



Leicestershire
County Council



NHS

Leicestershire County and Rutland

Loughborough and Hinckley Hospitals: **Travel and Access Report**

October 2009



Research team

Professor Stephen Ison (Professor of Transport Policy)

Grant Mills (Research Associate in Design, Stakeholder and Value Management)

Professor Andrew Price (Professor of Project Management)

Dr Mohammed A Quddus (Lecturer in Transport Studies)

Omid Titidez (Research Student in Healthcare Infrastructure Transport Planning)

Zulfikar Adamu (Research Student in Healthcare Infrastructure Environmental Design)

Reference Group

Rob Croot (NHS LCR Associate Director of Finance/CHSR Capital Lead)

Beverley Gilman (Public Representative for Loughborough)

Hayley Freestone (NHS LCR Programme Secretary)

Jasdeep Dhillon (NHS LCR Programme Officer)

Caroline Mackay (LCC Rural Transport Manager)

Johan Bulger (LCC Transport Policy Officer)

Matthew Kempson (LCC Transport Policy Officer)

Tony Collings (Public Representative for Hinckley)

David Wood (Chairman of Hinckley & Bosworth Older Voices)

Sandra Collings (Public Representative for Hinckley)

Also Involved:

Dominic Cox (NHS LCR Associate Director of Primary Care Development, Chair)

Dr Geoff Hanlon (North Charnwood Locality Lead)

Coral Alexander (NHS LCR Interim Programme Manager)

Debbie Poole (Locality Services Manager)

Anthony Kidger (PPI)

Rachel Cox (NHS LCR Programme Manager)

Contents

1. Executive Summary.....	7
2. Background	10
2.1. NHS Leicestershire and Rutland Loughborough and Hinckley Community Hospital Proposals	10
2.2. Local and National Policy Context.....	10
2.3. The Method Design and Sample	12
3. Hinckley and Bosworth Community Hospital and Hinckley District Hospital Responses	13
3.1. Introduction.....	13
3.2. Mode of Transport (Q6 and Q7)	14
3.3. Problems in Accessing the Hinckley and Bosworth Community Hospital Site.....	17
3.4. Hinckley Travel Experience (Q9).....	18
4. Loughborough Hospital and Walk-in-Centre Responses.....	20
4.1. Introduction.....	20
4.2. Mode of Transport (Q10 and Q11)	20
4.3. Problems in Accessing the Loughborough Hospital site (Q12).....	25
4.4. Loughborough Travel Experience (Q13)	27
5. General Respondent Comments	29
5.1. Transport Mode to Different Healthcare Settings (Q5)	29
5.2. Healthcare Origin for Accessing Healthcare (Q14).....	29
5.3. Important Healthcare Service Factors (Q15)	31
5.4. Walking Distance (Q16)	32
5.5. Public transport information and awareness (Q17, Q18, Q19, Q20, Q21, Q22, Q23 and Q24)	33
6. Conclusions	47
Appendix 1: Site Descriptions	48
Appendix 2: Collaborative Method and Sample Design	49
Appendix 3: Questionnaire	61
Appendix 4: Qualitative Comments	62
Appendix 5: Hinckley and Bosworth Pensioners Action Group Letter	63

List of tables

Table 1. Available, actual and preferred travel modes for travelling to Hinckley and Bosworth Community Hospital site	16
Table 2: Travel experience to the Hinckley and Bosworth Community Hospital site	19
Table 3: Available, actual and preferred travel modes to Loughborough Hospital, Epinal Way	23
Table 4: Preferred mode of transport to Loughborough Hospital.....	23
Table 5: Three main problems to access Loughborough Hospital.....	25
Table 6. Average distance travelled by modes (km) for different healthcare sites.....	30
Table 7. Travel distance to healthcare by age group	31
Table 8. Important factors for accessing the community hospital sites (Q15).....	31
Table 9. Age of the sample against the age of the users.....	54
Table 10. Disability by sample and other data sources.....	55
Table 11. Gender of the sample against community hospital user data	56
Table 12. User Population of Loughborough Hospital and Walk-in-centre (WiC) (HES Data 2008) and Questionnaire Response.....	57
Table 13. Two-sample paired t-test	58
Table 14. User Population of Hinckley Community Hospitals (HES Data 2008) and Questionnaire Response	59
Table 15. Two-sample paired t-test	59

List of figures

Figure 1. Single transport modes used to travel to Hinckley sites (Q6)	14
Figure 2. Transport multiple modes used to travel to the Hinckley sites (Q6).....	15
Figure 3. Single mode travel preference to Hinckley and Bosworth (Q7)	15
Figure 4. Transport multiple mode travel preference to Hinckley & Bosworth (Q4)	16
Figure 5. Three main problems to access Hinckley and Bosworth Community Hospital site	17
Figure 6. Travel experience to Hinckley and Bosworth Community Hospital site	19
Figure 7. Single transport modes used to travel to Loughborough sites (Q10).....	21
Figure 8. Transport multiple mode travel preference to the Loughborough sites (Q10).21	
Figure 9. Single mode travel preference to Loughborough Hospital (Q11).....	22
Figure 10. Mixed mode travel preference to Loughborough Hospital (Q10)	22
Figure 11. Main problems to access Loughborough Hospital	26
Figure 12. Travel experience to the Loughborough Hospital site.....	27

Figure 13. Transport modes to different healthcare settings (Q5)	29
Figure 14. Overall frequency of travel from home, work or leisure (Q14)	30
Figure 15. Walking distances to access a bus stop (Q16)	32
Figure 16. Walking distance to access a bus stop (Q16 and Q26)	32
Figure 17. Awareness of alternative transport routes (Q17)	33
Figure 18. Impact of increased awareness of public transport (Q18)	34
Figure 19. Willing to use public transport.....	35
Figure 20. Willingness to walk or cycle (Q19).....	35
Figure 21. Willingness to ask a friend or family member to drop-off and pick-up (Q20).	36
Figure 22. Willingness to use community/voluntary transport (Q21).....	38
Figure 23. Most important improvement for transport and accessibility (Q22).....	39
Figure 24. Preferences for receiving transport information (Q23).....	41
Figure 25. Preference for receiving public transport information (Q23)	41
Figure 26. Availability of public transport information (Q24)	42
Figure 27. How to improve transport information (Q25).....	43
Figure 28. Number of households with a car (Q35)	44
Figure 29. Household member either access to a car (Q36)	44
Figure 30. Frequency of Respondent Travel (Q2)	51
Figure 31. Type of respondent (patient, visitor or staff) (Q2)	52
Figure 32. Travel with family or friend (Q3).....	52
Figure 33. Travel with family or friend by age during last 12 months (Q3).....	53
Figure 34. Transport modes accessible to respondents (Q4)	54
Figure 35. Comparison of the age of respondents and community hospital users (Q26)	55
Figure 36. Disability type of the sample (Q28).....	56
Figure 37. Gender of sample against community hospital users (Q30)	57

Foreword by Liz Rowbotham

NHS Leicestershire County and Rutland embarked upon a review of Community Health Services in 2007. A key focus of the review centred on our existing ten community hospitals, based on a four-stage process:

- I. Develop overall strategic direction and framework for the future planning of community hospital services.
- II. Develop site recommendations consistent with strategic framework, through a locality-based process, involving Practice-based Commissioners, staff and key stakeholders.
- III. Engage in formal public consultation on recommendations for each community hospital.
- IV. Implement recommendations, subject to outcome of public consultation.

The outcome of our review was a 10 year vision which set out the case for change across all of our community hospitals and wider community and primary care services.

Our vision is that Leicestershire and Rutland becomes the healthiest place in the UK and that by 2018 people in Leicestershire and Rutland will have access to services which are as local as possible, provided this can be done safely and cost effectively.

Following the publication of our 10 year vision, NHS Leicestershire County and Rutland conducted a public consultation in June 2008.

During the public consultation a number of comments were received in relation to transport and access issues in Loughborough and Hinckley and so in order to understand these further NHS Leicestershire County and Rutland commissioned this survey with our partners. An analysis of responses to the survey is presented in this paper.

NHS Leicestershire County and Rutland has the vision to turn Loughborough Hospital and also Hinckley and Bosworth Community Hospital to a 'one-stop health hub' which will increase the range of services available and reduce the need to travel to big acute hospitals. The hubs would increase outpatient and day case activity and keep the inpatient beds.

Easy and good access to healthcare facilities is one of the most important factors and priorities to provide better healthcare services and reduce our carbon footprint.

1. Executive Summary

- NHS Leicestershire County and Rutland (NHS LCR) are considering transferring services from the Loughborough Walk-in-centre, Pinfold Gate to Loughborough Hospital, Epinal Way, and from Hinckley and District Hospital, Mount Road to Hinckley and Bosworth Community Hospital, Ashby Road. As such, this report outlines the transport needs assessment for NHS Leicestershire County and Rutland (NHS LCR) and Leicestershire County Council (LCC). These results will inform the NHS LCR and LCC as to the transport interventions that will be required at the new sites. It should be noted that responses were mostly received from patients and visitors, with NHS staff providing 11% of all the returns, therefore these results may not be representative of their needs.
- The Leicestershire Accessibility Partnership seeks to encourage people to walk, cycle and use public transport when accessing the facilities so as to reduce congestion and to promote sustainable travel options. In order to improve access and reduce private car travel to hospital sites, it is proposed to develop a travel to health initiative. The potential benefits to the patients would be improved alternative access to the site.
- Loughborough University, Health and Social Care Infrastructure Research and Innovation Research Centre (part of the Civil and Building Engineering Department) were invited to be part of the reference group, being commissioned through Loughborough University Enterprise Limited to undertake a survey, present data and draw conclusions on public transport and access issues in Loughborough and Hinckley.
- The scope of the survey was to understand the needs and preferences of users and to understand the modes of transport and participants' awareness of these.
- Further work will be completed by a reduced number of the reference group so as to assess current accessibility through cycle routes and walk pathways including signage, safety and security; assess the current community transport contracts in operation with Leicestershire County Council and NHS LCR including assessment of possible contractual changes; design site specific public transport information for display at several points throughout the hospital, on appointment letters, websites and staff information; make key recommendations for inclusion in local transport plans; assess any potential financial impact of developing local modes of transport which includes marketing of any changes; and implement site specific travel information at all Leicestershire and Rutland community hospital sites.
- The discussion in this report is the analysis of the transport and accessibility survey undertaken between 03 August and 28 August 2009. Loughborough and Hinckley data analysis are treated separately in this Report, with general findings (common to both sites) presented in Section 6.
- The Questionnaire was designed around four Sections: – Section 1, investigated the purpose and mode of peoples' travel; Section 2, asked specifically about the Loughborough and Hinckley sites; Section 3 asked about further information on peoples' preferences for travel and expectations for receiving public transport information; and Section 4 – asked for information to enable the research team to better interpret the results and describe the sample.
- Although it is not the principal function of this report to comment on strategic development of transport taken by Leicestershire County Council and NHS Leicestershire County and Rutland, detailed implantation of, and changes to, services and publicity information have been cited by the respondents and could be used to inform decision making.

Overall Response

- The overall number of Questionnaires returned was 633, with 629 of these being valid. More returns were received from Loughborough than Hinckley. However, this response is aligned with the larger user population at Loughborough Hospital and Walk-in-centre sites. 76.5% of all Questionnaire returns (n=481) were received from respondents answering in reference to Loughborough (which had a user population in 2008 of 92,149) and 23.5% were received from Hinckley (n=148), which in 2008 had a user population of 17,753. The Hinckley response had a higher representation from disabled participants, while the Loughborough response had a higher elderly representation. It was clear from the response sample that many of the respondents were physically-impaired and/or elderly and as such, certain issues (e.g. walking/cycling long distances), were highly important for them. For those who can drive or are being driven: busy traffic along access roads and parking (its availability and signage) rank high among their concerns.
- Responses were mostly received from patients (with 59%, n=520) and visitors (with 30%, n=266), with some staff providing returns (11%, n=102). As such these findings do not represent the needs of staff.

Overall Transport and Accessibility Improvements

- In order to gauge the most important factors for accessing community hospital services all respondents provided a ranking. When aggregated, this significantly showed that Quality of Care was seen as the most important factor, followed by Travel Issues (such as time of travel and provision of car parking), then the provision of more varied healthcare services.
- Many respondents stated that they may use public transport (65%), Walk or Bike (30%), ask a Friend or Family member to pick-up and drop-off (71%) or use Community/voluntary transport (79%), if they were made more aware of them. This presents significant opportunities against the very small current use of these modes, and the need to capitalise on the willingness of respondents to use these alternative modes.

Hinckley Community Hospital Sites

- 148 participants responded to the survey for Hinckley. Questions 6 and 7 for the Hinckley and Bosworth Community Hospital, Ashby Road and Hinckley and District Hospital, Mount Road revealed that the frequency with which respondents chose to use different modes of transport to access health care provision was very similar for both sites, with most choosing to use the car. This related to 70% of respondents in Hinckley and Bosworth Community Hospital and 58% to the Hinckley and District Hospital. Further to this, walking was more usually used as a means of access to Hinckley and District with Hinckley and Bosworth Community Hospital being seen by the respondents as less accessible because of:
 - its out of town location,
 - lack of convenient, regular, sheltered and direct Public Transport and
 - roads that are perceived as being dangerous due to high traffic speed and volume.

When respondents were asked about their preferences for travel, rather than their actual travel mode, there was a strong preference for car among respondents (60%), with a 30% preference for Public Transport.

- Questions 7, 8, and 9 asked respondents to describe their mode preferences, problems and travel experiences in getting to the Hinckley and Bosworth Community Hospital site. Most comments highlighted issues in accessing the site and barriers to using other alternative modes. Prominent issues included it being difficult or too far to walk to (which was highlighted by 14.7% of respondents), followed by the lack of direct buses (12.4%), difficulties in crossing the main road (10.9%), and that the bus does not pick up and drop off directly outside the entrance (9.8%). In addition:
 - the lack of bus shelter,
 - poor lighting,
 - safety of the road and
 - lack of safe crossing
 were issues that were identified and may easily be resolved.

Loughborough Hospital and Walk-in-Centre Sites

- The 481 respondent results from the survey for Loughborough Hospital, Epinal Way and Loughborough Walk-in-centre, Pinfold Gate showed that the frequency with which respondents chose to use different modes of transport was similar for both sites, with most choosing to take the car, namely 71% of respondents for Loughborough Hospital, 47% of respondents for Loughborough Walk-in-centre for an appointment and 64% for Loughborough Walk-in-centre in an emergency. When comparing the accessibility of the sites to bus and walking, the Loughborough Walk-in-centre (for an appointment) appears to be the most accessible, with more respondents travelling to the Loughborough Walk-in-centre for an appointment by walking (25%) and using the bus (21%) than for the Hospital (walking 12% and bus 8%) and Walk-in-centre in an emergency (walking 12% and bus 8%). Therefore, improved walking and public transport facilities may need to be put in place in order to maintain or improve on present provision. When respondents were asked about their preferences for travel, rather than their actual travel mode, there was inevitably a strong preference for the Car among respondents (59%), with the preference for Public Transport being 21%. Respondents also had a preference for using the Taxi/friend in an emergency.
- Qualitative questions asked respondents to describe their mode preferences, problems and travel experiences in getting to the Loughborough Hospital site. Most qualitative comments highlighted issues in accessing the site and barriers to using alternative modes. Issues most frequently raised included Car Parking which was highlighted by 24% of respondents, followed by the lack of direct buses (15%), that it is difficult and too far to walk (96%) and that buses do not stop directly outside the entrance. As such, if respondents are to move to alternative modes of transport (other than private vehicle use), proposals will need to be put in place to resolve Public Transport, Cycle and Walk access to the hospital.

Conclusion

- Many participants have provided some valuable ideas. Some respondents have called for a regular and direct shuttle service from the Hinckley and Loughborough town centres to the new locations as a way of ensuring reliable service. Others have asked for information about bus services through SMS, email and websites. A number of respondents also asked for information to be made available through newspapers, appointment letters, and for leaflets/booklets or posters to be set up in specific health and social care facilities.

2. Background

2.1. NHS Leicestershire and Rutland Loughborough and Hinckley Community Hospital Proposals

The vision for Hinckley and Bosworth Community Hospital is to have a 'one-stop health hub' which will increase the range of services available, provide core community hospital services, and reduce the need to travel to big acute hospitals. We plan to increase outpatient and day case activity and keep the inpatient beds. NHS Leicestershire County and Rutland proposes to move all community hospital services onto a single extended site at Hinckley and Bosworth Community Hospital, supported by services in the community. The GPs currently based at Hinckley Health Centre would also move to the Hinckley and Bosworth Community Hospital site, where they would continue to provide core primary care services, working in partnership with the PCT. Hinckley and District Hospital would then be sold and the money reinvested in healthcare.

The vision for Loughborough is to turn Loughborough Hospital into a 'one-stop health hub', which will increase the range of services available and reduce the need to travel to big acute hospitals. We plan to increase outpatient and day case activity and keep the inpatient beds. NHS Leicestershire County and Rutland plans to keep the current bed capacity and increase outpatient capacity within the current hospital.

Loughborough Walk-In Centre in Pinfold Gate provides treatment for minor injuries and illness 24 hours a day, 365 days a year. It is nurse-led with a GP available to provide medical advice or prescribe certain treatments. We plan to move the Walk-In Centre onto the hospital site, which would have a number of benefits, including quicker access to diagnostic tests.

2.2. Local and National Policy Context

In recent years there has been a shift away from providing healthcare in acute hospitals, to moving care nearer to home so as to achieve the benefits of closer multi-agency working, integrating health and social care with other local public and private service providers and to address health inequalities. Many individuals, organisations and institutions have identified the need for improved transport and access stating:

"To create a fairer NHS, we have to focus on improving access to health and social services", Darzi Review: Interim Report, October 2007;

"Poor access to healthcare imposes costs on both the patient and the health provider", Social Exclusion Unit "Making the Connections" 2003;

"Transport can be a barrier to accessing care. The Social Exclusion Unit estimates that 1.4 million people miss, turn down, or simply choose not to seek health care because of transport problems", Department of Health 2006 "Our health, Our care, Our say".

"The NHS accounts for 5% of all road traffic in England." Taking the Temperature-Towards an NHS response to Global Warning, 2007. London: NHS Confederation and NEF

"around 20% of people find it difficult to travel to hospital; 32% without a car 49% of local transport plans identify problems in transport access to health services. Half of older people have difficulty getting to London hospitals and a third to their doctor", Social Exclusion Unit

The Transport Act 2000 requires local transport authorities in England to produce and implement a Local Transport Plan (LTP) which takes account of statutory guidance issued by the Secretary of State for Transport. The LTP process aims to encourage high quality transport planning and effective delivery of local transport proposals. Transport is a means to an end, and the overall effectiveness of any Local Transport Plan will ultimately be measured by the extent to which it contributes to achieving wider objectives at the county level and making local amenities such as healthcare, more accessible. The regional transport strategy is one of several parts of the regional spatial strategy for land use and development. As such transport planning policy has strong links with the plans of our regional partners to increase the quality of life and to build healthy and sustainable communities.

Leicestershire is a diverse county in the centre of England. It borders the counties of Derbyshire, Nottinghamshire, Warwickshire, Staffordshire, Lincolnshire, Northamptonshire and Rutland. Leicestershire is predominantly rural, but has a number of county towns and suburban communities, such as Loughborough and Hinckley. The population is a little over 660,000 and the county covers an area of 2,000 square kilometres, across seven districts. As such, the county has diverse transport needs, ranging from the major urban conurbation of Leicester and Central Leicestershire, through busy county towns to substantial rural areas. As such, there is a need to further consider the spectrum of travel experiences from journeys across extensive, sparsely-populated rural tracts, through small towns and within dense urban conurbations, to ensure the best cover possible.

Healthy communities was one of six joint public health priorities agreed with the primary care trusts through the Community Strategy and the East Midlands Regional Assembly's public health strategy for the East Midlands. 'Investment for Health' (2003), aims to improve health through the promotion of physical exercise through walking and cycling. The local plan is also aimed at improving public transport, with the Leicestershire Local Transport Plan 2006-2011 stating that "Our bus strategy and accessibility strategy will also help by prioritising access to healthcare facilities and providing socially necessary bus, concessionary and community travel to older and disabled people, with the attendant benefits to mental health". In addition, it is recognised that 'Accessing doctors' surgeries and clinics can be a problem for people without access to a car or with mobility difficulties. The Leicestershire County Council Local Authority (LA) is developing countywide coverage of community transport schemes to provide transport to local services, including some health appointments, for people with mobility impairments and those who are rurally isolated. As such the Local Authority in Leicestershire has recognised the need to introduce joint planning of these services with the health authorities, so as to provide the best possible overall service. According to the Local Authority they have provided flexibility through "an hourly bus service network" that helps people to reach clinics by bus, while their new accessibility planning has a specific focus on access to health facilities and their action plans will aim

to improve access further. Given this commitment there is a need to further investigate, on a site by site basis, better accessibility and sustainability of healthcare travel.

