

Improving Access to Psychological Therapies (IAPT) - Let's Talk Wellbeing (LTWB) Engagement Analysis Report

June 2019

Executive Summary

This engagement analysis report provides feedback and analysis gathered during six weeks of engagement undertaken by East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG), Leicester City Clinical Commissioning Group (LC CCG) and West Leicestershire Clinical Commissioning Group (WL CCG) with service users and members of the general public in relation to the Improving Access to Psychological Therapies (IAPT) services which operates as Let's Talk Wellbeing service across Leicester and Leicestershire.

The aim of the engagement was to gather feedback on service users' experience of the service in meeting their mental health needs and to determine the general public's awareness of the service. The feedback indicated whether those who accessed the service found it to be fit for their needs and to better understand how patients and the general public accessed and used the service.

Introduction

The local Clinical Commissioning Groups (CCGs) across Leicester and Leicestershire; East Leicestershire and Rutland CCG, Leicester City CCG and West Leicestershire CCG (LLR CCGs), who plan and pay for local healthcare services, are reviewing the current - Improving Access to Psychological Therapies (IAPT) programme, which operates across LLR as the Let's Talk Wellbeing service (LTWB).

The current contract for the provision of the LTWB service is coming to an end and the re-procurement process across LLR commenced in early 2019. It is due for completion and implementation in Q2 2020.

The engagement activity conducted ahead of the re-procurement of the LTWB service has been designed to gather feedback from individuals that have and have not used the LTWB service. This is to ensure that the views of the public and patients have been considered and to utilise the feedback to make informed recommendations to improve the service going forward so that it best meets the needs of people across Leicester, Leicestershire and Rutland and to provide quality care for patients going forward.

Background

Improving Access to Psychological Therapies (IAPT) services provide evidence-based psychological therapies to people with anxiety disorders and depression. It is a nationally mandated service provision. The IAPT programme began in 2008, and the Mental Health Five Year Forward View committed to expanding services further, alongside improving quality.

Currently IAPT services for LLR are provided across two block contracts, one for Leicestershire and Rutland, and the other for Leicester City. The current annual funding for Leicester City service is £2.3m and Leicestershire & Rutland Service is £4m including Mental Health Facilitators. Each of these contracts is provided by Nottinghamshire Healthcare Trust.

It was agreed on 12 November 2018 at the Joint Management Team meeting (JMT) to progress with Leicester City CCG members to re-procure the IAPT provision on an LLR footprint.

It was subsequently agreed on 11 December 2018 at the Leicester City CCG Governing Body to serve notice on the Leicester City provision and progress with re-procurement on an LLR footprint. On approval, an Improving Access to Psychological Therapies and Mental Health Facilitator Project Group was established to provide consistent leadership, direction and challenge to work-streams throughout the procurement.

The engagement process

Purpose

To understand current services in more depth and inform the specification of services to be procured, the project board planned to carry out engagement work with two audiences;

- a) Primary care (GPs and other stakeholders) and,
- b) Patients and public.

Patient and public engagement was conducted between 3 April and 20 May 2019 to seek local people's views on the current IAPT service that is available across Leicester, Leicestershire and Rutland and how the service could be improved going forward.

Following completion of the GP survey, the results were presented at locality meetings across LLR to discuss the findings with GPs and gather any further feedback. This then helped to shape wider engagement with patients and the public and influenced the composition of the questionnaire, which was then signed off by the project board. This report focuses on the patient and public questionnaire, and should be considered alongside the separate GP engagement report.

Methodology

Separate electronic questionnaires were created for each of the two respondent groups, using Survey Monkey as a platform. For the patients and public survey, hard copies were used at meetings of seldom heard groups, facilitated by staff from Leicester City CCG, to allow people in attendance to participate at those meetings.

Respondents

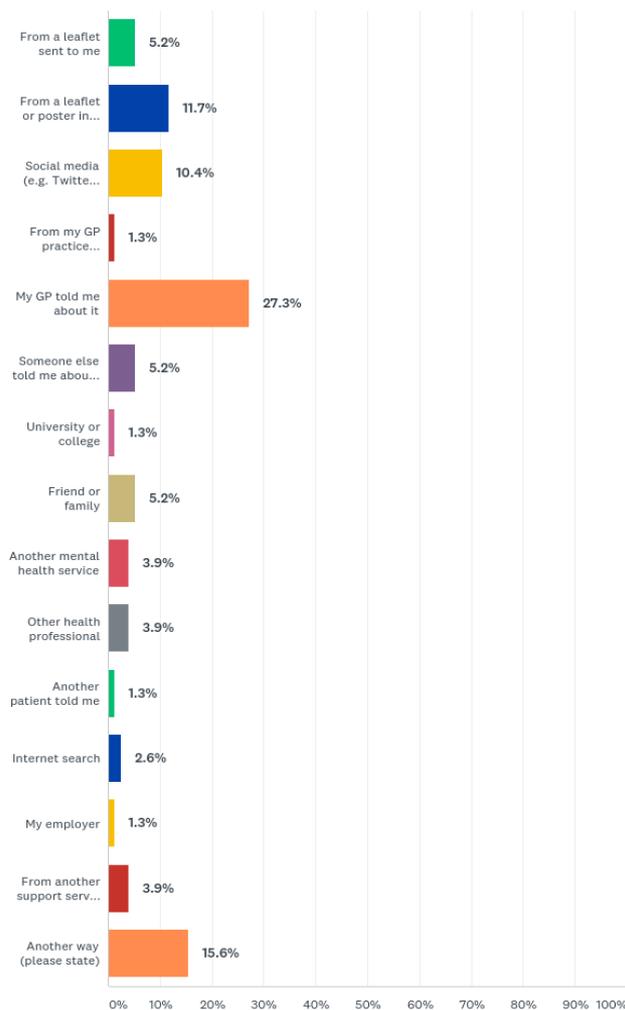
It was imperative that existing patients using the service had opportunities to share their experiences of the service and to be involved at a formative stage. To achieve this, the existing Let's Talk Wellbeing service was asked to promote the patient and public survey to its patients. A link was placed on the Nottinghamshire Healthcare's website at <https://www.nottinghamshirehealthcare.nhs.uk/leicestershire-county-and-rutland-service-> to the online questionnaire, for the duration of the engagement period.

