

Tomorrow's NUH: Targeted Engagement Report

April 2023

**NHS Nottingham and
Nottinghamshire Integrated Care
Board**

Table of Contents

1	Executive summary.....	2
1.1	Introduction.....	2
1.2	Key findings.....	2
1.3	Next steps.....	3
2	Conclusions and recommendations.....	4
3	Introduction.....	6
4	Context for involving people and communities.....	6
4.1	Our statutory duties around public involvement.....	6
4.2	Phase 1 pre-consultation engagement.....	7
4.3	Phase 2 pre-consultation engagement.....	7
5	Targeted engagement.....	8
5.1	Context.....	8
5.2	Aims and objectives.....	8
5.3	Principles.....	9
5.4	Assurance.....	9
6	Methods.....	9
6.1	Meetings and events.....	10
6.2	Survey.....	10
6.3	Media.....	10
6.4	Communications.....	10
6.5	Data analysis and reporting.....	10
7	Survey demographics.....	11
8	Findings.....	12
8.1	Ropewalk House.....	12
8.1.1	Services accessed.....	12
8.1.2	Accessing Ropewalk House.....	12
8.1.3	Proposed relocation of services.....	14
8.2	The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.....	17
8.2.1	Support for proposed relocation of services.....	18
8.2.2	Preferred location to access services.....	19
8.3	Women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and gynaecology).....	22
9	Appendices.....	25

1 Executive summary

1.1 Introduction

Nottingham and Nottinghamshire Integrated Care System (ICS) has a number of ambitious plans for service and system change, to improve the health and wellbeing of our local people through the provision of high-quality health care, delivered in a sustainable way.

Thanks to the investment available through the Government's New Hospital Programme (NHP), we have a once-in-a-lifetime opportunity to update and improve the hospitals run by Nottingham University Hospitals NHS Trust (NUH). We are calling these plans Tomorrow's NUH.

Following two phases of pre-consultation engagement (November – December 2020 and March – April 2022), the proposed new model of care has continued to be developed. Following this work three topics have been identified, which would benefit from further targeted engagement with citizens and communities, in order to strengthen our understanding or address gaps in our knowledge. These are:

1. Services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants).
2. The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.
3. The proposed facility for women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology).

In total, just under 1,250 individuals were reached by completing an online survey, attending engagement meetings or events in the community, or engaging with the promotion of the engagement on social media. Engagement took place during February and March 2023. This builds on the 650 responses in total from the first phase of pre-consultation engagement and the 1,948 responses from the second phase of pre-consultation engagement, meaning almost 3,850 people have so far had input into the Tomorrow's NUH plans.

1.2 Key findings

Services at Ropewalk House

- 46% told us that travelling to Ropewalk House was extremely/somewhat easy and 35% found it extremely/somewhat difficult.
 - Respondents living in Nottinghamshire found travelling to Ropewalk House more difficult, compared to Nottingham City residents.
 - Respondents aged 65 and over told us that they found travelling to Ropewalk House more difficult compared to those aged 65 and under.
- Some stated that parking can at times be an issue, in terms of finding a space to park and cost. The disabled parking spaces directly outside Ropewalk House were found to be helpful and, as it is close to the city centre, the additional parking options available were referenced.
- Many using public transport commented on the good transport links, however the steep hill was seen to be a barrier for those with mobility issues, some older people and those with certain health conditions.

- If services were to move from Ropewalk House to another setting:
 - 34% would prefer to be seen at a location closer to where they live as these would be more accessible, would save time spent travelling, and would reduce travel costs.
 - 32% would prefer to be seen at the City Hospital and 18% would prefer to be seen at the Queen's Medical Centre (QMC), due to the available public transport options including the Park and Ride and Medilink bus.

The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital

- 20% strongly/somewhat support the proposed relocation of services.
- If services were to move from City Hospital, the majority would prefer to access these at the QMC rather than King's Mill Hospital. Reasons for this included good public transport links, familiarity with the site and the positive reputation for patient care.

Women's, children and family services

- There was no consensus on the naming of this facility:
 - Views on including 'women and children' in the name of the new facility were mixed. Some comments stated the preference for women and children and others felt that it was not necessary to separate the two as the term 'family' would cover both. However, there was also an awareness that men attending the facility might not relate to a service for women and children.
 - The word 'family' within the name of the new facility was stated as inclusive by some, whilst others found it too broad, saying that if the service was for 'women and children' that should be in the name of the service.
 - Some respondents preferred the use of that 'centre' over 'hospital' as it felt better suited to a holistic, preventative care environment. In contrast, some comments suggested the word 'centre' was more suited to a community-based service.
 - There was a view that the facility should be named after a person or a neutral non-medical term, rather than a description of the service it provides or the population it serves.

1.3 Next steps

The feedback from this engagement will be used by Nottingham and Nottinghamshire ICB, alongside clinical and financial considerations, to develop a final set of options for changes to hospital facilities and services, which will be put forward to the citizens of Nottingham and Nottinghamshire in a formal public consultation.

2 Conclusions and recommendations

Ropewalk House

Conclusion 1: Travel to Ropewalk House was described as positively by many respondents who live in Nottingham City, due to the facility's city location, and the fact it is well-served by public transport. However, we received a limited number of responses received from those who live in the county.

Recommendation 1: To use the public consultation to further explore if there are any variances in ease of travel for those living in different areas of Nottingham and Nottinghamshire.

Conclusion 2: There were individuals who found the location of Ropewalk House difficult to access because it is situated on a steep hill. In addition, even those individuals who thought Ropewalk House was somewhat or easy to access, thought the hill would be a challenge for those with mobility issues.

Conclusion 3: There was no consensus on where people would prefer to go if services were not delivered at Ropewalk House. Those who preferred a hospital setting highlighted the importance of good transport links. Alternatively, those individuals who would prefer to access appointments in a community setting close to home said this would save time and reduce travel costs.

Recommendation 2: Consider the travel impact and parking facilities when further developing the proposals.

The experiences of residents of Basford, Bestwood and Sherwood

Conclusion 4: It is unsurprising that residents living in Basford, Bestwood and Sherwood were less supportive of proposals that would move services further away from them (20% strongly/somewhat support the proposed relocation of some services currently located at City Hospital). These views must be considered in the context of what we heard through our second phase of pre-consultation engagement, where there was broad support for similar services to be co-located, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensure continuity of care (78% strongly/somewhat supported the overall proposals).

Conclusion 5: If services were to be relocated from City Hospital to the QMC or King's Mill Hospital, then individuals expressed that they would prefer to go to the site that is most familiar to them. Those who would prefer to go to the QMC also referenced the various public transport links. Those individuals who would choose to go to King's Mill Hospital, said it was easier to access by car.

Recommendation 3: Consider the travel impact and parking facilities when further developing the proposals.

Naming of the new facility for women, children and families

Conclusion 6: The opinions on the name of the new facility are polarised. The use of 'Women' is not popular because it is not inclusive or reflective of the modern family unit.

Those who prefer to call the new facility 'Women and Children's' did not like the use of the word 'Family' and vice versa. There were also mixed views on whether the new facility should be referred to as a 'Centre' or 'Hospital'. We will never achieve full agreement to the name of this service from all residents so we need to find a compromise which has sufficient consent rather than full agreement. The balance of feedback means that we can identify a suitable name for final consultation.

Recommendation 4: The proposed name of the new facility for women, children and families is the Family Care Hospital, and we will ask citizens to consider and comment on this as part of the public consultation.

3 Introduction

The NHS in Nottingham and Nottinghamshire has an ambition to improve our local health and care services, so that people live longer, healthier, and happier lives. We want to provide the best services we can to meet the needs of our diverse communities, ensuring that services can be accessed by all of our patients, when they need them.

Our population across Nottingham and Nottinghamshire is living longer but with more health and care needs. As new treatments and technologies, unheard of five or ten years ago, are introduced, it is important that our health and care services also change. We now need to look to the future and make sure that:

- Waiting lists for planned care (e.g. operations) are brought down.
- Routine appointments and tests are available when people need them.
- Mental health support is well co-ordinated with physical health care services.
- Staff working in our health and care services are supported to deliver the very best patient care.

Thanks to the investment available through the Government's New Hospital Programme (NHP), we have a once-in-a-lifetime opportunity to update and improve the hospitals run by Nottingham University Hospitals NHS Trust (NUH). We are calling these plans Tomorrow's NUH.

The investment available through NHP is considerable and must be spent on improvements to the NUH estate. As a result, agreeing the best way forward to modernise the Queen's Medical Centre (QMC) and City Hospital is critical to this programme.

4 Context for involving people and communities

This section provides a description of Nottingham and Nottinghamshire Integrated Care Board's (ICB) statutory duties regarding public involvement and describes the pre-consultation engagement work to date.

