | 27% | 27% | 24% | 21% |
| Strongly disagree | **8%** | 14% | 11% | 7% | 9% | 3% |
| *Net ‘Agree’:* | *49%* | *56%* | *50%* | *49%* | *45%* | *54%* |
| *Net ‘Disagree’:* | *33%* | *33%* | *38%* | *34%* | *33%* | *24%* |
| No information | **<0.5%** | 0% | <0.5% | 0% | 1% | 0% |

Agreement levels are generally similar across age groups, although 65-74s are slightly less likely than other age groups to agree to some extent with Proposal 2 (45% - 152 respondents – agreeing, compared to 56% of under 35s and 54% of those aged 75 or over).

**Table 16c: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances? (Proposal 2) RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Ethnicity | | Disability/Poor Health? | | Carer Responsibility? | |
|  | **Total**  (1,334) | **White**  (1,235) | **BAME**  (19) | **Yes**  (268) | **No**  (967) | **Yes**  (326) | **No**  (949) |
| Strongly agree | **22%** | 22% | 21% | 25% | 21% | 20% | 23% |
| Agree | **27%** | 27% | 37% | 27% | 29% | 25% | 28% |
| Neither agree nor disagree | **18%** | 18% | 16% | 15% | 18% | 17% | 18% |
| Disagree | **24%** | 24% | 26% | 23% | 25% | 28% | 23% |
| Strongly disagree | **8%** | 8% | 0% | 9% | 7% | 10% | 7% |
| *Net ‘Agree’:* | *49%* | *50%* | *58%* | *53%* | *50%* | *45%* | *52%* |
| *Net ‘Disagree’:* | *33%* | *32%* | *26%* | *32%* | *32%* | *37%* | *30%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 2 by ethnicity or between those with a disability or poor health and those who are in good health.

However, there may be some evidence to suggest that those without carer responsibilities may be slightly more likely to agree with Proposal 2 - 52% (490 respondents) of those without carer responsibilities agree to some extent with Proposal 2, compared with 45% (147 respondents) of carers.

**Table 16d: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances? (Proposal 2) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Sexual Orientation: | | | Religion/Belief: | | | Armed Forces Involvement?: | |
|  | **Total**  (1,334) | **Hetero** (1,106) | **Gay/ Lesb/Bi** (44) | **Other** (5) | **Christian** (778) | **Non Christian** (19) | **No religion** (413) | **Yes** (159) | **No** (1,096) |
| Strongly agree | **22%** | 22% | 27% | 60% | 22% | 37% | 22% | 23% | 23% |
| Agree | **27%** | 28% | 25% | 0% | 28% | 21% | 28% | 29% | 27% |
| Neither agree nor disagree | **18%** | 18% | 5% | 20% | 18% | 11% | 18% | 13% | 19% |
| Disagree | **24%** | 24% | 27% | 20% | 25% | 21% | 22% | 27% | 24% |
| Strongly disagree | **8%** | 7% | 16% | 0% | 7% | 11% | 10% | 8% | 8% |
| *Net ‘Agree’:* | *49%* | *50%* | *52%* | *60%* | *50%* | *58%* | *50%* | *52%* | *50%* |
| *Net ‘Disagree’:* | *33%* | *31%* | *43%* | *20%* | *32%* | *32%* | *32%* | *35%* | *32%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | <0.5% | 0% | <0.5% | 1% | <0.5% |

There are no significant differences in agreement with Proposal 2 by sexual orientation, religion/belief or Armed Forces involvement.

**Table 16e: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances? (Proposal 2) RESULTS BY RELATIONSHIP STATUS, WHETHER PART OF THE FARMING COMMUNITY & PREGNANCY STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Relationship Status: | | | Part of Farming Community?: | | Pregnant/Given Birth?: | |
|  | **Total**  (1,334) | **Married/ Partner** (963) | **Separated/Divorced/ Widowed** (175) | **Single**  (107) | **Yes**  (38) | **No**  (1,278) | **Yes**  (15) | **No** (1,205) |
| Strongly agree | **22%** | 21% | 29% | 23% | 34% | 22% | 33% | 22% |
| Agree | **27%** | 28% | 26% | 28% | 18% | 28% | 33% | 27% |
| Neither agree nor disagree | **18%** | 17% | 22% | 16% | 16% | 18% | 13% | 18% |
| Disagree | **24%** | 25% | 20% | 24% | 24% | 24% | 13% | 25% |
| Strongly disagree | **8%** | 8% | 3% | 8% | 8% | 8% | 7% | 8% |
| *Net ‘Agree’:* | *49%* | *49%* | *54%* | *51%* | *53%* | *49%* | *67%* | *49%* |
| *Net ‘Disagree’:* | *33%* | *34%* | *23%* | *33%* | *32%* | *33%* | *20%* | *32%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 2 by whether respondents are part of the farming community or not or by pregnancy status.

However, there may be some evidence to suggest that respondents who are separated, divorced or widowed are less likely to express disagreement with Proposal 2 compared to those who are married or in a partnership and those who are single - 23% (41 respondents) of separated, divorced or widowed respondents disagree with the proposed opening hours, compared with 34% (325 respondents) of those that are married or in a partnership and 33% (35 respondents) of single respondents.

**Table 16f: Q9. To what extent do you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service, based on your personal circumstances? (Proposal 2) RESULTS BY RESPONDENT PARTICIPATION METHOD**(base sizes in brackets).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total  (1,334) | Online Survey  (1,195) | Printed/ Paper Survey  (139) |
| Strongly agree | **22%** | 22% | 25% |
| Agree | **27%** | 28% | 20% |
| Neither agree nor disagree | **18%** | 17% | 24% |
| Disagree | **24%** | 25% | 21% |
| Strongly disagree | **8%** | 8% | 10% |
| *Net ‘Agree’:* | *49%* | *50%* | *45%* |
| *Net ‘Disagree’:* | *33%* | *33%* | *31%* |
| No information | **<0.5%** | <0.5% | 0% |

There are no significant differences in agreement levels with Proposal 2 by the different methods of completing the survey (online or via a printed questionnaire).

3.3 Reasons Given for Agreement Levels with Proposal 2

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 2 - namely that if adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 17: Q10. Please explain (in the space below) why you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent. If you have any suggestions for alternative opening times, please include these in your comments below.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 5+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why agree with Proposal 2:  *‘**If adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm’* |  |  |
| Good coverage of hours (1pm-9pm) | 177 | 13% |
| Proposed times will improve access for working people | 122 | 9% |
| It will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times) | 49 | 4% |
| Agree with the Proposal (no specific reason given) | 48 | 4% |
| Good to provide a weekend service/7 days a week service | 41 | 3% |
| Good to provide an evening service | 38 | 3% |
| It will reduce the pressure/burden on local GPs/hospitals | 17 | 1% |
| It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area | 17 | 1% |
| Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists | 15 | 1% |
| Would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed | 8 | 1% |
| Would improve the overall patient experience/pathway | 8 | 1% |
| Makes it easier/less complicated/less confusing for patients | 7 | 1% |
| Would provide peace of mind to residents/would reduce stress | 6 | <0.5% |
| Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff) | 5 | <0.5% |

**Table 17 (continued): Q10. Please explain (in the space below) why you agree or disagree that these would be the most suitable opening times for the proposed combined Minor Illness Service. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent. If you have any suggestions for alternative opening times, please include these in your comments below.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 5+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why disagree with Proposal 2:  *‘If adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm’* |  |  |
| Concern - need to cover morning hours as well | 347 | 26% |
| Concern - need longer opening times than those proposed (e.g. 12 hours - 24 hours) | 325 | 24% |
| Concern - need different opening times (8 hour span) than those proposed | 88 | 7% |
| Concern - could result in a less efficient service/worse/more limited service | 28 | 2% |
| Concern - minor injuries can happen at any time of the day (comments not specifying a time) | 22 | 2% |
| Concern - need a walk-in facility available | 10 | 1% |
| Concern - need to cover overnight hours as well | 9 | 1% |
| Concern - could result in less staff being needed/need to know how the new service would be staffed | 8 | 1% |
| Concern - may have to travel too far to access this service from certain locations | 8 | 1% |
| Concern - would still need to have X-ray services available | 6 | <0.5% |
| Concern - only limited services for limited conditions would be available | 4 | <0.5% |
| Concern - need to know the logistics of getting an appointment/calling NHS111 | 3 | <0.5% |
| Other information: |  |  |
| *Need more information to be able to make a judgement* | *23* | *2%* |
| *Will make no difference* | *1* | *<0.5%* |
| *Have never used these services* | *0* | *0%* |
| *Other comments (mentioned by 3 or less respondents)* | *12* | *1%* |
| *Don’t know/not sure* | *5* | *<0.5%* |
| *No comment made* | *172* | *13%* |

Although a larger proportion of people agree than disagree with Proposal 2 - namely that if adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm – some respondents who agree with this proposal also express a concern or caveat to the positive rating they have given for Proposal 2.

The most commonly mentioned reason why respondents agree with Proposal 2 relate to the perceived ‘***good coverage of hours (1pm-9pm)***’, with 13% (177 respondents) providing a non-specific comment in this regard. More specifically, 9% (122 respondents) believe that the proposed Minor Illness Service opening times/hours ‘***will improve access for working people***’, while 4% (49 respondents) think that ‘***it will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times)***. The other main themes mentioned by respondents agreeing with Proposal 2 relate to the coverage of specific times of the week - 3% (41 respondents) state that their main reason for agreement with Proposal 2 is simply because it is ‘***good to provide a weekend service/7 days a week service***’, while 3% (38 respondents) feel it is ***‘good to provide an evening service’***.

At a much lower level, small minorities of those agreeing with Proposal 2 appreciate the perceived positive effect that the proposed opening hours of the combined Minor Illness Service facility could have on local health service provision generally. Overall, 1% (17 respondents) agree with Proposal 2 because it ‘***It will reduce the pressure/burden on local GPs/hospitals***’ with a further 1% (15 respondents) believe that it ‘***would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists’***.

Amongst those who indicate that they disagree to some extent with Proposal 2, or agree but also raise potential issues or concerns, the main theme relates to a feeling that longer opening hours are needed for the combined Minor Illness Service facility (which it is proposed would be open seven days a week and for eight hours a day, from 1pm-9pm). The most commonly mentioned theme is that the combined Minor Illness Service facility ***‘needs to cover morning hours as well’*** (26% - 347 respondents – making comments around this theme), while a further 24% (325 respondents) believe that the combined Minor Illness Service facility ***‘needs longer opening times than those proposed (e.g. 12 hours - 24 hours)’***.

At a much lower level, other concerns include a feeling that there is a ***‘need for different opening times (8 hour span) than those proposed’*** (7% - 88 respondents mentioning this) and that, while 2% (22 respondents) make a comment that ***‘minor injuries can happen at any time of the day***.

In total, 957 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with Proposal 2 are shown below.

**Example comments** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 2 - if adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Good coverage of hours (1pm-9pm)’* |  |  |
| *“It's the afternoon and evening when you have tried but failed to get an appointment at the GPs or when you have been to school or work and still have symptoms.”* | *65-74* | *Female* |
| *“Ideally the service would be open during waking hours, so as to assist with injuries sustained at work or in the home. But an afternoon/evening service is better than nothing.”* | *50-64* | *Male* |
| *“The surgery is usually open in the morning and this provides cover into the evening.”* | *56-74* | *Female* |
| *“Any event happening in the morning has time to access your GP surgery/pharmacy. Opening 1pm-9pm covers events happening later in the day when GP surgery/ pharmacies might be closed.”* | *50-64* | *Male* |
| *“Other than being available 24/7 these times are a good compromise.”* | *65-74* | *Female* |
| *KEY THEME: ‘Proposed times will improve access for working people’* |  |  |
| *“It would cater for patients who are at work/ not available during the day. It would also enable patients to access help before night time and waiting until the next day.”* | *65-74* | *Female* |
| *“This is super for those who work and because I presume that more accidents are more likely later in the day.”* | *50-64* | *Female* |
| *“Most people need access to these facilities out of hours due to work commitments and when the doctors are closed.”* | *35-49* | *Female* |
| *“The hours would suit many people who work standard working weeks (8-5, Monday-Friday).”* | *35-49* | *Female* |
| *“Great opening and closing times, especially allowing appointments after school/work hours. In this current financial climate it’s hard to take time off work even if you are feeling ill as you have to earn money to keep paying the bills.”* | *35-49* | *Female* |
| *KEY THEME: ‘It will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times)’* |  |  |
| *“Later opening would provide a valuable service not currently available.”* | *50-64* | *Male* |
| *“It is vital to have access to medical services as unless there is availability on an 7am phone call to the surgery, it impossible to get medical help.”* | *75-84* | *Female* |
| *“I would enable us, as a community, greater access to the type of support we would need for minor illnesses and injuries.”* | *50-64* | *Female* |
| *“Maximises access outside working and school hours to be inclusive to all without spreading the service too thin. Could equally be e.g. 12pm-8pm.”* | *50-64* | *Female* |
| *“Complementary to doctors surgeries with patient appointments in the morning and their clinics in the afternoon. The extended hours into the evening with this new combined service would mean coverage of appointments and opportunities to see someone covering some 13 hours.”* | *65-74* | *Male* |