The project board was also keen to hear from the wider public, including family and friends of service users if they wanted to contribute. The survey was promoted throughout the duration of engagement by all LLR CCGs via their social media accounts.

In order to optimize maximum reach through partnership working, an email was also sent to stakeholder and partner organisations of all three CCGs, asking them to promote to their clients and the public. This resulted in re-postings, to encourage wider participation across LLR and secured further participation.

Survey results

Q1. How did you find out about Let's Talk Wellbeing?



*Another way responses:

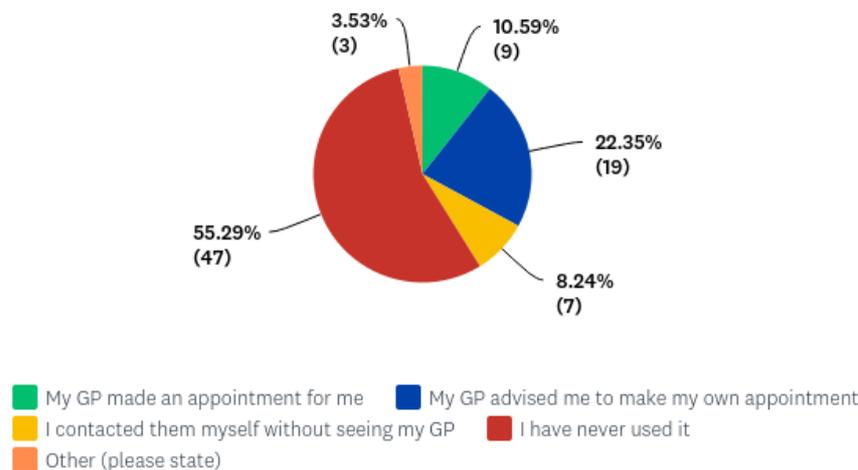
- From a Macmillan Nurse x1
- From an internet blog x1

- A member of NHS staff visited COS x1
- Never heard of it until now x5
- From an email from the CCG x1
- A member of staff from the CCG presented at our carer's group meeting x2

Analysis

- 77 out of 85 respondents provided an answer to this question.
- This question had a 90.58% response rate based on the number of completed surveys received.
- The majority of people found out about the service from their GP (27.3%) followed by 11.7% from leaflet/posters in their GP practice and 10.7% from social media.
- 5 respondents (6.49%) had never heard of the service.
- The results indicate that people aren't proactively promoting the service by word of mouth or through their employers/universities etc. with only 17.56% of respondents finding out about the service through these methods.

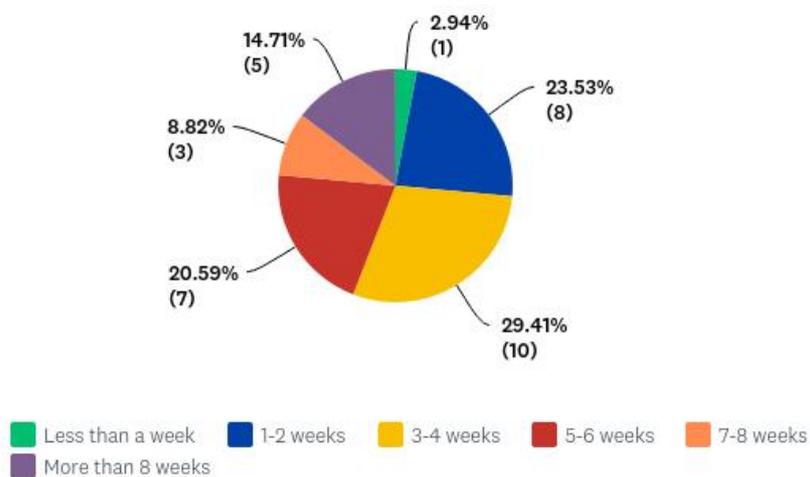
Q2. How did you first access the Let's Talk Wellbeing Service?



Analysis

- All 85 respondents provided an answer to this question
- The question had a 100% response rate based on the number of surveys completed.
- The majority of respondents (55.29% – 47 people) have not used the service.
- Of the respondents that had used the service 22.35% (19 people) had made their own appointment based on their GP's advice.
- It is interesting to note that 7 people (8.24%) contacted the service without seeing their GP first. This is an element that could be explored further – “self-referral”
- There was no available data for the 3 people (3.53%) who responded ‘other’
- Respondents who answered that they ‘have never used the service’ were redirected to question 12.

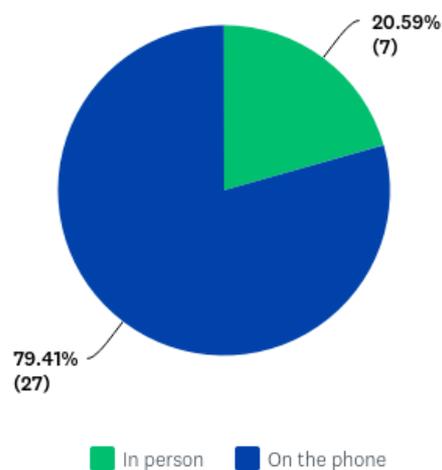
Q3. How long did you wait between your referral to the service and your initial assessment?



Analysis

- 34 respondents provided an answer to this question.
- This question had a 40% response rate based on the number of surveys completed.
- Of responses received for this question 52.94% (18 people) had their initial assessment by the fourth week following referral.
- 5 respondents (14.71%), waited more than 8 weeks between referral and their initial assessments.