According to the Leicestershire Local Transport Plan 2009-2011, Leicestershire's strategy and "Leicestershire Together Community Strategy" is designing safe, clean and green ways to make as effective a contribution as possible to reduce Carbon emissions and to help achieve national targets and create a cleaner environment for its population. Road transport contributes 43% of the total carbon dioxide emission in the county. Approximately 50% of the traffic in Leicestershire is on trunk roads so around 22% of carbon dioxide emissions in the county are from traffic on local roads. Again, the target for total traffic volumes responds to this challenge. Key to meeting this will be the success in persuading motorists to consider other means of travel, such as cycling, walking and public transport, and to moderate car use generally, which is central to the Local Authorities Smarter Choices agenda. The ENABLE partnership has put forward a number of measures to reduce the rate and impact of climate change in Leicestershire. These are included in the climate change strategy produced by Environmental Action for a Better Leicestershire, while the wider planning aim is: 1) Raising awareness of the environmental impacts of transport and promoting the use of alternatives to the car; 2) Supporting the use of travel plans by businesses, organisations and schools; 3) Investing substantially in improving the bus service alternative; and 4) developing networks of safe cycling and pedestrian routes for travel between centres.

The Leicestershire Accessibility Partnership seeks to encourage people to walk, cycle and use public transport to reduce congestion and to promote sustainable travel options. In order to improve access and reduce private car travel to hospital sites, it is proposed to develop a travel to health initiative. The potential benefits to the patients would be a less congested car park together with improved alternative access to the site.

2.3. The Method Design and Sample

The Questionnaire used to collect the data contained in this report and the analysis method were designed by a reference group made up of NHS Leicestershire County and Rutland, Leicestershire County Council, Public Representatives and Loughborough University. For further information on the process taken and the methodology design please see Appendix 2.

5,000 copies of the transport and accessibility Questionnaires were printed and 2731 copies were distributed directly to the public by post (on request) or through the public self-selecting to pick up a copy of the Questionnaire from a health and social care centre. Representatives from the Transport and Access Reference Group also carried out eight days of structured interviews in Loughborough Hospital, Loughborough Walk-in-centre, Hinckley and Bosworth Community Hospital and Hinckley and District Hospital. The overall number of Questionnaires returned was 633 (256 web based responses and 377 hard copy returns), giving a good response rate of 23% of the distributed surveys. Of the 633 Questionnaire returns 629 respondents answered which site they were completing the Questionnaire for (Q1). 76.5% of all Questionnaire returns (n=481) were received from respondents answering in reference to Loughborough and 23.5% were received from Hinckley (n=148). The Hinckley response is lower than the Loughborough site, but from the further discussion in Appendix 2 it has a higher representation from older and disabled participants.

For the case of Loughborough site, sample data was collected from a total of 23 postcode areas. Healthcare users from each of the areas, and the corresponding number of respondents are shown in Appendix 2. In order to determine whether the sample is geographically representative, a two-sample t-test was conducted. The percentage of total healthcare facility users in a postcode were compared with the percentage of total respondents of the same postcode. The result suggests that the mean percentage of users (%) is not statistically different from the mean percentage of respondents at the 95% confidence level (see Appendix 2 for details). This implies that the sample is spatially representative.

Attention is drawn to two Questions (Q7 and Q11) in this report on the site specific preference for a particular mode of transport:

- Q7 - “What mode(s) of transport would you prefer to use to get to Hinckley and Bosworth Community Hospital? (tick more than one if appropriate)” and “Please state why you do / do not use your preferred mode(s) of transport?”
- Q11 - “What mode(s) of transport would you prefer to use to get to Loughborough Community Hospital? (tick more than one if appropriate)

For these questions an online error reduced the response rate (specifically a response of 245 for Loughborough and 130 for Hinckley) for these two Questions. Throughout this Report the sample size has been stated against each Question and the limitations of the results discussed.

Responses were mostly received from patients (with 59%, n=520) and visitors (with 30%, n=266), with some staff providing returns (11%, n=102). It should be noted that some respondents were a mix of these categories, which accounts for Question frequency numbers (n) larger than the overall return response. This response suggests that the survey is largely a patient and visitor survey, and should not be interpreted as representing staff.

Of those that responded, 75% (n=664) were received from respondents who visit the healthcare centres infrequently (0-5 times in the last twelve months), 17% (n=153) were from frequent visitors (6-20 times in the last twelve months); and 8% (n=71) were received from very frequent visitors (21+ times). This therefore implies that the majority of respondents travel infrequently, however there are specific respondents who visit the sites on a very frequent basis, and as such their needs should be addressed.

This report is not directly structured around the Questionnaire, rather has been split into site specific and general findings. As such Questions 1-5 (which are general Questions) on the purpose and mode of respondent travel are contained in Appendix 2.

3. Hinckley and Bosworth Community Hospital and Hinckley District Hospital Responses

3.1. Introduction

Following a public consultation in 2008, NHS Leicestershire County and Rutland endorsed the proposal to relocate Hinckley and District Hospital to the Hinckley and Bosworth Community Hospital site. The results from the 148 Questionnaire respondents

that answered Questions 6-9 about transport at Hinckley are detailed in this section. It should be noted that a single letter was received from the Hinckley site, this can be found in Appendix 5.

3.2. Mode of Transport (Q6 and Q7)

Q6 asked respondents to select the mode(s) of transport that they usually use when travelling to the Hinckley and Bosworth Community Hospital, Ashby Road; and then to the Hinckley and District Hospital, Mount Road. Responses to this question were received by 117 and 138 participants for the two sites (with 32 and 10 participants choosing not to answer the question). Figure 1. illustrates the respondents who use a single mode of transport, while Figure 2. illustrates respondents who use multiple modes of transport (which may mean respondents who use different modes of transport on different occasions or more than one mode per trip). Figure 1. shows that in most cases the mode of transport that people used for both Hinckley sites was similar, however, more respondents usually walked to Hinckley and District Hospital than Hinckley and Bosworth Community Hospital. This may suggest that there is better walking access to Hinckley and District Hospital. More respondents accessed Hinckley and Bosworth by ambulance than for Hinckley and District. However, the differences could be due to the types of patients attending the two hospitals.

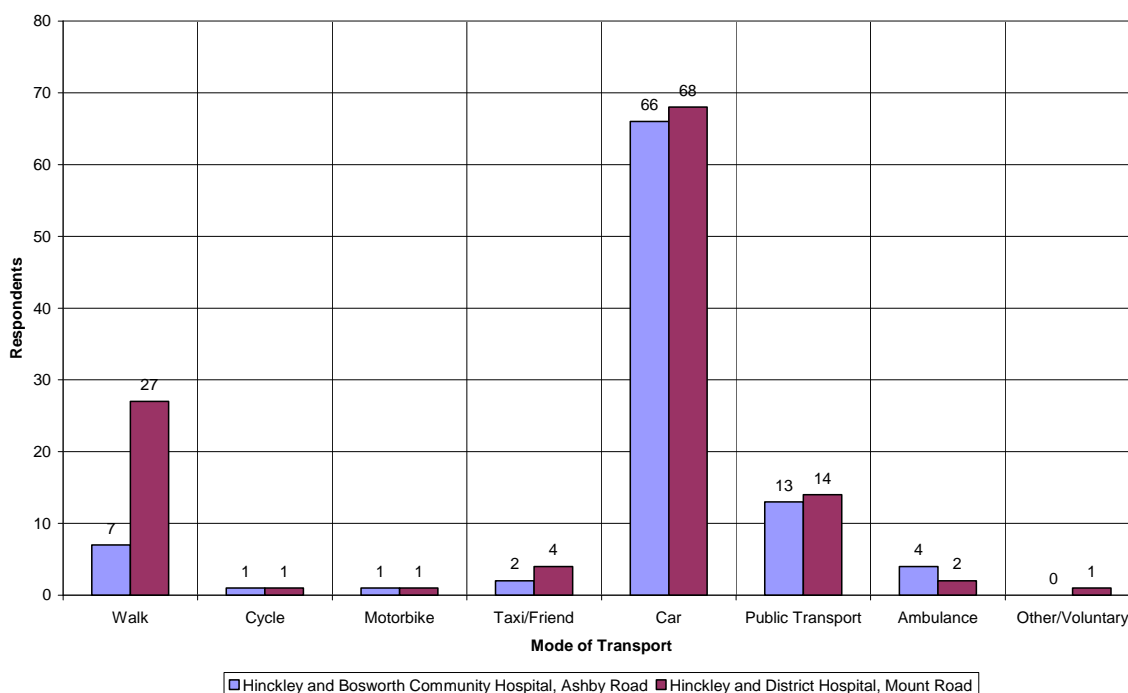


Figure 1. Single transport modes used to travel to Hinckley sites (Q6)

Figure 2., which also illustrates the results of Q6, shows that relatively few respondents (19%) use multiple modes of transport to access the Hinckley sites (most have one preferred mode). The profiles for respondents using multiple modes are similar across both sites.

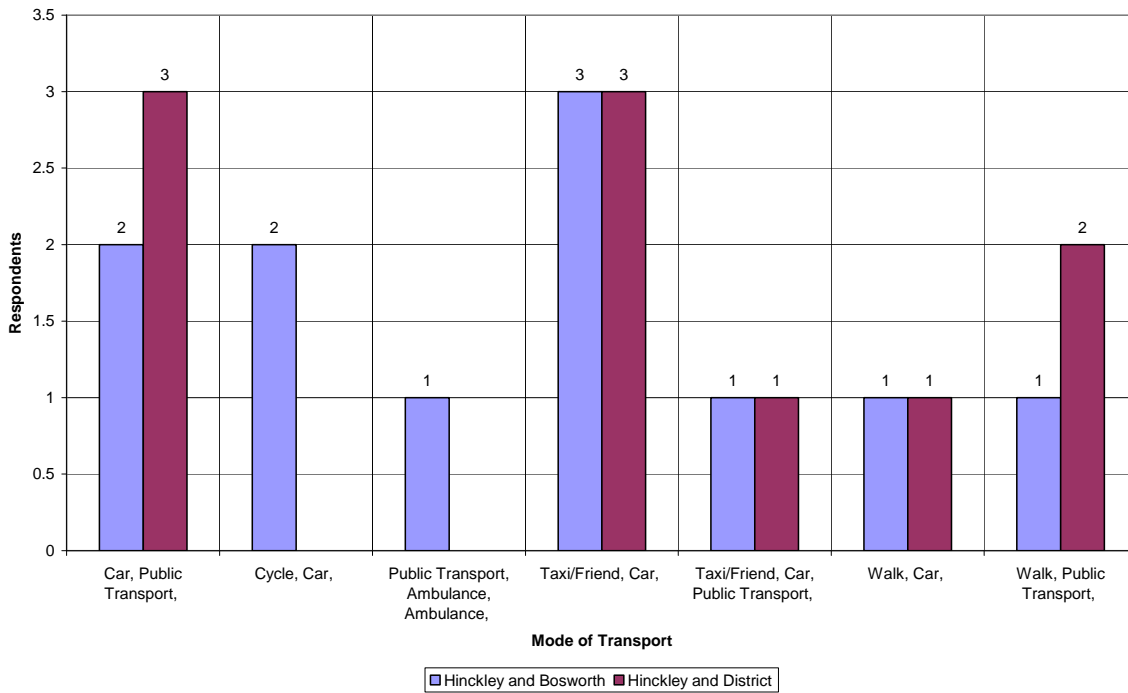


Figure 2. Transport multiple modes used to travel to the Hinckley sites (Q6)

Q7 asked respondents what mode of transport they would prefer to use to get to Hinckley and Bosworth Community Hospital. Responses were received from 124 Hinckley participants (82 with a single mode preference and 42 with a multi-mode preference); further to this 24 participants chose not to answer this Question. It should be noted that due to an error in the collection of electronic completion of this Question, 18 responses may not have been included in this analysis. Figure 3. illustrates the 82 respondents who have a single mode of transport preference, while Figure 4. illustrates the 42 respondents who have a preference for multiple modes of transport. Figure 3. also shows that in most cases the mode of transport that people prefer to use to access Hinckley and Bosworth is Car (n=40, which is 60% of all respondents) or Public Transport (n=25, which is 30% of all respondents).

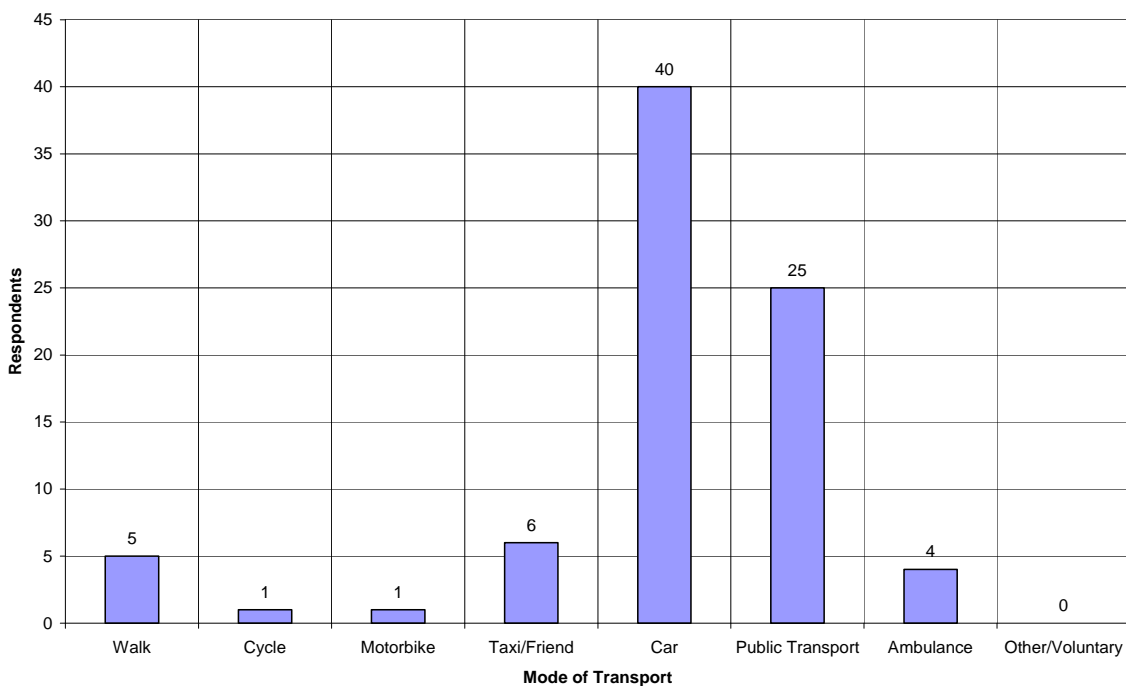


Figure 3. Single mode travel preference to Hinckley and Bosworth (Q7)

Figure 4. shows results for the 44% of respondents who have a preference for multiple modes of transport, most selected both Car and Public Transport (n=19), other responses included a variety of modes, but too few of specific to note.

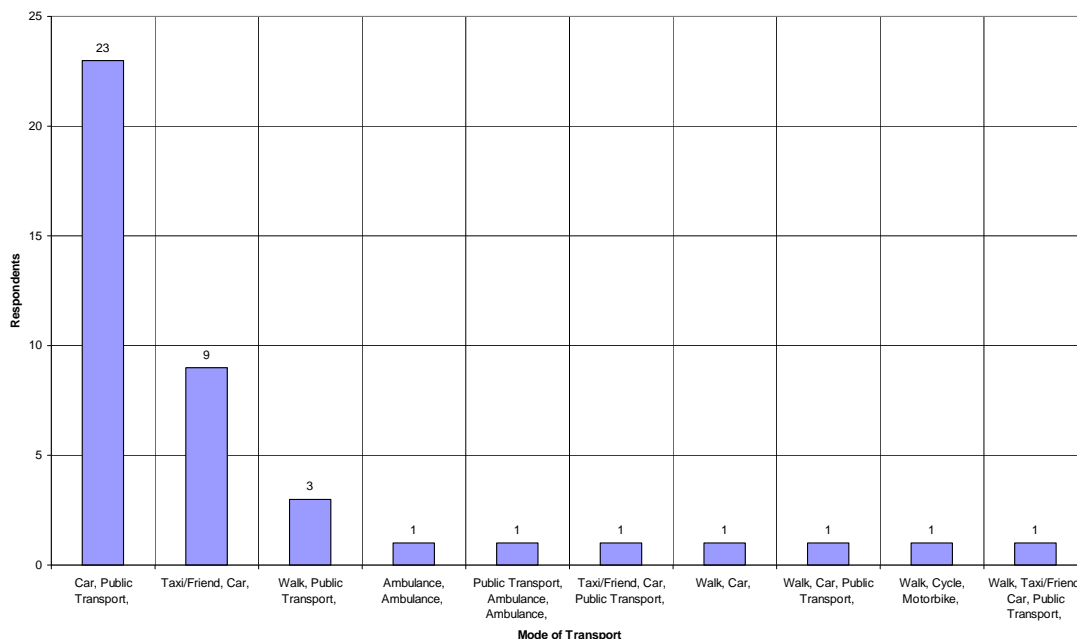


Figure 4. Transport multiple mode travel preference to Hinckley & Bosworth (Q4)

Table 1. that draws together Q4, Q6 and Q7 for Hinckley and Bosworth Community Hospital, shows that 3.4% of respondents reported to have access to Public Transport. However, 6.3% of respondents actually used public transport for travelling to the Hinckley and Bosworth Community Hospital site, while 16.3% of respondents reported that public transport would be their preferred mode of travel.

Table 1. Available, actual and preferred travel modes for travelling to Hinckley and Bosworth Community Hospital site

	Car	Public Transport	Walk	Car and Public Transport	Sample size
Transport mode available (Q4)	52 (35%)	5 (3.42%)	2 (1.37%)	9 (6.16%)	146*
Transport mode used (Q6a)	61 (43%)	9 (6.34%)	4 (2.82%)	2 (1.41%)	142**
Preferred transport mode (Q7)	35 (27%)	21 (16.3%)	4 (3.1%)	18 (14%)	129***

Values in the brackets represent the corresponding percentages

* 2% did not respond, ** 28% did not respond, ***7% did not respond

Furthermore, Table 1 illustrates that 35% of respondents reported having access to a Car, however, 43% of respondents actually used a Car for travelling to the Hinckley and Bosworth Community Hospital site, while 27% of respondents reported that the Car would be their preferred mode of travel to the Hinckley and Bosworth Community Hospital. This may indicate that respondents might change mode if they were made more aware of alternative transport modes, or if these transport modes were improved. For instance, the use of public transport would increase from 6.3% (current) to 16.3% (preferred).

To illustrate respondents commented on such issues:

- *“When I get off the bus it is difficult to cross the very busy Ashby Road. At Hinckley District Hospital, I attend [meetings on a weekday evening], and do not like to walk through Hinckley and wait for the bus at 9pm.”*
- *“I need a car as I use a mobility scooter.”*

3.3. Problems in Accessing the Hinckley and Bosworth Community Hospital Site

Q8 asked respondents to describe what they consider to be the three main problems with accessing the Hinckley and Bosworth Community Hospital site. Responses were provided by 112 respondents (with 36 choosing not to provide a qualitative response). Figure 5 below illustrates the issues and the number of times they were identified by respondents. It is clear that distance is a problem for 26.8% of respondents, followed by lack of buses which go directly to the site – as users (17.9%) complained of having to switch buses along the way. The access road to the hospital is also problematic for 21% of users who find it rather difficult to cross (17.1%). 17.1% were unhappy with the situation of bus routes; which presents the infirm, old and disabled with difficulty in accessing the site.