4.1 Our statutory duties around public involvement

Nottingham and Nottinghamshire ICB have a statutory duty to involve the public in proposals for changes to services, and a statutory duty to consult the Local Authority on any proposals for substantial variation to services:

"The ICB must make arrangements to ensure that individuals to whom the services are being or may be provided, and their carers and representatives (if any), are involved (whether by being consulted or provided with information or in other ways):

(a) in the planning of the commissioning arrangements by the integrated care board

(b) in the development and consideration of proposals by the integrated care board for changes in the commissioning arrangements where the implementation of the proposals would have an impact on

(i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or

(ii) the range of health services available to them, and (c) in decisions of the integrated care board affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The scale of the TNUH programme will inevitably mean substantial changes to services to ensure that they are set up in the best possible way to improve people's health and wellbeing. This means we should expect to conduct a full public consultation before any final decisions are made.

4.2 Phase 1 pre-consultation engagement

In November 2020, a programme of patient and public engagement commenced, to inform the development of the TNUH proposals¹². Within this engagement, the outline clinical model was described, which would provide the foundations for improvements to hospital services, centred around enabling the provision of the best possible care, to ensure positive impact on people's health and well-being.

Healthwatch Nottingham and Nottinghamshire (HWNN) and North of England Commissioning Support Unit (NECSU) were commissioned to support this engagement, which included virtual public events, focus groups and engagement with key patient groups.

At the time of this engagement, proposals were at a formative stage. People were invited to give their feedback on the outline clinical model developed for the programme. Over 650 people shared their views, summarised as follows:

- Most people were supportive of our proposals.
- Access to buildings and services was important to people, in particular parking.
- People wanted to know how services would work together, inside and outside the hospital
- People were concerned about the affordability of the model and whether we would have the right staff in the right places.
- People were supportive of the proposals to split emergency and elective care but concerned about accessibility of centralised emergency care services.
- People were supportive of proposals to co-locate maternity services on one site but concerned about the accessibility of centralised services; reducing location choice for care and birthing services; and potentially longer travel times for some people.

4.3 Phase 2 pre-consultation engagement

In March 2022, a second phase of pre-consultation engagement commenced to test a more detailed iteration of the proposed clinical model, seeking the views of the public about what future hospital services and facilities could look like³.

Just under 2,000 individuals shared their views, summarised as follows:

- 78% strongly/somewhat support the overall proposals.
- 39% felt the proposals would have a positive impact, 27% felt there would be a negative impact and 34% felt there would be no impact.
- 72% strongly/somewhat support the proposals for emergency care.

¹ [Tomorrows-NUH-Public-engagement-report-002.pdf \(icb.nhs.uk\)](#)

² [Healthwatch-enagement-report-January-2021-002.pdf \(icb.nhs.uk\)](#)

³ [Tomorrow's NUH \(icb.nhs.uk\)](#)

- 64% strongly/somewhat support the proposals for family care.
- 80% strongly/somewhat support the proposals for elective care.
- 75% strongly/somewhat supported the proposals for cancer care.
- 69% strongly/somewhat supported the proposals for outpatient care.
- The majority felt that it would be beneficial to have similar services in one location, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care.
- There were positive comments around an increase in confidence that the care needed would be available sooner, with specialised services in one place. Positive comments were also received about the major benefits to maternity and neonatal services being on one site. Some concerns were raised about the potential negative impact on patient choice and the co-location of specific services.
- Positive comments were received from respondents that they would be willing to travel to other sites to receive the right care, first time and in the right setting. The negative impact on patients regarding public transport issues, car parking and travel times was also raised and identified as a key theme throughout this phase of engagement.
- There were also concerns raised around how the proposals would impact staff: with specific reference to training, skills and retention to meet the capacity and demands of patients.
- There were positive and negative comments around the use of remote consultations and virtual appointments. The negative comments related to equity of access and digital exclusion, and the potential negative impact this could have on some groups and communities. Positive comments related to faster access in a setting appropriate to the patient, alleviating travel times and costs.

5 Targeted engagement

This section sets out the rationale for undertaking this targeted engagement, the aims and objectives, principles for engagement and details on how the work was assured.

5.1 Context

Following the second phase of pre-consultation engagement, the clinical model of care has continued to develop and there are three topics where we would benefit from further engagement with citizens and communities, to strengthen our understanding or address gaps in our knowledge. These topics are:

4. Services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants).
5. The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.
6. The proposed facility for women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology).

5.2 Aims and objectives

The overarching aim of this targeted engagement was to speak and listen to citizens and hear their views on three topics. This can be broken down into the following objectives:

- To test specific elements of the latest iteration of the proposed clinical model, seeking the views of the public about what future hospital services and facilities could look like, in particular to understand:
 - What this would mean for patients accessing services at Ropewalk House.
 - The travel impact of moving services from City Hospital to QMC on residents living in Basford, Bestwood and Sherwood.
 - What the proposed facility for women's, children and family services should be called.
- To engage with groups and communities across Nottingham and Nottinghamshire, strengthening existing relationships and developing new ones;
- To support the delivery of a successful public consultation in the future.

5.3 Principles

All engagement activity was undertaken in line with our statutory duties and with The Gunning Principles⁴, which are:

- That engagement and consultation must be a time when proposals are still at a formative stage.
- That the proposer must give enough reasons for any proposal to permit intelligent consideration and response.
- That adequate time is given for consideration and response.
- That the product of engagement and consultation is conscientiously taken into account when finalising the decision.

5.4 Assurance

A Programme and Partnership Board has been established which has the overview of all the potential impacts on other providers, as well as neighbouring ICBs, whose patients may access some services delivered at NUH. This group oversees the work around understanding and managing the impact of the proposals across the system.

The Communications and Engagement Subgroup, made up of Communication and Engagement leads from Nottingham and Nottinghamshire ICB, NUH and neighbouring systems (aligned to the TNUH Programme and Partnership Board membership) have provided communications and engagement advice and support.

A Stakeholder Reference Group, chaired by Healthwatch Nottingham and Nottinghamshire, has supported and steered our public engagement work. The group is comprised of patient representatives and colleagues from voluntary and community sector organisations.

A comprehensive communications and engagement plan was populated to reference all planned activities throughout this targeted engagement.

6 Methods

A range of different methods were used to engage with patients and the public during February and March 2023, to understand their views on these specific areas. In total, 1,245 individuals were reached, either completing an online survey, attending engagement

⁴ [The Gunning Principles.pdf \(local.gov.uk\)](#)

meetings or events in the community, or engaging with the promotion of the engagement on social media. An overview of this activity can be found in Appendix 1.

6.1 Meetings and events

Key groups and communities were identified through an extensive stakeholder mapping database undertaken by the ICB Engagement team. An invitation was sent to these stakeholders, offering a member of the Programme Team to attend community/groups meetings, provide presentations and obtain feedback. In addition, the Programme Team attended public events that were already arranged to specifically speak to citizens about Tomorrow's NUH.

In total, 23 meetings and events (9 in person and 14 virtual) were attended where we engaged directly with stakeholders about the three topics and gathered feedback. Through this activity, we heard from 485 individuals.

6.2 Survey

Members of the public, staff and stakeholders were invited to complete an online survey about the proposals (see Appendix 2). The survey was circulated electronically to individuals and groups whose details were held on our stakeholder database.

Paper surveys were also available on request. There were no requests for other languages or formats.

The survey comprised a number of questions, where responses could be made via rating scales or through free text. In total, 264 individuals responded, with 222 completing the survey online and 42 sharing their feedback on a paper version (12 individuals were supported to fill in the paper survey through a conversation, and 30 self-completed).

6.3 Media

Social media was also employed to support the engagement, with the ICB Facebook platform being used to promote this engagement activity. Through Facebook advertising, targeted at the more deprived areas within our geography, we were able to reach 21,204 people, of which, 384 engaged with the post by clicking on the link.

6.4 Communications

Internal communications were used to underpin the key messaging for the engagement and to encourage ICB staff to take part in the survey. Information was disseminated through the organisational staff briefing.

6.5 Data analysis and reporting

All written notes taken during the events and meetings, and qualitative responses from the survey were thematically analysed. Quantitative data was analysed to produce descriptive statistics. The findings for each of the three topics are based on these analyses.

7 Survey demographics

In total, 264 people responded to the survey and 247 provided responses to all of the demographic questions presented. The demographic information for this cohort is summarised below, with a full breakdown available in Appendix 3.

Most responded to the survey as a member of public who had accessed the services highlighted in the survey (61%).

The largest proportion of respondents were from Nottingham City, Gedling, Broxtowe and Ashfield. A small number of responses were received from residents in bordering areas, such as Derbyshire and Lincolnshire.

More than three quarters of the respondents were women (including trans women: 77.2%) whilst 15.4% were men (including trans men), 1.5% would prefer to self-identify and 0.4% identified as non-binary. Nearly all respondents indicated that their gender matched their sex registered at birth (96.2%). For the majority, the age of respondents varied between 35 – 64 years (64%).

The majority were White (British, Irish, European, or other) (85%) and heterosexual/straight (83%).

83 people indicated that they had a disability (34%). 57 indicated that they had caring responsibilities (23%). 106 stated that they did not have a religion or were Christian (43%).