**Example comments (continued)** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 2 - if adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Good to provide a weekend service/7 days a week service’* |  |  |
| *“It is particularly important to have somewhere local to go at the weekend.”* | *65-74* | *Female* |
| *“I think the facility being open 7 days a week is important. A non-serious condition can be very uncomfortable even if not life threatening and being able to seek help at weekends is important and evenings are also useful as it’s possible probably to wait until the afternoon to get an appointment if a problem occurs in the morning but less satisfactory to have to wait until the next day.”* | *50-64* | *Female* |
| *“I agree it would be a great idea to have the unit open 7 days a week, I would suggest the opening hours for the weekend should be longer.”* | *75-84* | *Male* |
| *“Seven days a week is good however, we need to have opening times a lot earlier than 1pm!”* | *50-64* | *Male* |
| *KEY THEME: ‘Good to provide an evening service’* |  |  |
| *“Doctors surgeries are available in the mornings. NHS 111 can triage to a doctors surgery or pharmacy by day. Evenings are where the gap is.”* | *75-84* | *Female* |
| *“Illnesses can become apparent in children in early evening or bedtime. Pain increases in all ages in the evenings. Access to out of hours care in Oakham is vital.”* | *35-49* | *Female* |
| *“Options to see someone after the doctors has closed means travelling to Leicester. As a single parent with 2 children this has been detrimental as we do not have family support.”* | *35-49* | *Female* |
| *KEY THEME: ‘It will reduce the pressure/burden on local GPs/hospitals’* |  |  |
| *“Travel to outside A&Es are wasteful and for smaller injuries and illness a waste of A&E time. They to me are for life threatening/life changing emergencies.”* | *50-64* | *Female* |
| *“Sometimes you can’t always see a GP. For example, if you need anti-biotics and you need them urgently before an infection becomes worse. You call the GP and you cannot get an appointment. This service would allow pressure to be eased off GPs.”* | *35-49* | *Prefer not to say* |
| *“Not only would it give peace of mind that there is a proper walk-in centre but I am certain it would stop the need for people to use A&E.”* | *75-84* | *Female* |
| *KEY THEME: ‘It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area’* |  |  |
| *“Hopefully access to this service, especially in the evening, would save people from Rutland having to travel to Leicester or Peterborough casualty departments.”* | *65-74* | *Female* |
| *“In the late afternoon and early evening it's difficult to access health care without travelling to Leicester, Kettering, Peterborough or Corby - not everyone can drive.”* | *50-64* | *Female* |
| *“I agree as we really need an ungraded service in the local area, I have three children and being able to pop into Oakham for help is massively beneficial to us as opposed to driving to a big city for help.”* | *25-34* | *Female* |
| *“The current solution for people needing same day care is to drive to Corby or Grantham to their units – this is unachievable for many and is a long drive, or else visit A&E which isn't suitable for many illnesses.”* | *35-49* | *Female* |

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 2 - if adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Concern - need to cover morning hours as well’* |  |  |
| *“With would be good to have local access in the mornings too. I work at a nearby high school and parents often use these services in the morning before they drop student at college or notifying us of absence.”* | *50-64* | *Female* |
| *“I don’t think that we can in any way decide to only need these services in the afternoon to evening. I’m concerned that it will not be available in the morning. It is very difficult to get an emergency morning appointment at the GP surgery.”* | *65-74* | *No info* |
| *“Any such unit should be open during the morning hours. What would you do as parent if your baby or young child took ill during the night and you have to wait until after lunch to have it dealt with?”* | *65-74* | *Male* |
| *“I don't have the data on when most demand is, but I would have thought many people would want some service in the morning, perhaps having had a difficult night?”* | *50-64* | *Female* |
| *“I would suggest an earlier opening time, as people may feel ill when they wake up in the morning or could be injured at the start of the working day.”* | *50-64* | *Male* |
| *KEY THEME: ‘Concern - need longer opening times than those proposed (e.g. 12 hours - 24 hours)’* |  |  |
| *“The hours suggested should be a bare minimum. If you want to ease pressure on A&E and GP surgeries, the Minor Illness unit should be 24/7/365.”* | *75-84* | *Male* |
| *“People should have access to GP surgeries until 5pm, so access to this should be until midnight.”* | *50-64* | *Female* |
| *“8 hours a day is not sufficient cover for this service. It should be a minimum of 12 hours and preferably 16 hours.”* | *65-74* | *Male* |
| *“I recently moved to Oakham and used the minor injury unit on a Monday morning but had to wait until 10am for it to open. I suggest opening hours need to be 9am-9pm.”* | *65-74* | *Female* |
| *“I think something like the 8am-8pm hours covered in Corby is more beneficial as lots of people need same day care in the morning when they have been unwell or injured overnight but not enough to attend A&E.”* | *25-34* | *Female* |
| *KEY THEME: ‘Concern - need different opening times (8 hour span) than those proposed’* |  |  |
| *“Because I feel it should be more 9am-5pm or 10am-6pm service based on my needs when used in the past.”* | *65-74* | *Female* |
| *“Too late a start time. 9am-5pm or 10am-6pm would be far more user-friendly. Morning availability is far more preferable than evenings.”* | *75-84* | *Female* |
| *“I think the opening hours would be better changing to 11am-7pm, only because it is virtually impossible to see a doctor locally before the afternoon on a same-day basis.”* | *50-64* | *Female* |
| *“I am concerned by the opening hours - if you work shift work and work afternoons you would have to take time off work and lose pay. It also leaves the morning bombardment at the GP surgery rather than people being able to pop in first thing. I wonder if a split time would work, 8am-11am, then 5pm-9pm?”* | *50-64* | *Female* |

**Example comments (continued)** (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 2 - if adopted, the combined Minor Illness Service facility would be open seven days a week and would be open for eight hours a day, from 1pm-9pm).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Concern - could result in a less efficient service/worse/more limited service* |  |  |
| *“By lowering the number of opening hours you are reducing the amount of cover by 3 hours during each day.”* | *75-84* | *Male* |
| *“Unless all additional supporting services are open it’s pointless. The treatment pathway for many things will require travel out of the county. This will, in fact reduce open hours and access.”* | *50-64* | *Female* |
| *“To me this represents a degradation of service. Currently there is wraparound care at the memorial hospital from 08:30 to 21:00 on weekdays and at weekends from 09:00 to 19:00. This means for working families who are not well served by the Oakham Medical Practice we can access medical help when we need it most times on the same day.”* | *35-49* | *Prefer not to say* |
| *“It seems to me that there will be reduced hours versus what there is now and the current hours aren’t enough.”* | *No info* | *Female* |
| *KEY THEME: ‘Concern - minor injuries can happen at any time of the day (comments not specifying a time)’* |  |  |
| *“Illness and injuries occur at any time of the day and night and extended hours are definitely needed, especially as Peterborough A&E is overloaded.”* | *65-74* | *Female* |
| *“People get sick or injured at any time of the day. I think whatever times you pick someone will be upset about it. I'm not going to suggest any times as there will be just as many people who want different opening times to what I would suggest. Any times are better than no times.”* | *35-49* | *Male* |
| *“I usually cannot choose when I need treatment. The proposed times are assumed to suit the NHS staffing levels, not the patients.”* | *75-84* | *Male* |
| *“Eight hours doesn't give a big enough time frame as injuries can occur at any time.”* | *35-49* | *Male* |
| *“I can't guarantee any medical requirements for either my family or myself in the proposed time frame.”* | *65-74* | *Male* |
| *KEY THEME: ‘Concern - need a walk-in facility available’* |  |  |
| *“Minor injuries and sudden-onset illnesses happen throughout the working day. If you are not ill or injured before 8am you are unable to access GP help, so a walk in service would be invaluable.”* | *75-84* | *Female* |
| *“If someone has been ill overnight then earlier access is needed, a walk-in is needed for really urgent situations.”* | *65-74* | *Female* |
| *“The minor injuries service needs to be 7 days and have walk-in/same day appointments. There should be an increase of staff at the service if the demand is too high.”* | *35-49* | *Female* |

Section 4: Opinions on Proposals to Improve Access to Same Day Health Services in Rutland: Proposal 3 – For the Combined Minor Illness Service to Offer X-Ray Services Every Wednesday and Thursday

4.1 Headline Findings

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

**PROPOSAL 3:**

**If adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday.**

Respondents were then asked to indicate their level of agreement or disagreement with this proposal. The overall results for this question are summarised in Figure 3 below.

**Figure 3: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday? (Proposal 3)**

**OVERALL RESULTS**(all responses: n=1,334).

Overall, just over two-fifths (42% - 561 respondents) to the consultation say that they agree to some extent with the proposal (Proposal 3) for the combined Minor Illness Service facility to offer X-ray services every Wednesday and Thursday. In total, 19% (252 respondents) indicate that they ‘strongly agree’ with this proposal, with a further 23% (309 respondents) saying that they ‘agree’ with it. However, approaching two-fifths of respondents (37% - 500 respondents) disagree to some extent with the proposal for the combined Minor Illness Service facility to offer X-ray services every Wednesday and Thursday as described, with 26% (353 respondents) saying they ‘strongly disagree’ with this and 11% (147 respondents) indicating that they ‘disagree’.

4.2 Results by Respondent Type

Table 18a shows how responses to this question vary by respondent status and gender, while Tables 18b shows responses by age and Table 18c shows responses by ethnicity, disability status and carer status. Following that, Table 18d shows responses by sexual orientation, religion/belief and Armed Forces involvement, Table 18e shows responses by relationship status, whether part of the farming community and pregnancy status and Table 18f shows responses by respondent engagement method.

**Table 18a: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday? (Proposal 3) RESULTS BY RESPONDENT STATUS & GENDER**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Answering As a Member of: | | | Gender: | | |
|  | **Total**  (1,334) | **Public**  (1,258) | **NHS Staff**  (49) | **Organisation**  (26) | | **Male**  (337) | **Female**  (910) |
| Strongly agree | **19%** | 19% | 12% | 15% | | 20% | 19% |
| Agree | **23%** | 23% | 24% | 31% | | 25% | 22% |
| Neither agree nor disagree | **20%** | 20% | 22% | 27% | | 18% | 21% |
| Disagree | **26%** | 27% | 27% | 19% | | 23% | 27% |
| Strongly disagree | **11%** | 11% | 14% | 8% | | 13% | 10% |
| *Net ‘Agree’:* | *42%* | *42%* | *37%* | *46%* | | *44%* | *42%* |
| *Net ‘Disagree’:* | *37%* | *38%* | *41%* | *27%* | | *37%* | *37%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | | <0.5% | 0% |

There are no significant differences in agreement with Proposal 3 between those answering as a member of the public and answering in a different capacity, or between males and females.

**Table 18b: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday? (Proposal 3) RESULTS BY AGE**(base sizes in brackets).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total  (1,334) | 16-34  (63) | 35-49  (208) | 50-64 (358) | 65-74 (339) | 75+ (308) |
| Strongly agree | **19%** | 19% | 21% | 17% | 19% | 22% |
| Agree | **23%** | 33% | 19% | 21% | 26% | 24% |
| Neither agree nor disagree | **20%** | 21% | 20% | 22% | 19% | 21% |
| Disagree | **26%** | 16% | 27% | 30% | 24% | 26% |
| Strongly disagree | **11%** | 11% | 14% | 10% | 12% | 6% |
| *Net ‘Agree’:* | *42%* | *52%* | *39%* | *37%* | *45%* | *46%* |
| *Net ‘Disagree’:* | *37%* | *27%* | *41%* | *41%* | *36%* | *32%* |
| No information | **<0.5%** | 0% | 0% | <0.5% | 0% | 1% |

Agreement levels appear to be highest amongst under 35s, with 52% (33 respondents) agreeing to some extent with Proposal 3 compared to only 37% (134 respondents) of those aged 50-64.

**Table 18c: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday (Proposal 3) RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Ethnicity | | Disability/Poor Health? | | Carer Responsibility? | |
|  | **Total**  (1,334) | **White**  (1,235) | **BAME**  (19) | **Yes**  (268) | **No**  (967) | **Yes**  (326) | **No**  (949) |
| Strongly agree | **19%** | 19% | 21% | 19% | 20% | 17% | 20% |
| Agree | **23%** | 23% | 21% | 22% | 24% | 21% | 24% |
| Neither agree nor disagree | **20%** | 20% | 21% | 18% | 20% | 21% | 20% |
| Disagree | **26%** | 26% | 32% | 28% | 26% | 28% | 26% |
| Strongly disagree | **11%** | 10% | 5% | 13% | 10% | 13% | 10% |
| *Net ‘Agree’:* | *42%* | *43%* | *42%* | *41%* | *44%* | *38%* | *44%* |
| *Net ‘Disagree’:* | *37%* | *37%* | *37%* | *41%* | *35%* | *41%* | *35%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 3 by ethnicity or between those with a disability or poor health and those with no health issues.

However, there may be some evidence to suggest that those with carer responsibilities may be slightly less likely to agree with Proposal 3 - 38% (124 respondents) of those with carer responsibilities ‘strongly agree’ with Proposal 3, compared with 44% (420 respondents) of non-carers.

**Table 18d: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday (Proposal 3) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Sexual Orientation: | | | Religion/Belief: | | | Armed Forces Involvement?: | |
|  | **Total**  (1,334) | **Hetero** (1,106) | **Gay/ Lesb/Bi** (44) | **Other** (5) | **Christian** (778) | **Non Christian** (19) | **No religion** (413) | **Yes** (159) | **No** (1,096) |
| Strongly agree | **19%** | 20% | 20% | 20% | 20% | 26% | 19% | 22% | 19% |
| Agree | **23%** | 24% | 30% | 0% | 24% | 11% | 23% | 23% | 23% |
| Neither agree nor disagree | **20%** | 20% | 9% | 0% | 19% | 11% | 22% | 14% | 21% |
| Disagree | **26%** | 26% | 20% | 60% | 28% | 42% | 22% | 26% | 27% |
| Strongly disagree | **11%** | 10% | 20% | 20% | 8% | 11% | 14% | 14% | 10% |
| *Net ‘Agree’:* | *42%* | *44%* | *50%* | *20%* | *44%* | *37%* | *42%* | *45%* | *42%* |
| *Net ‘Disagree’:* | *37%* | *36%* | *41%* | *80%* | *37%* | *53%* | *35%* | *41%* | *37%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | <0.5% | 0% | <0.5% | 1% | <0.5% |

There are no significant differences in agreement with Proposal 3 by sexual orientation, religion/belief or Armed Forces involvement.