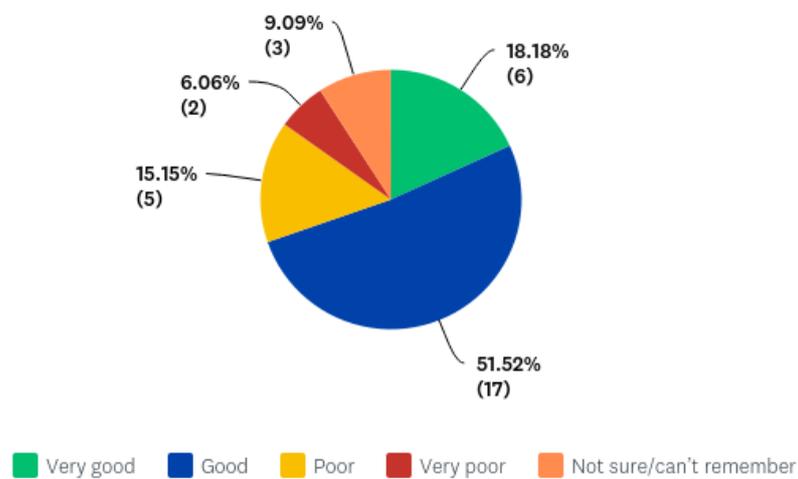
Q4. How was your initial assessment carried out with Let's Talk Wellbeing?



Analysis

- 34 respondents provided an answer to this question.
- This question had a 40% response rate based on the number of surveys completed.
- Of responses received for this question (20.59% – 7 people) had, had their initial assessment in person, whilst the majority were conducted over the telephone 79.41% (27 people).

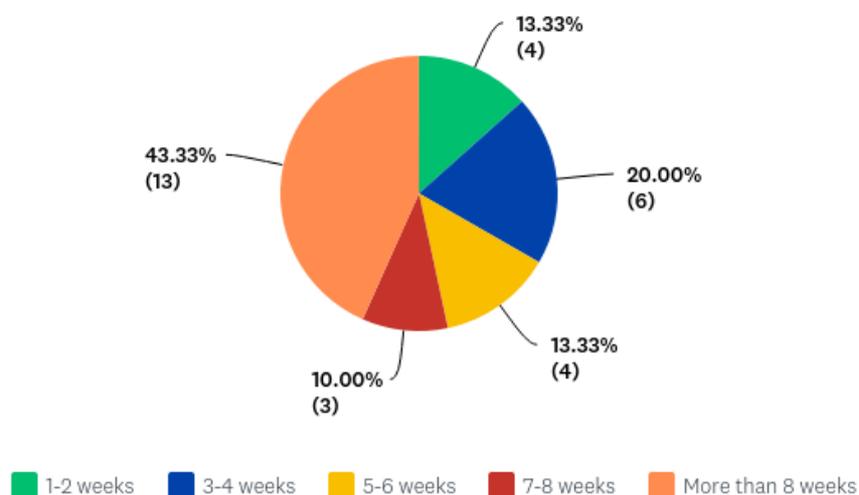
Q5. Thinking of that first assessment, what was that experience like for you?



Analysis

- 33 respondents provided an answer to this question.
- This question had a 38.82% response rate based on the number of surveys completed.
- Of responses received for this question 51.52% (17 people) rated their first assessment as good.
- 7 respondents (21.21%), 2 very poor and 5 poor rated their initial assessment as either poor or very poor.
- There is an opportunity to understand what could be changed to improve the service by exploring why respondents rated their experiences in this way.

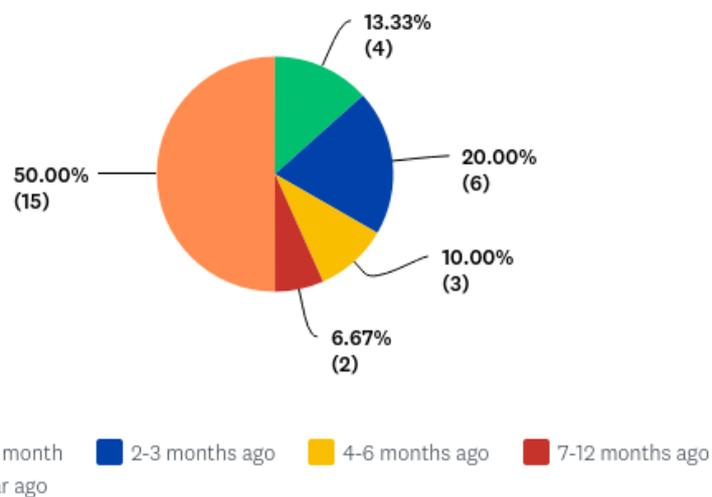
Q6. How long did you wait between your assessment and first treatment session?



Analysis

- 30 respondents provided an answer to this question.
- This question had a 35.29% response rate based on the number of surveys completed.
- Of responses received for this question 53.33% (16 people) had waited 7 weeks or more between their initial assessment and their first treatment session.
- 14 respondents 46.66%, waited between 1 and 6 weeks for their first treatment session following their initial assessment.
- As part of the re-procurement process clear KPI's for waiting times could be set at all points of the LTWB service (referral, assessment, first treatment session etc.) to try and secure shorter waiting times. Over 53% of those who responded are currently waiting longer than seven weeks or more and this could be detrimental to the patients' mental and physical health. The service could be improved by becoming more efficient by achieving reductions in future waiting times.