8 Findings

This section presents the analysis from the responses received as part of the engagement activity, including the survey and engagement events. The statistics presented specifically relate to the survey data. The themes have been developed from qualitative data collected through all methods of engagement.

8.1 Ropewalk House

The services delivered currently from Ropewalk House are Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants. In this section of the survey people were asked to provide feedback on whether they have used the four services at Ropewalk House, how easy they find travelling there and, if the services were to relocate, where they would prefer them to be.

8.1.1 Services accessed

In total, 115 people provided a response on the services they have used in the past or might use in the future. Audiological and breast screening services were the most frequented services accounting for 61% and 24% respectively (see Table 1).

Table 1. Services have used/would use at Ropewalk House (n = 123. *Note respondents could provide more than one answer)

Services accessed	Use of service*	%
Cochlear (inner ear) implants	3	2.4%
Breast screening	30	24.2%
Diabetic eye screening	15	12.1%
Audiology	76	61.3%

8.1.2 Accessing Ropewalk House

113 people provided feedback to the question on how easy it is to travel to Ropewalk House. Figure 1 shows that 46% (n = 52) told us travel to Ropewalk House was extremely or somewhat easy, 35% (n = 40) felt it was extremely or somewhat difficult and 19% (n = 20) felt it was neither easy nor difficult.

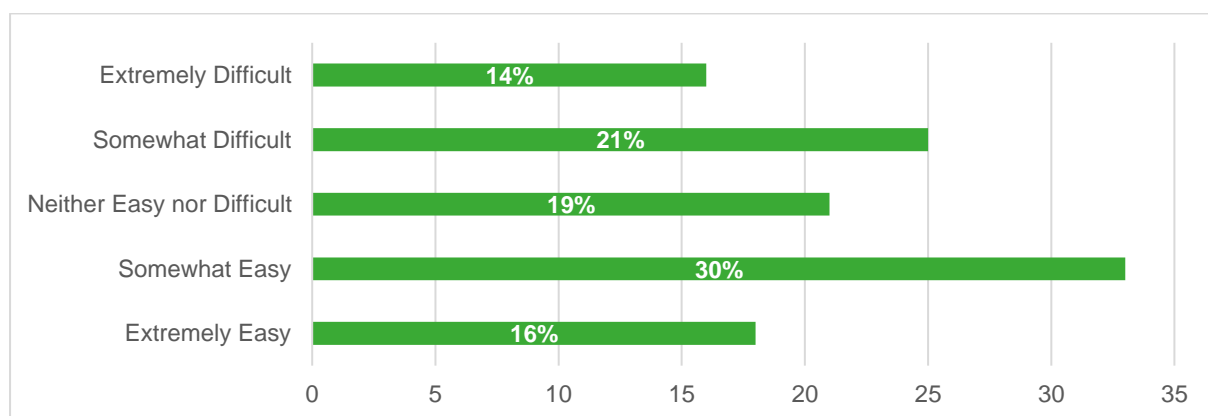


Figure 1. Ease of travel to Ropewalk House (n=113)

Figure 2 shows the responses broken down by Local Authority district in Nottingham and Nottinghamshire. Respondents living in Ashfield, Gedling, and Newark and Sherwood found travelling to Ropewalk more difficult with 45% (n = 8) in Ashfield, 50% (n = 2) in Newark and

Sherwood, and 48% (n = 2) in Gedling finding it extremely or somewhat difficult. It is worth noting the few responses given by those living in Mansfield, and Newark and Sherwood.

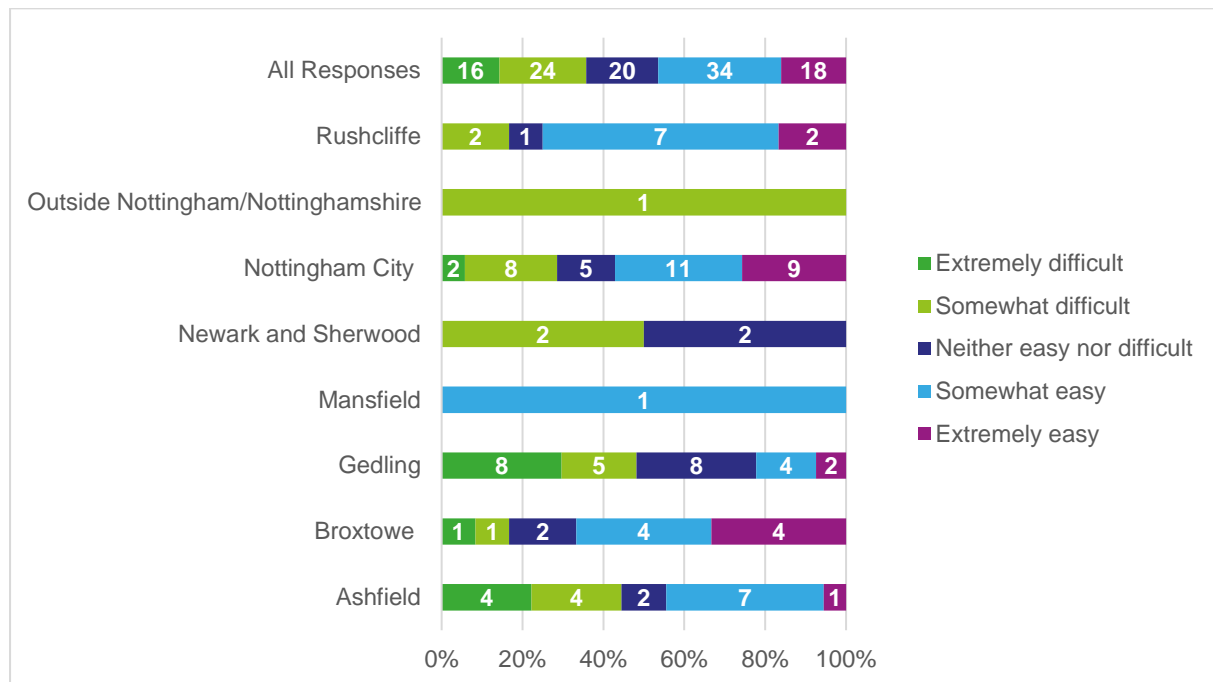


Figure 2. Ease of travel to Ropewalk House from district (n = 113)

In comparison, 17% of people travelling from Broxtowe (n = 8) and Rushcliffe (n = 9) and 29% (n = 20) in Nottingham City found it extremely or somewhat difficult to travel to Ropewalk House.

There were no significant differences in ease of travel to Ropewalk House between BAME (black and minority ethnic) and non-BAME communities.

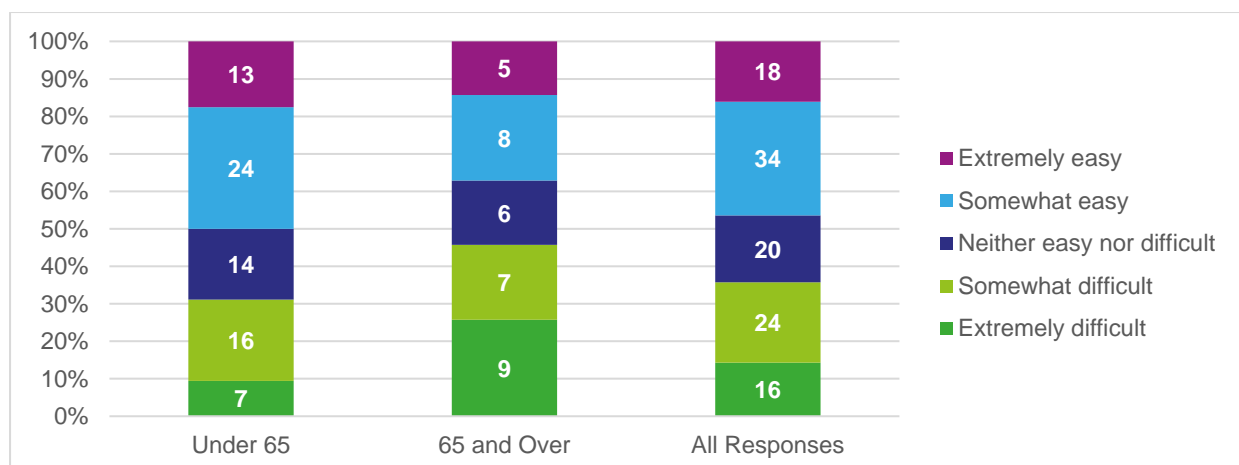


Figure 3. Ease of travel to Ropewalk House by age (n = 113)

Respondents aged 65 and over told us that they find travelling to Ropewalk House more difficult compared to those aged 65 and under. Figure 3 shows that 46% (n = 16) of individuals age 65 and over find travelling to Ropewalk House extremely or somewhat difficult compared to 37% (n = 23) of under-65s. 31% (n = 13) of those 65 and over found it

extremely or somewhat easy to travel to Ropewalk House compared to 50% (n = 37) for the under-65s.