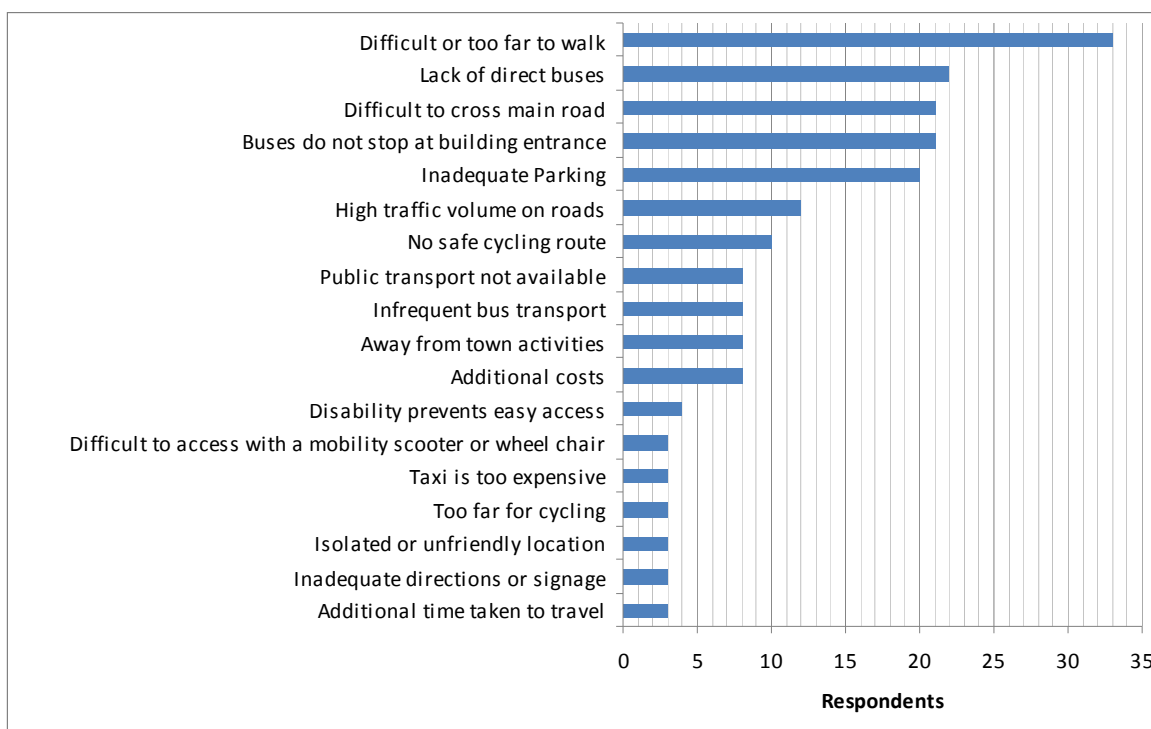


Figure 5. Three main problems to access Hinckley and Bosworth Community Hospital site

Furthermore, inadequate parking facilities, traffic along main access road and lack of safe cycling routes were stated at 16.3%, 9.8% and 8.1% times respectively. Public transport was considered to be unavailable by 6.5% of the respondents and the same proportion noted infrequent bus shuttles, lack of commercial activities in the new location (i.e. away from town centre); as well as the additional costs incurred as a result of having to commute to this location, and to bus changes along the way as concerns. For some, disability and wheelchair issues were a concern (4.1%) while for others the facility was too far for cycling (2.4%); while being isolated/unfriendly (2.4%); and without

enough signage or directions to guide people towards it (2.4%). Respondents commented as follows:

- *"It is too far to 'walk' [and] the bus is not an option for me as a wheelchair user. ...there is no safe cycle route on Ashby Road anyway"*
- *"If everyone in the area started using the hospital site on a regular basis, the car parking facilities may prove inadequate for the volume of cars and there are no public car parks close by"*
- *"Taxi it is very expensive"*
- *"Local transport links all converge on the town centre - this is not the case with the new site. People may have to use 2 buses, or train and bus,... a busy road, with fast moving traffic, ...and traffic volumes [will] increase further"*
- *"No access lane on Ashby road. Lack of quantity of disabled spaces"*
- *... poor exit facilities when leaving by car"*
- *"To get back to Hinckley you have to go across a very busy road [to the bus stop]. For the elderly you need a bus to go to the entrance"*
- *"No proper crossing facilities (I don't think the bus operators would agree to divert services to the site even with a turning circle provided. Because of time and the difficulty in leaving and re-entering Ashby Road)"*
- *"No pedestrian crossing by bus stop on busy main road"*
- *"It would be preferable for the bus to follow a loop onto the site. Also the A477 is not wide enough so that if a vehicle coming from Barwell meets oncoming traffic from Hinckley while it stops to wait for a free road it holds up all the traffic coming from "Barwell/Market Bosworth"*
- *"With a car you have a problem pulling out into a Main Road...."*
- *"Roads too busy for cycle (not safe) ..."*
- *"The bus route has the nearest stop some distance from the drive into the site and then a considerable walk to the H [hospital] building"*
- *"... The only answer is to have a bus 'port' in hospital grounds (as at Glenfield)"*
- *"... turning right in Ashby Road"*
- *"Trying to exit from the hospital busy road. Speeding vehicles. Speed limit too high and insufficient signs"*
- *"Danger of crossing main road lack of signs warning of hospital entrance, high hedges, lack of pedestrian crossing, difficulty when leaving hospital due to volume of traffic, traffic lights would be a definite advantage"*

3.4. Hinckley Travel Experience (Q9)

Q9 asked respondents to provide details of their travel experience to the Hinckley and Bosworth Community Hospital site. 109 respondents described their 'Travel experience to the Hinckley and Bosworth Community Hospital site' as shown in Figure 6. 39 respondents chose not to provide any qualitative comments.

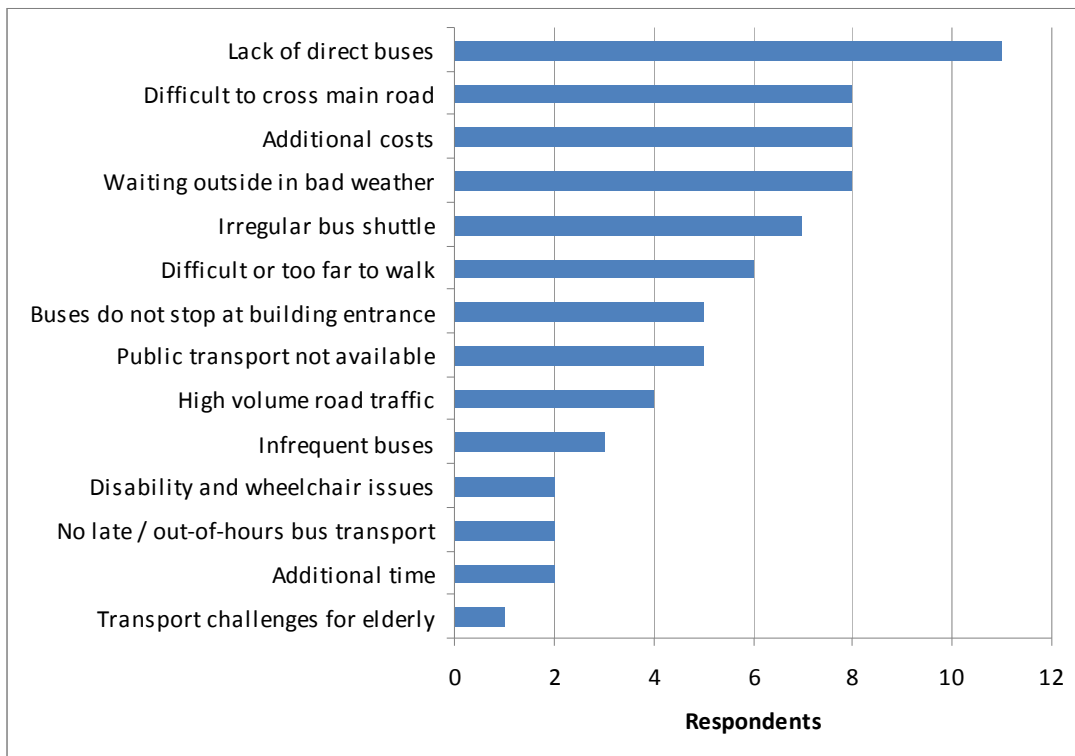


Figure 6. Travel experience to Hinckley and Bosworth Community Hospital site

10.1% stated a lack of buses along this route and 7.3% believed it was difficult to cross the main road near this location; also 7.3% stated inhospitable locations (e.g. lack of a bus stop shelter, bad weather) while waiting for buses. 7.3% of respondents were concerned about the financial issues resulting from commuting to and from this facility. Other responses included: irregularity or infrequency of bus services (6.4%); difficulties arising from distance that made walking impossible (5.5%); and the fact that buses do not enter the hospital premises for passengers to alight. Comments suggest that people of all ages and health status have had to walk uphill from an external bus stop to the main entrance. Details of other concerns are tabulated by Table 2.

Table 2: Travel experience to the Hinckley and Bosworth Community Hospital site

Score	Issue	Rank
10.1	Lack of direct buses	1
7.3	Waiting outside in bad weather	2
7.3	Additional costs	2
7.3	Difficult to cross main road	2
6.4	Irregular bus shuttle	5
5.5	Difficult or too far to walk	6
4.6	Public transport not available	7
4.6	Buses don't stop at entrance	7
3.7	Poor load linkage/traffic	9
2.8	Inadequate Parking	10
1.8	Additional time	11
1.8	No late time transport	11
1.8	Disability and wheelchair issues	11
0.9	Transport challenges for elderly	12
0.9	Parking fees at site	12

To illustrate, some respondents commented as follows:

- *“...[the] bus stop is outside main entrance of hospital”*
- *“...No shelter at bus stops”*
- *“Better sited disabled parking places and larger size”*
- *“I often find it difficult to turn right out of the hospital in my car and this problem will increase with more traffic to the site”*
- *“Time taken (about 10 minutes from Barwell) is OK but there is no direct bus access at all from areas like Hollycroft, Burbage, Market Bosworth, Stoney and Stanton. All of which have direct buses to Hinckley town centre...”*
- *“... change onto another bus at Barwell, which goes via the hospital site. This can involve waiting. At busy times there can be a tail back from the hospital i.e. between 4.15 - 5.30. There is no transport after 6pm. So if you needed to see the out of hours emergency doctor someone would have to take you by car”*
- *“Distance of bus stop is all uphill to hospital and too far (this applies to present Hinckley, Mount Road Hospital”*
- *“2 bus changes. Either by Leicester bus or Barwell bus. Bus stops are a good walk if you have problems walking about 3 miles away. About 3/4 hr either way”*

4. Loughborough Hospital and Walk-in-Centre Responses

4.1. Introduction

Following a public consultation in 2008, NHS Leicestershire County and Rutland endorsed the proposal to relocate the Loughborough Walk-in-centre to Loughborough Hospital, Epinal Way from its existing site at Pinfold Gate, which would have a number of benefits, including quicker access to diagnostic tests. Detailed in this section are the results from the 481 questionnaire respondents that answered questions in reference to the Loughborough move.

4.2. Mode of Transport (Q10 and Q11)

Q10 asked respondents to select the mode(s) of transport that they usually use to travel to Loughborough Hospital, Epinal Way and Loughborough Walk-in-centre, Pinfold Gate (in both an emergency and by appointment). Responses to this question were received by approximately 405 participants (with 76 respondents choosing not to comment). Figure 7. illustrates the respondents who use a single mode of transport, while Figure 8. illustrates respondents who use multiple modes of transport. Figure 7. shows that the Car is the most frequently used mode across all Loughborough sites, equating for approximately 61% of travel. Further to this, Walk(ing) (n=70) and Public Transport (n=58) modes are more frequently used for the Loughborough Walk-in-centre for an appointment, maybe in place of the Car (n=131) which is less frequently used in this case than Car use for the Loughborough Hospital (n=225) and the Walk-in-centre in an emergency (n=194). Taxi/friend are most frequently used in travel to the Loughborough Walk-in-centre in an emergency (n=45). Other modes (including Cycle, Motorbike, Ambulance and Other/Voluntary) are less frequently used.

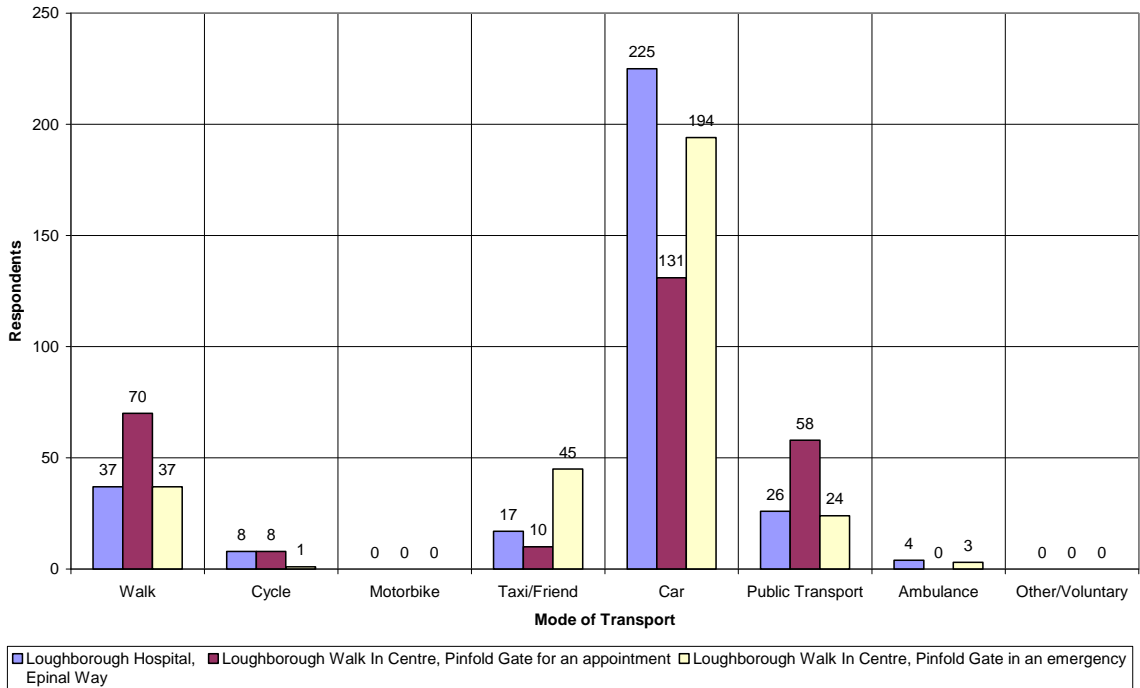


Figure 7. Single transport modes used to travel to Loughborough sites (Q10)

Figure 8. shows results for the 27% of respondents who have a preference for multiple modes of transport to the Loughborough sites. This shows that the multiple modes used across the sites are relatively similar, apart from the combination of Car/Friend and Taxi which is less frequently used to travel to the Loughborough Walk-in-centre for an appointment (n=11) than for the Loughborough Hospital (n=22) and Loughborough Walk-in-centre in an emergency (n=23). This combined with the results of Figure 8 suggests that the most frequent emergency travel to the Loughborough Hospital is undertaken by Car.

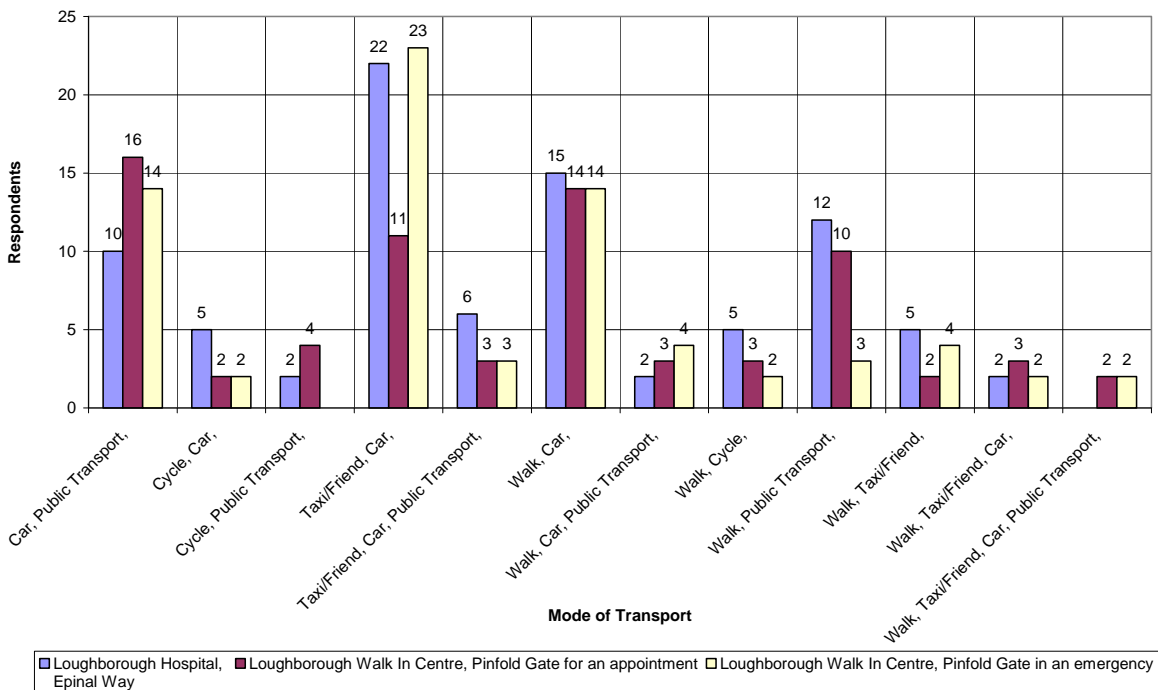


Figure 8. Transport multiple mode travel preference to the Loughborough sites (Q10)

Q11 asked respondents what mode of transport they would prefer to use to travel to Loughborough Hospital. Responses were received from 481 participants, with 244 results included in this analysis. 236 results have not been included in this analysis due to participant choice and an error in collecting electronic responses to the first part of this Question. Figure 9. illustrates the respondents who have a preference for a single mode of transport, while Figure 10. illustrates respondents who have a preference for multiple modes of transport. Figure 9. shows that most respondents (n=157) would prefer to travel by Car, while 91 respondents would prefer Public Transport. In addition, 49 respondents would prefer to use a Taxi/Friend and 41 would prefer to walk.

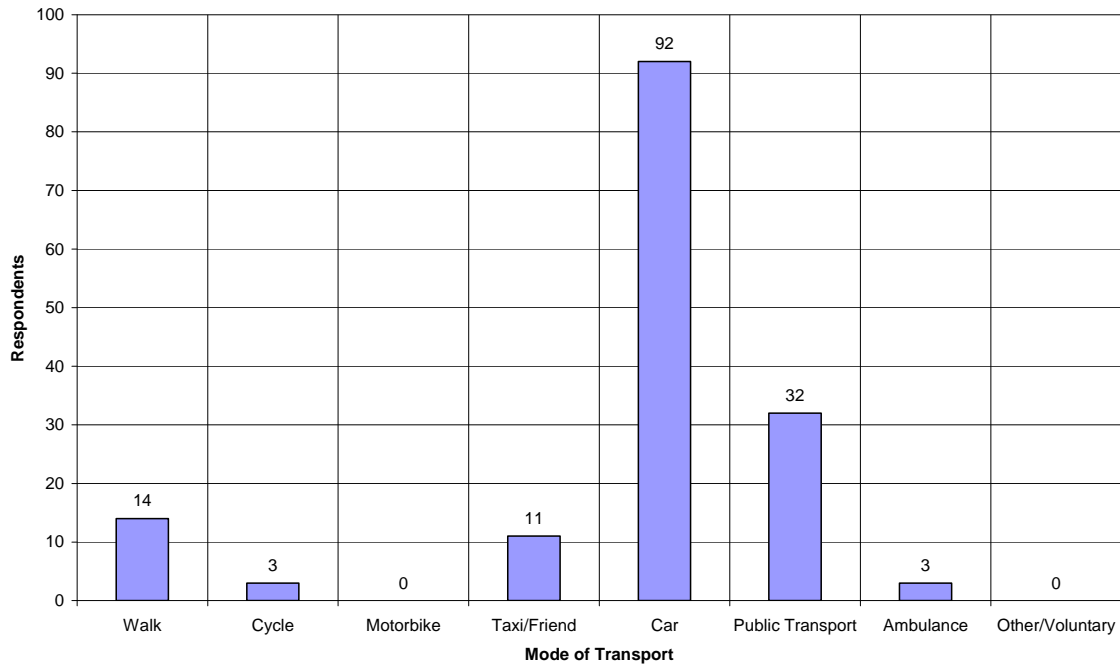


Figure 9. Single mode travel preference to Loughborough Hospital (Q11)

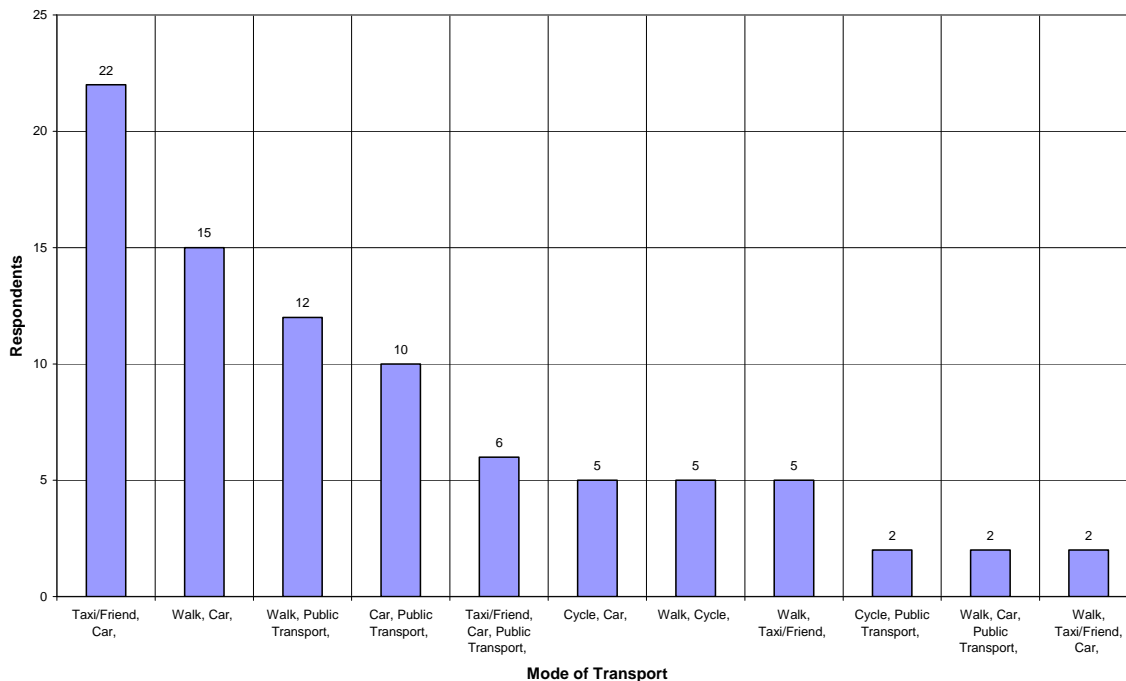


Figure 10. Mixed mode travel preference to Loughborough Hospital (Q10)

Table 3. that draws together Q4, Q10 and Q11 for Loughborough Hospital, shows that 4.8% respondents reported to have access to Public Transport. However, 5.3% respondents actually used public transport for travelling to the Loughborough Hospital

site. While 11.8% of respondents reported that public transport would be their preferred mode of travel to Loughborough Hospital.