**Table 18e: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday (Proposal 3) RESULTS BY RELATIONSHIP STATUS, WHETHER PART OF THE FARMING COMMUNITY & PREGNANCY STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Relationship Status: | | | Part of Farming Community?: | | Pregnant/Given Birth?: | |
|  | **Total**  (1,334) | **Married/ Partner** (963) | **Separated/Divorced/ Widowed** (175) | **Single**  (107) | **Yes**  (38) | **No**  (1,278) | **Yes**  (15) | **No** (1,205) |
| Strongly agree | **19%** | 19% | 20% | 22% | 24% | 19% | 27% | 19% |
| Agree | **23%** | 24% | 18% | 26% | 13% | 23% | 40% | 23% |
| Neither agree nor disagree | **20%** | 20% | 22% | 20% | 16% | 20% | 20% | 21% |
| Disagree | **26%** | 27% | 29% | 23% | 37% | 26% | 7% | 26% |
| Strongly disagree | **11%** | 11% | 11% | 8% | 11% | 11% | 7% | 10% |
| *Net ‘Agree’:* | *42%* | *43%* | *38%* | *49%* | *37%* | *42%* | *67%* | *42%* |
| *Net ‘Disagree’:* | *37%* | *37%* | *40%* | *32%* | *47%* | *37%* | *13%* | *37%* |
| No information | **<0.5%** | <0.5% | 1% | 0% | 0% | <0.5% | 0% | <0.5% |

Although there are no significant differences in agreement with Proposal 3 by whether respondents are part of the farming community or not or by pregnancy status, it should be noted that 67% of respondents who have been pregnant or given birth in the last 26 weeks agreed to some extent with Proposal 3, compared with 42% of those who had not.

However, there is some evidence to suggest that respondents who are single are more likely to express agreement with Proposal 3 compared to those who are married or in a partnership and separated/divorced/widowed - 49% (52 respondents) of single respondents agree with the offering of X-ray facilities every Wednesday and Thursday, compared with 43% (415 respondents) of those that are married or in a partnership and 38% (66 respondents) of separated, divorced or widowed respondents.

**Table 18f: Q11. To what extent do you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday (Proposal 3) RESULTS BY RESPONDENT PARTICIPATION METHOD**(base sizes in brackets).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total  (1,334) | Online Survey  (1,195) | Printed/ Paper Survey  (139) |
| Strongly agree | **19%** | 18% | 27% |
| Agree | **23%** | 24% | 19% |
| Neither agree nor disagree | **20%** | 20% | 22% |
| Disagree | **26%** | 27% | 19% |
| Strongly disagree | **11%** | 11% | 12% |
| *Net ‘Agree’:* | *42%* | *42%* | *45%* |
| *Net ‘Disagree’:* | *37%* | *38%* | *32%* |
| No information | **<0.5%** | <0.5% | 1% |

Although there are no significant differences in agreement levels with Proposal 3 by the different methods of completing the survey (online or via a printed questionnaire), those completing the printed survey version are slightly more likely to ‘strongly agree’ with the offering of X-ray facilities every Wednesday and Thursday than those completing the online survey version.

4.3 Reasons Given for Agreement Levels with Proposal 3

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 3 - namely that if adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 19: Q12. Please explain (in the space below) why you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why agree with Proposal 3:  *‘If adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday’* |  |  |
| Agree with the Proposal (no specific reason given) | 145 | 11% |
| It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area | 78 | 6% |
| It will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times) | 69 | 5% |
| Would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed | 25 | 2% |
| Good coverage of days (Wednesday & Thursday)/same as currently offered | 22 | 2% |
| It will reduce the pressure/burden on local hospitals | 20 | 1% |
| Makes it easier/less complicated/less confusing for patients | 8 | 1% |
| Have used a similar service (e.g. here, elsewhere) that works well | 5 | <0.5% |
| Can access other X-ray services outside of the proposed 2 days | 4 | <0.5% |
| Would benefit the local community generally | 3 | <0.5% |
| Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists | 3 | <0.5% |
| Because the Rutland area is growing/becoming more populated | 3 | <0.5% |

**Table 19 (continued): Q12. Please explain (in the space below) why you agree or disagree with the proposed Minor Illness Service facility offering X-ray services every Wednesday and Thursday. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why disagree with Proposal 3:  *‘If adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday’* |  |  |
| Concern - needs more days/longer opening times than those proposed (e.g. more than two days a week, longer opening times) | 526 | 39% |
| Concern - minor injuries can happen at any time of the day/week (comments not specifying a time) | 98 | 7% |
| Concern - may have to travel too far to access this service from certain locations (e.g. outlying towns, having to go to an A&E outside of these 2 days) | 65 | 5% |
| Concern - need different individual days (e.g. 2 different/non-consecutive days) than those proposed | 58 | 4% |
| Concern - could result in a less efficient service/worse/more limited service | 30 | 2% |
| Concern - need to cover weekends as well | 21 | 2% |
| Concern - could result in less staff being needed/need to know how the new service would be staffed | 7 | 1% |
| Concern - no need to change current provision of same day services | 4 | <0.5% |
| Other information: |  |  |
| *Need more information to be able to make a judgement* | *37* | *3%* |
| *Will make no difference* | *10* | *1%* |
| *Have never used these services* | *0* | *0%* |
| *Other comments (mentioned by 3 or less respondents)* | *15* | *1%* |
| *Don’t know/not sure* | *4* | *<0.5%* |
| *No comment made* | *182* | *14%* |

Although a larger proportion of people agree than disagree with Proposal 3 - namely that if adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday – some respondents who agree with this proposal also express a concern or caveat to the positive rating they have given for Proposal 3.

The most commonly mentioned reason why respondents agree with Proposal 3 relates to the specific days of access to the proposed X-ray service generally. Overall, 11% (145 respondents) ‘***agree with the Proposal (with no specific reason given)***’, while 2% (22 respondents) believe that the X-ray service proposal offers ‘***good coverage of days (Wednesday & Thursday)/same as currently offered***’.

Another commonly mentioned reason why respondents agree with Proposal 3 relate to the subject of access to X-ray services generally. Overall, 6% (78 respondents) feel that access to X-ray services every Wednesday and Thursday at the combined Minor Illness Service facility ‘***would reduce the amount of travel time/travel cost/stress required to access services outside of the local area***’, while 5% (69 respondents) believe that ‘***it will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times)***’.

At a lower level, some respondents feel that it will improve the volume and quality of health services in the local area more generally. Overall, 2% (22 respondents) feel that the X-ray service proposal ‘***would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed***’, while 1% (20 respondents) believe that the X-ray service proposal ***‘will reduce the pressure/burden on local hospitals’***.

Amongst those who indicate that they disagree to some extent with Proposal 3, or agree but also raise potential issues or concerns, the main theme relates to a feeling that more days and/or longer opening hours are needed for the proposed X-ray service (which it is proposed would be available on Wednesdays and Thursdays). The most commonly mentioned theme is that the proposed X-ray service ***‘needs more days/longer opening times than those proposed (e.g. more than two days a week, longer opening times)’*** (39% - 526 respondents – making comments around this theme), while a further 7% (98 respondents) comment that ***‘minor injuries can happen at any time of the day/week’*** and 2% (21 respondents) state that the proposed X-ray service would ‘***need to cover weekends as well***’.

The other key theme, albeit at a lower level, amongst those indicating some form of disagreement with Proposal 3 relates to the issue of access to the proposed X-ray service. The most commonly mentioned aspects in this regard are that 5% (65 respondents) feel that some people ***‘may have to travel too far to access this service from certain locations (e.g. outlying towns, having to go to an A&E outside of these 2 days)’***, while a further 4% (58 respondents) believe that the X-ray service ***‘needs different individual days (e.g. 2 different/non-consecutive days) than those proposed’***.

In total, 1,148 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with Proposal 3 are shown below.

**Example comments** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 3 - if adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday’).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area’’* |  |  |
| *“Past experience has resulted in having to travel long distances to Leicester, Peterborough or Corby and I am not always able to do this at out of GP hours.”* | *75-84* | *Male* |
| *“Currently we have to go to Stamford or Peterborough. We can drive but for many people it’s a difficult thing to organise.”* | *65-74* | *Female* |
| *“I thought it was already on the basis of two days per week. I do think this facility should be much more available, it’s a long way to Leicester or Peterborough and there are expensive taxi fares for those that don't drive.”* | *75-84* | *Female* |
| *“Having to travel to Peterborough or even Stamford for an X-ray entails a few issues, the main being the inability to obtain a parking place in Stamford and the cost of parking in Peterborough. The provision of an X-ray facility in Oakham would, in my opinion, be a no brainer!”* | *65-74* | *Male* |
| *“Provided there is an X-ray machine working on site it should be available for such minor emergencies. As a driver for VAR I am very conscious of the difficulties of arranging practical transport and the huge carbon footprint the NHS causes, expecting patients to travel even to Melton for a 5 minute X-ray (when not available in Oakham) let alone further afield for this and/or other relatively short tests carried out by nurses or other qualified practitioners.”* | *75-84* | *Male* |
| *KEY THEME: ‘It will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times)’* |  |  |
| *“I think this is a great proposal because at the end of the day if we have broken bones where else are we supposed to go? We can’t just walk to the nearest A&E department because we’ve got a broken - or possibly a broken - bone.”* | *50-64* | *Female* |
| *“If you broke your arm on a Friday you would still have to go to A&E, but it would certainly help with arthritis diagnosis or suspected fractures.”* | *65-74* | *Female* |
| *“Fractures should be diagnosed at point of contact, such as at a minor injury unit, rather than waiting to be seen then sent on somewhere else for comprehensive diagnosis and then treatment.”* | *35-49* | *Female* |
| *“It gives an opportunity for more than one centre at which to access a valuable resource.”* | *65-74* | *Male* |
| *“This is critical as many local residents are older and need this service close by if they cannot drive.”* | *35-49* | *Female* |
| *KEY THEME: ‘Would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed’* |  |  |
| *“An X-ray service should be offered and will hopefully be increased over time.”* | *50-64* | *Female* |
| *“The X-ray facility is an absolute necessity for Rutland and should be accessible all week if possible.”* | *65-74* | *Male* |
| *“We need local access to X-ray facilities.”* | *65-74* | *Female* |
| *“Any improvement in the service is a benefit.”* | *75-84* | *Male* |
| *“For certain injuries, an X-ray facility will be useful in confirming that nothing has been broken or damaged.”* | *75-84* | *Female* |
| *KEY THEME: ‘Good coverage of days (Wednesday & Thursday)/same as currently offered’* |  |  |
| *“Consistent days will help people to schedule.”* | *35-49* | *Male* |
| *“Certainly an X-ray service is vitally needed for Rutland patients and mid-week is as good a time as any.”* | *50-64* | *Female* |
| *“There is always the option of Stamford Hospital if it cannot wait till midweek, but both X-Ray locations is good.”* | *65-74* | *Male* |
| *KEY THEME: ‘It will reduce the pressure/burden on local hospitals’* |  |  |
| *“Longer opening hours for X-rays would eliminate the pressure on Stamford X-rays.”* | *35-49* | *Female* |
| *“More options for X-rays will help ease the pressure on surrounding hospitals such as PCH and Leicester.”* | *50-64* | *Female* |
| *“Any local service can only be good, it takes pressure off other hospitals and is helpful for people not having to travel when ill.”* | *75-84* | *Female* |

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 3 - if adopted, the combined Minor Illness Service facility would offer X-ray services every Wednesday and Thursday’).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Concern - needs more days/longer opening times than those proposed (e.g. more than two days a week, longer opening times)’* |  |  |
| *“A full X-ray service should go hand in hand with opening times.”* | *Prefer not to say* | *Female* |
| *“I don't think people can plan to only injure themselves on Wednesdays and Thursdays. If the equipment is there why can't it be used every day, even if only for a shorter period of time during the day?”* | *50-64* | *Female* |
| *“I think this service should be available on more days of the week, i.e. more spread out - e.g. Monday, Wednesday and Friday or Tuesday, Thursday and Saturday.”* | *75-84* | *Female* |
| *“There should be increased access to this service - not just 2 days a week. I think the X-ray service should mirror the proposed operational times of the new service, otherwise this could potentially necessitate going out of county for an X-ray.”* | *50-64* | *Female* |
| *KEY THEME: ‘Concern - minor injuries can happen at any time of the day/week (comments not specifying a time)’* |  |  |
| *“If an accident happens on Friday it would mean waiting until an X-ray clinic. It defeats the whole object of having a minor injuries and illness unit available.”* | *25-34* | *Female* |
| *“It won't help those who have an accident requiring an X-ray on another day of the week - and so they would still have to travel outside of Rutland. We can't choose to have accidents on Wednesdays and Thursdays!”* | *35-49* | *Female* |
| *“Utterly ridiculous - either provide X-rays or don’t. Two days per week is madness, you don’t plan a break to be mid-week!”* | *Prefer not to say* | *Prefer not to say* |
| *KEY THEME: ‘Concern - may have to travel too far to access this service from certain locations (e.g. outlying towns, having to go to an A&E outside of these 2 days)’* |  |  |
| *“Only offering x rays 2 days per week would delay treatment or mean a journey to an already overcrowded A&E.”* | *65-74* | *Male* |
| *“Does it mean if you have a broken bone or other urgent condition you then have to go to Leicester or Peterborough? Not great if you haven’t got transport.”* | *75-84* | *Female* |
| *“I understand the cost implication, but only two days midweek would result in most patients continuing to travel out of county for treatment - patients who would potentially be very uncomfortable travelling extended distances with fractures, dislocations and broken bones.”* | *50-64* | *Female* |
| *KEY THEME: ‘Concern - need different individual days (e.g. 2 different/non-consecutive days) than those proposed’* |  |  |
| *“It’s a definite no to two consecutive midweek sessions. One date must be a Monday to accommodate the Saturday/Sunday sporting injuries and gardening and DIY-at-home injuries and falls.”* | *65-74* | *Male* |
| *“The proposal could result in long waits (up to six days) to access the service. the days should be spaced three days apart.”* | *65-74* | *Male* |
| *“I suppose it is too expensive to have a radiologist working every day, but it would be preferable. Why not have the service provided on two non-consecutive days, so maybe one wouldn't have to wait nearly a week to have an X-ray?”* | *65-74* | *Male* |
| *KEY THEME: ‘Concern - could result in a less efficient service/worse/more limited service’* |  |  |
| *“In this day and age, the inability to diagnose injuries using x-ray unless it occurs on a certain couple of days of the week is pretty poor and will severely limit the service provided.”* | *50-64* | *Male* |
| *“Completely inadequate service. You are effectively only offering a full service two days out of seven.”* | *65-74* | *Male* |

Section 5: Opinions on Proposals to Improve Access to Same Day Health Services in Rutland: Proposal 4 – Booking Appointments for the Combined Minor Illness Service Facility Would be Booked Through GP Surgeries or Via NHS 111

5.1 Headline Findings

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

**PROPOSAL 4:**

**If adopted, appointments for the combined Minor Illness Service facility would be booked through your GP surgery or via NHS 111.**

Respondents were then asked to indicate their level of agreement or disagreement with this proposal. The overall results for this question are summarised in Figure 4 below.