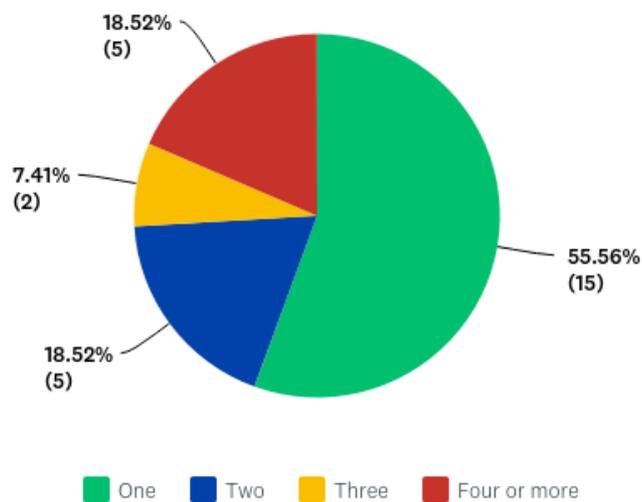
Q7. When was your first ever appointment with the Let's Talk Wellbeing service?



Analysis

- 30 respondents provided an answer to this question.
- This question had a 35.29% response rate based on the number of surveys completed.
- Of responses received for this question (50% – 15 people) had, had their first appointment with the LTWB service over a year ago. With only 13.33% (4 people) having their first appointment within the last month.

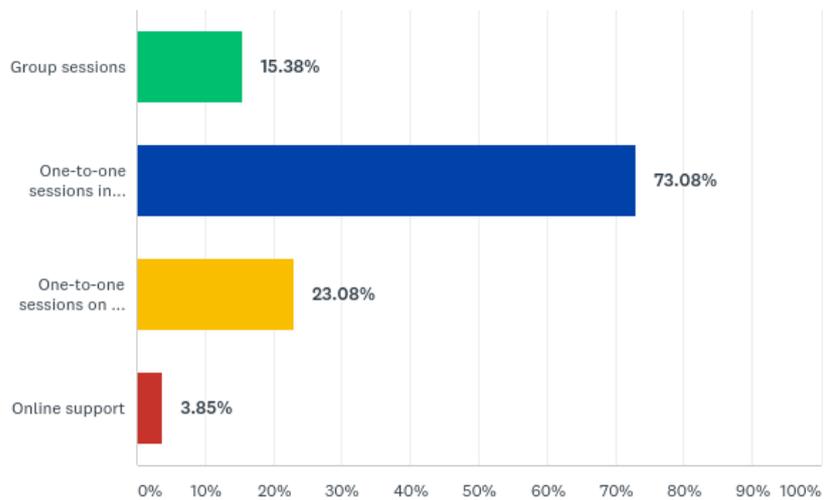
Q8. How many times have you used the Let's Talk Wellbeing service in the last 12 months?



Analysis

- 27 respondents provided an answer to this question.
- This question had a 31.76% response rate based on the number of surveys completed.
- Of the responses received for this question 55.56% – 15 people have only used the service once in the last year. With only 5 respondents (18.52%) accessing the service four or more times.

Q9. Which kinds of support have you used there?



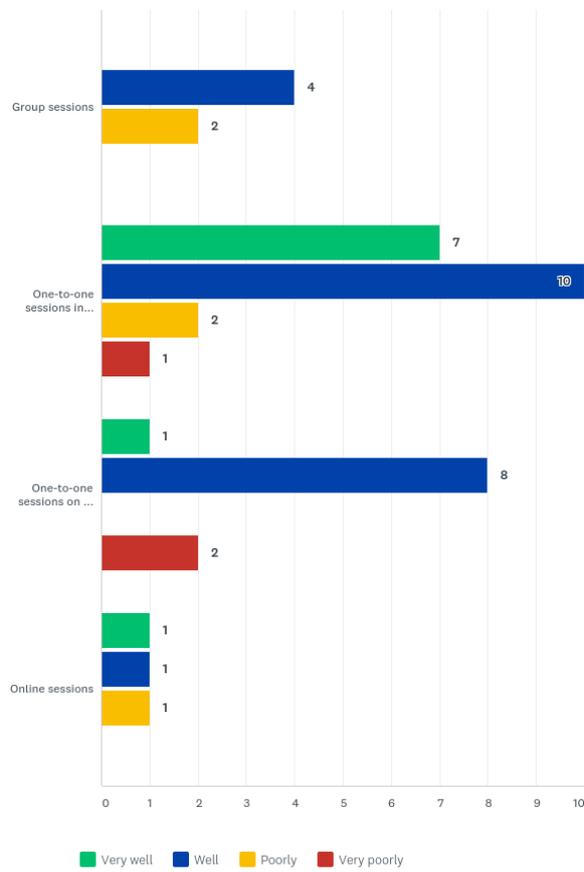
ANSWER CHOICES	RESPONSES
Group sessions	15.38% 4
One-to-one sessions in person	73.08% 19
One-to-one sessions on the phone	23.08% 6
Online support	3.85% 1
Total Respondents: 26	

Analysis

- 26 respondents provided an answer to this question.
- This question had a 30.58% response rate based on the number of surveys completed.
- Of responses received for this question the vast majority (73.08% – 19 people) had received support through one-to-one sessions in person.
- Only 1 respondent 3.85% received support online
- One-to-one sessions in person were the most popular method used for those who responded with online support being the least popular method.

- There is scope to explore whether it would be appropriate and welcomed if various methods were introduced for particular groups as a more effective and sustainable means to deliver the IAPT service.

Q10. Thinking of those different kinds of support, how well does each of them work for you?



	VERY WELL	WELL	POORLY	VERY POORLY	TOTAL
Group sessions	0.00% 0	66.67% 4	33.33% 2	0.00% 0	6
One-to-one sessions in person	35.00% 7	50.00% 10	10.00% 2	5.00% 1	20
One-to-one sessions on the phone	9.09% 1	72.73% 8	0.00% 0	18.18% 2	11
Online sessions	33.33% 1	33.33% 1	33.33% 1	0.00% 0	3

Analysis

- 28 respondents provided an answer to this question.
- This question had a 32.94% response rate based on the number of surveys completed.
- Of responses received for this question most felt that the type of support they used worked well, with only 8 respondents (28.57%) out of 28 who felt that the type of service they used was either poor or very poor.
- One-to-one sessions either in person or on the phone topped suitability for the majority of those who responded.
- By fully understanding why certain people felt certain support methods worked poorly or very poorly for them, could offer possible insight into suitability of treatment methods for people from certain backgrounds. However, this would require further engagement.