Table 3: Available, actual and preferred travel modes to Loughborough Hospital, Epinal Way

	Car	Public Transport	Walk	Car and Public Transport	Sample size
Transport mode available (Q4)	114 (24%)	23 (4.8%)	19 (4%)	44 (9.17%)	480*
Transport mode used (Q10a)	219 (48.6%)	24 (5.3%)	37 (8.2%)	10 (2.2%)	451**
Preferred transport mode (Q11)	88 (35.9%)	29(11.8%)	14 (5.7%)	23 (9.4%)	245***

* 1% did not respond, ** 5.32% did not respond, ***3.7% did not respond

Furthermore, Table 3 illustrates that 24% respondents reported having access to a Car. However, 48.6% respondents actually used a Car for travelling to the Loughborough Hospital site. While 35.9% respondents reported that the Car would be their preferred mode of travel to Hinckley and Bosworth Community Hospital. This may indicate that respondents might change mode if they were made more aware of alternative transport modes, or if these transport modes were improved. For instance, 5.3% respondents are currently use public transport to access to the Loughborough Hospital site. This will increase to 11.8% if the provision of public transport improves.

Qualitative Comment: Q11 also asked respondents to provide qualitative comments. Participants were asked to state why they do or do not use their preferred mode(s) of transport. Responses were received from 345 individuals, with 136 people choosing not to provide a comment. Table 4 below summarises the categories and their inherent problems; each with a number of responses. For example, those who use private vehicles may have highlighted not being able to bring cars close to the hospital entrance as an issue, as well as parking fees and poor parking signs. Those who elect to walk or cycle have concerns about busy access roads, safe cycling paths and the distance to the location. For users of public transport, it was a matter of having services at night or other unusual out-of-hours times; as well as the additional time required to travel by bus.

Table 4: Preferred mode of transport to Loughborough Hospital

Site Location		Private Vehicles		Pedestrians and Cycling		Public transport		Elderly and Disabled	
Isolated or unfriendly location	12	Inadequate Parking	24	Difficult or too far to walk	33	Lack of direct buses	57	Disability and wheelchair issues	21
Away from town activities	1	Poor load linkage/traffic	2	No safe cycling route	3	Public transport not available	39	Transport challenges for elderly	1
		Cannot use private car at entrance	1	Waiting outside in bad weather	3	Buses don't stop at entrance	23		
		Parking fees at site	1	Difficult to cross main road	1	Additional costs	22		
		Poor parking signs	1			Irregular bus shuttle	21		
						Additional time	12		
						No late time transport	5		

To illustrate the nature of respondents commented, the following are examples of participant returns:

- *“... have to arrive 30 minutes early to find parking space at Epinal Way site.”*
- *“... Given that mental health problems frequently emerge during students' studies, it is surprising that no hospital mental health facilities are available locally in Loughborough.”*
- *“My husband uses our car for work so I have to rely on public transport during the day.”*
- *“If ill or injured we prefer the privacy and security of the car.”*
- *“Lack of convenient links between Thurmaston and Loughborough.”*
- *“... If with children in emergency a car would be required.”*
- *“From the villages it would take too long to travel on public transport.”*
- *“Buses between Loughborough and Quorn run at half-hour intervals: not suitable in bad weather or emergency.”*
- *“I walk or cycle because public transport is too complicated and car parking is impossible.”*
- *“No Public transport from my area of town to the community hospital.”*
- *“... I use a powered scooter”*
- *“Not enough parking spaces and cannot drive after certain procedures.”*
- *“...I am disabled and travel better by car: I feel safer and more in control.”*
- *“No bus goes direct to the hospital which is a problem if you are in pain or have mobility problems.”*
- *“I use the car because it is too far to walk from Baxtergate where the bus from Barrow upon Soar terminates. I would prefer to use Public Transport to the Hospital.”*
- *“There are no buses from where I live to anywhere near the hospital.”*
- *“Location on Epinal Way is too far to walk and dangerous to cycle to due to very busy traffic conditions on the road.”*
- *“Public transport from Shepshed to Loughborough is not good enough.”*
- *“Live in Barrow upon Soar, a neighbouring village. Car only realistic way in.”*
- *“Too far to walk from town centre and bus stop not close enough to the hospital.”*
- *“...Except for the 126/7 service it is necessary to change in Loughborough.... so you may be left stranded at the hospital if you go to the Walk-in-centre in the evening, and then have to wait a long time for your bus. At present it is possible to wait in the town centre cafes in the evening. There are no similar facilities near the hospital.”*
- *“Car costs too much to keep at uni.”*
- *“Live in Ashby-de-le Zouch so car is only available transport during out of normal hours and due to distance.”*
- *“As a staff member visiting outlining clinics my car is necessary or carrying my equipment....”*
- *“...Ambulance and voluntary services have to be booked.”*
- *“I've walked when I've been a patient. I take my car to Loughborough Hospital as I have a lot of work equipment in my car (midwife).”*

4.3. Problems in Accessing the Loughborough Hospital site (Q12)

Q12 asked respondents to describe what they consider to be the three main problems with accessing the Loughborough Hospital site. Table 5 and Figure 11. summarise the breakdown of responses by 375 individuals.

Table 5: Three main problems to access Loughborough Hospital

Problems	Responses	%
Inadequate parking	196	52.3
Lack of direct buses	80	21.3
Difficult or too far to walk	63	16.8
Buses do not stop at building entrance	49	13.1
Infrequent buses to the site	35	9.3
High volume of road traffic	30	8.0
Isolated or unfriendly location	30	8.0
Public transport not available	26	6.9
Disability and wheelchair issues	22	5.9
Additional time	20	5.3
Away from town activities	16	4.3
No late time transport	14	3.7
Additional costs	13	3.5
Difficult to cross main road	11	2.9
No safe cycling route	7	1.9
Waiting outside in bad weather	4	1.1
Inadequate directions or signage	2	0.5
TOTAL	375	

Inadequate parking ranks as the biggest issue (by 52.3% of respondents) for respondents. Other prominent problems identified include the lack of direct buses to the hospital, (21.3%) difficulties due to distance, walking (16.8%) and the recurring concern about buses which do not drop passengers at the main entrance of the building (13.1%). Other issues highlighted are ranked in Table 5, and include concerns over irregularity of the bus system; traffic problems (e.g. congestion, delays, traffic signals) due to design of the road network around the facility; and the availability of buses at out-of-hours periods (e.g. night time/weekends).

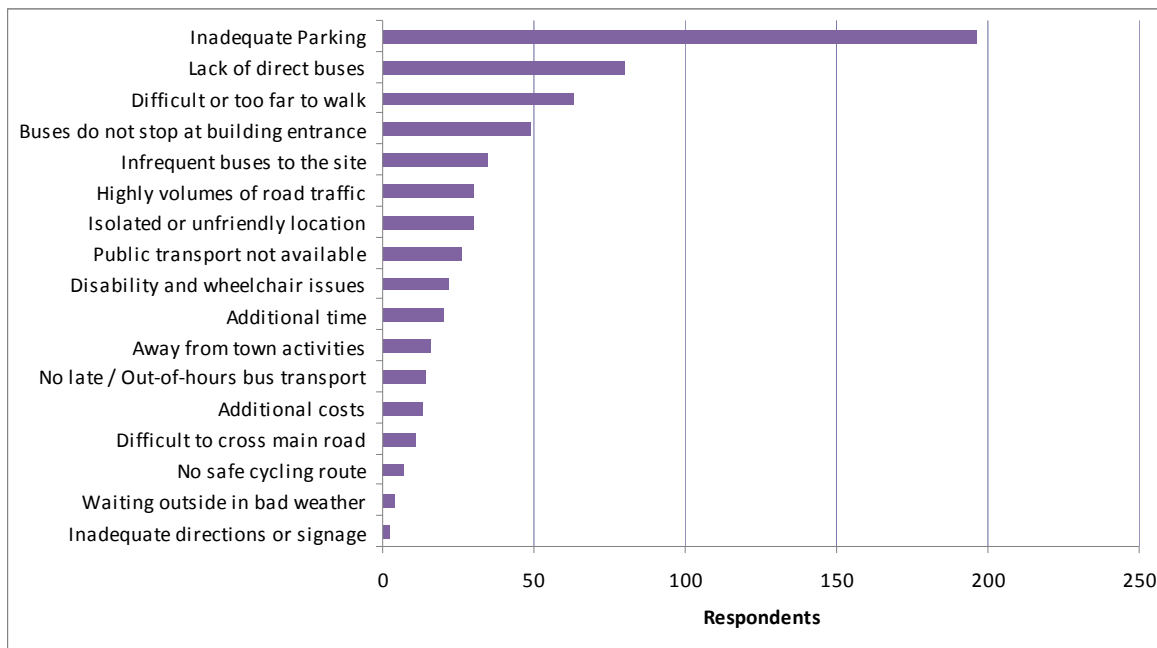


Figure 11. Main problems to access Loughborough Hospital

As an example, respondents commented as follows:

- *“... The present [Walk-in-centre] is easily accessible by public transport.”*
- *“No direct bus from Barrow.... Takes a very long time & likely to miss appointment or not be able to get back in time.”*
- *“... Congestion on the roads leading to the hospital, extra time required to get there.”*
- *“...development of the student accommodation on the opposite side of Epinal way to the university, this has led to a number of pedestrian crossing which at peak times are in constant use and exacerbates the traffic delays.....”*
- *“lack of links between Thurmaston and the Hospital.”*
- *“No Sunday bus service....”*
- *“Safe cycling routes to and from the hospital site and secure, covered and lockable parking for cyclists.”*
- *“Cycling is dangerous as very busy roads & storage of the bike safely.”*
- *“From Shelthorpe in my case, I have not used the bus because it takes a long time. For anyone not so active, the walk at either end could also be off putting. The cycle facilities are non-existent and car parking is very inadequate: the spaces at the front are frequently full and the spaces at the back are out of the way.”*
- *“Lack of cycle parking.”*
- *“Nothing to tell you where to park your bicycle.”*
- *“No convenient cycle lock up.”*
- *“...the Outpatients Dept. is a fair walk from the bus stop on Epinal Way - being the furthest possible point on the hospital site! I feel that the elderly/disabled will be at a great disadvantage if the bus stop on Epinal Way is the nearest one to the site (I am assuming the "walk-in centre" will be in the Outpatients block).”*
- *“There is no bus station in Loughborough so that the sick & elderly cannot sit down after alighting from one bus and waiting for another one to take them somewhere near the hospital.”*
- *“...I live in Long Whatton and would need to take 2 or even 3 buses to get to it without the help of a friend or neighbour who may not be available.”*

- *“...The car park at Epinal Way the last time I visited was full to overflowing already let alone adding the Walk-in-centre traffic. ... If more people travel by cycle around that area there is more chance of road/cycle accidents.”*
- *“Located on a busy road, so cycling not very safe....”*
- *“...At present it is possible to wait in the town centre cafes in the evening. There are no similar facilities near the hospital.”*
- *“Frequency of public transport outside 'working hours'...”*
- *“Very few disabled bays. 4 miles from home.”*
- *“Cycling/walking - not keen on dark nights and early mornings. Shifts start 7.30am end latest 10pm. Not safe in winter.”*
- *“Hospital site is not centrally located for patients from villages.”*
- *“Pedestrian crossing needed between hospital and care home sites.”*
- *“...distance from chemists.”*
- *“Cycle compound for security?”*
- *“I live 7 miles away and have to catch 2 different buses and then walk some distance.”*
- *“Early appointments a problem with traffic on Epinal Way. No parking when you get their.”*
- *“...I have to go up the entrance of the small industrial estate to go down the curb because there are cars parked across the drop curb, I then have to go along in the road to get to the drop curb to access the path to the hospital.”*

4.4. Loughborough Travel Experience (Q13)

Q13 asked respondents to give details of their travel experience to the Loughborough Hospital site. Figure 12 reveals that respondents are most concerned about the difficulties in parking their cars, then the lack of direct bus services, long travel distances and costs.

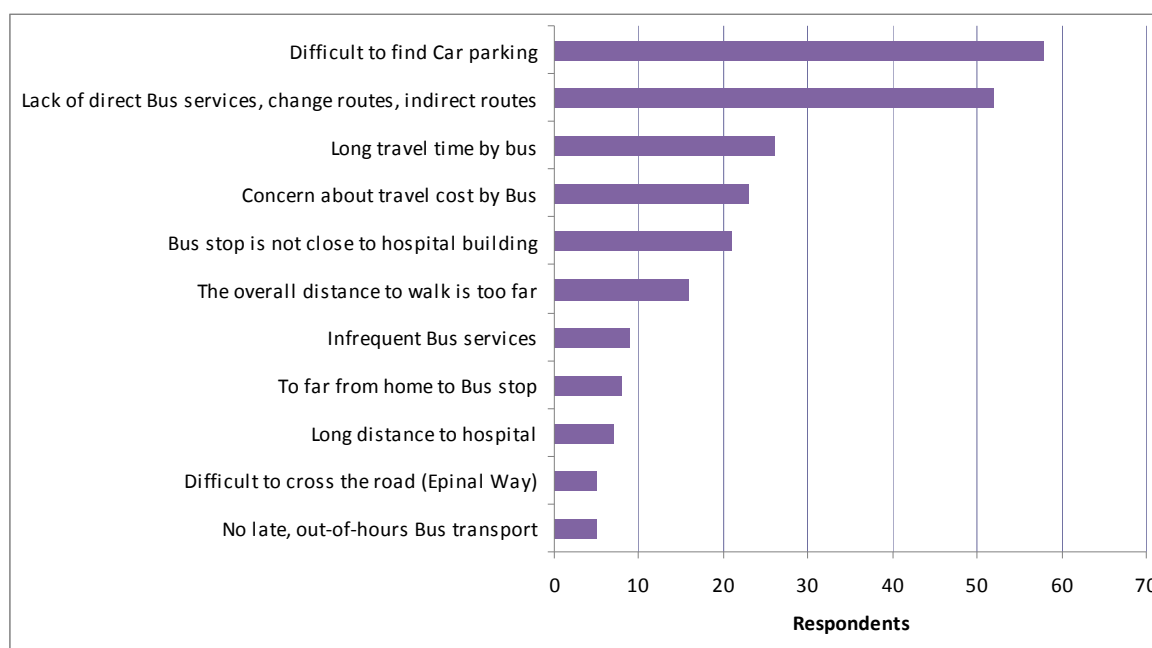


Figure 12. Travel experience to the Loughborough Hospital site

Example respondents comments include:

- *“...more than one entrance for pedestrians to use.”*

- *“From where we live in Broadway there is no direct bus that would take us to the hospital. We can get to the present site of the Walk-in-centre by one bus ride. Please keep the Walk-in-centre where it is.”*
- *“When the university is open travelling to the Hospital is extremely time consuming and frustrating,…”*
- *“There are no bus links between Thurmaston and the Hospital.”*
- *“Where is the information available at the hospital or in the town about public transport to the hospital?.. How would non residents ever find out? ”*
- *“I took so long to park that I was late for an appt. Having waited 45 minutes.”*
- *“It is too dangerous to walk there at night and there is no public transport during night time. Most of my visits to the Walk-in-centre has been at night time due to my children’s illness.”*
- *“... is there any sign from the town centre to the hospital? Is there a bus stop outside the hospital door?”*
- *“The cycling routes from the A6 coming from Kegworth need to be more clearly marked. When you get closer to the hospital it is not clear where the cycle paths actually go.”*
- *“...the bus stops are not actually near the Outpatients block.”*
- *“Walking crossing Alan Moss road dangerous. Wouldn't try by bus if I had a child to take to emergency very distressing”*
- *“I do not know of any bus the goes close enough as to avoid any a long walk. Some patients cannot walk from the "11/12" bus stop which is the closest one I know.”*
- *“The walking distance from the stop on Epinal Way is no further than the distance from the High Street to the present site of the Walk-in-centre.”*
- *“There is no general knowledge in the populace of routes times and buses.”*
- *“Morning appointments. Impossible car parking”*
- *“Due to location on a busy route through the Town, at Rush hour times it is very inconvenient to get to.”*
- *“The cycle parking is not very secure (wheel benders)...”*
- *“Two stage journey - one bus per hour from Barrow”*
- *“From our village buses run 1/2 hourly to Loughborough and we would then have to catch another town centre bus up Ashby Road and then walk approx 3/4 mile to the hospital”*
- *“No bus from where we live (Nanpantan).”*
- *“we rely upon Arriva buses and in peak times, through route from outside Loughborough town to hospital can be a nightmare due to town centre traffic backlog”*
- *“The cycle rack is not safe to use (cycles been stolen recently)”*
- *“If you miss a bus, it's half an hour to the next one. Taxis are too costly for senior citizens. Sometimes you have to stand on the buses (no good for someone with a back problem!)”*
- *“The buses don't coincide with each other so I have long waits in between”*
- *“Need special buses from town to avoid changes and up to hospital entrance. Use several small shuttle buses up and down between town and hospital. Epinal Way stop too far from hospital - folk who go are poorly, disabled, elderly etc... not for a 'bus trip!'”*
- *“I travel from Forest Road, take 2 buses. Bring back Fox Cubs small buses.”*
- *“The bus stop too far away from hospital”*

5. General Respondent Comments

The previous sections (4 and 5) contained site specific responses and analysis. This section 5, contains a general discussion of those questions that did not specifically ask for the healthcare location. As such some of the comments and conclusions may need to be applied to specific sites.

5.1. Transport Mode to Different Healthcare Settings (Q5)

Q5 asked respondents to indicate the modes of transport that they use to different healthcare sites. Figure 13. shows that the transport mode differ significantly according to the healthcare site, particularly when it comes to walking - 3% walk to a large acute site, while 26% walk to a dentist and 36% walk to a GP. Travel by car is the most frequent mode of transport.

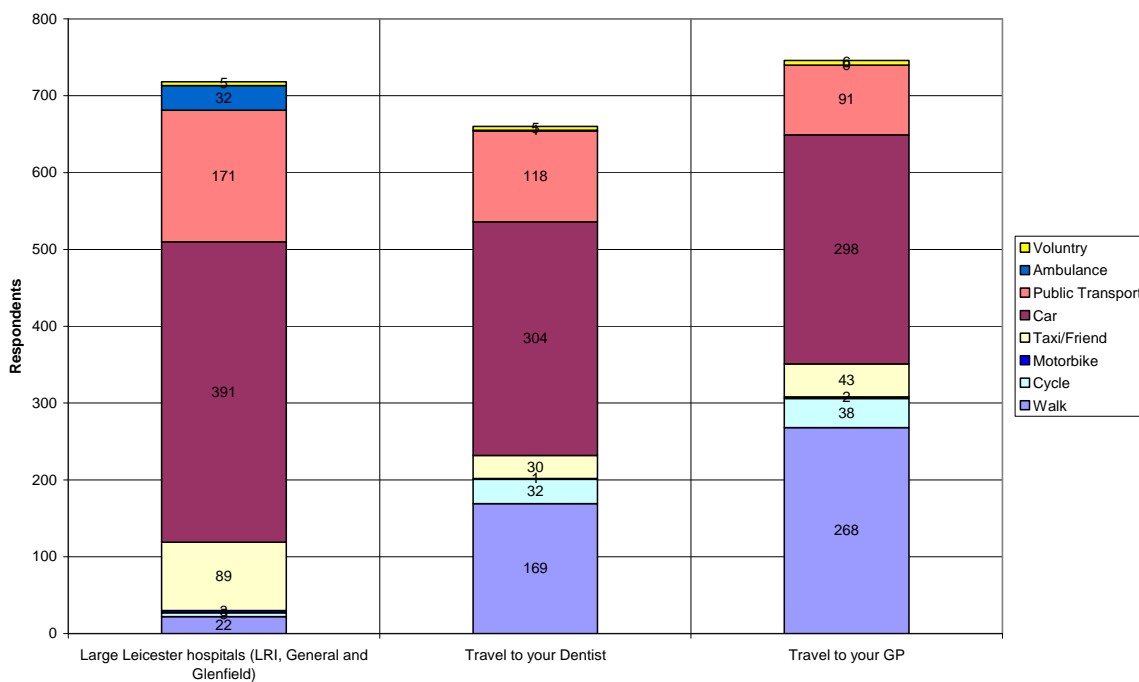


Figure 13. Transport modes to different healthcare settings (Q5)

5.2. Healthcare Origin for Accessing Healthcare (Q14)

Q14 asked respondents to indicate the origin of the journeys they take to most frequently access healthcare. Figure 14. showed that the home location was by far the starting point for healthcare trips, however, there were variances between Loughborough and Hinckley, with 9% accessing services from work in Loughborough versus 2% accessing services from work in Hinckley.