**Figure 4: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4)**

**OVERALL RESULTS**(all responses: n=1,334).

Overall, two fifths (40% - 533 respondents) to the engagement say that they agree to some extent with the proposal (Proposal 4) for appointments for the proposed Minor Illness Service facility being booked through their GP surgery or via NHS 111 as described. In total, 12% (165 respondents) indicate that they ‘strongly agree’ with this proposal, with a further 28% (368 respondents) saying that they ‘agree’ with it. However, two fifths of respondents (40% - 530 respondents) disagree to some extent with the proposal for appointments for the proposed Minor Illness Service facility being booked through their GP surgery or via NHS 111, with 15% (195 respondents) saying they ‘strongly disagree’ with this and 25% (335 respondents) indicating that they ‘disagree’.

5.2 Results by Respondent Type

Table 20a shows how responses to this question vary by respondent status and gender, while Tables 20b shows responses by age and Table 20c shows responses by ethnicity, disability status and carer status. Following that, Table 20d shows responses by sexual orientation, religion/belief and Armed Forces involvement, Table 20e shows responses by relationship status, whether part of the farming community and pregnancy status and Table 20f shows responses by respondent engagement method.

**Table 20a: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4) RESULTS BY RESPONDENT STATUS & GENDER**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Answering As a Member of: | | | Gender: | | |
|  | **Total**  (1,334) | **Public**  (1,258) | **NHS Staff**  (49) | **Organisation**  (26) | | **Male**  (337) | **Female**  (910) |
| Strongly agree | **12%** | 12% | 14% | 8% | | 17% | 11% |
| Agree | **28%** | 28% | 18% | 42% | | 27% | 29% |
| Neither agree nor disagree | **20%** | 20% | 20% | 19% | | 18% | 21% |
| Disagree | **25%** | 25% | 29% | 23% | | 22% | 26% |
| Strongly disagree | **15%** | 15% | 18% | 8% | | 16% | 13% |
| *Net ‘Agree’:* | *40%* | *40%* | *33%* | *50%* | | *44%* | *39%* |
| *Net ‘Disagree’:* | *40%* | *40%* | *47%* | *31%* | | *38%* | *39%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | | <0.5% | <0.5% |

Although there are no significant differences in agreement with Proposal 4 between males and females or those answering as a member of the public and answering in a different capacity, it should be noted that half (50%) of those answering on behalf of an organisation agree with the proposal for appointments for the proposed Minor Illness Service facility being booked through GP surgeries or via NHS 111.

**Table 20b: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4) RESULTS BY AGE**(base sizes in brackets).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total  (1,334) | 16-34  (63) | 35-49  (208) | 50-64 (358) | 65-74 (339) | 75+ (308) |
| Strongly agree | **12%** | 17% | 13% | 12% | 9% | 16% |
| Agree | **28%** | 38% | 26% | 30% | 29% | 25% |
| Neither agree nor disagree | **20%** | 13% | 18% | 20% | 20% | 24% |
| Disagree | **25%** | 17% | 21% | 27% | 26% | 24% |
| Strongly disagree | **15%** | 14% | 21% | 11% | 16% | 10% |
| *Net ‘Agree’:* | *40%* | *56%* | *39%* | *42%* | *38%* | *41%* |
| *Net ‘Disagree’:* | *40%* | *32%* | *41%* | *38%* | *42%* | *34%* |
| No information | **<0.5%** | 0% | <0.5% | 0% | 0% | 1% |

Across the age groups, agreement levels with Proposal 4 are highest among under 35s (56% - 35 respondents – agreeing to some extent).

**Table 20c: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4) RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Ethnicity | | Disability/Poor Health? | | Carer Responsibility? | |
|  | **Total**  (1,334) | **White**  (1,135) | **BAME**  19) | **Yes**  (268) | **No**  (97) | **Yes**  (326) | **No**  (949) |
| Strongly agree | **12%** | 13% | 26% | 13% | 12% | 11% | 13% |
| Agree | **28%** | 29% | 16% | 26% | 28% | 24% | 29% |
| Neither agree nor disagree | **20%** | 21% | 5% | 20% | 20% | 20% | 21% |
| Disagree | **25%** | 24% | 47% | 25% | 25% | 26% | 25% |
| Strongly disagree | **15%** | 14% | 5% | 16% | 14% | 18% | 12% |
| *Net ‘Agree’:* | *40%* | *41%* | *42%* | *39%* | *41%* | *35%* | *42%* |
| *Net ‘Disagree’:* | *40%* | *38%* | *53%* | *41%* | *39%* | *44%* | *37%* |
| No information | **<0.5%** | <0.5% | 0% | <0.5% | <0.5% | 1% | <0.5% |

There are no significant differences in agreement with Proposal 4 by ethnicity or between those with or without disabilities or poor health.

However, there may be some evidence to suggest that those with carer responsibilities are slightly less likely to agree with Proposal 4 - 35% (115 respondents) of carers agree to some extent with Proposal 4, compared with 42% (401 respondents) of non-carers.

**Table 20d: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4) RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Sexual Orientation: | | | Religion/Belief: | | | Armed Forces Involvement?: | |
|  | **Total**  (1,334) | **Hetero** (1,106) | **Gay/ Lesb/Bi** (44) | **Other** (5) | **Christian** (778) | **Non Christian** (19) | **No religion** (413) | **Yes** (159) | **No** (1,096) |
| Strongly agree | **12%** | 14% | 5% | 0% | 13% | 26% | 13% | 16% | 12% |
| Agree | **28%** | 29% | 45% | 0% | 28% | 16% | 31% | 26% | 29% |
| Neither agree nor disagree | **20%** | 20% | 16% | 40% | 21% | 26% | 19% | 19% | 20% |
| Disagree | **25%** | 24% | 16% | 20% | 27% | 11% | 19% | 24% | 25% |
| Strongly disagree | **15%** | 12% | 18% | 40% | 11% | 21% | 17% | 15% | 13% |
| *Net ‘Agree’:* | *40%* | *43%* | *50%* | *0%* | *40%* | *42%* | *44%* | *42%* | *41%* |
| *Net ‘Disagree’:* | *40%* | *37%* | *34%* | *60%* | *39%* | *32%* | *36%* | *39%* | *38%* |
| No information | **<0.5%** | <0.5% | 0% | 0% | <0.5% | 0% | <0.5% | 0% | <0.5% |

There are no significant differences in agreement with Proposal 4 by sexual orientation, religion/belief or Armed Forces involvement.

**Table 20e: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4) RESULTS BY RELATIONSHIP STATUS, WHETHER PART OF THE FARMING COMMUNITY & PREGNANCY STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Relationship Status: | | | Part of Farming Community?: | | Pregnant/Given Birth?: | |
|  | **Total**  (1,334) | **Married/ Partner** (963) | **Separated/Divorced/ Widowed** (175) | **Single**  (107) | **Yes**  (38) | **No**  (1,278) | **Yes**  (15) | **No** (1,205) |
| Strongly agree | **12%** | 13% | 9% | 15% | 24% | 12% | 27% | 12% |
| Agree | **28%** | 28% | 26% | 35% | 16% | 28% | 27% | 28% |
| Neither agree nor disagree | **20%** | 20% | 22% | 20% | 24% | 20% | 13% | 20% |
| Disagree | **25%** | 25% | 26% | 21% | 21% | 25% | 20% | 25% |
| Strongly disagree | **15%** | 14% | 15% | 9% | 16% | 15% | 13% | 14% |
| *Net ‘Agree’:* | *40%* | *41%* | *35%* | *50%* | *39%* | *40%* | *53%* | *41%* |
| *Net ‘Disagree’:* | *40%* | *39%* | *41%* | *31%* | *37%* | *40%* | *33%* | *39%* |
| No information | **<0.5%** | 0% | 1% | 0% | 0% | <0.5% | 0% | <0.5% |

Although there are no significant differences in agreement with Proposal 4 by whether respondents are part of the farming community, it should be noted that 53% of respondents who have been pregnant or given birth in the last 26 weeks agreed to some extent with Proposal 4, compared with 41% of those who had not (although this is not a statistically significant finding).

However, there is some evidence to suggest that respondents who are single are more likely to express agreement with Proposal 4 compared to those who are married or in a partnership and separated/divorced/widowed - 50% (53 respondents) of single respondents agree with appointments for the proposed Minor Illness Service facility being booked through GP surgeries or via NHS 111, compared with 41% (394 respondents) of those that are married or in a partnership and 35% (62 respondents) of separated, divorced or widowed respondents.

**Table 20f: Q13. To what extent do you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111? (Proposal 4) RESULTS BY RESPONDENT PARTICIPATION METHOD**(base sizes in brackets).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total  (1,334) | Online Survey  (1,195) | Printed/ Paper Survey  (139) |
| Strongly agree | **12%** | 12% | 13% |
| Agree | **28%** | 29% | 19% |
| Neither agree nor disagree | **20%** | 20% | 24% |
| Disagree | **25%** | 25% | 29% |
| Strongly disagree | **15%** | 15% | 14% |
| *Net ‘Agree’:* | *40%* | *41%* | *32%* |
| *Net ‘Disagree’:* | *40%* | *39%* | *42%* |
| No information | **<0.5%** | <0.5% | 1% |

Those completing the online survey version are slightly more likely than those completing the paper/printed questionnaire to agree to some extent with the proposal for appointments for the proposed Minor Illness Service facility being booked through GP surgeries or via NHS 111 (41% vs. 32%).

5.3 Reasons Given for Agreement Levels with Proposal 4

When respondents were asked to explain the reason(s) why they agreed or disagreed with Proposal 4 - namely that if adopted, appointments for the proposed combined Minor Illness Service facility would be booked through a GP surgery or via NHS 111 - a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 21: Q14. Please explain (in the space below) why you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why agree with Proposal 4:  *‘If adopted, appointments for the proposed combined Minor Illness Service facility would be booked through a GP surgery or via NHS 111* |  |  |
| Agree with the Proposal (no specific reason given) | 185 | 14% |
| Makes it easier/less complicated/less confusing for patients | 62 | 5% |
| Would prevent misuse of services by patients (e.g. through triage, pre-screening) | 51 | 4% |
| NHS 111 easy to use/prefer to use NHS 111 (specific comments) | 49 | 4% |
| It will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times) | 30 | 2% |
| Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists | 29 | 2% |
| Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff) | 27 | 2% |
| Have used a similar service (e.g. here, elsewhere) that works well | 18 | 1% |
| It will reduce the pressure/burden on local GPs/hospitals | 7 | 1% |
| Would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed | 4 | <0.5% |

**Table 21 (continued): Q14. Please explain (in the space below) why you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 4+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why disagree with Proposal 4:  *‘If adopted, appointments for the proposed combined Minor Illness Service facility would be booked through a GP surgery or via NHS 111’* |  |  |
| Concern - need a walk-in facility available (e.g. for making appointments, for emergencies) | 405 | 30% |
| Concern - need to know the logistics of getting an appointment/calling NHS111 (e.g. hard to get through to GP surgeries currently, NHS 111 can be complex to use) | 341 | 26% |
| Concern - could put more pressure on GP surgeries/NHS 111 | 67 | 5% |
| Concern - should be able to book with the new Minor Injuries facility direct | 55 | 4% |
| Concern - could result in some longer waits for treatment in some cases (e.g. less appointments available, appointment capacity reached etc.) | 41 | 3% |
| Concern - would prefer an online booking system/option | 27 | 2% |
| Concern - may have to travel too far to access this service from certain locations (e.g. outlying towns, having to go to an A&E outside of these 2 days) | 13 | 1% |
| Concern - could result in a less efficient service/worse/more limited service | 10 | 1% |
| Concern - need to have one separate booking service (other than GP surgery/NHS 111) to make appointments | 10 | 1% |
| Concern - minor injuries can happen at any time of the day/week (comments not specifying a time) | 9 | 1% |
| Concern - excludes/makes it harder for people who don't have internet access | 9 | 1% |
| Concern - could result in less or more staff being needed/need to know how the new service would be staffed | 8 | 1% |
| Concern - should be able to book via the NHS App | 8 | 1% |
| Concern - need longer opening times than those proposed (e.g. longer opening times, more than two days a week) | 6 | <0.5% |
| Concern - how will the new service be publicised? | 6 | <0.5% |
| Concern - need to include pharmacies as a way of booking appointments | 5 | <0.5% |
| Concern - need to cover weekends as well | 3 | <0.5% |

**Table 21 (continued): Q14. Please explain (in the space below) why you agree or disagree with appointments for the proposed Minor Illness Service facility being booked through your GP surgery or via NHS 111. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent.**

**OVERALL RESULTS** (all responses: n=1,334).

*NB: Themes mentioned by 4+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons why agree/disagree with Proposal 4:  *‘If adopted, appointments for the proposed combined Minor Illness Service facility would be booked through a GP surgery or via NHS 111’* |  |  |
| Other information: |  |  |
| *Need more information to be able to make a judgement* | 15 | 1% |
| *Will make no difference* | 6 | <0.5% |
| *Have never used these services* | 0 | 0% |
| *Other comments (mentioned by 3 or less respondents)* | 25 | 2% |
| *Don’t know/not sure* | 3 | <0.5% |
| *No comment made* | 174 | 13% |

Although an equal proportion of people agree and disagree with Proposal 4 - namely that if adopted, appointments for the proposed combined Minor Illness Service facility would be booked through a GP surgery or via NHS 111 – some respondents who agree with this proposal also express a concern or caveat to the positive rating they have given for Proposal 4, meaning that more concerns than positives are raised in their comments.

The most commonly mentioned reasons why respondents agree with Proposal 4 relate to the subject of convenience. Overall, 5% (62 respondents) feel that booking appointments for the combined Minor Illness Service facility through a GP surgery or via NHS 111 ‘***makes it easier/less complicated/less confusing for patients***’, while 4% (49 respondents) feel that ‘***NHS 111 is easy to use/I prefer to use NHS 111***’ and 2% (30 respondents) express a view that ‘***it will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times)***’.