Q11. To make it better for you, what single thing would you change about the support you get in each of the following?

How would you improve - group sessions:

1. I'd like to hear other people's views and I may talk as I'm a shy person
2. Feeling good not Gloye* myself (**typo made in response, I'm unable to decipher what they could mean*)
3. Leaders were very informative but everybody sat in silence. No interaction.
4. Feedback from group about how each other was doing.
5. To actually get back to me – I'm still waiting

How would you improve – one-to-one sessions in person:

1. to give language support + less waiting time
2. More time
3. Longer sessions
4. Nothing
5. More effective
6. N/A
7. Enable a larger capacity for these
8. I didn't feel the therapist understood my problem and was trying to fit me into one of her models of behavior. She was very young and appeared inexperienced with advising me
9. Don't know yet, only had 3 sessions
10. Not have to wait so long,
11. Review homework with me
12. use a professional psychiatrist
13. to actually get back to me, still waiting
14. Appointments locally

How would you improve – one-to-one sessions on the phone:

1. No change
2. Would like more contact
3. On the phone it was a really bad experience, the therapist was slurping coffee and eating in the background. It all seems to be about the numbers not about the person.
4. Regular times pre booked
5. To actually get back to me, still waiting

How would you improve – online sessions:

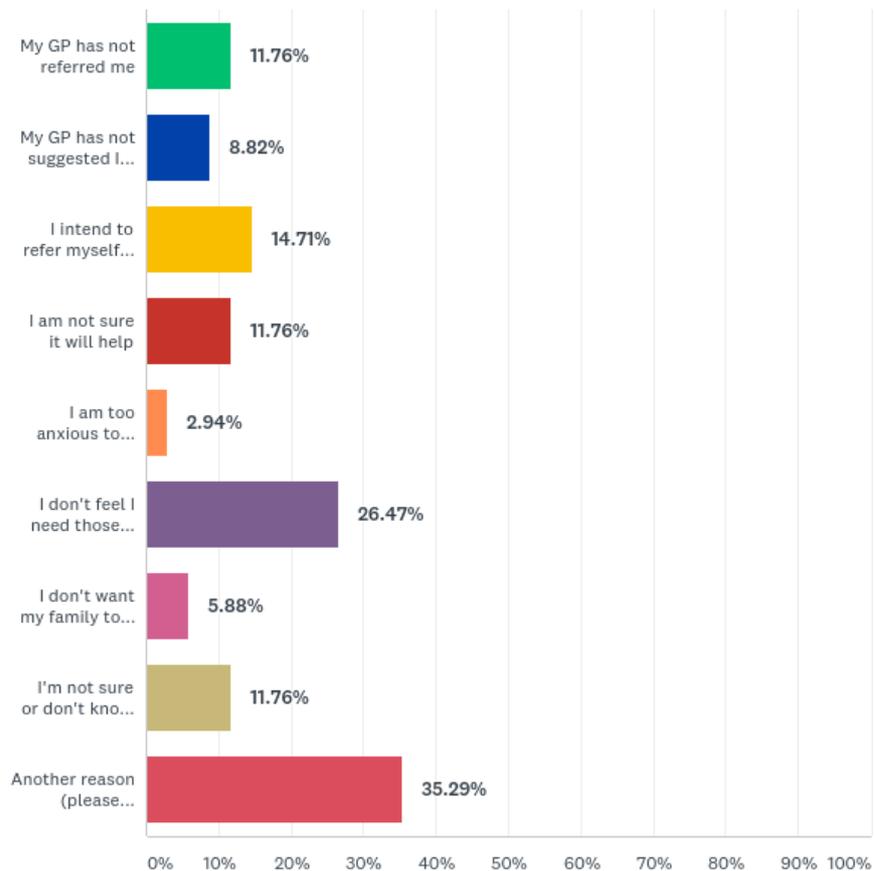
1. To actually get back to me – I’m still waiting

Analysis

- 19 respondents provided an answer to this question, some respondents provided an answer for more than one category, hence the difference in the overall percentages.
- This question had a 22% response rate based on the number of surveys completed.
- There were:
 - 5 responses (26.31%) answered - How would you improve group sessions
 - 14 responses (73.68%) answered - How would you improve one-to-one sessions in person
 - 5 responses (26.31%) answered - How would you improve one-to-one sessions on the phone
 - 1 person (5.26%) responded to - How would you improve – online sessions

The comments indicate that individuals have specific needs. However based on the comments, the service could be improved if staff demonstrated a more proactive and interested approach to patients and share best practice.

Q12. What are the reasons why you have never used the services at Let’s Talk Wellbeing? Please choose all that apply to you.



ANSWER CHOICES	RESPONSES	
My GP has not referred me	11.76%	4
My GP has not suggested I refer myself directly	8.82%	3
I intend to refer myself in future	14.71%	5
I am not sure it will help	11.76%	4
I am too anxious to contact them myself	2.94%	1
I don't feel I need those services	26.47%	9
I don't want my family to think I can't cope	5.88%	2
I'm not sure or don't know why	11.76%	4
Another reason (please specify)	35.29%	12
Total Respondents: 34		

Analysis

- 34 respondents provided an answer to this question.
- This question had a 40% response rate based on the number of surveys completed.
- Of responses received for this question, the majority of responses suggest that people are, either, not receiving correct information about the service, being referred / signposted to the service effectively or understanding what the LTWB service is for.
- All respondents were asked Q12 onwards (Q3 – Q11 were only for respondents that had used the LTWB service before).

Some of the additional reasoning for not using the service is as follows:

“Staff are usually judgmental. Don’t get treated as an individual.”