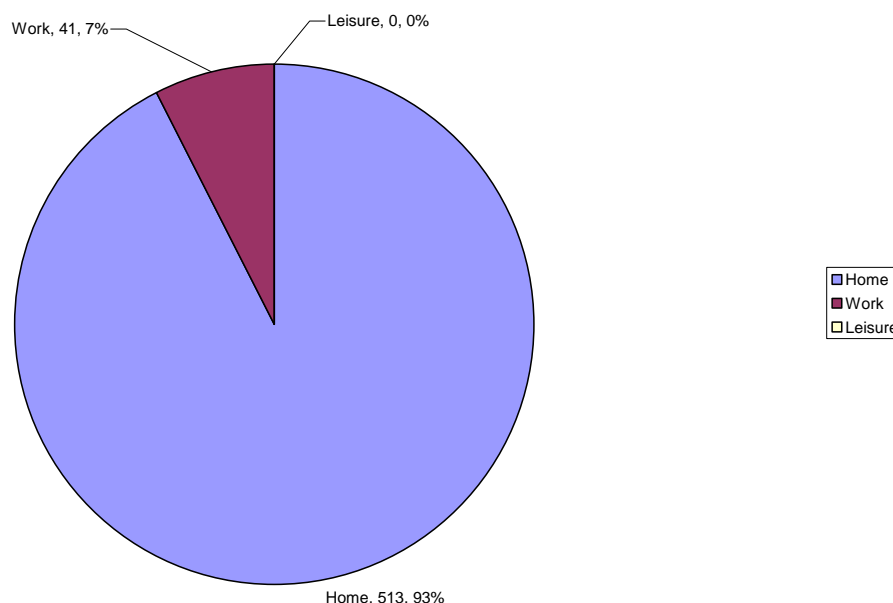


Figure 14. Overall frequency of travel from home, work or leisure (Q14)

Q14 also asked respondents to provide their home postcode so as to calculate the average distance travelled by participants. It should be noted that the distance is the point-to-point straight-line (a ‘crow fly’ distance) distance between the respondent’s postcode and the corresponding site. Therefore, the actual trip distances may be higher than the calculated distances. Table 6. shows that the average overall distance respondents travel from home to reach Hinckley and Bosworth Community Hospital is slightly further than to the Loughborough sites (specifically by mode - the average distance travelled by Car, Walk, and the combination of Car and Public Transport is further). Respondent travelling to Loughborough Walk-in-centre come from a greater distance than the other sites.

According to UK National Travel Survey 2008, the average trip length in 2008 was 7.9km for personal business (which includes trips to healthcare services) and 11.3km all trip purposes. This indicates that the average trip distances for both Loughborough and Hinckley sites are lower than the national average.

Table 6. Average distance travelled by modes (km) for different healthcare sites

Sites	Averaged distance travelled (km)	Average distance travelled by modes (km)			
		Car	Public Transport	Walk	Car and Public Transport
Loughborough Hospital, Epinal Way	6.53	6.57	6.38	1.47	4.24
Loughborough Walk-in-centre, Pinfold Gate	6.61	5.91	8.30	1.48	5.97
Hinckley and Bosworth Community Hospital	7.57	9.28	6.22	2.67	18.26

According to UK National Travel Survey 2008, the average length of walking trips in 2008 was 1.1km. This indicates that the average length of walking trips to both healthcare sites is higher than the national average.

Table 7. shows the average distance respondents live from the either the Loughborough or Hinckley Community Hospital (dependent on which is closer) by age. It demonstrates

that the average distance travelled by younger age groups, say between 20 and 39 is greater than those above 50. This may suggest that older age groups are located closer to healthcare services.

Table 7. Travel distance to healthcare by age group

Age Group	Average distance travelled (km)
16-19	1.17
20-29	9.28
30-39	9.00
40-49	7.16
50-59	6.49
60-69	6.30
70-79	5.97
80+	6.04

5.3. Important Healthcare Service Factors (Q15)

Q15 asked respondents to rank nine important value drivers associated with accessing healthcare services. Aggregating ranked factors, gives the following overall factor ranking (1) Quality of care provided, (2) Travel time, (3) More services provided locally, (4) Provision of car parking, (5) Building and facilities quality, (6) Availability of public transport, (7) Safe and secure street access, (8) Travel distance by foot, and (9) Travel cost.

In addition to the overall factor ranking, an analysis of the factors that more frequently were ranked as most important was performed. The top four factors are shown in Table 8. Results show that 49.8% of the respondents identified the most important factor for accessing the Community Hospital sites is the *quality of care* provided to them. Provision for car parking was assessed as most important by 18.9%.

Table 8. Important factors for accessing the community hospital sites (Q15)

	Travel Time		Quality of Care		More Clinical Services		Provision of Car Parking	
	Respondents	%	Respondents	%	Respondents	%	Respondents	%
Rank 1	80	17.6	225	49.8	45	10.0	86	18.9
Rank 2	50	11.0	74	16.4	82	18.2	51	11.2
Rank 3	49	10.8	34	7.5	58	12.9	66	14.5
Rank 4	54	11.9	42	9.3	70	15.5	44	9.7
Rank 5	57	12.5	24	5.3	54	12.0	36	7.9
Rank 6	51	11.2	24	5.3	34	7.5	41	9.0
Rank 7	54	11.9	9	2.0	44	9.8	21	4.6
Rank 8	35	7.7	9	2.0	41	9.1	37	8.1
Rank 9	25	5.5	11	2.4	23	5.1	72	15.9

5.4. Walking Distance (Q16)

Q16 asked respondents how far they can walk to access a bus stop. The results, as presented in Figure 15, show that 42% of the more able bodied respondents can walk more than 500 meters, while 22% can walk 100 meters, 15% can walk 100-200 meters, 9% can walk 200-300 meters, 7% can walk 300-400 meters and 5% can walk 400-500 meters. This may indicate that locating bus stops within 400 meters walk would cater for 58% of the respondents. Figure 16, that presents walking distance by age, shows that on average 50% of 30-39, 40-49, 50-59 and 60-69 year old respondents can walk more than 400m, while on average 40% of 16-19, 20-29 and 70+ year olds can walk less than 400m. It should be noted that within the 16-19 age range, only 3 respondents provided feedback. On further investigation of the 20-29 age group, 4 out of 31 stated a disability.

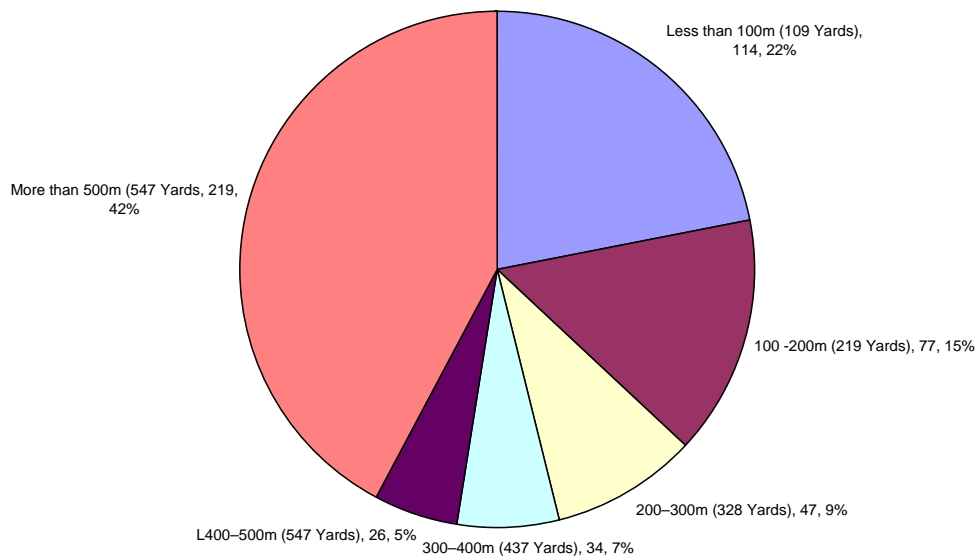


Figure 15. Walking distances to access a bus stop (Q16)

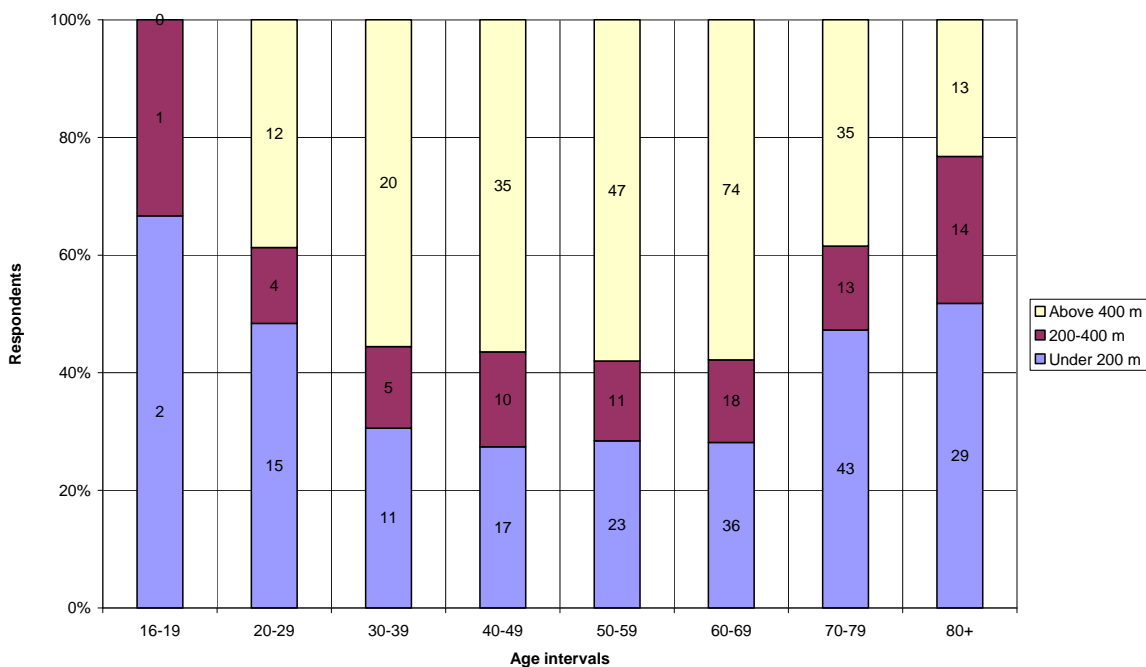


Figure 16. Walking distance to access a bus stop (Q16 and Q26)

5.5. Public transport information and awareness (Q17, Q18, Q19, Q20, Q21, Q22, Q23 and Q24)

5.5.1. Awareness of bus, walking and cycle routes (Q17)

Q17 asked respondents if they were aware of the bus, walking, cycle routes which allow access to Loughborough and Hinckley and Bosworth Community Hospitals. The findings in Figure 17. show that 32% of respondents (n=180) were not aware of these accessibility options, which would suggest the need for significant further publicity. The results broken down for Loughborough and Hinckley sites have a similar ratio and so are not illustrated here.

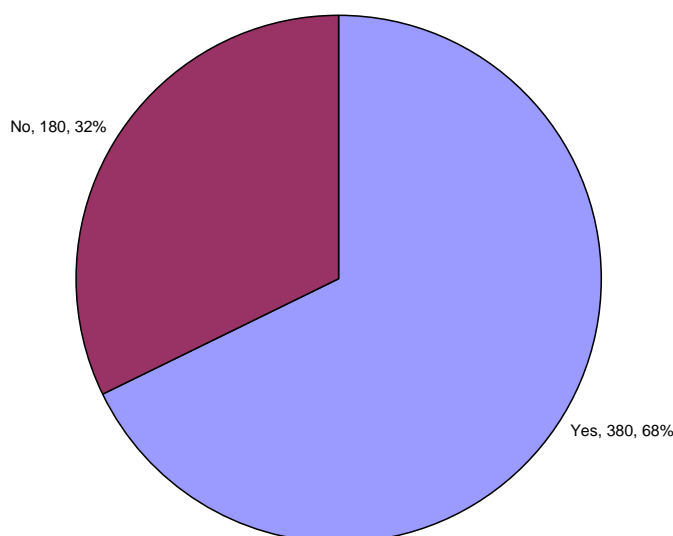


Figure 17. Awareness of alternative transport routes (Q17)

Qualitative Comment: Q17 also asked respondents to provide qualitative comments on the reasons why they may not be aware of alternative transport routes, such as bus, walking and cycling route. The responses were mostly on the basis of disability, the distance that they live from the Community Hospitals or the lack of alternative transport services. As an example, respondents commented as follows:

- *“There are very few and none direct [buses] from the outlying villages and towns. All routes go to the centre of Loughborough, within walking distance of the current Walk-in-centre.”*
- *“The only bus available from Thurmaston to Loughborough is once an hour and takes almost an hour to get to Loughborough and then there is the problem of getting out to Epinal Way.”*
- *“... the Walk-in-centre is ideal where it is.”*
- *“No bus service to new Loughborough Walk-in-centre.”*
- *“I am unable to use the bus because you cannot get onto a bus in a power chair”*
- *“It's too far to walk there and back (unless you have a lot of time)”*
- *“need to use a wheelchair accessible vehicle.”*
- *“I am not sure if there are any busses that go past the hospital.”*
- *“Service information is not readily available in Broughton Astley.”*
- *“Could not get a time table for the bus”*

5.5.2. Awareness could lead to use of public transport (Q18)

Q18 asked respondents if they were made more aware of what public transport is available, would they use it to travel to either Loughborough or Hinckley and Bosworth Community Hospitals. The results in Figure 18. show a relatively equal split between those respondents who, if provided with enough information would use these accessibility options (30%), those that might (35%) and those that would not (35%). Again results broken down for Loughborough and Hinckley sites reflect these results.

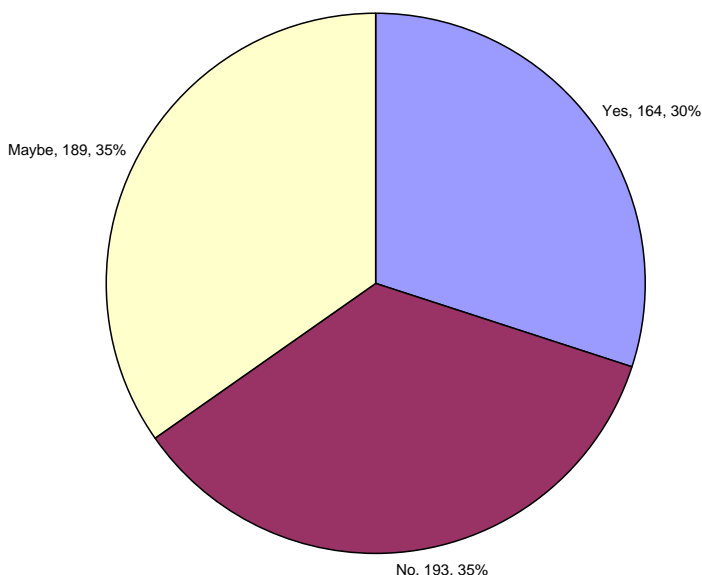


Figure 18. Impact of increased awareness of public transport (Q18)

Qualitative Comment: Q18 also asked respondents to provide qualitative comments regarding the reason why they may not be willing to use public transport. Even though respondents were specifically asked about their 'Awareness of public transport availability', many elected to respond with additional comments that detailed the challenges faced in accessing the facility or using public transportation. For example, the additional time taken by this mode of commuting, difficulty in walking due to distance, the isolated location of the facility, and costs incurred. Others include problems due to waiting in inclement weather, road crossing, lack of commercial activity or traffic issues. Nevertheless, 10.8% were aware that there was a lack of direct buses to transport people to the location in question and 8.7% claimed that public transport was simply not available, even though this was sometimes traced to the location of their home post code. Other issues include the lack of public transport late at night or weekends, as well as concerns about infectious diseases while using buses. Also, 15.4% identified disability issues as an obstacle. These responses are shown in Figure 19. where the issues in red bars are related to awareness of public transport, while those represented by blue bars are general.

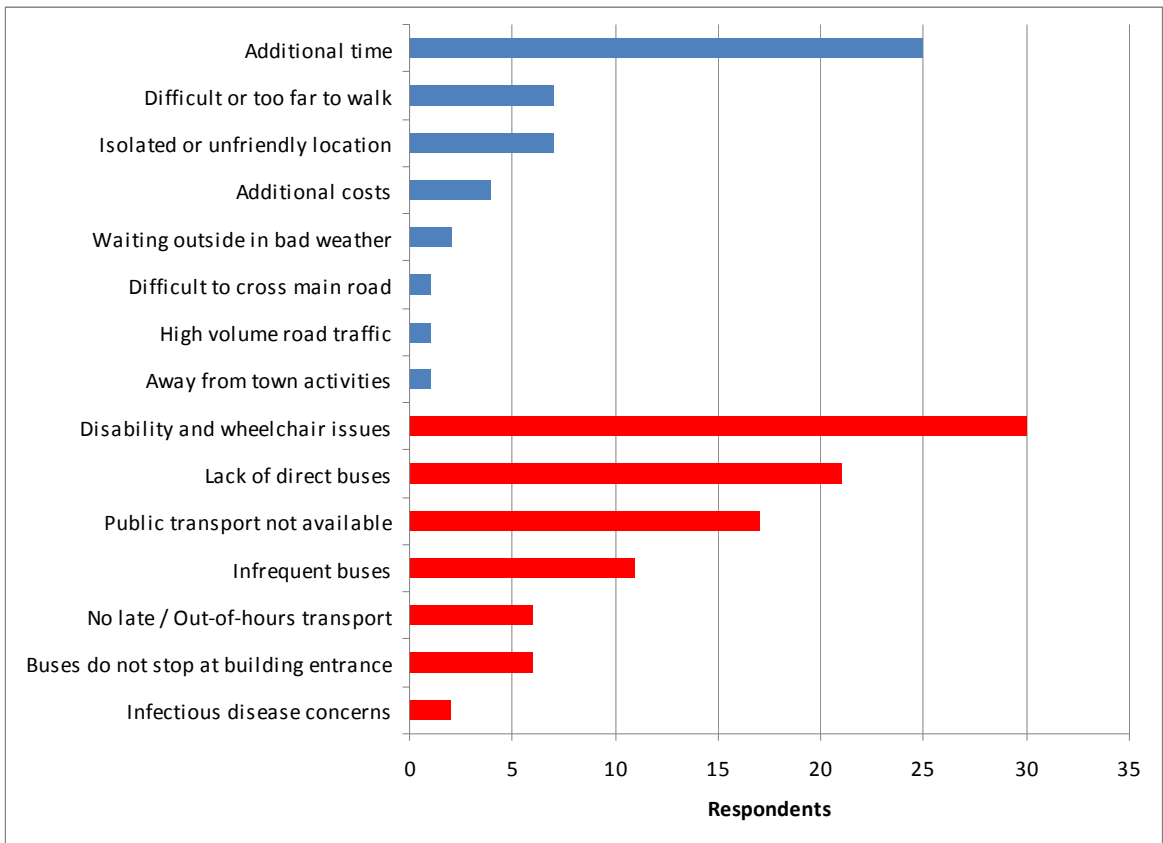


Figure 19. Willing to use public transport

5.5.3. Willingness to walk or bike (Q19)

Q19 asked respondents if they would be willing to walk or bike to Loughborough or Hinckley and Bosworth Community Hospitals. Overall Figure 20. show that 20% of respondents said “Yes” they would be willing to start to walk or bike, while 70% said “No” and 10% said “Maybe”. When comparing these results to those for Loughborough and Hinckley site, Hinckley residents were less willing to start to walk or bike (7%) than Loughborough respondents (24%).

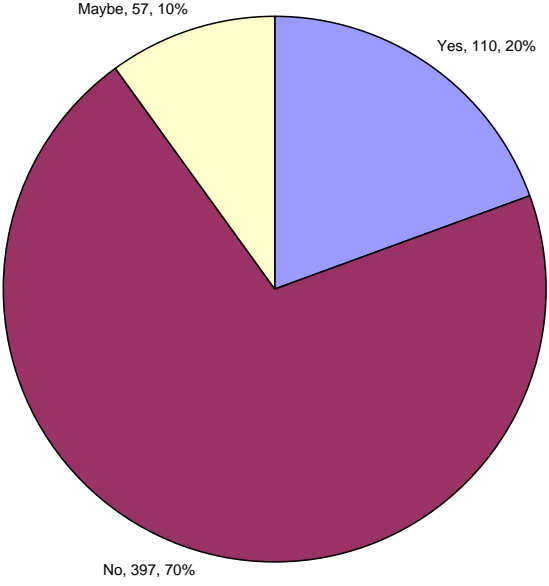


Figure 20. Willingness to walk or cycle (Q19)

Qualitative Comment: Q19 also asked respondents to provide comments on the reasons why they may not be willing to walk or bike. 334 people provided answers to this question. Inability to walk or cycle due to distance stands out with 98 responses (29.3%). This is closely followed by an inability to walk or cycle without a specific reason given (23.7%). Others who had problems with walking and cycling include those who could not do so for health reasons (42 people, 12.6%); or due to age (24 people, 7.2%). About 7.5% simply stated that they could not walk, while 2.1% cannot cycle. In both cases, no further reasons were given. However, 3.6% of respondents are able to walk while 2.7% can cycle to the facility. Example respondent comments include:

- “Road to Hinckley Community hospital is too busy for cycling, prefer to walk and use pedestrian crossings to cross the road”
- “Too far from Baxter gate where bus from Barrow upon Soar terminates”
- “Too far”
- “I am pregnant”

5.5.4 Willingness to ask a friend or family member (Q20)

Q20 asked respondents if they would be willing to ask a friend or family member to drop-off and pick-up from Loughborough or Hinckley and Bosworth Community hospitals. The findings in Figure 21. show a relatively equal split between those respondents who would “Yes” be willing to ask a family member or friend to drop-off and pick up (39%) and those that might (32%) or would not (29%). Again results broken down for Loughborough and Hinckley sites are similar.