The other key theme mentioned by those agreeing with Proposal 2 relates to improved efficiency in the offering of local health services. Overall, 4% (51 respondents) believe that booking appointments for the combined Minor Illness Service facility through a GP surgery or via NHS 111 ‘***would prevent misuse of services by patients (e.g. through triage, pre-screening)***’, with 2% (29 respondents) feel that it ***‘would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists’*** and 2% (27 respondents) think that it would be ‘***better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff)***’.

Amongst those who indicate that they disagree to some extent with Proposal 4, or agree but also raise potential issues or concerns, the most commonly mentioned theme is the feeling that the proposed Minor Illness Unit still ***‘needs a walk-in facility available (e.g. for making appointments, for emergencies)’*** (30% - 405 respondents – making comments around this theme).

The other key theme amongst those who disagree to some extent with Proposal 4 relates to perceived difficulties in being able to obtain an appointment. Overall, 26% (341 respondents) make comments that they ***‘need to know the logistics of getting an appointment/calling NHS111 (e.g. because it is hard to get through to GP surgeries currently and NHS 111 can be complex to use)’***, while 4% (55 respondents) feel that they ***‘should be able to book with the new Minor Injuries facility direct***’ rather than having to phone their GP surgery or NHS 111 to do so.

Another important theme, albeit at a lower level, amongst those indicating some form of disagreement with Proposal 4 relates to the operational challenges that this part of the proposals could cause. The most commonly mentioned aspects in this regard are that 5% (67 respondents) feel that adoption of Proposal 4 ***‘could put more pressure on GP surgeries/NHS 111’***, while a further 3% (41 respondents) believe that booking an appointment for the proposed combined Minor Illness Service facility through a GP surgery or via NHS 111 the X-ray service ***‘could result in some longer waits for treatment in some cases (e.g. less appointments available, appointment capacity reached etc.)’***.

In total, 1,157 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents either agree or disagree with Proposal 4 are shown below.

**Example comments** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 4 - if adopted, appointments for the proposed Minor Illness Service facility would be booked through your GP surgery or via NHS 111. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Makes it easier/less complicated/less confusing for patients’* |  |  |
| *“Booking through your local GP will keep them in the loop and provide a one-stop-shop for all appointment bookings.”* | *75-84* | *Male* |
| *“I agree with this because these are familiar ways of accessing medical services at present, so should be familiar enough for people to use.”* | *50-64* | *Female* |
| *“Seems simpler to have a small number of access points that patients are already familiar with.”* | *65-74* | *Female* |
| *“I have used the service via 111 and the GP. Straightforward and clear.”* | *50-64* | *Female* |
| *“Ensures more appropriate signposting (in theory).”* | *50-64* | *Female* |
| *“I agree that appointments should be booked through the GP service, it is less confusing have one point of call.”* | *50-64* | *Female* |
| *KEY THEME: ‘Would prevent misuse of services by patients (e.g. through triage, pre-screening)’* |  |  |
| *“This hopefully will ensure a patient being seen on the same day with the knowledge that they are not a time waster, and if they needed more treatment.”* | *50-64* | *Female* |
| *“I strongly agree that access to the Minor Illness Service should be subject to some form of triage, to manage the resources available. With a walk-in service, there is a risk that people will try to use the service inappropriately, in relation to medical conditions that do not require same day attention.”* | *50-64* | *Female* |
| *“It would be nice if it was a walk in service, but it would probably be abused and then you would end up with overcrowding and long waiting times.”* | *35-49* | *Female* |
| *“I feel that it is necessary for those attending do in fact have a need and it's not used as a ‘convenient A&E’.”* | *65-74* | *Female* |
| *“Useful to have a type of triage to stop people turning up if it’s not appropriate for their complaint.”* | *50-64* | *Female* |
| *KEY THEME: ‘NHS 111 easy to use/prefer to use NHS 111 (specific comments)’* |  |  |
| *“If all you get from the GP receptionist is ‘There is nothing available, call back in two weeks’ then to be able to access this via NHS 111 could be better.”* | *50-64* | *Female* |
| *“NHS 111 I have found to be a good service and better than trying to get through to GP, which is always a half an hour wait for no result.”* | *50-64* | *Female* |
| *“NHS 111 has been a great service from a personal perspective – I’m not so sure about through a GP surgery.”* | *50-64* | *Female* |
| *“Would prefer NHS 111 as GP appointments are very hard to come by.”* | *50-64* | *Male* |

**Example comments (continued)** (for why respondents either ‘strongly agree’ or ‘agree’ with Proposal 4 - if adopted, appointments for the proposed Minor Illness Service facility would be booked through your GP surgery or via NHS 111. Please include any impacts (either negative or positive) that you feel this proposal may have on you, your family or any groups you represent).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘It will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times)’* |  |  |
| *“GP surgeries or NHS 111 are accessible by most people, including those who are unable or dislike doing everything online.”* | *65-74* | *Female* |
| *“Anyone can then book without having to be in the queue for the doctors.”* | *50-64* | *Female* |
| *“Available to 100% of people.”* | *75-84* | *Female* |
| *“I don't mind how we have to book as long as it is easy to access without long waiting times to speak to someone.”* | *65-74* | *Female* |
| *KEY THEME: ‘Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists’* |  |  |
| *“It is often very difficult to get a GP appointment so an alternative of NHS 111 is very useful (we already use it).”* | *75-84* | *Male* |
| *“This makes sense and would cut down on waiting times, which would occur if this was a drop-in service.”* | *65-74* | *Female* |
| *“I agree as that is more scope for people being able to gain access to appointments.”* | *25-34* | *Female* |
| *“I agree that appointments are better than drop-in as it hopefully reduces waiting times.”* | *35-49* | *Female* |
| *“It’s faster than calling your to try and get in with your own doctor or get to see a nurse.”* | *35-49* | *Female* |
| *“Being able to book appointments makes things much easier and clearer and avoid long waiting times.”* | *35-49* | *Female* |
| *KEY THEME: ‘Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff)’* |  |  |
| *“Excellent as the facts will be already logged when arriving for the consultation.”* | *75-84* | *Female* |
| *“Without appointments the facility will be overwhelmed, but as it is hard to speak to a Doctor most will be via NHS 111.”* | *50-64* | *Female* |
| *“Happy that if my doctors can’t fit us in then we can use this as an overflow system? It seems to be what would be most efficient.”* | *50-64* | *Female* |
| *“This should be a part of better integrated record keeping and availability.”* | *75-84* | *Male* |
| *“This provides two ways of booking which is the minimum to cope with technical and other faults which may close down one or other route.”* | *75-84* | *Female* |
| *“This would stop the service being overwhelmed but would only work if GP services were readily available.”* | *75-84* | *Female* |

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 4 - if adopted, if adopted, appointments for the proposed Minor Illness Service facility would be booked through your GP surgery or via NHS 111’).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Concern - need a walk-in facility available (e.g. for making appointments, for emergencies)’* |  |  |
| *“I really feel that if someone finds they need the facility for whatever reason, a walk-in centre is needed like the Corby one.”* | *65-74* | *Female* |
| *“Would prefer a walk-in service. Triage on the phone doesn’t always cut it and give the best service.”* | *35-49* | *Female* |
| *“A walk-in is better. You can never see a GP in the first place and their receptionists aren't helpful, it’s all done online now.”* | *35-49* | *Female* |
| *“Could do a walk-in service for the first hour or so to help with people who can’t get through to the GP practice due to long phone queues.”* | *20-24* | *Female* |
| *“I think there should be an option for walk-ins – a minimal facility for those out and about and something happens where they can nip by if needed. Sometimes in this scenario getting through to NHS 111 or a GP can be very lengthy to get through or get answers. I had a scenario where my 2 year old fell and cut his head and was very distraught and after a drive to Major Injuries they glued it up as a walk-in. In this scenario with a distressed crying child, ringing NHS 111 or contacting a GP would have added a lot of time until being seen.”* | *25-34* | *Female* |
| *KEY THEME: ‘Concern - need to know the logistics of getting an appointment/calling NHS111 (e.g. hard to get through to GP surgeries currently, NHS 111 can be complex to use)’* |  |  |
| *“Another choice I have to make when I just need fixing. How are you planning to avoid the long wait for the telephone to be answered at the GP? Again you are asking a question from a service provider's point of view and not the service enquirer's.”* | *75-84* | *Male* |
| *“The only issue I see is that it is already difficult to contact GP at Oakham Surgery and extremely challenging to get an appointment or callback at times. This may then result in people still travelling to already busy A&E units in frustration.”* | *50-64* | *Male* |
| *“It is my last resort to even phone for a GP appointment. I never even try unless I am desperate. The thought that I need to go through that barrier before even having the faint option of going to RMH fills me with dread.”* | *65-74* | *Female* |
| *“I can't even get in touch with Latham House, so I can't see how booking an appointment through the surgery would work.”* | *65-74* | *Female* |
| *KEY THEME: ‘Concern - could put more pressure on GP surgeries/NHS 111’* |  |  |
| *“I think the GP surgery, as currently staffed, would be overwhelmed if required to triage and make any more appointments. NHS111 is equally busy.”* | *75-84* | *Female* |
| *“I’m not sure how that would work? Calling the surgery has improved recently but if they have additional duties would they be able to cope?”* | *50-64* | *Female* |
| *“At the moment a patient can attend Minor Injuries without an appointment for Urgent Care. To use the GP practice puts an extra burden on that service.”* | *65-74* | *Female* |
| *“More pressure on GP surgery telephones, which already can cause long waits. Or are extra lines to be provided for this new service?.”* | *65-74* | *Male* |
| *“The whole idea of these types of service is that they can be used whenever you want. Booking via the GP will only present the surgeries with another layer of administration..”* | *75-84* | *Male* |

**Example comments** (for why respondents either ‘strongly disagree’ or ‘disagree’ with Proposal 4 - if adopted, if adopted, appointments for the proposed Minor Illness Service facility would be booked through your GP surgery or via NHS 111’).

|  |  |  |
| --- | --- | --- |
| Comment | Age | Gender |
| *KEY THEME: ‘Concern - should be able to book with the new Minor Injuries facility direct’* |  |  |
| *“Both avenues are pretty poor at the moment and I can see no reason why that would change for the better with an increase in calls. Why not have a bespoke contact line for this service close to or in the clinic itself?”* | *65-74* | *Male* |
| *“If there was a quicker way such as direct phone to hospital to book it may be easier but I realise that may cost more to run.”* | *75-84* | *Female* |
| *“It would be better with direct access. It is not always possible to access the GP practice.”* | *75-84* | *Female* |
| *“Why not directly? It is impossible to talk to somebody at the GP surgery and there is a long wait for NHS 111.”* | *50-64* | *Female* |
| *KEY THEME: Concern - could result in some longer waits for treatment in some cases (e.g. less appointments available, appointment capacity reached etc.)’* |  |  |
| *“I am not happy with this. Booking is okay in some instances but certain illnesses and injuries (while perhaps minor?) are sufficiently worrying for a patient to warrant swift access to medical care. Any booking system will inevitably lead to delays, particularly trying to get through to the GP surgery! This won't work and will cause huge frustration!”* | *65-74* | *Male* |
| *“Minor Illness needs to be separated for children and adults to speed the process for illness, procedures and other social issues. This may clear up testing and other issues too. Then if there is time for X-ray and MRI machines etc to be used for adults, then appointments can be booked in and fast-tracked etc. to clear any backlog.”* | *35-49* | *Male* |
| *“Time taken to get through to local GPs and NHS 111 can be upwards of couple of hours, and that is before an appointment can be confirmed. In a medical emergency covered by the new proposals, this delay could cause conditions to worsen.”* | *65-74* | *Male* |
| *“I disagree with this way of making appointments as you can never get to make appointments at the moment and this would just add to the problem.”* | *No info* | *No info* |
| *“Booking through NHS 111 is a waste of their time. The GP surgery is already hard enough to book into, imagine having double the number of patients calling at the same time, that’s not going to get anyone anything.”* | *16-19* | *Male* |
| *KEY THEME: ‘Concern - would prefer an online booking system/option’* |  |  |
| *“I would prefer to access appointments via an online diary.”* | *65-74* | *Male* |
| *“I believe it has to be done via online access too. The NHS 111 service is too slow and clunky.”* | *35-49* | *Female* |
| *“These appointments should be available online, face to face and via the telephone. Why stack up work for GP surgeries when care navigation can be done remotely?”* | *Prefer not to say* | *Prefer not to say* |

Section 6: Other Specific Comments About the Proposals for Health Services in Rutland Where Treatment is Needed on the Same Day

6.1 Other Comments About the Proposals for Health Services in Rutland

Following the questions relating to various aspects of the proposal, respondents were asked to share any specific comments about the proposals for same day access to health services in Rutland or indicate if there were any other proposals that they think should be considered by LLR ICB. A variety of responses were provided and the key themes to these comments are shown in the table below.