Theme 1: Transport and parking

There were a number of comments received around transportation and parking from people accessing Ropewalk House. Some stated that parking can at times be an issue in terms of space to park and cost. The disabled parking spaces directly outside were found to be helpful and, as Ropewalk House is close to the city, the additional parking options available were referenced. Many using public transport commented on the good transport links:

“The area I live in has many public transport options, making travelling into the city centre easy. I can then walk to Ropewalk House easily. There is limited parking outside the building, and parking in the vicinity is overpriced, so someone who is more reliant on private transport will struggle with costs and parking.”

“Good public transport links / multi story car parks nearby. Very close parking is expensive though.”

“I can drive there and find expensive parking immediately outside. I can also park away from the city and use one of the circular bus routes, and then walk for about 10 minutes.”

“Is situated the right side of town for me to drive to easily, parking (including disabled spaces) right outside the entrance.”

Theme 2: Ropewalk location and hill

The steep hill was seen as a barrier for those with mobility issues, some older people and those with certain health conditions:

“Very steep climb for someone like me with bad knees.”

“I have mobility issues so the approach to the building is very difficult for me.”

“I cannot travel on my own (post stroke) and have to rely on other people... when I used to travel there by bus, the approach was very steep - too steep for older people.”

“I am conscious that most of the people who use the audiology service are older, often frail and the hill up to Ropewalk is steep.”

“I am a full time wheelchair user and could not get there without hospital transport.”

8.1.3 Proposed relocation of services

We asked where people would want the services to be if they were no longer delivered at Ropewalk House. 151 responses were received (respondents could select more than one option).

Table 2. Preferred place of treatment if not Ropewalk House (n = 151)

	Closer to where I live	City Hospital	QMC	Not Sure	Not Sure
Number	51	48	27	13	12
Percentage	33.8%	31.8%	17.9%	8.6%	7.9%

Table 2 shows that if services were moved, 34% (n = 51) would prefer to be seen at a location closer to where they live, 32% (n = 48) would prefer to be seen at City Hospital and 18% (n = 27) would prefer to be seen at QMC, 8% (n = 12) selected an 'other' location and 9% (n = 13) weren't sure.

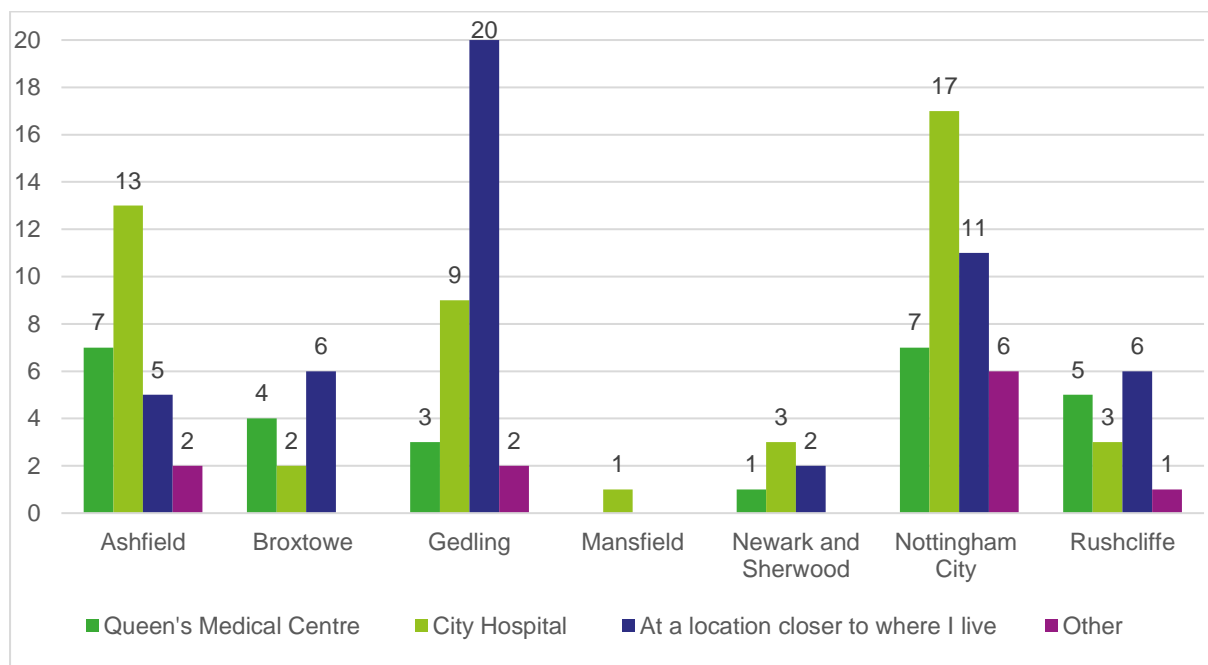


Figure 4. Relocation preference by district (n = 151)

The most popular location for people living in Ashfield, Mansfield and Nottingham City was City Hospital (see Figure 4). For respondents living in Broxtowe and Gedling it was at a 'location closer to where they live'; for Rushcliffe it was QMC or a 'location closer to where they live'; and for Newark and Sherwood it was either the City Hospital or a 'location closer to where they live'.

When the responses were broken down by race, as in the graph below, the most popular location for services to be delivered from other than Ropewalk House for BAME communities was at a 'location closer to where they live', accounting for 46% (noting the small number of BAME respondents) (see Figure 5). For non-BAME communities, however, City Hospital was the most popular choice (37% of the total) with 'location closer to where they live' coming a close second, accounting for 33%.

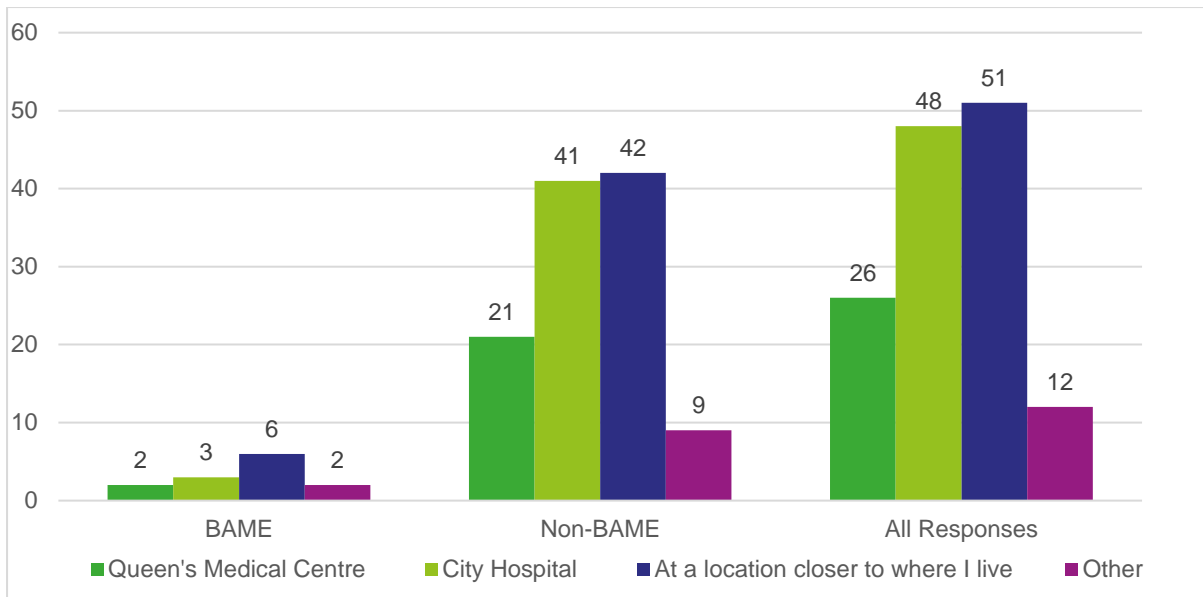


Figure 5. Relocation preference by ethnicity (n=151)

Categorising the survey results into different age groups (see Figure 6) highlights that the most popular choice for the ages 65 and over cohort is at a 'location closer to where they live', accounting for 47% of the total. For those aged under 65 it is City Hospital, accounting for 36% of the total with 'location closer to where they live' being the second most popular choice at 23% of the total.