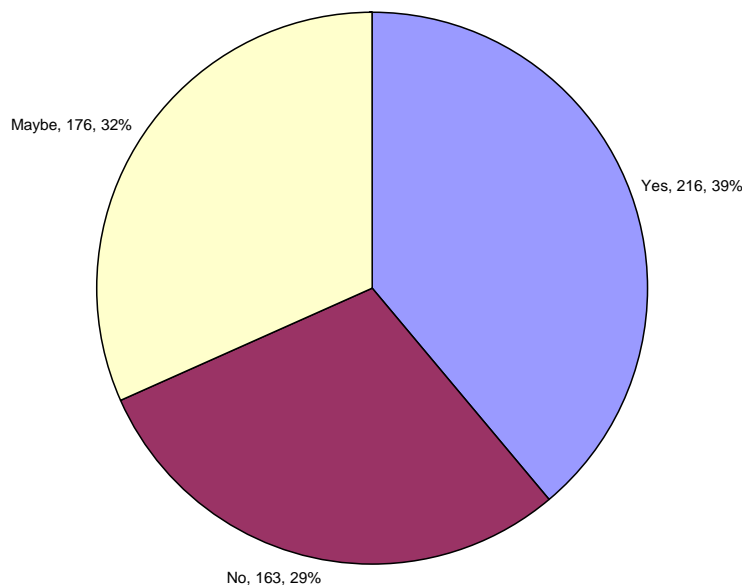


Figure 21. Willingness to ask a friend or family member to drop-off and pick-up (Q20)

Qualitative Comment: Q20 also asked respondents to provide qualitative comments on the reasons why they may not be willing to ask a friend or family member to drop-off and pick-up. 169 respondents provided comments. 92 respondents (54.4%) said this was unworkable or unacceptable to either them or to friend/family, while in others people stated that they might not have friends and family. However, for 44 or 26.6% of respondents they would use this option, while 18.3% (31 people) gave responses that were neutral or unspecific. Respondents commented as follows:

- “I do not like imposing on family and friends.”

- *“I would not wish to ask friends other than in an emergency. Calling a taxi gives independence.”*
- *“Through the day I can catch the bus at night they have there own children who are sleeping and have nobody who could watch their children whilst taking me.”*
- *“Unfair for family to lose time at work.”*
- *“Just moved and family all work out of town if during the evening they might be back from work but not until after 9pm.”*
- *“I don't want to rely on others”*
- *“Only in an absolute emergency as they do not live locally.”*
- *“depends on what time i attended hospital these days family members have to work and its not easy to get time off .”*
- *“I would need transport back as well and I would hope to put the friend to as little inconvenience as ...”*
- *“when you got frequently this can become embarrassing.”*
- *“To wait after you appointed time it would not be fair to ask them to lose all the wages they would lose.”*
- *“I don't like being dependant on others”*
- *“I live alone and have no family nearby, so it would have to be an imposition on friends that I think is not right.”*
- *“My wife accompanies me.”*
- *“No family of friends with transport.”*
- *“Don't have anyone.”*
- *“No family members living locally. Prefer to be independent.”*
- *“Live in very rural area friend out at work. No family member able to drive.”*
- *“Shift work and inconvenience”*

5.5.5 Willingness to use community/voluntary transport (Q21)

Q21 asked respondents if they would be willing to use community / voluntary transport to drop-off and pick-up from Loughborough or Hinckley and Bosworth community hospital. The results in Figure 22. show that 46% of respondents would be prepared to use community/voluntary transport, while 33% might and 21% would not. Results broken down for Loughborough and Hinckley sites have a similar ratio to those presented here.

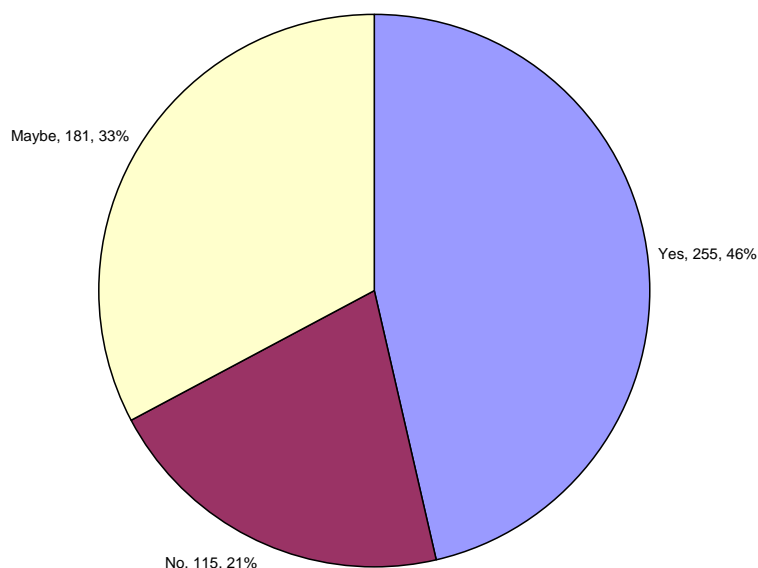


Figure 22. Willingness to use community/voluntary transport (Q21)

Qualitative Comment: Q21 also asked respondents to provide a qualitative comment on the reason why they may not be willing to use community / voluntary transport to drop-off and pick-up. By way of example, respondents commented as follows:

- *“The reason is you have to spend a lot of time waiting for the transport to and from the appointments.”*
- *“I don't think I would qualify, nor would the greater majority of people who use the Walk-in-centre. Also, I use the Walk-in-centre at short notice (broken arm, or sudden fall from bike for example). These are not things that can be booked in advance.”*
- *“Nervous about identity & safety.”*
- *“Might not be available in an emergency, or in non-emergency cases for fixed appointments, e.g. for phlebotomy”*
- *“I say yes but do not know how to contact community/voluntary transport.”*
- *“I don't like to rely on other people - I like to be independent. I understand that a lot of the time you have to fit your time schedule around them and I wouldn't like this either.”*
- *“wish to be independent. need to use wheelchair accessible vehicle.”*
- *“It would entail a lot of hanging around.”*
- *“Voluntary transport takes too long.”*
- *“Too difficult to arrange”*
- *“... increase the risk by sitting in a confined space with ill people!”*
- *“I think this is too costly to the Health Service.”*
- *“Need information - would/could pick up from home or present Walk-in-centre? Who to contact for the service?”*
- *“Our nearest voluntary scheme is in another village which we cannot access by bus”*
- *“Yes if wheelchair accessible, access to vehicle”*
- *“I have to carry oxygen”*
- *“Due to living in a small community voluntary transport would be excellent for the elderly and those without transport as the buses are infrequent”*
- *“I have heard this is quite expensive and you have to wait a very long time.”*

5.5.6 Important improvements to transport and accessibility (Q22)

Q22 asked respondents to list their most important suggested improvements for transport and accessibility to Loughborough and Hinckley and Bosworth Community Hospitals. As evident from Figure 23, 147 respondents (40% of the 372 respondents) would like to see improvements to general bus services. 29% or 108 people prefer to see changes in parking; followed by improvements in buses stopping at building entrance (19.4%); while accessibility and proximity to facility accounted for 11.3%. Meanwhile, 6.5% of respondents stated they did not want the service to move to a new location. Other issues that were highlighted in terms of important improvements include cost issues, publicity, bus operating hours, better services for disabled and bus stops closer to home. The results for this question are presented in Figure 23.

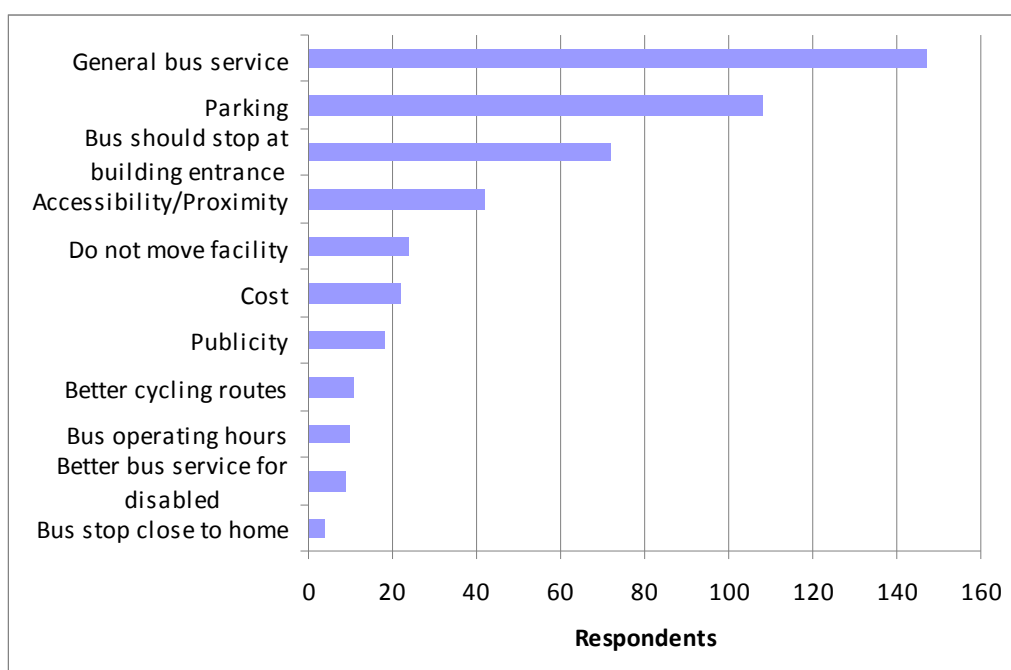


Figure 23. Most important improvement for transport and accessibility (Q22)

Example respondent comments include:

- *“Regular bus service direct from Barrow to the hospital.”*
- *“Transport needs to be very regular and be accessible to all people not only those who live or work in the centre.”*
- *“Bus stop outside main entrance of Hinckley Community Hospital (similar to the one at Glenfield general), a pelican crossing on the A447 outside Hinckley Community Hospital to enable safe crossing.”*
- *“More parking for car users. A shuttle bus or more frequent buses would probably not be viable economically.”*
- *“bus via Quorn that stops near hospital”*
- *“Better Car Parking, re-routing of bus routes, but better still do not move the Walk-in-centre”*
- *“More awareness. More availability from out of town centre.”*
- *“Adequate car parking for patients and staff.”*
- *“Improved cycling routes”*
- *“Need a bus like they have in Leicester where they are on a ten or twenty minute run around all of the town and they could deliver all to the hospital grounds.”*
- *“There have to be one or more bus services serving Shelthorpe, Outwoods/Nanpantan and Thorpe Acre to a bus stop right outside (or preferably*

inside) the hospital grounds. Modest diversions of the Kinch 5/11/12 services might achieve this.”

- “Make the 11/12 buses do a short detour off Knighthorpe road to the hospital, actually in to hospital site. Make no. 5 do short detour into hospital site.”
- “A direct bus service to the hospital from town centre i.e. similar to Medilink free service at Nottingham. Community/voluntary pick up/drop off service. Car Parking at hospital.”
- “... the cost of this service also needs to be taken into account for the elderly and young mothers with small children.”
- “...better facility for waiting at bus stops with roof shelters.”
- “There used to be a bus stop just outside the entrance to Loughborough Hospital and was used by the bus company running the local service. This was discontinued and removed.”
- “A shuttle bus on a roundabout route around Loughborough and on to the Hospital should be provided every hour that way no one need catch two buses.”
- “To have a system like 'Dial-a-Ride' where people could phone and transport be available, sometimes at a very small cost.”
- “Extending the excellent "figure of eight" local transport (11 and 12 buses) to not only connect to the hospital but also connect to out of town transport services.”
- “Improved safety on Ashby Road, including reduced speed limit, pedestrian refuge and/or pelican crossing. Provision of a dedicated and frequent bus or car service between the town centre and the Ashby Road site. This should be free for an interim period.”
- “A bus service direct from the Shelthorpe end of town, so you don't have to change buses. Bus-stops right outside the hospital entrance.”
- “... Accurate Startrak information on bus services inside the hospital, not just after you arrive (& wait) at the bus stops”
- “...mobility scooters, allowed on buses?”
- “Hospital shuttle”
- “An inexpensive taxi service”
- “... more disabled bays”
- “Supportive oxygen transport.”
- “Loughborough car park would be good if you made the exit bigger it's very tight when you are coming out of car park”
- “Secure bike rack.”
- “1) For the bus from Market Bosworth to pass-by the hospital site. 2) For the bus to drive into the hospital site and come out in a loop. 3) Widening the road outside the hospital with passing bays”
- “Re-routing of 5 via Ashby Road and Epinal Way between the town centre and Alan Moss Rd. To compensate for the loss of this route from the lower part of Alan Moss Rd I would suggest that some journeys i.e. Arriva 126/127 could be diverted via Derby Rd onto Alan Moss Rd. Another simple diversion would be for Premiere X9 to terminate at the hospital instead of the university roundabout”
- “Installing a pelican crossing would help people cross busy road also help cars leaving site. Hinckley Hosp.”
- “A though bus to Epinal Way entrance doors from all parts of the town. If Loughborough had a bus station it would be easy to change buses but it does not so from one bus to another could mean quite a walk and wait.”
- “Traffic lights incorporating pedestrian crossing mode cut hedges more warning signs or bigger signs.”

5.5.7 Preference for receiving public transport information (Q23)

Q23 asked respondents how they would prefer to receive public transport information. The results in Figure 24. show that publicly available leaflets/timetables are most preferred (34%) followed by posted leaflets/timetables (33%) and Web/email (20%).

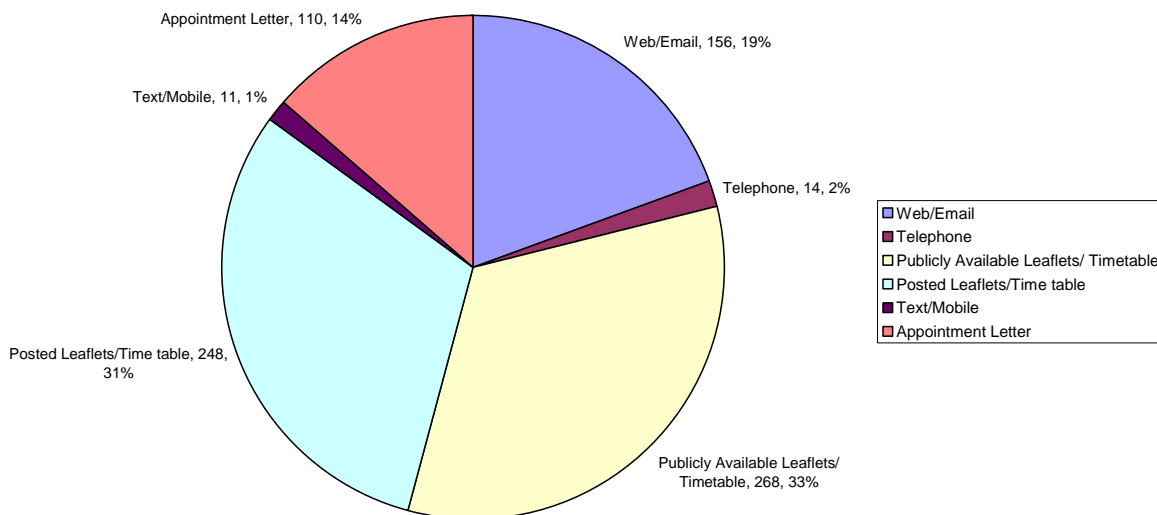


Figure 24. Preferences for receiving transport information (Q23)

Qualitative Comment: Q23 also asked respondents to provide a comment regarding their ‘Preference for receiving public transport information’. From the few people that provided comments to this Question (n=26): Newspapers were the most preferred medium with 19.2%, followed by Carers (11.5%). Radio, Notice Boards, Post (mail) and General Press each accounted for 7.7% of responses. 3.8% of respondents would like to receive such information from their GP, such as through an appointment letter. The preferences for respondents have been presented in Figure 25.

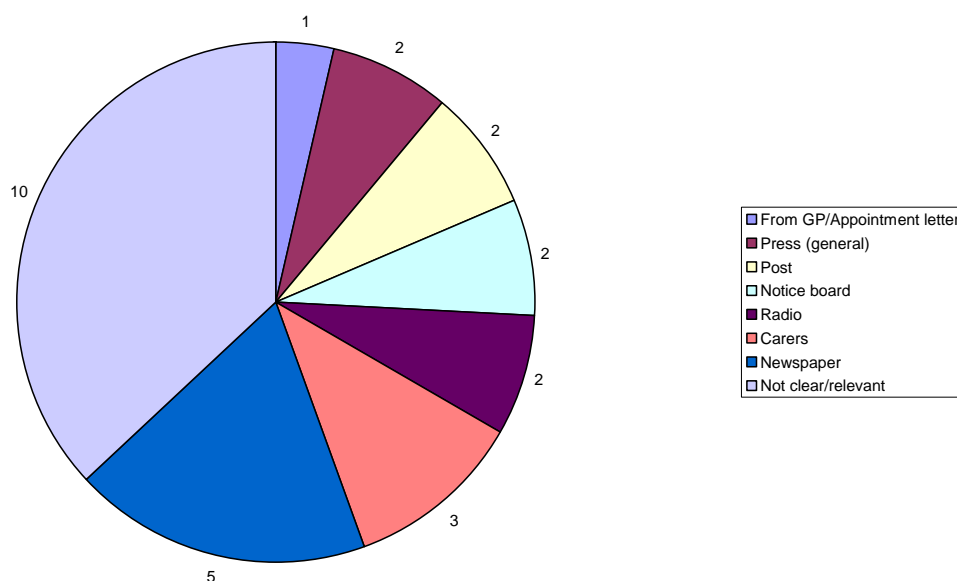


Figure 25. Preference for receiving public transport information (Q23)

To illustrate this, respondents commented as follows:

- “A 'big advert' in local paper - people miss small adverts.”
- “Available at more outlets”
- “Don’t waste paper by printing leaflets. 90% of the leaflets goes bin.”
- “By hand or by posted letter.”
- “Logistical nightmare to consider bus information on appointment letters”

5.5.8. Range and availability of public transport information (Q24)

Q24 asked respondents their views on the range and availability of public transport information. The results in Figure 26. show that 51% of respondents to this question think that the information provided is “Fair”, 33% of respondents see it as “Poor” and 16% see it as “Good”.

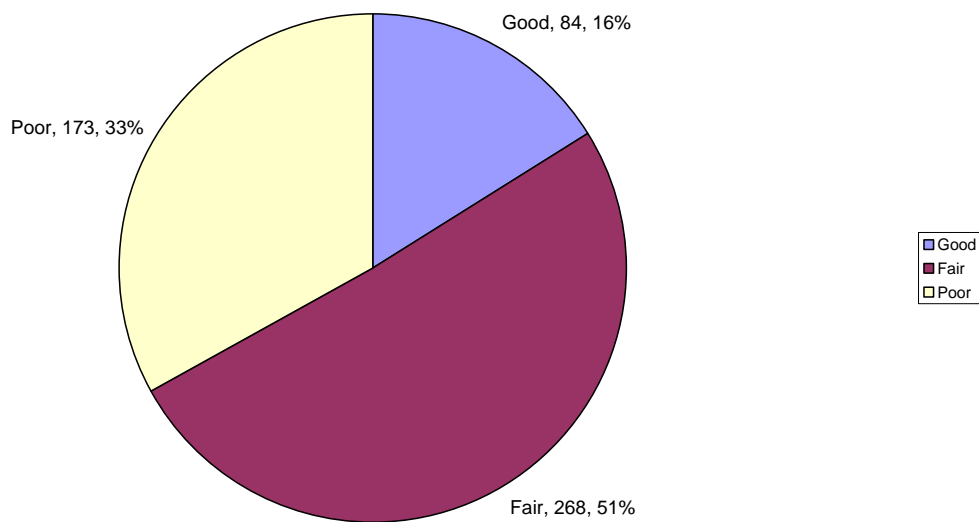


Figure 26. Availability of public transport information (Q24)

5.5.9. Improvements to public transport information (Q25)

Q25 asked respondents how they would improve public transport information. Answers reflected the need for more leaflets and booklets as desired by 13.6% of responses. These items were preferably to be made available with other forms of information (e.g. notice boards and posters; rated important by 9.4%) especially in public places as identified by 10.9% of total respondents to include places such as Town Hall, Library, and John Storey House. Other avenues for improving access to transport information include through GP and appointment letters (7.6%); Websites (6.9%); with Post, Press and Email ranking 5.4, 5.1 and 2.7 percent respectively. Figure 27 below summarises these findings.