**Table 22: Q15. If you have any other comments about the proposals to improve services or have any alternative proposals that you think we should consider, please use the space below to tell us what they are.**

**OVERALL RESULTS**(all responses: n=1,334).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Positive Comments Made About/Agreement With Proposals: |  |  |
| Agree with the Proposal (no specific reason given) | 62 | 5% |
| Would increase volume/quality of medical facilities available in Rutland/services are badly needed | 26 | 2% |
| Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff) | 21 | 2% |
| It will reduce the pressure/burden on local GPs/hospitals | 20 | 1% |
| It will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times) | 16 | 1% |
| It would reduce the amount of travel time/travel cost/stress required to access services outside of the local area | 16 | 1% |
| Because the Rutland area is growing/becoming more populated | 12 | 1% |
| Would allow for quicker appointments/diagnoses for patients/less time for patients to be seen/reduce waiting lists | 10 | 1% |
| Would benefit the local community generally | 7 | 1% |
| Would provide peace of mind to patients/would reduce stress | 5 | <0.5% |
| Have used a similar service (e.g. here, elsewhere) that works well | 3 | <0.5% |
| Beneficial for NH staff (e.g. better working hours, less stress) | 3 | <0.5*%* |
| *Other positive comments/concerns made (mentioned by less than 3 respondents)* | *7* | *1%* |
| *Total number of positive comments made about proposals* | ***209*** | ***16%*** |

**Table 22 (continued): Q15. If you have any other comments about the proposals to improve services or have any alternative proposals that you think we should consider, please use the space below to tell us what they are.**

**OVERALL RESULTS**(all responses: n=1,334).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Negative Comments Made/Concerns Expressed About Proposals: |  |  |
| Concern - need a walk-in facility available (e.g. for making appointments, for emergencies) | 93 | 7% |
| Concern - need longer opening times than those proposed (e.g. longer opening times, more than two days a week) | 84 | 6% |
| Concern - Rutland health services need to be reviewed/further expanded generally (e.g. more GP surgeries, dentists, mental health services) | 53 | 4% |
| Concern - only limited services for limited conditions would be available/need to include other services (e.g. MRI, blood services, optometry, mental health, on site GPs) | 40 | 3% |
| Concern - need to know the logistics of getting an appointment/calling NHS111 (e.g. hard to get through to GP surgeries currently, NHS 111 can be complex to use) | 33 | 2% |
| Concern - could result in a less efficient service/worse/more limited service | 29 | 2% |
| Concern - would still need to have X-ray services available on other days | 26 | 2% |
| Concern - how the new service will be publicised | 26 | 2% |
| Concern - could result in less or more staff being needed/need to know how the new service would be staffed | 22 | 2% |
| Concern - may have to travel too far to access this service from certain locations (e.g. outlying towns, having to go to an A&E outside of these 2 days, insufficient public transport links) | 19 | 1% |
| Concern - Unit might not be/needs to be adequate for a growing/ageing population | 16 | 1% |
| Concern - new Unit needs to be like existing ones (e.g. the Corby Hospital/Unit, Grantham) | 16 | 1% |
| Concern - no need to change current provision of same day services | 11 | 1% |
| Concern - should be able to book with the new Minor Injuries facility direct | 11 | 1% |
| Concern - need to cover morning hours as well | 10 | 1% |
| Concern - Unit needs to be joined-up with other health services (e.g. access to medical records, samples made available etc.) | 9 | 1% |
| Concern - would prefer an online booking system/option | 8 | 1% |

**Table 22 (continued): Q15. If you have any other comments about the proposals to improve services or have any alternative proposals that you think we should consider, please use the space below to tell us what they are.**

**OVERALL RESULTS**(all responses: n=1,334).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Negative Comments Made/Concerns Expressed About Proposals: |  |  |
| Concern - ensure that enough parking is available at the Minor Injuries Unit | 8 | 1% |
| Concern - need to include pharmacies as a way of booking appointments/providing services | 7 | 1% |
| Concern - could result in some longer waits for treatment in some cases (e.g. less appointments available, appointment capacity reached etc.) | 5 | <0.5% |
| Concern - new service needs to be reviewed based on experience of first 6/12/24 months | 5 | <0.5% |
| Concern - need different individual days (e.g. 2 different/non-consecutive days) than those proposed | 4 | <0.5% |
| Concern - excludes/makes it harder for people who don't have internet access | 4 | <0.5% |
| Concern - minor injuries can happen at any time of the day/week (comments not specifying a time) | 3 | <0.5% |
| *Other negative comments/concerns made (mentioned by less than 3 respondents)* | *8* | *1%* |
| *Total number of negative comments made/concerns expressed about proposals* | ***618*** | ***46%*** |
| Other information: |  |  |
| *Need more information to be able to make a judgement* | *15* | 1% |
| *Will make no difference* | *6* | <0.5% |
| *Have never used these services* | *0* | 0% |
| *Other comments (mentioned by 3 or less respondents)* | *25* | 2% |
| *Don’t know/not sure* | *3* | <0.5% |
| *No comment made* | *174* | 13% |

When asked if they had any other specific comments about the proposals for a combined Minor Illness Unit facility in Rutland, or if there were any alternative proposals they think should be considered, it should be noted that 13% (174 respondents) of respondents to the online and postal surveys did not make a comment.

Amongst those that did make further comments, the comments made are more likely to mention concerns rather than positives, with a sizeable proportion of comments made repeating issues that respondents had already made to other open-ended questions earlier in the survey.

Other than respondents reiterating their general agreement with the overall proposals (5% - 62 respondents – doing this), the most commonly mentioned positive themes are that a combined Minor Illness Unit facility in Rutland ‘***would increase volume/quality of medical facilities available in Rutland/outpatient services are badly needed’*** (mentioned by 2% - 26 respondents), that it is ‘***better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff)***’ (2% - 21 respondents) and that ‘***it will reduce the pressure/burden on local GPs/hospitals***’ (1% - 20 respondents). At a slightly lower level, other positive themes mentioned are that a combined Minor Illness Unit facility in Rutland ‘***will improve patient access/convenience to same day services (e.g. will provide a service, longer opening times)’*** (mentioned by 1% - 16 respondents), that ***‘it would reduce the amount of travel time/travel cost/stress required to access services outside of the local area’*** (1% - 16 respondents) and ***‘because the Rutland area is growing/becoming more populated’*** (1% - 12 respondents).

Of those making negative comments or expressing concerns, the main issues mentioned largely relate to what respondents had already indicated in the previous open-ended questions – the main two themes being a perceived ***‘need a walk-in facility available (e.g. for making appointments, for emergencies)’*** (7% - 93 respondents – mentioning this) and the feeling that the combined Minor Illness Unit facility ***‘needs longer opening times than those proposed (e.g. longer opening times, more than two days a week)’*** (6% - 84 respondents – mentioning this), which is linked to a feeling that ‘***minor injuries can happen at any time of the day/week’*** (5% - 70 respondents).

At a lower level, a small proportion of respondents feel that the services offered at the proposed combined Minor Illness Unit facility need to include more than is currently perceived, with 3% (40 respondents) believing that ‘***only limited services for limited conditions would be available/the Unit needs to include other services (e.g. MRI, blood services, optometry, mental health, on site GPs)***’, while 2% (33 respondents) again expressed the view that they ‘***need to know the logistics of getting an appointment/calling NHS111 (e.g. hard to get through to GP surgeries currently, NHS 111 can be complex to use)***’.

In addition, a small proportion of respondents also took the opportunity to make wider points about the provision of health services in Rutland generally, expressing the opinion that ‘***Rutland health services need to be reviewed/further expanded generally (e.g. more GP surgeries, dentists, mental health services)’*** (mentioned by 4% - 53 respondents).

In total, 957 respondents to either the online or paper survey provided a comment of some kind for this question. A few **example comments** illustrating some of the themes mentioned by respondents about the proposals for a combined Minor Illness Unit facility in Rutland, and some alternative proposals they think should be considered, are shown below.

**Example comments** (positive comments made about the proposals for a combined Minor Illness Unit facility in Rutland, or any alternative proposals they think should be considered).

|  |  |  |  |
| --- | --- | --- | --- |
| Comment | Age | Gender | |
| KEY THEME: ‘Would increase volume/quality of medical facilities available in Rutland/services are badly needed’ |  | |  |
| *“The hospital is a necessary facility for Oakham and the rest of Rutland and anything that retains it is worth considering.”* | *75-84* | *Male* | |
| *“I am fully in agreement for Rutland to have this service, which is very much needed, especially as it's not always possible to get to see a GP.”* | *65-74* | *Female* | |
| *“Oakham desperately needs more urgent same day medical services. It is almost impossible to get same day appointments and get past the rude receptionists at Oakham Medical Practice. I am not sure what is wrong but you used to be able to get an appointment, are the doctors working from home?”* | *50-64* | *Female* | |
| *“I think we (Oakham) need an out of hours emergency urgent care service. The town is growing and so are our needs.”* | *50-64* | *Female* | |
| *“This is a great idea, Rutland needs a one stop shop for injuries and illnesses, well done!”* | *35-49* | *Female* | |
| KEY THEME: ‘Better to combine resources/more efficient/more cost-effective use of resources (e.g. facilities, staff, taking on additional staff)’ |  | |  |
| *“I think the Memorial Hospital should be used a lot more if possible. The service is amazing, always on time and stress free.”* | *50-64* | *Female* | |
| *“I think it is a great idea to use The Rutland Memorial Hospital as it is central and needs using to its full potential.”* | *75-84* | *Female* | |
| *“Agree that we need to be more efficient and reduce costs, otherwise healthcare will become unaffordable.”* | *Prefer not to say* | *Prefer not to say* | |
| *“Rutland is a rural area, with poor transport to larger towns where hospitals are. We should utilise the hospital in Oakham for as much treatment as possible.”* | *75-84* | *Female* | |
| *“You will save the NHS and GP practices time, money and effort if this is clinic is appropriately staffed, financed and open for meaningful periods of time.”* | *Prefer not to say* | *Prefer not to say* | |
| KEY THEME: ‘It will reduce the pressure/burden on local GPs/hospitals’ |  | |  |
| *“Anything that saves a 20 mile trip for an A&E is an improvement.”* | *75-84* | *Female* | |
| *“The proposals should to some extent ease the pressure on A&E departments and GP surgeries.”* | *75-84* | *Male* | |
| *“I think it's important to keep some services in Rutland so that we (a) don't need to travel out of area for something relatively minor and (b) can seek advice and treatment without cluttering up busy A&E departments.”* | *65-74* | *No info* | |
| *“This is a good initiative (and seems to return to what was available in the past). It will reduce the load on Corby which is the 'go to' place for Rutland people.”* | *65-74* | *Female* | |
| *“It sounds like this will alleviate pressure on the doctors surgery.”* | *50-64* | *Female* | |

**Example comments** (concerns expressed about the proposals for a combined Minor Illness Unit facility in Rutland, or any alternative proposals they think should be considered).

|  |  |  |  |
| --- | --- | --- | --- |
| Comment | Age | | Gender |
| KEY THEME: ‘Concern - need a walk-in facility available (e.g. for making appointments, for emergencies)’ | |  |  |
| *“It would be good to have a walk-in centre in the Oakham area rather than having to drive to Corby.”* | *75-84* | | *Female* |
| *“Please don’t reduce our availability of local immediate emergency care by opening it up to wider populations or taking away walk ins or consolidating services. Hospitals are too far away to take this service from us.”* | *35-49* | | *No info* |
| *“I think it has to be a drop-in service as far as elderly people are concerned. I am 84 & would feel much happier if this was the case.”* | *75-84* | | *Female* |
| *“There are many minor health irritations that people have to put up with such as random skin infections, minor eye/ear infections etc. that a walk in centre could deal with.”* | *75-84* | | *Male* |
| *“Waiting for appointments should not be an option, immediate care is what should be offered.”* | *Prefer not to say* | | *No information* |
| KEY THEME: ‘Concern - need longer opening times than those proposed (e.g. longer opening times, more than two days a week)’ | |  |  |
| *“Daily access to the facilities mentioned would certainly be a positive step.”* | *65-74* | | *Female* |
| *“Extending to opening hours from 10am to 9pm should be the objective.”* | *75-84* | | *Male* |
| *“I think the service should be available from 9am to 9pm due to the lack of current capacity at GP practices.”* | *50-64* | | *Female* |
| *“You need to provide a service that will save patients going to emergency departments. This needs to be at least 9am until 7pm, or better still 8am until 8pm. 1pm is a ridiculous time and does not benefit the local community and will push patients to seek help from other already overstretched service providers. The service needs to replicate a Corby style urgent care centre.”* | *50-64* | | *Female* |
| *“This proposal doesn’t seem to offer much. What is needed is a minor injury unit that is open 8am until 8pm to save us having to go to A&E and clog up the system there. If this proposal goes through I still see myself, if I can, driving to Corby.”* | *35-49* | | *Male* |
| KEY THEME: ‘Concern - Rutland health services need to be reviewed/further expanded generally (e.g. more GP surgeries, dentists, mental health services)’ | |  |  |
| *“With Oakham growing rapidly we need a good shake-up of the whole system. Patients and staff are frustrated at not being seen when needed. As a primary care worker it is difficult to be able to help a patient in need as we just don't have the appointments. Primary care has changed since I have worked there and not for the better. We need to be able to assist the people who are worried and needs help. It's broken. We need to all come together to make a place for easy access for health and a good working environment to help the people of Rutland.”* | *50-64* | | *Female* |
| *“Another major A&E dept at either Glenfield or General hospitals is badly and urgently needed following our own personal experience at the LRI A&E department which we found to be horrendous and which no one should experience, especially if they are elderly and already feeling ill.”* | *75-84* | | *Female* |
| *“More community urgent treatment centres are needed and the hours and ease of which this services need to be open and run needs to be longer. Yes this comes down to funding and staffing but I know plenty of nurses that would apply for jobs in these areas, myself included. It creates jobs, a sense of community, trust and more importantly eases pressures on local hospitals for patients who genuinely have a real need for the services. By increasing opening times and ease of access to community health centres this may even prevent readmissions into hospital and save lives by early intervention and people do not want to be put off long waiting times and end up septic or critical. It also quickly filters out those who can be managed with over the counter medications/advice/signposting or care that can be quickly and easily provided on the day. This also encourages more nurse led clinics and potential for the growth of advanced nurse practitioners/clinicians.”* | *35-49* | | *Female* |