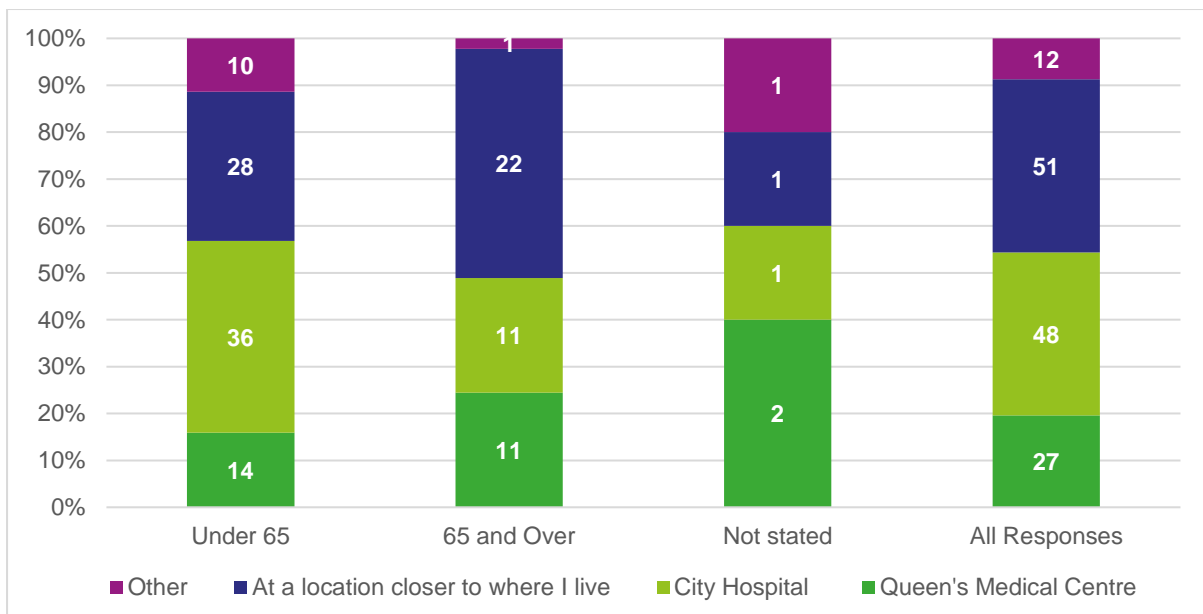


Figure 6. Relocation preference by age (n = 151)

Theme 3: Access to hospital sites

Many respondents opted for the services to be in a hospital setting due to available public transport options and practicality:

"If they must move, it makes sense to have them at an NUH site."

“ENT is at QMC and so would give more scope for co-working, plus is on the tram route.”

City Hospital was the most popular NUH site. One of the main reasons for favouring the City Hospital site was due to accessibility; positive comments remarked that public transport is available, parking is simpler and the site is near to where respondents live, therefore more convenient and easier to access. Comments were also received around the familiarity of the site; respondents having already attended for previous appointments and the good level of care:

“It's closer to where I live, easy to access via car or bus and parking is much easier than Queens.”

“QMC is not patient friendly.”

Those who said they would prefer to be seen at the QMC commented that this was because of the good public transport links, including the Park and Ride and Medilink bus, as well as more parking facilities onsite compared to City hospital:

“Parking at the QMC is easier than at the City Hospital, although the City Hospital is closer to where I live. Public transport to the QMC is also better more convenient and accessible than at the City Hospital.”

“So many bus routes focus on QMC so using public transport is easier and the routes are flat.”

Theme 4: Services in the community

Comments received suggested that people would prefer to access appointments within a community setting that is closer to home. Many respondents commented that services closer to home are more accessible for disabled people, would save time and reduce travel costs. Respondents also noted that smaller buildings are easier to navigate compared to large hospital sites and therefore more straightforward, convenient and less stressful for patients:

“I usually prefer to go to QMC by bus and we're fortunate as we are close to a good bus route. Closer to home would be a good so long as there are decent transport links and it is easily accessible by public transport.”

“The parking is dreadful at the main hospital sites - please don't move it there!”

“You shouldn't have to travel into the city or major hospitals for things like this. These need to be available in the community for the community.”

“For “quick” appointments such as hearing aid maintenance, getting there quickly & be in and out is important. They don't have to be in a medical setting. Consider empty shops or something like the market area in Victoria Centre which has parking and has disabled access.”

8.2 The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.

We wanted to understand the extent to which people living in Basford, Bestwood or Sherwood support the proposal to move some services (e.g. maternity and neonatal, emergency respiratory care and some cancer services) from City Hospital to the QMC. In

total, 80 people provided a response, 25 (31%) lived in Basford; 19 (24%) in Bestwood; and 36 (45%) in Sherwood.

8.2.1 Support for proposed relocation of services

The majority of respondents in all three wards did not support services moving from City Hospital to the QMC. 63% of all respondents in Bestwood; 48% in Basford; and 47% in Sherwood either strongly oppose or somewhat oppose the relocation (see Table 3). In contrast, around a fifth to a quarter of people are in support of the relocation to QMC from the City hospital with 26% of all respondents in Bestwood; 20% Basford residents; and 28% in Sherwood either strongly support or somewhat support the proposals.

Table 3 Support or oppose relocation of services from City Hospital (n = 80)

Ward	Strongly oppose	Somewhat oppose	Neither support nor oppose	Somewhat support	Strongly support
Basford	4 (19%)	8 (40%)	8 (42%)	2 (15%)	3 (43%)
Bestwood	7 (33%)	5 (25%)	2 (11%)	4 (31%)	1 (14%)
Sherwood	10 (48%)	7 (35%)	9 (47%)	7 (54%)	3 (43%)
Total	21 (26%)	20 (25%)	19 (24%)	13 (16%)	7 (9%)

There was no significant difference between those who are in diverse communities and those who are not, as around half of both BAME and non-BAME respondents strongly or somewhat oppose the relocation of services from City Hospital to QMC.

Another of our key populations is older people, where there was more of a difference in opinion; 45% of those under 65 and 91% of people aged 65 and over strongly or somewhat opposed the relocation of services from City Hospital to QMC. Although 30% of under-65s strongly or somewhat support the proposal, no respondents in the over 65 population were supportive (see Figure 7).

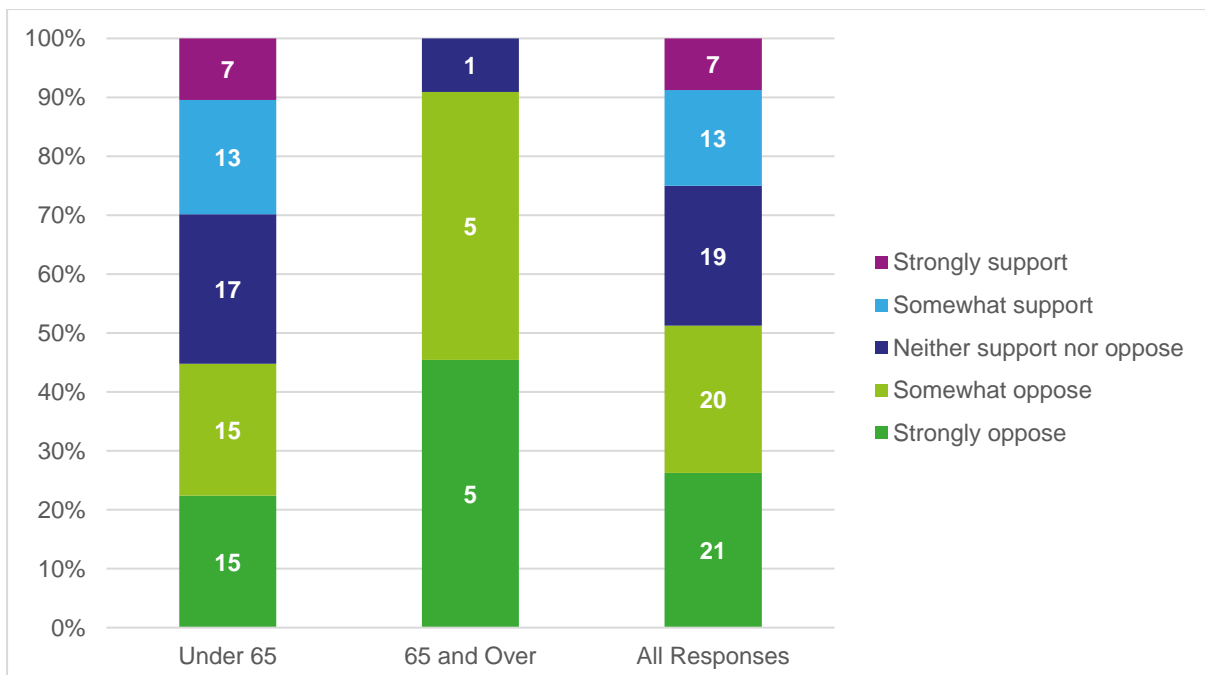


Figure 7. Support or oppose relocation of services from City Hospital by age (n = 80)

8.2.2 Preferred location to access services

We wanted to know where people would prefer to be seen if they were no longer able to access certain services at City Hospital.