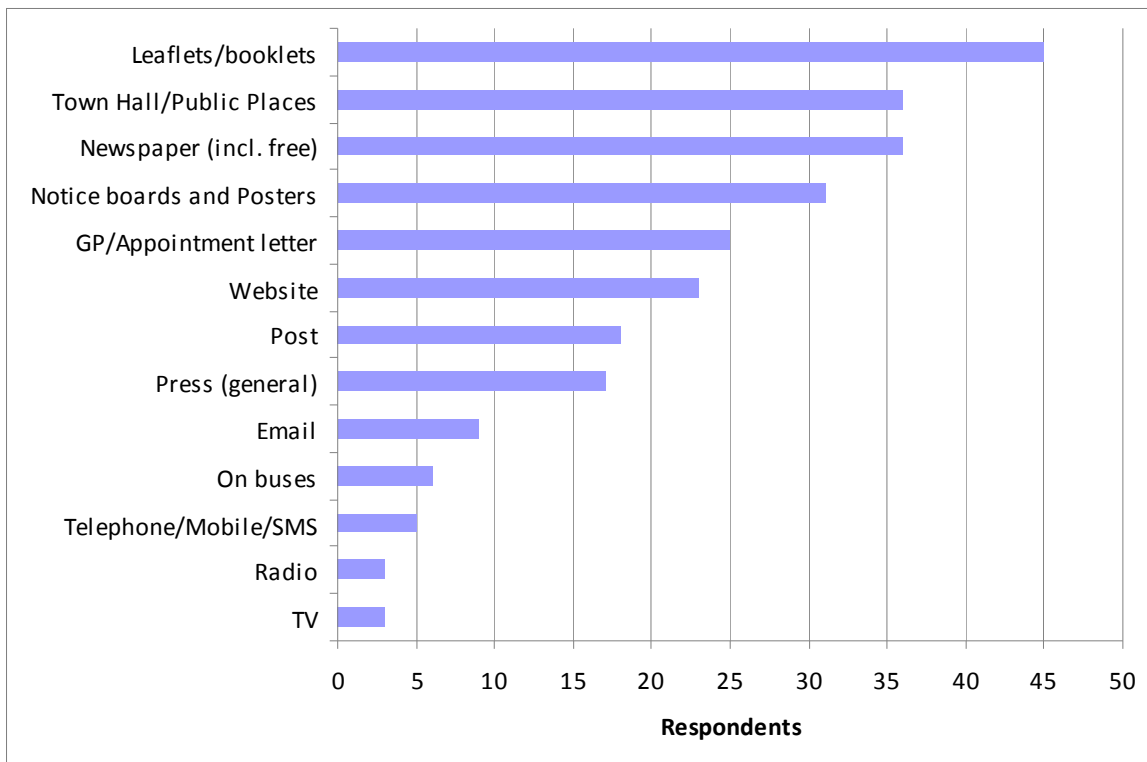


Figure 27. How to improve transport information (Q25)

Example respondent comments include:

“A half page spread maybe twice a year in the Echo”

“Adverts in the Echo showing a map of routes”

“Adverts...in libraries / community centres / health centres / doctors and dentist and pharmacies.”

5.5.10. Number of Respondent Cars in Household (Q35)

Q35 asked respondents to indicate how many cars they have in their household. These results showed in Figure 28 that 55% of respondents have one Car, and 26% have more than one Car. 19% of households have no car. According to UK National Travel Survey 2008, the percentage of households with one car is 43%, more than one car is 32% and no car is 25%. This suggests that car ownership in terms of household car availability is slightly higher in this study area compared to the national average.

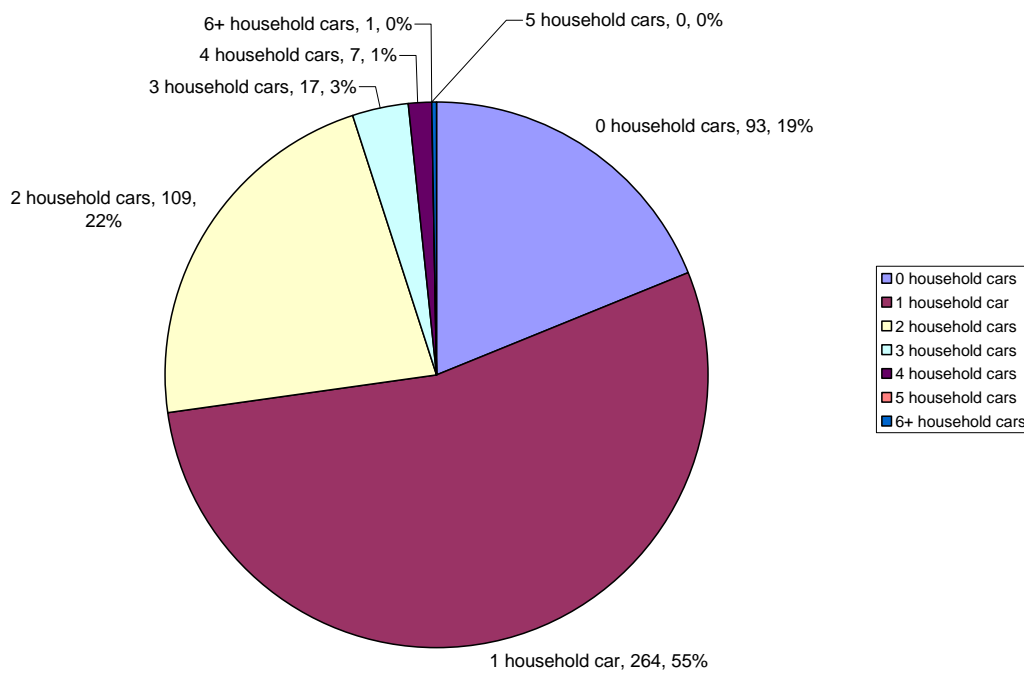


Figure 28. Number of households with a car (Q35)

5.5.11. Number of Household Members Have Access to a Car (Q36)

Q36 asked respondents to state how many members of their household that will have access to a car in three situations: During the day (8.30am – 5.30pm) in an emergency, During the day (8.30am – 5.30pm) for a pre-booked appointment or for a drop-in session Out of hours (before 8.30am and after 5.30pm). Of the 478 respondents 120 of there have members of their household that do not have access to a car. The number of combined household members (of 478 respondents) was 977, and of these according to all respondents 45% do not have access to a Car during the day (8.30-5.30pm) in an emergency or for a pre-booked appointment, and 38% do not have access to a Car out of hours (before 8.30pm and after 5.30pm). Figure 29. below shows that overall access to a car within a household is relatively similar throughout the day and night.

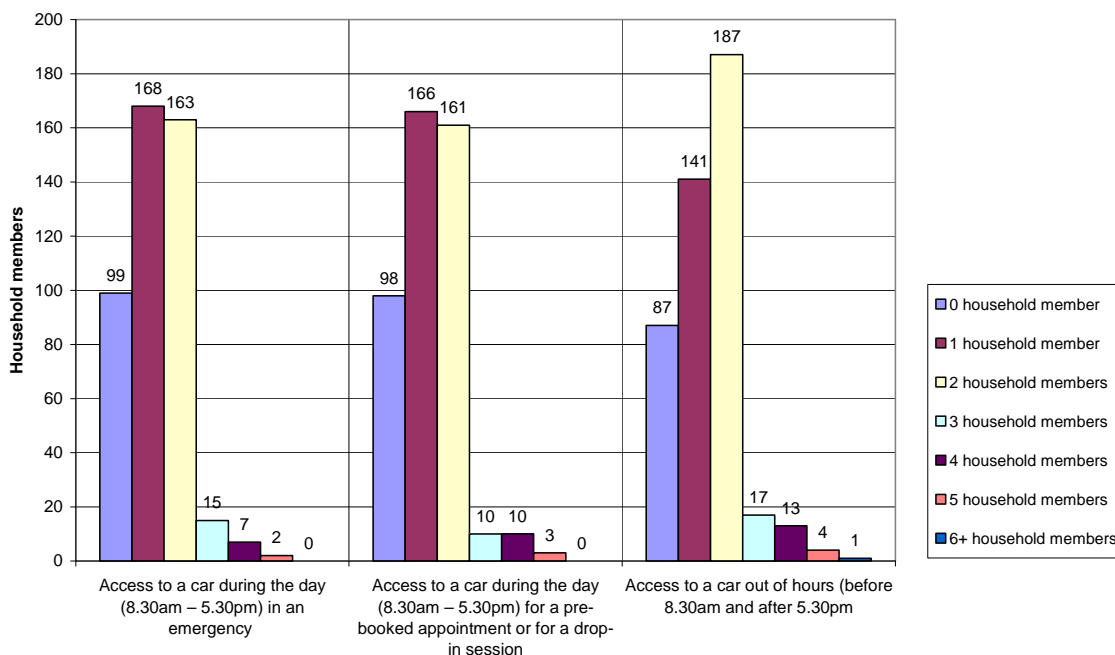


Figure 29. Household member either access to a car (Q36)

Q37 asked respondents to comment on anything further that they feel was relevant. Example comments received include:

- *“Situations change for everybody. We may have access and ability to drive a car at present but this could change as one gets older.”*
- *“The Walk-in-centre should stay in the town centre in fairness to all areas including the surrounding villages.”*
- *“I feel that to move the Walk-in centre to Epinal Way, no matter HOW convenient it may be for the PCT, will make it far less convenient for out-of town people to access the facilities.”*
- *“... I wouldn't be able to get to the Walk-in-centre. Moving the Walk-in-centre next to the hospital would be the best thing ever done.”*
- *“Support the Walk-in-centre move to Loughborough Hospital Site, but improved transport is vital to its success. Maybe paying taxi fares in certain cases.”*
- *“we need a direct bus from Shelthorpe to the hospital that continues to run after 6pm or a cheap taxi that we could use in an emergency.”*
- *“The Walk-in-centre should stay in the centre of town where it easily accessible to all.”*
- *“The cost of a taxi from where I live is between £6 to £7 a trip to Loughborough Hospital. This means £14 a round Trip. cannot afford it on my pension.”*
- *“Many people who will be attending H&B Community Hospital will not be feeling well, may not be able to walk very far and may have to make numerous journeys. Any provision of public transport needs to take this into account.”*
- *“I would not be able to travel there in my power-chair and would be unable to get there on the bus. I would be forced to rely on my car and often when I am unwell I am unable to drive. A visit to the doctors to pick up a repeat prescription (I do this at least 12 times a year) would no longer be a relatively quick and easy job. In my opinion it would be much better to keep the medical services in the town centre. ”*
- *“Accessing Loughborough Hospital would be difficult on public transport, unless changes were made. Car parking is very limited and would need to increase if Walk-in-centre housed there.”*
- *“One to 9 in the boxes when there only seem to be 8 boxes. Has this form been rushed out during the summer holidays to reduce participation?”*
- *“... I would like to be able to cycle (I have one) but the roads are too narrow and dangerous for cycling.”*
- *“I think the Walk-in-centre is excellent and very well positioned in the town centre. When it moves to Epinal Way it will not be anything like as convenient, however as long as the bus pass is still with us it does make the position of the centre less important. But I must add that it depend a great deal on the type of problems you are visiting the centre about.”*
- *“...An NHS website informs everyone that the quality of service is only 'fair' and on-site parking (including disabled parking) is NOT available. How does one get there?”*
- *“The public transport system is inadequate. Keep the Walk-in-centre where it is! It will be very difficult for elderly people living on their own or people on low incomes to access it”*
- *“Feel that money has been spent on the Walk-in-centre, and would have to spend more money to get the other site up and running. What will happen to this site? To which needs sorting out”*
- *“1/4 of the adult population in the Hinckley/Bosworth area are retired. This is above the national average. It is relatively easy for me to get the Ashby Road*

hospital but for people living the other side of Hinckley or up the Sapcote Road for example it is more difficult to access than the old community hospital in Mount Road”

- *“Would prefer A&E at Epinal Way because feel that facilities better or would be more cost effective to have services in one place. Also much easier for me to access services there. Thank you.”*
- *“...for Loughborough of 60,000 + 20% of those University students. Not at true reflection of general opinion”*

6. Conclusions

Key transport conclusions are detailed here.

- While transport and its constituent parts are serious issues, the quality of health care provision is seen as the prime factor according to the survey findings.
- The survey reveals that there is an emphasis placed on the private car when accessing hospitals in both an emergency and for pre-booked appointments. It is likely that this will continue to be the case.
- While the car is the dominant mode there is evidence of other modes being utilised such as walking by all age groups and at all sites.
- A lack of direct bus services would appear to be an issue in terms of the Hinckley and Bosworth Community Hospital Site
- Further work may be needed to map community hospital user activity against transport routes to forecast potential transport volume increases.
- The lack of bus shelters, traffic calming, poor street lighting, signage, general highway maintenance, bus turning circles and a lack of safe pedestrian crossing are issues raised with respect to Hinckley Community Hospital Site. They appear to be significant factors hindering walking and public transport use.
- With respect to the Loughborough Hospital site there are issues with respect to car parking, the lack of direct buses, the proximity of the bus stop to the hospital entrance and the distance to walk.
- It would appear that cycling routes could be more clearly marked in places and at the point of destination the cycle parking may not be very secure.
- Further work may need to be completed by the reference group in line with the objectives set out in the transport and access Project Initiation Document.

Appendix 1: Site Descriptions

Appendix 2: Collaborative Method and Sample Design

2.1 Reference Group and Process of Method and Sample Design

The Questionnaire used to collect the data contained in this report and the analysis method were designed by a reference group made up of NHS Leicestershire County and Rutland, Leicestershire County Council, Public Representatives and Loughborough University. This reference group met on the following occasions:

Date	Purpose
Thursday 12th March, 2009	To establish the project plan, draft and evaluation framework, identify project issue and risks and outline the survey / research method
Wednesday 25th March, 2009	Design the Questionnaire survey, research method and evaluation framework
Tuesday 7 April, 2009	Design the Questionnaire survey, research method and evaluation framework
Thursday 7, May	Receive Questionnaire pilot feedback, make EIA assessment arrangements, discuss the evaluation framework
Thursday 14 May, 2009	Agree the survey period and activities taken on by the reference team, discuss how to reach Seldom Heard groups and identify project costs
Thursday 30 May, 2009	Agree core survey, pilot site, timeline and resources. Further clarify on the aims of the survey from the various stakeholder perspectives
Monday 6 July, 2009	Presentation of the Questionnaire and survey method to the Loughborough site group and discussion of the evaluation framework
Thursday 17 September, 2009	Discussion of the initial survey results and sample response demographics
Thursday 01 October, 2009	Presentation of the draft report to the reference group for review and feedback, and for the preparation of conclusion and recommendations

The reference group has included the following participants,

- Rob Croot (NHS LCR Associate Director of Finance/CHSR Capital Lead)
- Beverley Gilman (Public Representative for Loughborough)
- Hayley Birchenough (NHS LCR Programme Secretary)
- Jasdeep Dhillon (NHS LCR Programme Officer)
- Caroline Mackay (LCC Rural Transport Manager)
- Johan Bulger (LCC Transport Policy Officer)
- Matthew Kempson (LCC Transport Policy Officer)
- Tony Collings (Public Representative for Hinckley)
- David Wood (Chairman of Hinckley & Bosworth Older Voices)
- Sandra Collings (Public Representative for Hinckley)
- Professor Stephen Ison (Professor of Transport Policy)
- Grant Mills (Research Associate in Design, Stakeholder and Value Management)
- Professor Andrew Price (Professor of Project Management)
- Dr Mohammed A Quddus (Lecturer in Transport Studies)
- Omid Titidezah (Research Student in Healthcare Infrastructure Transport Planning)

Also Involved in the project have been:

- Dominic Cox (NHS LCR, Associate Director of Primary Care Development, Chair)
- Dr Geoff Hanlon (North Charnwood Locality Lead)
- Coral Alexander (NHS LCR, Interim Programme Manager)
- Debbie Poole (Locality Services Manager)
- Anthony Kidger (PPI)
- Rachel Cox (NHS LCR, Programme Manager)

2.2 Questionnaire Distribution

5,000 copies of the transport and accessibility questionnaires were printed and 2731 copies were distributed directly to the public by post (on request) or through the public self-selecting to pick up a copy of the Questionnaire from a health and social care centre. Representatives from the Transport and Access Reference Group also carried out eight days of structured interviews across the sites. The overall number of Questionnaires returned was 633 (256 web based responses and 377 hard copy returns), giving a good response rate of 23% of the distributed surveys. Of the 633 Questionnaire returns 629 respondents answered which site they were completing the Questionnaire for (Q1). 76.5% of all Questionnaire returns (n=481) were received from respondents answering in reference to Loughborough (which had a user population in 2008 of 92,149) and 23.5% were received from Hinckley (n=148), which in 2008 had a user population of 17,753.

Attention is drawn to two Questions (Q7 and Q11) in this report on the site specific preference for a particular mode of transport, an online error reduced the response rate (specifically a response of 245 for Loughborough and 130 for Hinckley) for these two Questions. Throughout this report the sample size has been stated against each Question and the limitations of the results discussed.

Responses were mostly received from patients (with 59%, n=520) and visitors (with 30%, n=266), with some staff providing returns (11%, n=102). It should be noted that some respondents were a mix of these categories, which accounts for Question frequency numbers (n) larger than the overall return response. Of those that responded, 75% (n=664) were received from respondents who visit the healthcare centres infrequently (0-5 times in the last twelve months), 17% (n=153) were from frequent visitors (6-20 times in the last twelve months); and 8% (n=71) were received from very frequent visitors (21+ times).

2.3 Demographic Representativeness of the Questionnaire Returns

This section defines the demographic make up of the returned Questionnaires.

2.3.1 Frequency of Visit by Patient, Visitor and Member of Staff (Q2)

Responses were mostly received from patients (with 59%, n=520) and visitors (with 30%, n=266), with some staff providing returns (11%, n=102). Figure 30. and Figure 31. show the results. It should be noted that some respondents were a mix of these categories, which accounts for Question frequency numbers (n) larger than the overall return response. Of those that responded 75% (n=664) were received from respondents who visit the healthcare centres infrequently (0-5 times in the last twelve months), 17% (n=153) were from frequent visitors (6-20 times in the last twelve months) and 8% (n=71) were received from very frequent visitors (21+ times).

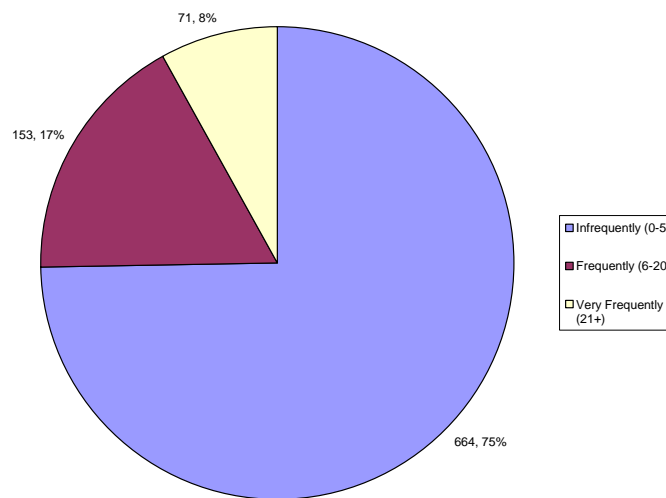


Figure 30. Frequency of Respondent Travel (Q2)

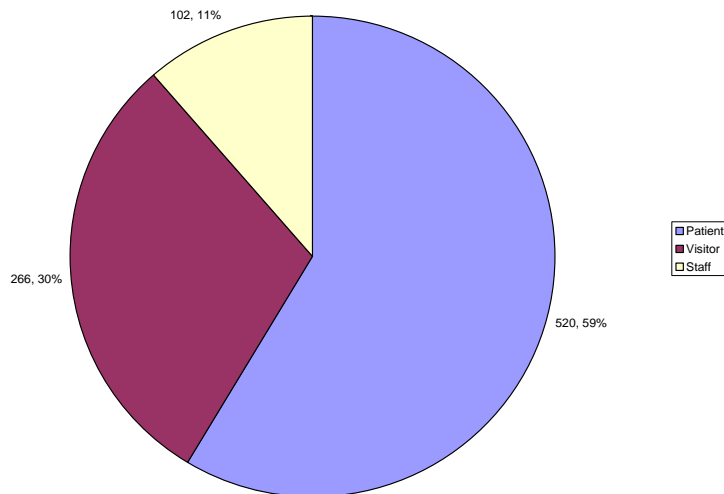


Figure 31. Type of respondent (patient, visitor or staff) (Q2)

2.3.2 Travel with Family or Friends (Q3)

Q3 asked respondents to identify how frequently they travel with a family or friend companion. Figure 32. and Figure 33. show that there is a relatively even spread between respondents who travel on their own and those that travel with a friend. For different age groups there is little variance according to age as the proportions of those that (always, sometimes and never) travel with a friend are relatively constant within age groups. Frequency differences between different ages are more likely to reflect the differences in the sample rather than attitude differences.