**Example comments (continued)** (concerns expressed about the proposals for a combined Minor Illness Unit facility in Rutland, or any alternative proposals they think should be considered).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Comment | Age | | Gender | |
| KEY THEME: ‘Concern - only limited services for limited conditions would be available/need to include other services (e.g. MRI, blood services, optometry, mental health, on site GPs)’ | |  | |  |
| *“Blood tests should be made available, I currently have to go to Stamford. This is not in line with reducing our carbon footprint as stated in your proposal.”* | *50-64* | | *Male* | |
| *“The use of the dental department to provide a daily pain-relief only emergency service would be a good move; having worked in such an ‘Access Centre’ in the past, I cannot stress how beneficial this was to the population.”* | *65-74* | | *Male* | |
| *“Need to provide more local diagnostic services at the local hospital including mobile services. At the moment we get sent/referred to city hospitals for most things. GPs only seems to be able to dish out prescriptions; everything else is referred to city hospitals which can be difficult to get to and expensive to park.”* | *65-74* | | *Female* | |
| *“A blood test facility would be very good. I am, at this moment, in the Stamford Hospital Blood Test Centre. Always, the waiting room is full and people have to sit outside. I came in at 12 noon and took number 33 ticket. Number 3 was the next person to go in.”* | *75-84* | | *Female* | |
| *“Greater use should be made of the Oakham Hospital for outpatient services, especially for chronic conditions which require frequent recurring appointments, e.g. glaucoma. One consultant travelling to Oakham is less onerous than requiring many patients gravelly to Leicester.”* | *75-84* | | *Male* | |
| KEY THEME: ‘Concern - need to know the logistics of getting an appointment/calling NHS111 (e.g. hard to get through to GP surgeries currently, NHS 111 can be complex to use)’ | |  | |  |
| *“It would be useful to have someone to talk to when needed, so it would be useful to have a receptionist in the mornings if the appointments are not until the afternoon.”* | *50-64* | | *Female* | |
| *“It would be helpful if NHS 111 and the GP surgeries aligned - I recently used the service (which at the hospital was excellent), however trying to get an appointment I had to call NHS 111, then the surgery, then NHS 111 again and I was given conflicting information. I did eventually get an appointment but the GP surgery told me I couldn’t have one.”* | *35-49* | | *Female* | |
| *“Who would decide if a person should be seen? My wife had a problem with her eye one time and was told that she couldn't be seen by the clinician as it wasn't caused by an accident.”* | *75-84* | | *Female* | |
| *“Are there any plans to make it easier to see a doctor on the same day rather than have to wait a couple of weeks for a call back?”* | *35-49* | | *Female* | |
| *“Please make it easier to book GP appointments. I drive past the GP surgery every day and the waiting room is always empty, yet it is almost impossible to get an appointment. Appointments are available to book on Tuesdays but by Wednesday mornings no more are available until the next Tuesday. A very frustrating system.”* | *65-74* | | *Female* | |

Section 7: Experiences of the Pharmacy First Initiative

7.1 Headline Findings

Those responding to the engagement were presented with a description of the ‘Pharmacy First’ initiative:

**‘PHARMACY FIRST’ INITIATIVE:**

**As demand for health services rises, exploring new ways to improve patient access to care is crucial. Community pharmacists (chemists) now treat more conditions, supporting individuals with minor illnesses or urgent medication needs. This is called Pharmacy First and it was launched in January 2024. It covers the treatment of the seven common conditions listed below, plus more:**

* **Acute otitis media (infection of the middle ear) – 1-17 years**
* **Impetigo (common and highly contagious skin infection) – 1 year and above**
* **Infected insect bites – 1 year and above**
* **Shingles (viral infection that causes a painful rash) – 18 years and above**
* **Sinusitis (swelling of the sinuses, usually caused by an infection) – 12 years and above**
* **Sore throat – 5 years and above**
* **Uncomplicated urinary tract infections in women – 16-64 years**

Respondents who had seen a pharmacist/chemist in 2024 for one of these conditions were then asked to rate the most recent experience they had. The overall results for this question are summarised in Figure 5 below.

**Figure 5: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had?**

**OVERALL RESULTS**(all responses: n=1,198[[2]](#footnote-2)).

Overall, just over a third (36% - 430 respondents) claim they had seen a pharmacist since the beginning of 2024 for one of the listed conditions, while nearly two-thirds (64% - 768 respondents) either specified in the comments that they hadn’t used the service or did not answer, suggesting they either had not used the service or skipped the question.

**OVERALL RESULTS**(respondents who claim they have used Pharmacy First: n=430).

Of those that have used Pharmacy First, the large majority (75% - 321 respondents) rate their experience of using the service as being either ‘very good’ or ‘good’, with only a small minority (15% - 65 respondents) rating their experience of using the service as poor to some extent.

Due to an error on the printed questionnaire, where the response scale was incorrectly labelled from ‘strongly agree’ to ‘strongly disagree’ instead of ‘very good’ to ‘very poor’, 29 responses were excluded from the analysis.

7.2 Results by Respondent Type

Table 23a shows how responses to this question vary by respondent status and gender, while Tables 23b shows responses by age and Table 23c shows responses by ethnicity, disability status and carer status. Following that, Table 23d shows responses by sexual orientation, religion/belief and Armed Forces involvement, Table 23e shows responses by relationship status, whether part of the farming community and pregnancy status and Table 23f shows responses by respondent engagement method.

**Table 23a: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had? RESULTS BY RESPONDENT STATUS & GENDER**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Answering As a Member of: | | | Gender: | | |
|  | **Total**  (1,198) | **Public**  (1,125) | **NHS Staff**  (49) | **Organisation**  (24) | | **Male**  (291) | **Female**  (824) |
| Very good | **17%** | 17% | 20% | 13% | | 13% | 20% |
| Good | **10%** | 9% | 14% | 8% | | 7% | 11% |
| Neither good nor poor | **4%** | 4% | 6% | 4% | | 2% | 4% |
| Poor | **3%** | 3% | 0% | 4% | | 2% | 3% |
| Very poor | **3%** | 3% | 4% | 0% | | 1% | 3% |
| *Net ‘Good’:* | *27%* | *27%* | *35%* | *21%* | | *20%* | *31%* |
| *Net ‘Poor’:* | *5%* | *6%* | *4%* | *4%* | | *3%* | *6%* |
| Has not used Pharmacy First/did not answer | **64%** | 64% | 55% | 71% | | 74% | 59% |

There are no significant differences in experience ratings given by those answering as a member of the public and answering in a different capacity, although females are more likely than males to feel that their experience of the Pharmacy First service was either ‘very good’ or ‘good’, with 31% (252 respondents) of females saying they had a positive experience compared to 20% (58 respondents) of males.

**Table 23b: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had? RESULTS BY AGE**(base sizes in brackets).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Total  (1,198) | 16-34  (62) | 35-49  (205) | 50-64 (342) | 65-74 (303) | 75+ (234) |
| Very good | **17%** | 10% | 21% | 20% | 16% | 15% |
| Good | **10%** | 24% | 13% | 11% | 6% | 6% |
| Neither good nor poor | **4%** | 10% | 8% | 3% | 3% | 0% |
| Poor | **3%** | 5% | 4% | 3% | 2% | 3% |
| Very poor | **3%** | 8% | 3% | 1% | 2% | 2% |
| *Net ‘Good’:* | *27%* | *34%* | *34%* | *31%* | *22%* | *21%* |
| *Net ‘Poor’:* | *5%* | *13%* | *8%* | *4%* | *4%* | *4%* |
| Has not used Pharmacy First/did not answer | **64%** | 44% | 50% | 62% | 71% | 74% |

Younger respondents are more likely than those aged over 65 to feel that their experience of the Pharmacy First service was either ‘very good’ or ‘good’, with 34% (21 respondents) of under 35s and 34% (70 respondents) of those aged 35-49 saying they had a positive experience, compared to 22% (67 respondents) of 65-74 and 21% (49 respondents) of those aged 75 or over.

**Table 23c: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had? RESULTS BY ETHNICITY, DISABILITY STATUS & CARER STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Ethnicity | | Disability/Poor Health? | | Carer Responsibility? | |
|  | **Total**  (1,198) | **White**  (1,106) | **BAME**  (19) | **Yes**  (231) | **No**  (889) | **Yes**  (297) | **No**  (854) |
| Very good | **17%** | 18% | 32% | 16% | 18% | 23% | 16% |
| Good | **10%** | 10% | 5% | 12% | 9% | 11% | 9% |
| Neither good nor poor | **4%** | 3% | 11% | 3% | 4% | 5% | 3% |
| Poor | **3%** | 3% | 0% | 5% | 2% | 4% | 2% |
| Very poor | **3%** | 2% | 0% | 3% | 2% | 3% | 3% |
| *Net ‘Good’:* | *27%* | *28%* | *37%* | *28%* | *27%* | *35%* | *25%* |
| *Net ‘Poor’:* | *5%* | *5%* | *0%* | *8%* | *5%* | *7%* | *5%* |
| Has not used Pharmacy First/did not answer | **64%** | 64% | 53% | 61% | 64% | 53% | 67% |

There are no significant differences in Pharmacy First experience ratings by ethnicity or between those with or without a disability or poor health.

However, those with carer responsibilities are more likely than non-carers to rate their experience of Pharmacy First as good to some degree - 35% (103 respondents) of carers rate their experience as either ‘very good’ or ‘good’, compared with 25% (212 respondents) of those with no carer responsibilities.

**Table 23d: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had? RESULTS BY SEXUAL ORIENTATION, RELIGION/BELIEF & ARMED FORCES INVOLVEMENT**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Sexual Orientation: | | | Religion/Belief: | | | Armed Forces Involvement?: | |
|  | **Total**  (1,198) | **Hetero** (991) | **Gay/ Lesb/Bi** (42) | **Other** (4) | **Christian** (680) | **Non Christian** (18) | **No religion** (388) | **Yes** (144) | **No** (992) |
| Very good | **17%** | 18% | 14% | 0% | 18% | 22% | 16% | 13% | 18% |
| Good | **10%** | 10% | 2% | 0% | 10% | 17% | 9% | 8% | 10% |
| Neither good nor poor | **4%** | 4% | 7% | 0% | 4% | 6% | 4% | 3% | 4% |
| Poor | **3%** | 3% | 7% | 25% | 2% | 11% | 4% | 3% | 3% |
| Very poor | **3%** | 2% | 7% | 0% | 2% | 6% | 3% | 3% | 2% |
| *Net ‘Good’:* | *27%* | *28%* | *17%* | *0%* | *29%* | *39%* | *25%* | *21%* | *28%* |
| *Net ‘Poor’:* | *5%* | *5%* | *14%* | *25%* | *4%* | *17%* | *6%* | *6%* | *5%* |
| Has not used Pharmacy First/did not answer | **64%** | 64% | 62% | 75% | 64% | 39% | 64% | 70% | 63% |

There are no significant differences in Pharmacy First experience ratings by sexual orientation or religion/belief.

However, those with Armed Forces involvement may be slightly less likely than those with no Armed Forces involvement to rate their experience of Pharmacy First as good to some degree - 21% (30 respondents) of those with Armed Forces involvement rate their experience as either ‘very good’ or ‘good’, compared with 28% (278 respondents) of those with no Armed Forces involvement.

**Table 23e: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had? RESULTS BY RELATIONSHIP STATUS, WHETHER PART OF THE FARMING COMMUNITY & PREGNANCY STATUS**(base sizes in brackets).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Relationship Status: | | | Part of Farming Community?: | | Pregnant/Given Birth?: | |
|  | **Total**  (1,198) | **Married/ Partner** (888) | **Separated/Divorced/ Widowed** (137) | **Single**  (99) | **Yes**  (36) | **No**  (1,146) | **Yes**  (15) | **No** (1,103) |
| Very good | **17%** | 19% | 16% | 14% | 19% | 17% | 13% | 18% |
| Good | **10%** | 10% | 10% | 7% | 11% | 9% | 13% | 10% |
| Neither good nor poor | **4%** | 4% | 2% | 5% | 11% | 3% | 13% | 4% |
| Poor | **3%** | 3% | 4% | 4% | 3% | 3% | 7% | 3% |
| Very poor | **3%** | 2% | 2% | 4% | 0% | 3% | 0% | 2% |
| *Net ‘Good’:* | *27%* | *28%* | *26%* | *21%* | *31%* | *27%* | *27%* | *28%* |
| *Net ‘Poor’:* | *5%* | *5%* | *6%* | *8%* | *3%* | *5%* | *7%* | *5%* |
| Has not used Pharmacy First/did not answer | **64%** | 63% | 66% | 66% | 56% | 64% | 53% | 64% |

There are no significant differences in Pharmacy First experience ratings by relationship status, whether respondents are part of the farming community or pregnancy status.

**Table 23f: Q16. If you have seen a pharmacist (chemist) in 2024 for one of the conditions listed above, how would you rate the most recent experience you had? RESULTS BY RESPONDENT PARTICIPATION METHOD**(base sizes in brackets).

|  |  |  |  |
| --- | --- | --- | --- |
|  | Total  (1,198) | Online Survey  (1,195) | Printed/ Paper Survey  (3) |
| Very good | **17%** | 17% | 0% |
| Good | **10%** | 10% | 0% |
| Neither good nor poor | **4%** | 4% | 0% |
| Poor | **3%** | 3% | 0% |
| Very poor | **3%** | 3% | 0% |
| *Net ‘Good’:* | *27%* | *27%* | *0%* |
| *Net ‘Poor’:* | *5%* | *5%* | *0%* |
| Has not used Pharmacy First/did not answer | **64%** | 64% | <0.5% |

7.3 Reasons Given for Rating of Most Recent Pharmacy Experience for Listed Conditions

When respondents were asked to explain the reason(s) why they gave the rating they did for their experience of their most recent pharmacist visit for one of the listed conditions, a range of verbatim responses were provided and the key themes to these comments are shown in the following table.