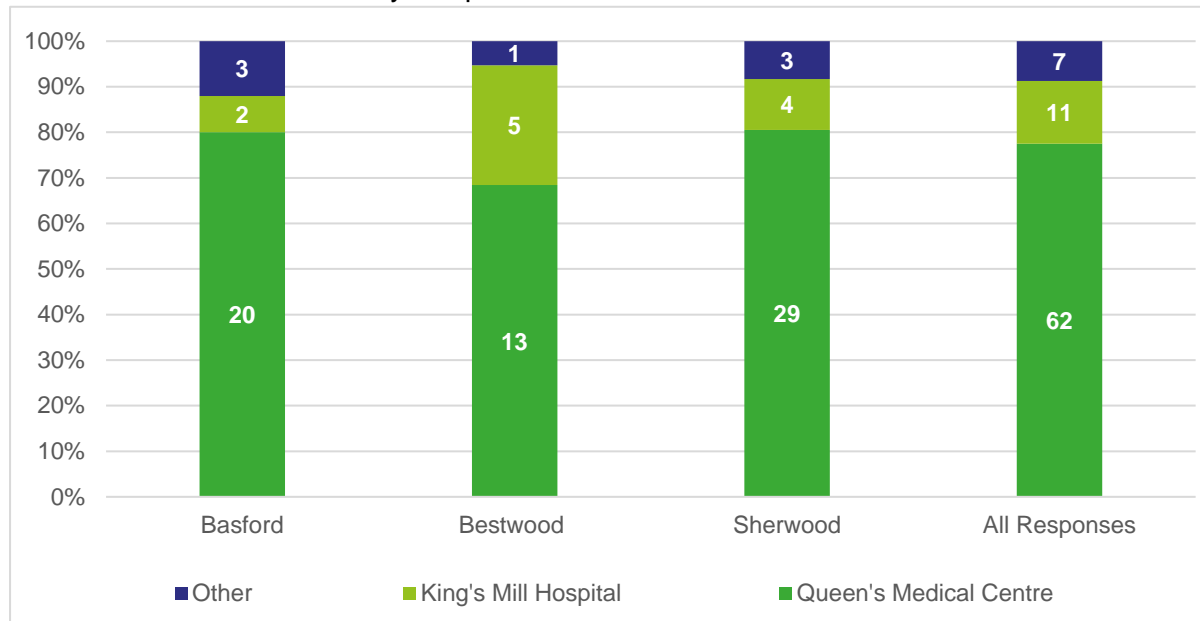


Figure 8. Relocation preference by ward (n = 80)

The majority of people chose QMC as their preferred location - 80% in Basford, 68% in Bestwood and 81% in Sherwood (Figure 8). Only 8% of respondents in the Basford ward would prefer to go to King’s Mill Hospital, this increased slightly in Sherwood to 11%. Bestwood had the highest proportion preferring to go to King’s Mill Hospital out of the three wards, with 26%.

We wanted to know how people would travel to QMC and King’s Mill Hospital if some services were relocated from the City Hospital. Bus would be the most popular mode of transport for accessing services at the QMC (Figure 9) and driving themselves in a car was the most popular for travelling to King’s Mill Hospital (Figure 10). This was universally expressed by respondents regardless of their ward, ethnicity or age.

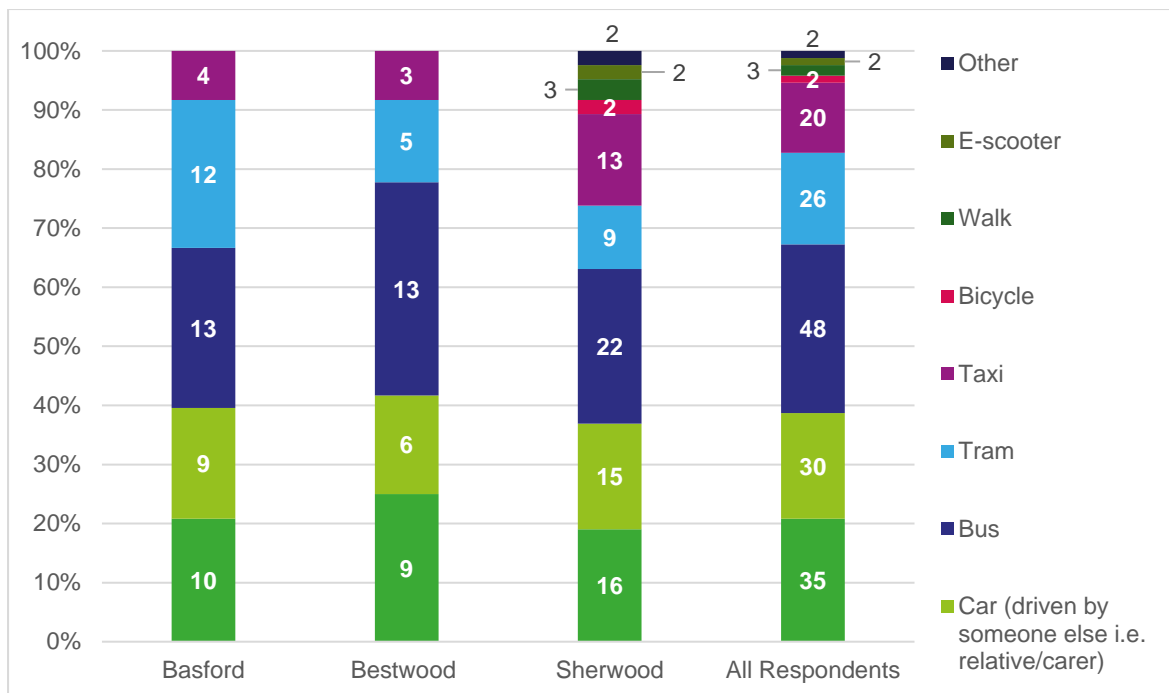


Figure 9. Modes of transport to QMC by ward (n = 80. Note, respondents could select more than one answer)

Respondents from Bestwood and Sherwood who would prefer to access services at QMC said that driving themselves would be the next most favoured option after the bus, but for those living in Basford it would be the tram. There is greater variance in the modes of transport to the QMC (9 modes of transport chosen) compared to King’s Mill Hospital (6 modes of transport chosen).

Driving themselves was the most popular mode of transport for accessing services at King’s Mill Hospital by respondents in Basford, Bestwood and Sherwood wards, followed by someone else driving them and then using the bus.

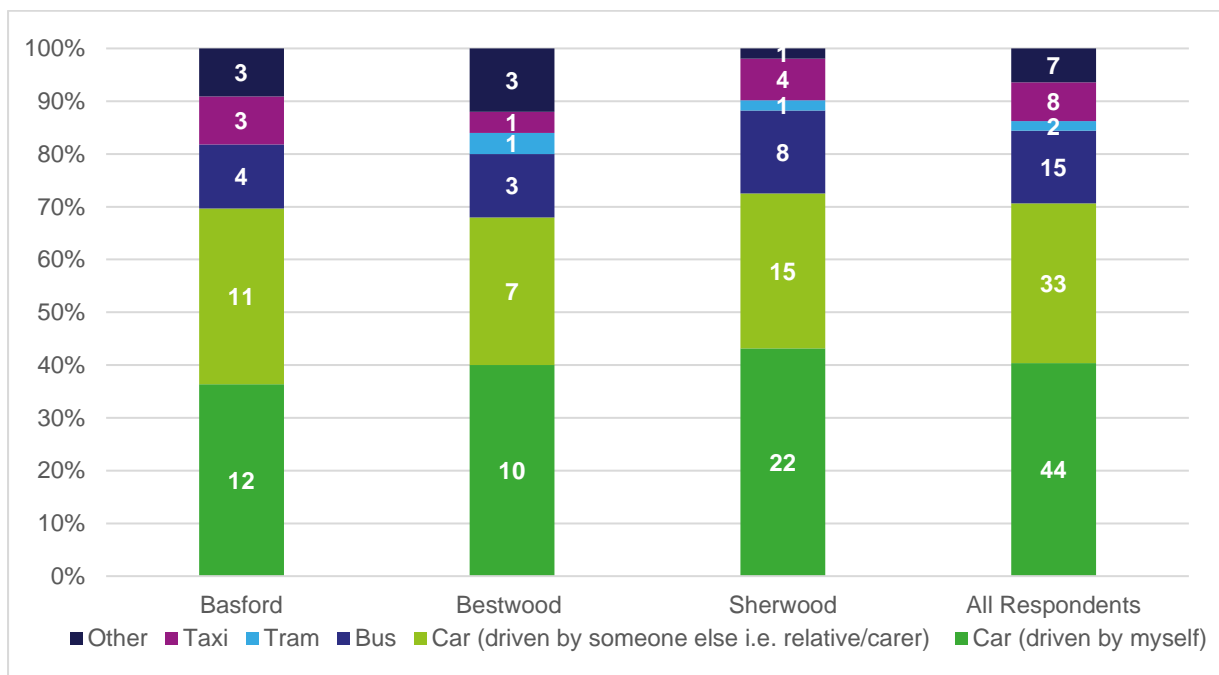


Figure 10. Modes of transport to Kings Mill Hospital by ward (n = 80)

Theme 5: Travel

We wanted to understand where people would prefer to be seen if services currently provided at City Hospital were to move. A greater proportion of comments were in support of accessing services at QMC due to the variety of public transport options with the added value of a) providing a more environmentally friendly option and b) more options for those requiring accessible transport. We were told that King's Mill Hospital was not the preferred site due to the travel distance, and limited public transport options.

However, King's Mill Hospital was preferred by others due to the travel route which avoids ring road traffic and the more parking facilities.

Comments were also received in support of services continuing to be provided at City Hospital because the site is convenient and closer to lower income families living in Bulwell, Top Valley and Bestwood, whereas travelling to QMC would be more difficult:

"Although King's Mill maybe quicker travel time, I think other considerations such as ease of public transportation, fuel efficiency when driving and general comfort with being in a hospital and area I know well would make me want to go to QMC."