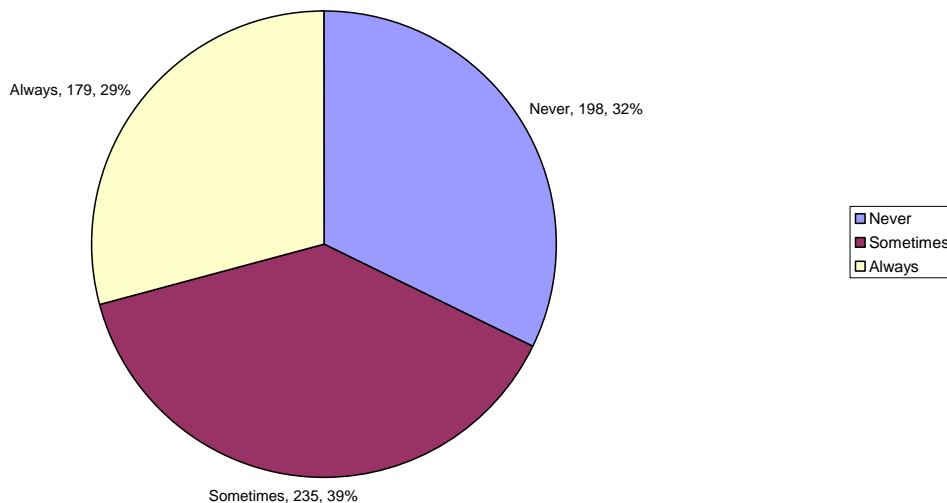


Figure 32. Travel with family or friend (Q3)

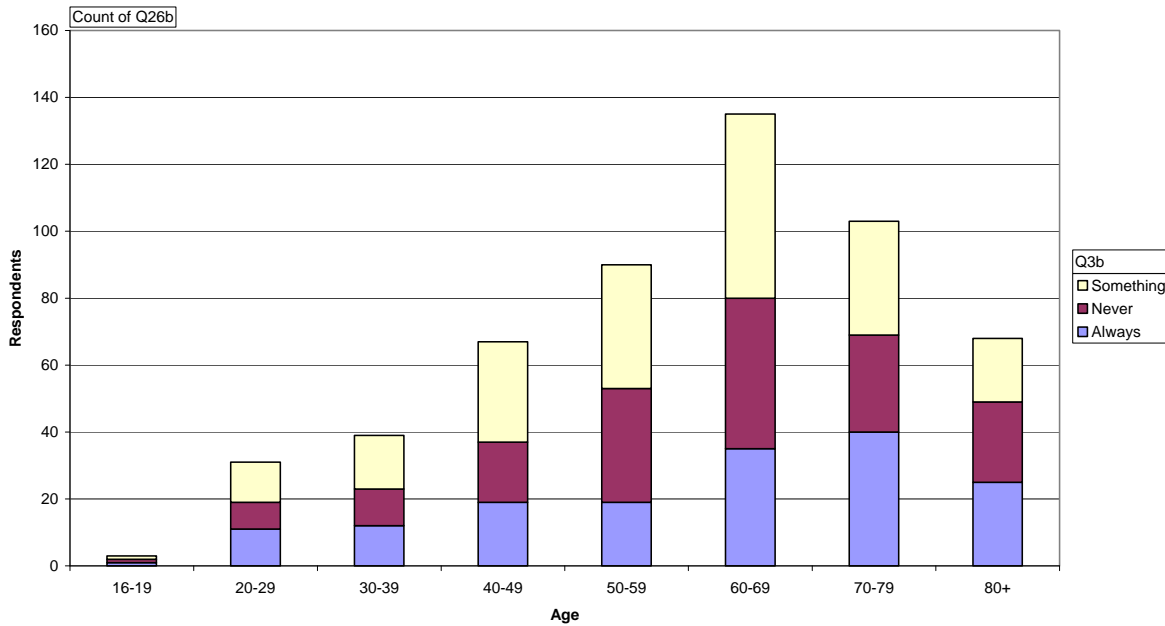


Figure 33. Travel with family or friend by age during last 12 months (Q3)

2.3.3 Access to Transport Modes (Q4)

Q4 asked respondents to identify which modes of transport they have access to. Many of the 633 participants ticked more than one mode of transport that they had available to them (all of which have been included here). As such, Figure 34. shows the total number of modes highlighted by respondents (1343 modes are available to the 633 respondents). This shows that 34% of respondents have access to a Car, 24% have access to Public Transport and 20% to Walk(ing). Figure 34. further breaks down figures by age, which illustrates the modes available to different groups. Although comparisons cannot be drawn between age groups as these are represented differently in the sample, this figure shows that Car is most accessible to all ages. While, Motorbike, Ambulance and Other/Voluntary modes are the least accessible to all ages. Walking appears to be less accessible to the 80+ age group (although this is only in comparison to the size and proportion of other modes and age groups).

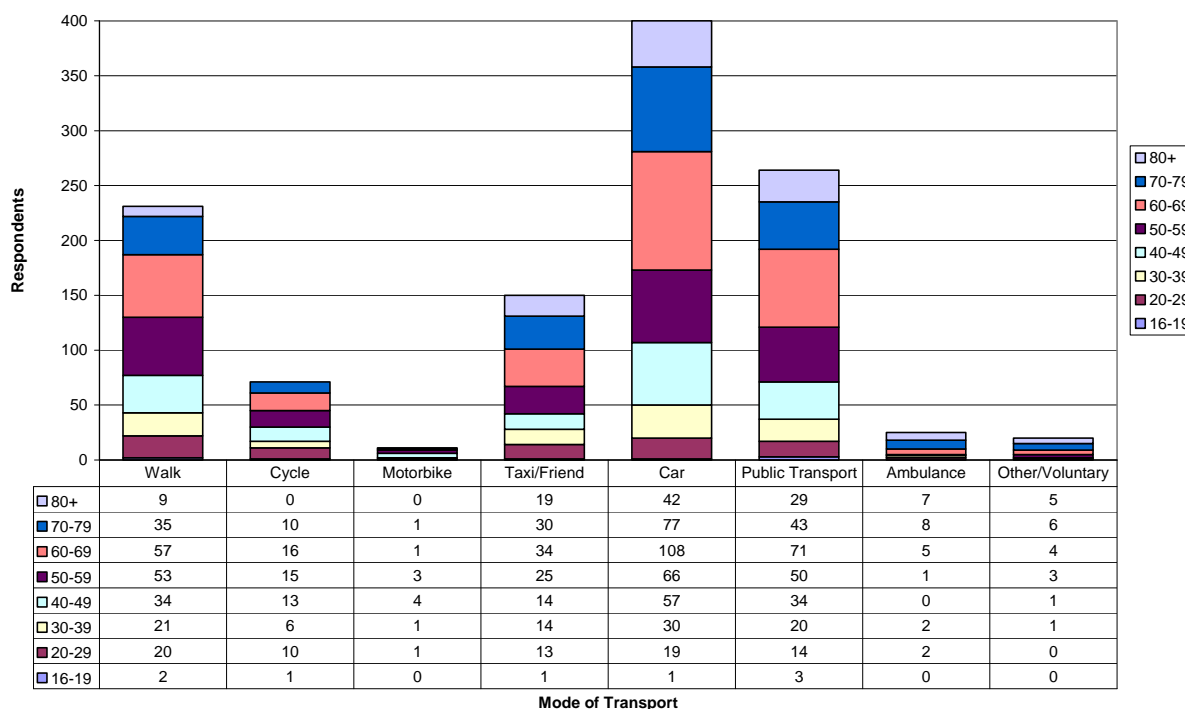


Figure 34. Transport modes accessible to respondents (Q4)

2.3.4 Age of Respondents (Q26)

Q26 asked respondents to give their age range using 8 category ranges. These categories are slightly different from the user data collected by the Community Hospitals, as such categories from both the user data and Questionnaire have been aggregated to bring them into better alignment, however, unfortunately this is not a direct match as can be seen by the bounds of each range. See Table 9.

Table 9. Age of the sample against the age of the users

Age Range	All Respondents	Loughborough Respondents	Hinckley Respondents	Lboro Users OP,DC,IP	Hinckley Users	All LCR Users
Under 30/34	73	63	10	6992	3205	17924
35/40-59	162	138	24	10057	6214	29354
60-74/79	247	169	76	7578	4856	23838
75/80+	69	42	26	6802	4503	22595

Figure 35. shows that the ages represented in the sample are not fully aligned with those of the actual community hospital user population. Specifically, the 60-74/79 age range is well represented in the sample for both Hinckley and Loughborough sites.

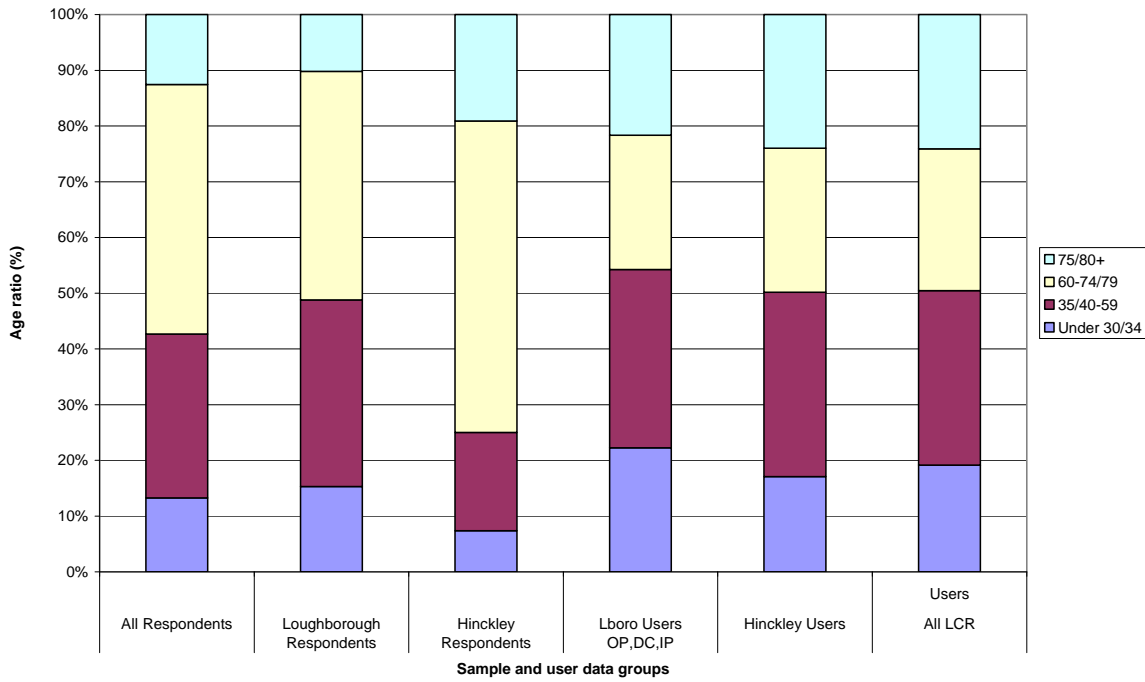


Figure 35. Comparison of the age of respondents and community hospital users (Q26)

2.3.5 Disability of Respondents (Q27 and Q28)

Table 10 and Figure 36 shows that disability groups have been well represented in the survey. Further that a higher proportion of disabled individuals in Hinckley have been involved in the sample.

Table 10. Disability by sample and other data sources

Disability	All Respondents	Loughborough Respondents	Hinckley Respondents
Disabled	122	76	46
Non Disabled	346	274	69
Prefer not to say	46	40	6

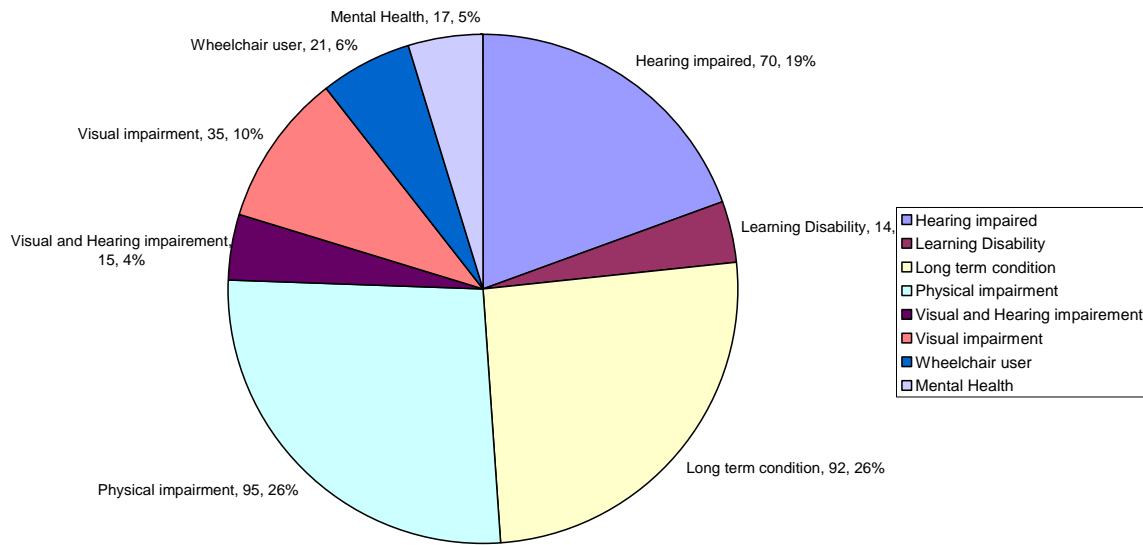


Figure 36. Disability type of the sample (Q28)

2.3.6. Gender of Respondents (Q30)

Q30 asked respondents to indicate their age range. Table 11. describes the actual survey respondent data and user data for the Loughborough and Hinckley Community Hospitals. This is further illustrated by Figure 37. which demonstrates that the gender of respondents to the survey is a reasonable fit with the actual user population at around 40-50% in favour of more Females than Males.

Table 11. Gender of the sample against community hospital user data

Gender	All Respondents	Loughborough Respondents	Hinckley Respondents	Lboro Users OP,DC,IP	Hinckley Users	All LCR Users
Male	219	173	46	13639	8566	42099
Female	308	229	79	17790	9222	52736

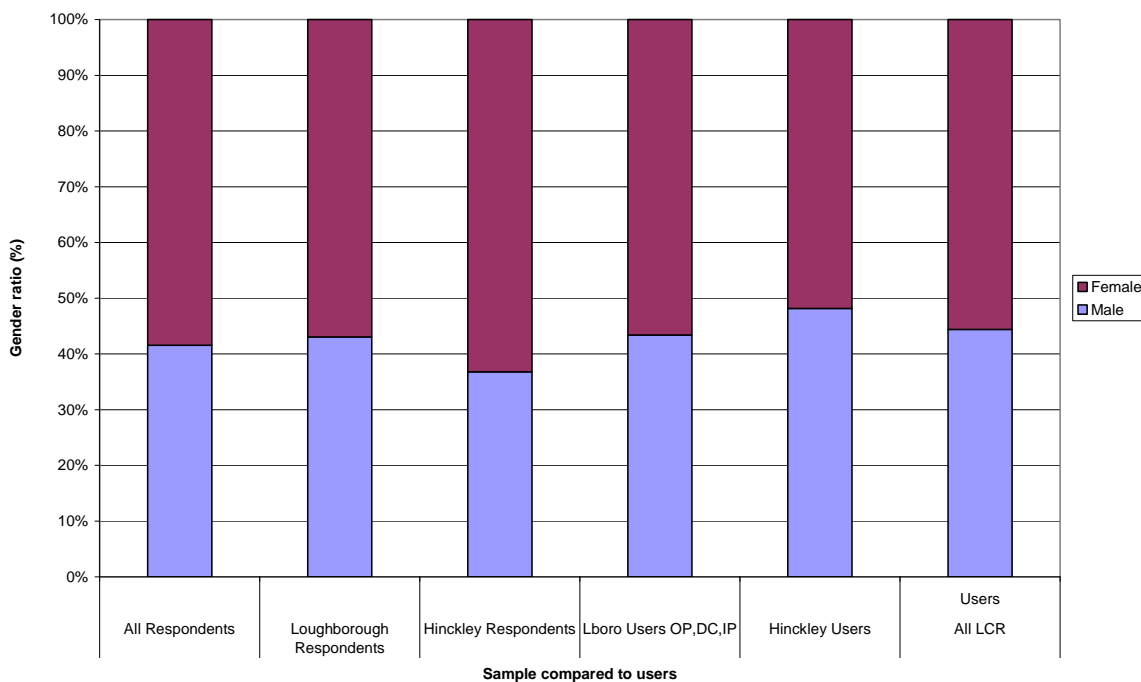


Figure 37. Gender of sample against community hospital users (Q30)

2.3.7 Geographical Representativeness of the Questionnaire Returns

Loughborough Site Response, In order to establish if the Questionnaire was completed by a geographically representative sample, a comparison was made between the home locations of respondents to the Questionnaire and the geographical home locations of the users of Loughborough Hospital and Walk-in-centre by postcode. The survey responses are found in the final column of Table 12. The sample data were collected from a total of 23 postcode areas. In order to see whether the sample is geographically representative, a two-sample t-test was conducted.

Table 12. User Population of Loughborough Hospital and Walk-in-centre (WiC) (HES Data 2008) and Questionnaire Response

	WiC	OP	IP	DC	Total Lboro Users	Survey Response
LE7	313	1656	47	139	4975	7
LE8	65	88	12	32	197	0
LE9	250	275	18	55	598	0
LE10	26	37	2	14	79	1
LE11	230	14122	221	921	38351	258
LE12	130	10309	148	728	24272	132
LE13	372	136	16	16	540	0
LE14	316	85	1	4	406	1
LE15	37	30	1	7	75	0
LE16	13	13	1	15	42	0
LE17	12	27	3	8	50	0
LE18	61	71	13	47	192	0
LE19	47	44	6	6	103	1
LC	378	1907	167	337	6194	7
LE65	712	454	5	33	1204	1
LE67	793	3998	44	442	12415	9
CV7	2				2	0
CV11	3				3	0
CV13	71	48	3	16	138	0

DE72	102	16			118	1
DE74	953	265		28	1246	
D	674	88		14	776	
N		173			173	46
Total	54,7	33,842	708	2,862	92,149	464

In order to test if the survey response is representative against the total Loughborough Hospital and Walk-in-centre users a two-sample paired T-test was conducted. The percentage of total healthcare facility users in a postcode was compared with the percentage of total respondents of the same postcode.

Table 13. Two-sample paired t-test

Variable	Observation	Mean	Std. Error	95% Conf.	
Users (%) by postcode	23	0.0426	0.0212	-0.0013	0.0865
Respondents (%) by postcode	23	0.0435	0.0267	-0.0118	0.0988
Difference in means	23	-0.0009	0.0095	-0.0206	0.0189

The null and alternative hypotheses are:

$$H_0: \text{Mean difference} = 0$$

$$H_1: \text{Mean difference} \neq 0$$

This is a two-tailed test. Using SPSS, the observed t-statistic was found to be:

$$t_{obs} = -0.09$$

Critical value for the statistic:

$$\text{Degree of freedom} = 23 - 2 = 21$$

$$\text{Level of significance} = \alpha = 0.05$$

The critical value for the above parameters can be obtained from a t-distribution table:

$$t_{crit} = 2.08$$

Since $t_{obs} < t_{crit}$, do not reject H_0 . This means that it is not evident from the sample data that the mean users (%) per postcode is different from the mean respondents (%) per postcode. The confidence level of this statement is 95%.

The result suggests that the mean percentage of users is not statistically different from the mean percentage of respondents at the 95% confidence level. This implies that the sample is spatially representative.

Hinckley Site Response, In order to establish if the Questionnaire was completed by a geographically representative sample, a comparison was made between the home locations of respondents to the Questionnaire and the geographical home locations of the users of Hinckley Community Hospitals by postcode. The survey responses are found in the final column of Table 14. The sample data were collected from a total of 23 postcode areas.

Table 14. User Population of Hinckley Community Hospitals (HES Data 2008) and Questionnaire Response

	OP	IP	DC	Total Hinckley Users	Survey Response
LE7	9	3	18	30	0
LE8	46	48	80	174	1
LE9	4151	173	1210	5534	37
LE10	7572	212	1788	9572	80
LE11	2	1	6	9	0
LE12	3	0	22	25	3
LE13	1	0	0	1	0
LE14	0	0	0	0	0
LE15	0	0	0	0	0
LE16	0	0	6	6	0
LE17	666	96	72	834	0
LE18	9	54	38	101	0
LE19	73	12	66	151	3
LC	0	0	0	0	0
LE65	5	0	8	13	0
LE67	54	12	110	176	0
CV7	2	0	0	2	0
CV11	39	1	6	46	0
CV13	792	28	224	1044	9
DE72,	0	0	0	0	0
DE74	0	0	0	0	0
D	10	1	4	15	1
N	18	0	2	20	37
Total	13452	641	3660	17753	133

A two-sample t-test was also conducted to see whether the sample for the case of Hinckley site is spatially representative. The percentage of total healthcare facility users in a postcode was compared with the percentage of total respondents of the same postcode..

Table 15. Two-sample paired t-test

	Observation	Mean	Std. Err.	95% Confidence interval	
Users by postcode	23	0.0435	0.0263	-0.0111	0.0981
Respondents by postcode	23	0.0435	0.0281	-0.0149	0.1018
Difference in means	23	-8.1E-11	0.0039	-0.0081	0.0081

The null and alternative hypotheses are:

$$H_0: \text{Mean difference} = 0$$

$$H_1: \text{Mean difference} \neq 0$$

This is a two-tailed test. Using SPSS, the observed t-statistic was found to be:

$$t_{obs} = -0.00002$$

Critical value for the statistic:

Degree of freedom = $23-2 = 21$
Level of significance = $\alpha = 0.05$

The critical value for the above parameters can be obtained from a t-distribution table:

$$t_{crit} = 2.08$$

Since $t_{obs} < t_{crit}$, do not reject H_0 . This means that it is not evident from the sample data that the mean users per postcode is different from the mean respondents (%) per postcode. The confidence level of this statement is 95%.

The result suggests that the mean percentage of users (%) is not statistically different from the mean percentage of respondents at the 95% confidence level. This implies that the sample is spatially representative for the case of Hinckley site.

Appendix 3: Questionnaire

Appendix 4: Qualitative Comments

Appendix 5: Hinckley and Bosworth Pensioners Action Group Letter