**Table 24: Q17. Please use the space below to explain why you answered Q16 in the way that you did.**

**OVERALL RESULTS** (all responses: n=1,198).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons for giving a good/very good rating for last Pharmacy First experience: |  |  |
| Excellent/good/satisfactory service received (general comments) | 85 | 6% |
| Received quick service/less time for patients to be seen/prevents illnesses developing (e.g. out of hours availability) | 73 | 5% |
| Knowledgeable/helpful staff | 66 | 5% |
| Easy to access/convenient | 23 | 2% |
| Pharmacy First is a positive development (general comments) | 16 | 1% |
| It will improve patient access/convenience to same day services (e.g. 7 days a week, longer opening times) | 12 | 1% |
| It reduces the pressure/burden on local GPs/hospitals/A&E | 5 | <0.5% |
| Makes it easier/less complicated/less confusing for patients | 3 | <0.5% |
| *Other reasons for rating experience as either ‘good’ or ‘very good’* | *1* | *<0.5%* |

**Table 24 (continued): Q17. Please use the space below to explain why you answered Q16 in the way that you did.**

**OVERALL RESULTS** (all responses: n=1,198).

*NB: Themes mentioned by 3+ respondents.*

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Reasons for giving a poor/very poor rating for last Pharmacy First experience: |  |  |
| Concern - pharmacies have less knowledge levels/training than GP surgeries | 31 | 2% |
| Concern - did not/could not solve the problem (e.g. had to go to GP surgery after pharmacy visit) | 29 | 2% |
| Concern - had a poor experience (general comments) | 21 | 2% |
| Concern - received incorrect diagnosis/received incorrect medication | 17 | 1% |
| Concern - more expensive than getting prescription from GP/had to pay for private prescription | 16 | 1% |
| Concern - excludes older people/children for some conditions | 10 | 1% |
| Concern - poor manner of pharmacy staff | 8 | 1% |
| Concern - pharmacists could become too busy/overloaded | 6 | <0.5% |
| Concern - had to wait a long time for service | 5 | <0.5% |
| Concern - Pharmacy First needs to be publicised more widely | 5 | <0.5% |
| *Other reasons for rating experience as either ‘poor’ or ‘very poor’* | 3 | *<0.5%* |
| Other information: |  |  |
| *Other comments (mentioned by less than 3 respondents)* | *11* | *1%* |
| *Don’t know* | *1* | *<0.5%* |
| Has not used Pharmacy First/did not answer | *768* | *64%* |

Firstly, it should be noted that nearly two-thirds (64% - 768 respondents) either specified in the comments that they hadn’t used the service or did not answer, suggesting they either had not used the service or skipped the question. However, reflective of the large majority of ‘good’ and ‘very good’ ratings provided by respondents in relation to their last pharmacy visit experience, the bulk of comments about pharmacy experiences are positive.

Other than the 6% (85 respondents) who provided a non-specific positive comment to explain the rating they gave, the two most commonly mentioned reasons for positive experiences of recent pharmacy visits are that the patient ‘***received quick service/it took less time for patients to be seen/prevents illnesses developing***’ (5% - 73 respondents) and that pharmacy users are attended to by ‘***knowledgeable/helpful staff’*** (5% - 66 respondents). At a lower level, 2% (23 respondents) mention that their pharmacy experience was helped by the perception that it is ‘***easy to access/convenient***’.

Amongst the small minority who indicate that they had a ‘poor’ or ‘very poor’ experience on their last pharmacy visit for the listed conditions, the two main concerns mentioned are the perception amongst some (2% - 31 respondents) that ***‘pharmacies have less knowledge levels/training than GP surgeries’***, while a further 2% (29 respondents) claim that the pharmacy ***‘did not or could not solve the problem (e.g. the patient had to go to a GP surgery after their pharmacy visit)’***.

In total, 485 respondents provided a comment of some kind for this question. A few **example comments** illustrating some of the reasons why respondents gave either a ‘very good/good’ or a ‘very poor/poor’ rating for their most recent pharmacy visit experience for the listed conditions are shown in the following tables.

**Example comments** (for why respondents gave a rating of either ‘very good’ or ‘good’ for their most recent pharmacy visit experience for the listed conditions).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Comment | Age | | Gender | |
| KEY THEME: ‘Received quick service/less time for patients to be seen/prevents illnesses developing (e.g. out of hours availability)’ | |  | |  |
| *“Because the pharmacist dealt with the issue promptly, without having to wait two weeks for a doctor’s appointment at the surgery.”* | *50-64* | | *Male* | |
| *“I had been struggling with a UTI and had exhausted over-the-counter cures. I couldn’t get to see a doctor and was in real agony. I had a very detailed consultation and they prescribed antibiotics. It was cured in 5 days, very impressed.”* | *75-84* | | *Female* | |
| *“I had an insect bite that wouldn’t go down and the pharmacist recommended a stronger antihistamine which dealt with the issue.”* | *50-64* | | *Female* | |
| *“Rutland late night pharmacy helped us on several occasions when the wait for a GP appointment was ridiculous and a minor health issue would have developed into something very severe if we’d have had to wait.”* | *No info* | | *Female* | |
| *“I needed cream for impetigo and previously have waited several days to get a doctor’s appointment as I needed an antibiotic cream. It was a much quicker process.”* | *50-64* | | *Female* | |
| *“Straightforward, no appointment. Simple problem- simple treatment. Obviously received clinical advice as well.”* | *35-49* | | *Female* | |
| KEY THEME: ‘Knowledgeable/helpful staff’ | |  | |  |
| *“My grandson is severely autistic and was seen by a pharmacist at Oakham late night pharmacy and they were so patient and kind with him, it was much more suited to his needs than having to go to a busy hospital environment that he cannot cope with.”* | *50-64* | | *Female* | |
| *“Ashdale Pharmacy has always gone over and above their requirement and whatever the problem, they have always helped and advised.”* | *65-74* | | *Male* | |
| *“My son, aged 4, had an ear infection and we weren’t able to get an appointment at the doctors. So I took him to the pharmacist and they were great with him and even gave him a lollipop at the end. They were able to access his medical records and update them so the doctor could see.”* | *35-49* | | *Female* | |
| *“The pharmacist I saw on several different occasions was thorough and very knowledgeable.”* | *65-74* | | *Female* | |
| *“The pharmacist was really helpful and took time to talk to me - much better than some GP appointments.”* | *35-49* | | *Female* | |
| *“The pharmacist was very helpful, knowledgeable and supportive..”* | *65-74* | | *Male* | |
| KEY THEME: ‘Easy to access/convenient’ | |  | |  |
| *“You can get a same day appointment at the pharmacy which you can't get at the doctor’s surgery.”* | *50-64* | | *Female* | |
| *“It is very difficult to see a doctor so it is easier to walk in to the pharmacy and speak to someone and get help.”* | *50-64* | | *Female* | |
| *“I'd rather be seen at a pharmacy than at the doctors as I can never get a same-date appointment.”* | *35-49* | | *Female* | |
| *“Have you ever tried to use the Oakham Medical Practice? Once you get an appointment at 5am online only it is quite good, otherwise you have to wait weeks…so you have to look at alternatives.”* | *50-64* | | *Prefer not to say* | |
| *“I have seen a pharmacist for myself with sinus issues and for my son with tonsillitis. Again it was much easier than trying to see a GP.”* | *35-49* | | *Female* | |

**Example comments (continued)** (for why respondents gave a rating of either ‘very poor’ or ‘poor’ for their most recent pharmacy visit experience for the listed conditions).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Comment | Age | | Gender | |
| KEY THEME: ‘Concern - pharmacies have less knowledge levels/training than GP surgeries’ | |  | |  |
| *“Need to make your own decision how serious your need for help is. I’m not confident that a pharmacist is able to make diagnoses.”* | *75-84* | | *Female* | |
| *“Pharmacists do not have the authority or training they need to deal with real medical problems and should not be used to fill gaps in our services.”* | *35-49* | | *Female* | |
| *“Very 'tick-box' focused. Does not appear to be a genuine assessment from an appropriately qualified professional.”* | *25-34* | | *Female* | |
| *“Pharmacists are not trained enough and often base their decision on their views and opinions. They don't have enough experience to diagnose.”* | *35-49* | | *Female* | |
| KEY THEME: ‘Concern - did not/could not solve the problem (e.g. had to go to GP surgery after pharmacy visit)’ | |  | |  |
| *“Because the pharmacy could not give me the antibiotics I required so I had to ring NHS 111.”* | *65-74* | | *Female* | |
| *“Took my child to pharmacy for suspected Strep A on the advice of NHS 111 and was told (by the pharmacist) to see the GP as they could not prescribe or help. Ended up going round in circles and taking her to Corby walk-in centre.”* | *25-34* | | *Female* | |
| *“The pharmacist has been unable to help with these issues over a number of months and has directed me to the GP. I cannot get into my GP so we have started self-medicating and using Google to assist.”* | *35-49* | | *Female* | |
| *“They could not help and told me to get a GP appointment. They are only effective if they are allowed to dispense a full range of drugs.”* | *65-74* | | *Female* | |
| KEY THEME: ‘Concern - received incorrect diagnosis/received incorrect medication’ | |  | |  |
| *“I went to the pharmacy with a shingles rash and they told me it was a bug bite so I did not go to the doctors until it got significant worse so then missed the treatment deadline, whereas if the pharmacy had correctly identified the rash I could have got treatment.”* | *25-34* | | *Female* | |
| *“I went to a pharmacy to get seen faster than the doctors with a sore throat. Unfortunately tonsillitis was missed and it took another 4 days to get medication. It was extremely painful during this time and if I had the medication earlier it might have saved me some pain.”* | *35-49* | | *Female* | |
| *“They misdiagnosed me, gave me the wrong treatment which made my condition worse, which would have been avoided if I had seen a doctor.”* | *65-74* | | *Female* | |
| *“I was given advice, it was however incorrect and I ended up far poorlier and had to access the GP and instead of nipping it in the bud early, I ended up poorly for several weeks and on antibiotics.”* | *35-49* | | *Male* | |
| KEY THEME: ‘Concern - more expensive than getting prescription from GP/had to pay for private prescription’ | |  | |  |
| *“They sorted me out antibiotics when I couldn’t get a doctor’s appointment but had to pay £40!!!”* | *50-64* | | *Female* | |
| *“They saw me for an earache - I had to pay, the age criteria is so complicated! Not everyone can pay!”* | *50-64* | | *Female* | |
| *“It was difficult to find a pharmacist who would dispense antibiotics for a tooth infection - then I had to pay a private fee!”* | *50-64* | | *Female* | |
| *“I wanted to use this service but opted against it due to the cost of antibiotics being £23 which is above NHS prescription.”* | *35-49* | | *Female* | |

Section 8: Feedback Received from Other Sources

8.1 Feedback Received from Other Sources

In addition to the responses received via the consultation questionnaire, further formal feedback was submitted through other channels:

* Direct emails from an additional 13 individuals
* Written submissions from Healthwatch Rutland and the H&SC Policy Consortium

This additional feedback has been shared in full with senior commissioners and will be considered alongside the findings presented in this report to inform next steps.

The key sentiments of these interactions were:

* The Unit at Corby was seen to be a good example of how such a Unit should work (with a walk-in facility being suggested for the new Rutland Minor Illness Unit).
* A member of a hospital’s staff highly rated the existing Rutland Minor Injuries/Urgent care service due to their helpful staff and good connection to the GP service. However, they suggested the addition of diagnostics to the services offered by the combined Minor Illness Unit to aid decision making (particularly for the frail elderly who find acute hospital care detrimental) and that it would be an asset to see transitional care beds available at the Unit for 24-48 hour investigation periods (e.g. blood/sample results from Leicester, for short courses of IVs if required, DVT review and ensure maintaining mobility and setting up urgent care packages).
* An email from a GP stated that they would not want to combine the minor injuries and minor illness clinic because they felt that emergency care needs the most qualified and experienced people to do it and in their opinion NHS 111 is not a suitable organisation to triage medical concerns.
* Concern was voiced by another GP that out of hours care has become much more complicated in recent years, due to people living longer, taking more medications and speaking more languages – all of which put more pressure on services (including the proposed Minor Illness Unit). Hence, the proposed Unit will require a greater number of experienced practitioners to staff it due to the ever-growing population.
* A concern was raised that evening drop-in sessions in Cottesmore and Ketton would have been useful for working people to attend (as they also have the greatest issues getting GP appointments).
* There was some concern that the Consultation had not been publicised enough in certain locations (e.g. on village/parish noticeboards and websites and social media), meaning that some residents did not know about it.
* Two email respondents expressed concerns about the perceived reduction in opening hours, the removal of a walk-in option for minor injuries, and the implications that anyone developing a condition that requires resolution on the day cannot start that process until at least 1pm.

In addition, the key questions raised as part of these interactions were:

* How can a cut in hours (by 25%) result in a better service?
* Is there a guarantee that the one ward at Rutland Memorial Hospital will remain?
* How will service models for the new Minor Illness Unit be adapted to meet Rutland’s specific and unique needs?
* Will any departments close for the necessary Unit refurbishments?
* Will the absence of a walk-in service affect the availability of appointments for the new Unit?

Appendix A:   
How People Heard About the Consultation

**Table 25: Q2. How did you hear about this public consultation?***(Select all that apply).*

**OVERALL RESULTS**(all responses: n=1,334).

|  |  |  |
| --- | --- | --- |
| Theme of comment | No. responses | % responses |
| Text/letter/app notification from my GP practice | 89 | 7% |
| Social media (e.g. Facebook) | 516 | 39% |
| Email | 293 | 22% |
| Staff communication | 63 | 5% |
| Radio | 6 | <0.5% |
| Newspaper | 27 | 2% |
| Poster | 83 | 6% |
| Friend or a family member | 159 | 12% |
| Other (please tell us) | 236 | 18% |
| *NB: The most commonly mentioned ‘other’ ways are:* |  |  |
| *Leaflet (e.g. through the door, in public place, in a store, unspecified)* | *55* | *4%* |
| *School (e.g. newsletter, other parent)* | *21* | *2%* |
| *From a friend/family member/neighbour* | *9* | *1%* |
| *From local MP (e.g. on social media)* | *9* | *1%* |
| *Internet (e.g. Google, internet search, online article, local website, unspecified)* | *8* | *1%* |
| *Rutland County Council communication (e.g. email, newsletter)* | *7* | *1%* |
| *From GP surgery (e.g. via text, saw display)* | *7* | *1%* |
| *At a community centre (unspecified)* | *6* | *1%* |
| *At a pharmacy/chemist* | *6* | *1%* |
| *Village coffee morning/lunch gathering* | *5* | *1%* |
| *Local magazine (unspecified)* | *5* | *1%* |
| *Nursery* | *5* | *1%* |
| *Patient Participation Group/Task & Finish Group* | *5* | *1%* |
| *NET: Aware of one channel only* | ***1,221*** | ***92%*** |
| *NET: Aware of more than one channel* | ***104*** | ***8%*** |
| Other (please tell us) | 9 | 1% |

1. This consultation does not include: Other services provided at Rutland Memorial Hospital; Investment in Rutland Memorial Hospital on the Mobi-Hub (making it easier for people to travel around town and development of new digital innovation facility around health); Acute hospitals; GP practices and wider community services. [↑](#footnote-ref-1)
2. Responses from the printed version of the survey have been omitted from the analysis for this question. [↑](#footnote-ref-2)