"It would be a nightmare getting to Kingsmill - especially when you are worried about being ill, are ill and don't have transport."

Theme 6: Familiarity of site

Comments stated that people were more familiar with the Queen's Medical Centre due to having already attended for previous appointments. Those who would prefer to access services at King's Mill Hospital would do so because they had previously attended the site:

"I have never been to King's Mill Hospital before and have more knowledge of QMC Campus."

"I am familiar with KMH it is 40 minutes drive so as long as I can drive I can access it."

Theme 7: Patient Care

Another reason stated for Kings Mill Hospital not being a preferred site was due to concerns about the reputation for patient care. A small number of comments mentioned that Care Quality Commission rating would be a deciding factor.

"Focus on high quality, sustainable services more important than poorer quality, stretched services on immediate doorstep."

"I imagine that the care at Kings mill is not as good as at QMC, prefer city as it is close and feels more accessible, easier to park etc. But at the end of the day, I want good quality, patient-centred care."

8.3 Women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and gynaecology).

The final part of the survey focused on the naming of a new facility for maternity, neonatal and children's services. 173 respondents provided feedback on six potential names and were given the opportunity to provide suggestions of their own.

Respondents were asked to rank the following proposed names in order of preference:

- Women and Children's Centre
- Women and Children's Hospital
- Family Care Hospital
- Family Care Centre
- Children, Women and Family Care Hospital
- Children, Women and Family Care Centre

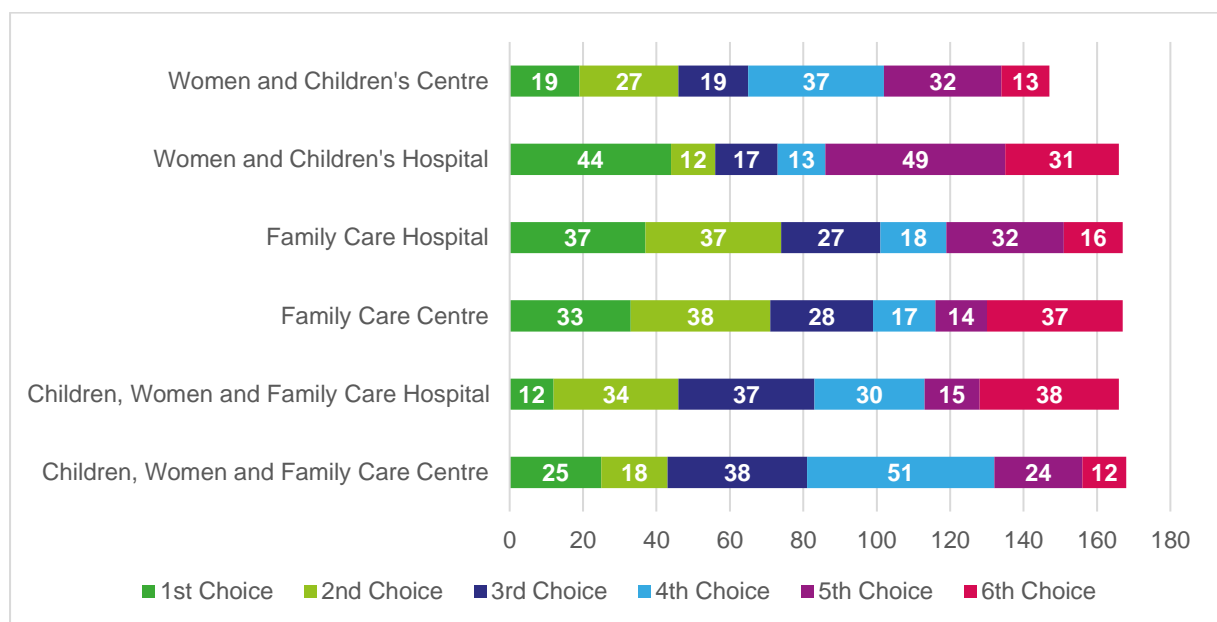


Figure 11. Ranking of name for new facility (Survey, n = 173)

Figure 11 shows that most popular name overall was Family Care Hospital (first/second choice: n = 74, 43%), closely followed by Family Care Centre (first/second choice: n = 71, 41%). Women and Children's Hospital was the third most popular name (first/second choice: n=62, 36%) however it was picked first the most overall (n = 44, 25%). 35 responses were received from individuals at face-to-face events, which mirrored the survey responses (see Appendix 4).

Women and Children's Hospital was favoured by the following respondent categories: women, heterosexuals, people who prefer to self-identify, and gay men.

For men, the most preferred name was the Family Care Centre (n = 5) followed by Family Care Hospital (n = 4) and Women and Children's Hospital (n = 4).

The results from this question are polarised and show that those who selected a name with "Women and Children" as their favourite put ones with "Family" as their least favourite, and vice versa. 80 people placed the name Women and Children's Hospital in fifth/sixth place (n

= 80, 46%) followed by Children, Women and Family Care Hospital (n = 53, 31%) and Family Care Centre (n = 51, 30%). The name chosen last overall was the Children, Women and Family Care Hospital (n = 38, 22%), by the majority of women and heterosexuals, closely followed by Family Care Centre (n = 37, 21%), but also was the least favoured option by men and nonbinary people.

The least preferred name overall was the Children, Women and Family Care Hospital, but this was again driven mainly by the large number of women and heterosexual individuals, closely followed by Family Care Centre. It also was the least favoured option by men and nonbinary people.

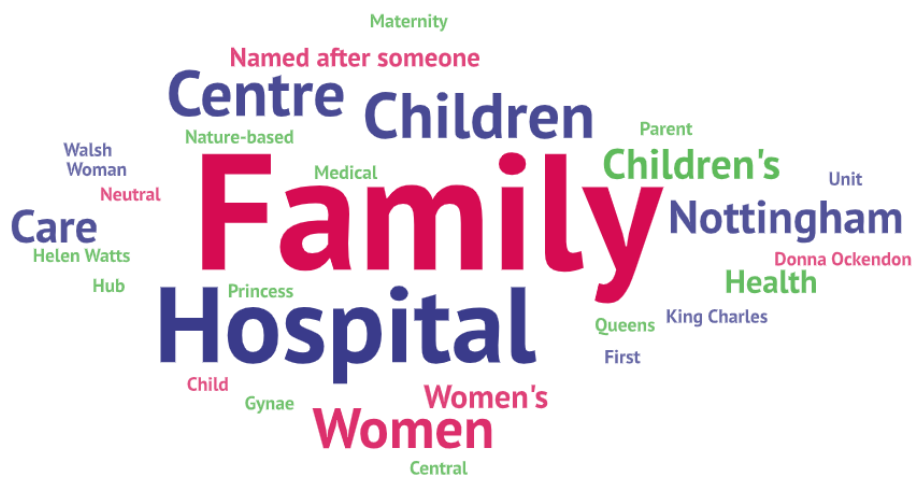


Figure 12. Word Cloud: Common words in open text suggestions for the new facility (n = 39)

Survey respondents and those we spoke to at engagement events and meetings were given an opportunity to suggest names for the new facility. The words “Family” (n = 25) and “Hospital” (n = 25) were the most frequently used. 13 individuals suggested “Family Hospital” (35%). It is worth noting that 12 of these views were gathered from a group setting so collective views may have been put forward. 14 individuals also felt that “Children” or “Children’s” should be included in the name. “Centre” had a frequency of 9, “Women” was suggested 7 times and both “Nottingham” and “Care” were referenced 6 times.

Five respondents thought the new facility should be named after someone such as a prominent historical or modern-day figure, a well-known local individual or someone relevant to the facility. Suggestions included King Charles Medical Centre, Helen Watts Centre for Gynaecology and Child Health or the Donna Ockendon Hospital.

Theme 8: The modern family unit

Views on including ‘women and children’ in the name of the new facility were mixed. Some comments stated a preference for women and children. Others felt that it was not necessary to separate, and that family would cover women and children. However, there was also an awareness that men attending the facility may not relate to a service described as being for women and children:

"I have issues with including the word "women" in the title, firstly it implies that any medical conditions tied to women are intrinsically linked to their reproductive capability which is exclusionary to trans women, women who don't want children and women who are unable to have children."

"Not everyone is in a traditional family."

The word "family" within the name of the new facility was stated as inclusive by some, whilst others found it to be too broad, and that if the service was for 'women and children' then that should be in the name of the service. Some comments stated that the word "family" was inclusive of men which was important, whilst others stated it implied that men would be treated there as well. There were also comments around women attending the centre who may not be part of a family, and to provide separate entrances for cultural reasons. It was also stated as important not to exclude individuals who may not relate to the word 'women's':

"There may be men accessing the centre with their children who may be a sole carer. The name should not exclude them."