“Loughborough hospital mental health service told me I can’t use it”

“I did not know it existed until I saw a tweet about this survey.”

“I was referred but at that stage the waiting lists were very long and I accessed support from elsewhere”

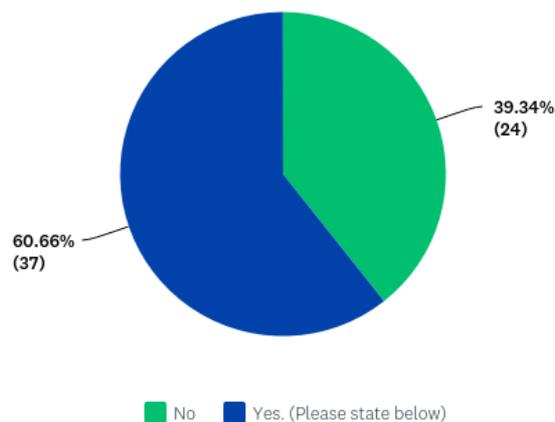
“I am a long term carer; the people I care for are unwell. The provision for mental health in Leicestershire is inadequate, inconsistent and poor, which is shocking when I consider Leicestershire better than other parts of the country.”

“I was put off by the DWP employment form that had to be completed. It’s no business of theirs. This isn’t required for other health services!”

“My GP gave me a printout suggesting relaxation methods, which was very useful.”

“I’ve never heard of the service” (reported multiple times)

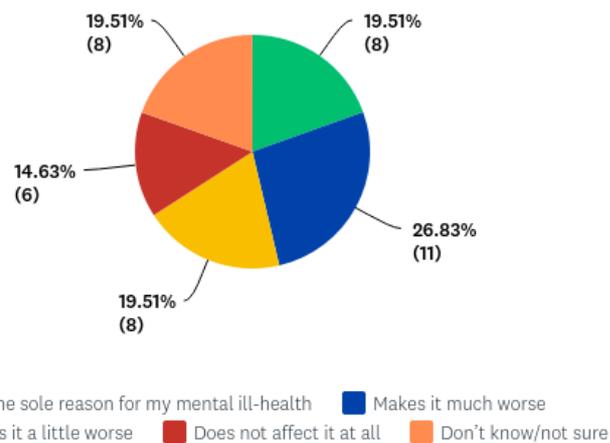
Q13. Do you have any long-term conditions or illnesses?



Analysis

- 61 respondents provided an answer to this question.
- This question had a 71.76% response rate based on the number of surveys completed.
- Of responses received for this question 60.66% – 37 people have long-term conditions.
- 24 respondents 39.34%, do not identify as having any long-term conditions

Q14. If you have stated a long-term condition or illness, how would you say this affects your mental health?



Analysis

- 41 respondents provided an answer to this question.
- This question had a 48.23% response rate based on the number of surveys completed.
- Of responses received for this question, 19.51% (8 people) said their long-term condition is the sole reason for their mental ill health.
- 14 respondents 34.14% reported that their long-term condition either didn't affect their mental health or they are unsure if it impacts their mental health.

Q15. Please tell us below of any considerations that you think we need to make, to make sure our service is appropriate and accessible for everyone.

This open question was devised to encourage respondents to share their thoughts on what could be considered to make the service more relevant and accessible for everyone across Leicester, Leicestershire and Rutland.

The qualitative data gathered from the responses to this question will highlight how currently the service is perceived by those who haven't used it and how the service could be improved by those that have / do use it.

Analysis

- 25 respondents provided an answer to this question.
- This question had a 29.41% response rate based on the number of surveys completed.
- Of responses received for this question the majority said they felt that the service:
 - Isn't inclusive enough.
 - There could be better accessibility (better opening times in the evenings and at weekends).
 - Better promotion of the service.

Some of the comments made about the service are as follows:

“Offer appointments more locally and have availability in the evenings for those who work”

“Choice of gender of therapist”

“Accessibility is always a concern. If, for example you are suicidal, being told there is a six week waiting list it is not helpful”

“Waiting times need to be much shorter”

“Multiple conditions shouldn’t disqualify you from treatment”

“Make the initial assessment call within 7 days”

“The group sessions were very general like one model fits all”

“Publicise it. People won’t access services they don’t know exist.”

Demographics

Detailed information relating to the demographics of respondents can be viewed in **Appendix A**.

A summary of respondents’ demographics shows:

- The majority of respondents were female.
- Of those who responded, 4 had undergone gender reassignment since birth.
- Those who accessed the service were aged between 18 years and 75 years, with some identifying as under 18 and as 75 or older.
- The majority of those who responded were aged between 45 and 64 years.
- The majority of those who responded came from a White British background (75.44% or 43 people).
- Other service users came from a Caribbean, Indian, Polish and mixed/dual backgrounds. The majority of these responses were collated during face-to-face discussions.
- Of those who responded there was an even spread of people living across Leicester, Leicestershire and Rutland.

Issues for consideration

Potential areas for improvement

This analysis report provides useful insight into the experiences and perception of people that have and have not used the Let’s Talk Wellbeing (LTWB) service.

The feedback raised through this survey report demonstrates that although the current LTWB service is used by people across Leicester, Leicestershire and Rutland it is evident that there are a number of issues that can be considered to improve access and delivery before any future plans are made about the service. These issues range between raising awareness of the service, having better access times, a broader range of therapists and availability, amongst others.

It is significant to note that at the time of producing this report, only 40.25% of respondents had used the LTWB service in the last 12 months. Whereas 59.76% (49 people) had either never heard of or used the LTWB service, which is a sizeable proportion of the survey respondents.

Issue / Themes emerging from engagement with seldom heard groups

The survey was also supplemented with face to face engagement, concentrating on seldom heard groups, to ensure that patient voices and experiences were captured when considering the service redesign. Face to face engagement allowed for more in depth qualitative collection of data from groups and people that would not ordinarily complete the survey. The face to face engagement offered a wide range of areas for consideration.

When conducting face to face engagement, a significant number of people were unaware of the service. However, they felt that had they known it existed, they would have used the service.

Further comments and recommendations gained from face-to-face engagement were around the complexity of the website. It was felt that the website should be simplified and methods of accessing the service better promoted. People advised that a long wait for first treatment could be detrimental to mental health. It is felt that referrals are made at the point of need and therefore having to wait a considerable number of weeks was not helpful and could exasperate the situation. It was suggested that GPs or LTWB signpost to interim services as it is important to help patients as soon as they need it. The need for this was particularly magnified when we met with a local organisation that supports those affected by male sexual abuse, who gave examples of cases where people were referred too late and would then withdraw from seeking all forms of support.

A high proportion of people expressed a need for an extended service. It was felt that once the allotted number of sessions were complete patients were left to their own accord and often felt forgotten or lost.

A number of people raised a concern with an over reliance on digital therapies and exercises. Service users also highlighted the assumption that all patients are computer literate or have access to a computer. However, they felt that the workbooks and exercises provided to service users were very valuable as well as the idea of booklets and homework.

Engagement with BME communities noted that written publications should be translated into a number of languages – it should be noted that whilst people may speak English, they may be unable to read or write in English. It was further noted that people may feel they cannot

use the service due to language barriers. Advertising the availability of interpreters was suggested.

Another BME group felt that the service did not meet their cultural expectations and many would not use the service again. Cultural sensitivity and a multilingual team was something the community felt was imperative. Patients felt it was difficult to create a connection with a counsellor when using an interpreter.

When engaging with the Somali community, all patients present had not heard of the service and many did not know what depression was. The group advised that the community can be very isolated which can lead to mental health issues. It also meant that health messages and services were not communicated to the community effectively. It was felt that communication and education was key for their community.

When engaging with the homeless community it was felt that there were a number of barriers to accessing the LTWB service – it was felt that mental health services should be taken out into the community where the homeless are and to organisations that they trust. Further, it was noted that long waits to the service meant that many service users were lost due to the chaotic nature of their lifestyles.

Summary of engagement

- Of the 85 completed surveys approximately 35 respondents had actually used the LTWB service; the other 50 respondents had never used or heard of the service.
- Feedback shows that people are currently mainly finding out about the LTWB service from their GP or via information that has been found at their GP practice.
- The majority of people commented that there was little flexibility/information around who they saw (male/female therapist), how long they were expected to wait (between referral and initial assessment) and with regards to even knowing that the service exists.
- Most patients commented that their initial assessment was either very good or good.
- Most of the initial assessments were conducted over the telephone. Due to incomplete data being provided we are unable to breakdown which respondents were in the City or County that received the face-to-face assessments and therefore are unable to compare if the City, County or both services are offering telephone assessments.
- The waiting time on average was between 5 and 8 weeks, with some individuals waiting longer than 8 weeks in between their initial assessment and first treatment session.
- The survey didn't reach as many patients as anticipated as the service provider; (Nottinghamshire Healthcare Foundation Trust) didn't think it was appropriate to ask

patients to complete the questionnaire following a treatment session. They instead put a link to the survey on their website which may have limited participation.

Recommendations / key considerations for the CCGs

The recommendations and considerations for the CCGs, highlighted in this report are based on the findings from the patient and public survey and the face-to-face engagement activity as follows:

Survey based recommendations / considerations

- The CCGs have an opportunity to review waiting times at all points of access to ensure that patients are seen within a reasonable timescale that isn't detrimental to their mental health. The CCGs could set clear KPIs with the service provider in relation to how long patients should reasonably have to wait to be assessed and then treated.
- To operate with a clear process so that patients undergoing treatment understand what happens next and what options are open to them.
- The CCGs have an opportunity to explore how patients can be offered more choice:
 - Better availability of assessment and treatment sessions – evening / weekend options for those that work or have childcare / other commitments.
 - A variety of treatment settings – face-to-face, one-to-one and group sessions
 - Choice of therapist – male or female, even choice of faith/ethnicity
 - Locations – have a wider variety of locations across LLR for those that rely on public transport and don't have a car. Offering accessible care in the community.
- The CCGs have an opportunity to work with the LTWB service provider to re-evaluate the promotion of the LTWB service, devise clearer, more informative campaigns and communications materials (leaflets, flyers) in more accessible formats (online, easy read, brail) to increase awareness and encourage referrals.
- The skillset and capacity of staff needs to be explored further and matched against the health needs of health needs of individuals and demand for the LTWB service.

Face-to-face based recommendations / considerations (based on activity conducted in Leicester City only)

- The promotion of the service should be tailored to different communities. This can be achieved by working with local community groups to identify the most effective methods.
- Access to interpreters and translations support should be highlighted.
- The provider should work with seldom heard communities to overcome barriers of access. This could be developing ambassadors within local groups and/or holding clinics in local areas.
- The provider should be encouraged to work with local voluntary and community groups and build relationships.

- Consider online support/promotion of online tools available for service users during referral waiting time.

Next steps

The recommendations and key considerations should be taken into account by the CCGs as part of its wider LTWB service review to establish future actions.

After examining the outcome of this engagement analysis report together with the wider service review of the Let’s Talk Wellbeing service, the CCGs may wish to change the current service provision.

Any proposed reconfiguration of the service would require a formal consultation to ensure individuals have an opportunity to input into any proposed changes at a formative stage, thereby having an ability to help shape future decisions relating to the LTWB service. If a consultation is necessary, the CCG will need to ensure that it has given due regard to individuals based on their health care needs.

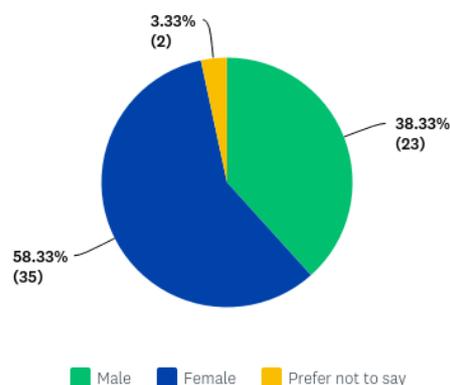
Appendix

Appendix A

Demographics

Gender

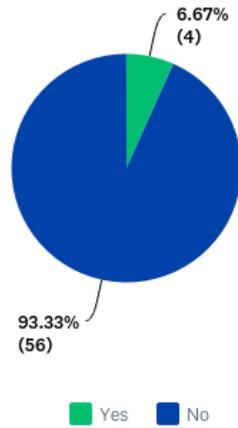
Answered by: 60 respondents Skipped by: 25 respondents



ANSWER CHOICES	RESPONSES	
Male	38.33%	23
Female	58.33%	35
Prefer not to say	3.33%	2
TOTAL		60

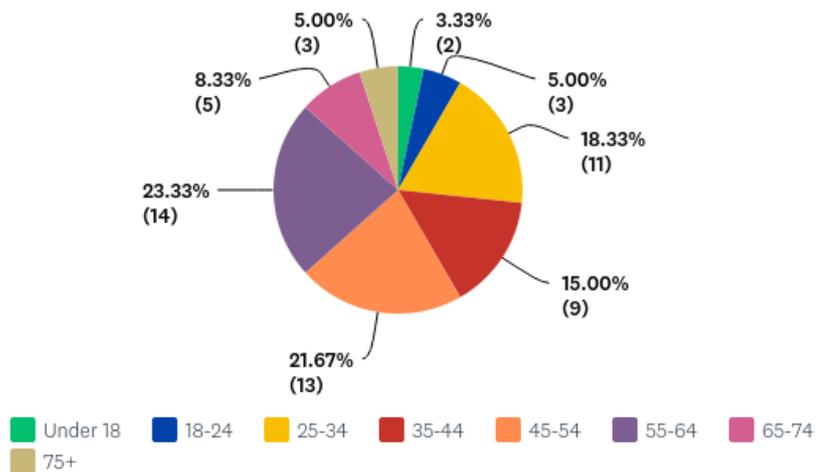
Gender reassignment

Answered by: 60 respondents Skipped by: 25 respondents



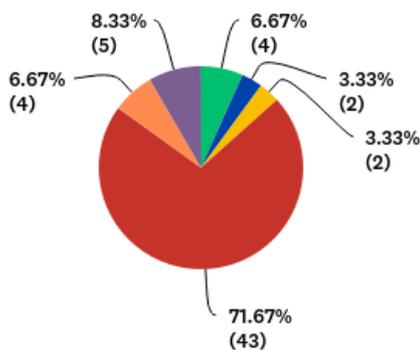
Age

Answered by: 60 respondents Skipped by: 25 respondents



Ethnicity

Answered by: 60 respondents Skipped by: 25 respondents



■ Asian or Asian British
 ■ Black or Black British
 ■ Mixed/dual heritage
■ White or White British
 ■ Prefer not to say
 ■ Other (please specify)

ANSWER CHOICES	RESPONSES	
Asian or Asian British	6.67%	4
Black or Black British	3.33%	2
Mixed/dual heritage	3.33%	2
White or White British	71.67%	43
Prefer not to say	6.67%	4
Other (please specify)	8.33%	5
TOTAL		60

Postal codes

Answered by: 57respondents Skipped by: 28 respondents

Post code	Area	How Many
LE4	Leicester City/West	2
LE18	Wigston (East)	
LE15	Oakham (East)	4
LE4 8LQ	Leicester City/West	
LE15 6ED	Oakham (East)	
LE7 9PR	Leicester City	
LE4 2GX	Leicester City/West	
LE9 6QF	West Leicester	
LE2 8UN	South Leicester (East)	
LE2 2AD	South Leicester (East)	
LE3 3SA	East Leicestershire	
LE2 6JN	South Leicester (East)	
LE1 1AJ	Leicester City	
LE5 0PB	North Leicester (West)	
LE2	South Leicester (East)	3
LE2 7HJ	South Leicester (East)	
LE2 7HG	South Leicester (East)	
LE16	Market Harborough (East)	
LE3 6PX	East Leicestershire	
LE4 6SA	Leicester City	
LE11 3UN	Loughborough (West)	

LE6	North Leicester (West)	
LE4	Leicester City	
LE15 6DG	Oakham (East)	
LE15 7SE	Oakham (East)	
PE9 2YL	Rutland (East)	
LE19 4PZ	East Leicestershire	
LE2 4LE	South Leicester (East)	
LE2 3FA	South Leicester (East)	
LE2 6EL	South Leicester (East)	
LE15 6FW	Oakham (East)	
LE3 6RE	East Leicestershire	
LE13	Melton (East)	
LE7 9TS	Leicester City	
LE11 3PY	Loughborough	
LE12 8DU	Loughborough	
LE2 5HQ	East Leicestershire	
LE3 0JW	East Leicestershire	
LE3 9DD	East Leicestershire	
LE7 2FB	North Leicester (West)	
LE2 5PS	East Leicestershire	
LE3 1NR	East Leicestershire	
LE2 6HF	East Leicestershire	
LE3 1LE	East Leicestershire	
LE3 0TL	East Leicestershire	
LE12 7YH	Loughborough	
LE3 6SQ	East Leicestershire	

If you would like to be involved further in service improvement, please enter your name and email address so we can contact you.

Answered: 20 Skipped: 65

This question was completed by 20 people, 16 of which provided email addresses and 20 provided their name or part of their name, one respondent has submitted a post code in this section.

Data protection statement

All patient information will be kept strictly confidential and in accordance with the Data Protection Act 2018 and associated protocols.