Theme 9: Preference of 'hospital' or 'centre'

There were differences in opinion regarding the naming of the new facility with regards to the terms used to define it. Some respondents suggested that 'centre' is better suited to a holistic, preventative care environment. A similar opinion was that hospital is too clinical and could be associated with previous bad experiences or negative connotations. However, in contrast, some comments suggested the word 'centre' was more suited to a local authority facility rather than somewhere to receive medical treatment and that 'hospital' better described the services offered. The word 'centre' also made the facility seem less important:

"The term centre is more inclusive of preventative medicine which is the direction the NHS should be expanding for better long-term outcomes"

"I much prefer the term "centre" as opposed to "hospital" to describe the facility as it removes any stigma of there being something wrong with you which may prevent people from accessing the services."

"I prefer hospital in the title as it describes more accurately. There is already a children's development centre at city hospital campus so may cause confusion. Also, sure start has children's and family centres."

"In our culture 'hospital' means that you are going to see a professional and get proper care."

Theme 10: Alternative neutral name

There was a preference for the facility to be named after a person or a neutral non-medical term rather than a description of the service it provides or the population it serves.

"It could be named after a key Nottingham figure like the Mary Potter centre was."

"A neutral name, e.g., nature based or named after someone rather than trying to summarise services offered."

9 Appendices

9.1 Appendix 1: Overview of engagement activity

Date	Meeting/Activity	Engagement method	Number of people directly engaged
19.01.23	ICB Citizen Intelligence Advisory Group	Virtual	13
06.02.23	My Life Choices Meeting	Virtual	6
06.02.23	Maternity Voices Partnership	Virtual	20
07.02.23	ICS Voluntary, Community and Social Enterprise Alliance	Virtual	33
8.02.23	Nottingham City Multi Agency Forum	In person	15
14.02.23	Mid Notts Health Inequalities Oversight Group	Via email	78
10.02.23	Meeting with Healthwatch Nottingham and Nottinghamshire	Virtual	1
15.02.23	Health and Wellbeing Pop Up (Asda Hyson Green)	In person	1
17.02.23	MP briefing	Virtual	5
18.02.23	British Islamic Medical Association event (Sneinton)	In person	8
20.02.23	West Bridgford Area Forum	Virtual	16
22.02.23	Lets Talk about Health event (Hyson Green)	In person	25
23.02.23	Tomorrow's NUH Communications and Engagement Subgroup Meeting	Virtual	4
25.02.23	British Islamic Medical Association event (Basford)	In person	18
25.02.23	Hucknall for Health Event	In person	30
28.02.23	Development Workshop for PPGs	Via email	34
28.02.23	Cardiac Support Group	In person	24
28.02.23	ICB Staff Briefing	Virtual	184
27.02.23	Meeting with Cllr Power	Virtual	1
02.03.23	Active Rushcliffe Health Partnership	Virtual	22
08.03.23	Broxtowe Womens Group	In person	5
08.03.23	Voluntary and Community Sector Forum (Mansfield)	In person	15
09.03.23	Rushcliffe Rapid Group	Virtual	11
10.03.23	Heya Session (Arabic Womens Group)	Virtual	7
21.03.23	ICS Engagement Practitioners Forum	Virtual	21
		Survey responses	264
		Social media click throughs	384
		Total	1245

9.2 Appendix 2: Survey questions

Tomorrow's NUH: What matters to you?

Tomorrow's NUH

Tomorrow's NUH (TNUH) is a once-in-a-generation opportunity to transform the hospital services and facilities run by Nottingham University Hospitals NHS Trust (NUH). It is part of the Government's New Hospital Programme, which is investing in buildings and equipment across the NHS, to ensure patients and staff have the facilities they need for the future - modern, safe and designed to provide the best possible care.

We have already been engaging with the public to get their initial views on proposals, and are now continuing those conversations to get further feedback about how, and where, people would like to access care in the future. This feedback will help us plan for a full, public consultation on proposed service changes.

We want to hear more about three topics:

- Services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants).
- The experience of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.
- Women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and gynaecology).

Tomorrows NUH

You can complete any of the questions in this survey, depending on your circumstances. For further information on the previous engagement work carried out with the community during the second phase (March 2022 - April 2022) please follow this link https://notts.icb.nhs.uk/wp-content/uploads/sites/2/2022/04/Tomorrows-NUH-Phase-2-engagement-report_May2022_final.pdf

The survey should take you no more than 10 minutes of your time. The survey includes some questions which you can answer using your own words. When you answering these, please do not write any information that may identify you (for example, your name or address). Your answers may be shared with other services but the data you provide will be kept anonymous, so we will not share any information that will identify you. To see our privacy notice, click here: <https://notts.icb.nhs.uk/get-involved/privacy-statement-for-engagement/> and the ICB privacy notice can be accessed here: <https://notts.icb.nhs.uk/privacy-policy/>.

A copy of the final report with the overall findings of this survey will be published on this webpage <https://notts.icb.nhs.uk/get-involved/current-and-previous-engagement-consultations/>. To request a copy of the report please contact nnicb-nn.engagement@nhs.net.

If you need this survey in another language or format, e.g. a paper copy/large print or to give us your opinions and views in a telephone call, please contact Katie Swinburn, Engagement Manager, 07385 360071.

This survey will close on Sunday 12 March 2023

1
Do you consent to filling out the survey?
<input type="radio"/> Yes <input type="radio"/> No
2
Which of the following best describes? you (choose one option) *
<input type="radio"/> I have accessed the services described at the start of the survey <input type="radio"/> I have supported someone access the services described at the start of the survey <input type="radio"/> I have not accessed the services described at the start of the survey, but I might need to in the future <input type="radio"/> I am a health and care professional <input type="radio"/> other
Ropewalk House
At present, there are four services based at Ropewalk House (see below). We are looking at possibly moving these services to a different hospital setting or into a community setting.
3
Would you like to provide feedback on Ropewalk House?
<input type="radio"/> Yes <input type="radio"/> No
4
Which, if any, of the following services have you used or might use in the future at Ropewalk House? (Please tick all that apply)
<input type="radio"/> Audiology <input type="radio"/> Diabetic eye screening <input type="radio"/> Breast screening <input type="radio"/> Cochlear (inner ear) implants
5
How easy is it for you to travel to Ropewalk House?
<input type="radio"/> Extremely easy <input type="radio"/> Somewhat easy <input type="radio"/> Neither easy nor difficult <input type="radio"/> Somewhat difficult <input type="radio"/> Extremely difficult
6
Please tell us a little more about why you have given this answer.
7
If the services were in a different place, where would you prefer this to be? (Please tick all that apply).
<input type="radio"/> Queen's Medical Centre <input type="radio"/> City Hospital <input type="radio"/> At a location closer to where I live <input type="radio"/> Not sure <input type="radio"/> Other

8
Please tell us a little more about why you have given this answer
<p>Basford, Bestwood and Sherwood</p> <p>It is possible that some of the services currently delivered at City Hospital could move to Queen's Medical Centre.</p> <p>We want to understand how residents and communities living in Basford, Bestwood and Sherwood areas feel about this, and where they might choose to access services.</p>
9
Which Ward do you live in?
To see the Ward Map for Basford, click here: https://www.nottinghamcity.gov.uk/media/3332683/basford-ward-map.pdf
To see the Ward Map for Bestwood, click here: https://www.nottinghamcity.gov.uk/media/3371339/bestwood-ward-map.pdf
To see the Ward map for Sherwood, click here: https://www.nottinghamcity.gov.uk/media/3373654/sherwood-ward-map.pdf
<ul style="list-style-type: none"> <input type="radio"/> Basford <input type="radio"/> Bestwood <input type="radio"/> Sherwood <input type="radio"/> None of the above
10
In the proposals, some services (e.g. maternity and neonatal, emergency respiratory care and some cancer services) that are currently delivered from City Hospital may move to Queen's Medical Centre. To what extent do you support this?
<ul style="list-style-type: none"> <input type="radio"/> Strongly support <input type="radio"/> Somewhat support <input type="radio"/> Neither support nor oppose <input type="radio"/> Somewhat oppose <input type="radio"/> Strongly oppose
We have carried out some analysis that shows that residents and communities living in Basford, Bestwood and Sherwood may find that the time it takes to travel to King's Mill Hospital (in Sutton-in-Ashfield) is less than the time it takes to travel to Queen's Medical Centre.
11
If you were no longer able to access certain services at City Hospital, where would you prefer to be seen?
<ul style="list-style-type: none"> <input type="radio"/> Queen's Medical Centre <input type="radio"/> King's Mill Hospital (in Sutton-in-Ashfield) <input type="radio"/> Other
12
Please tell us a little more about why you have given this answer.
13
If the service you needed to access was relocated to Queen's Medical Centre how would you travel there? (Please tick all that apply)
<ul style="list-style-type: none"> <input type="radio"/> Car (driven by myself) <input type="radio"/> Car (driven by someone else i.e. relative/carer)

<ul style="list-style-type: none"> <input type="radio"/> Bus <input type="radio"/> Tram <input type="radio"/> Taxi <input type="radio"/> Bicycle <input type="radio"/> Walk <input type="radio"/> E-scooter <input type="radio"/> other
<p>14</p> <p>If the service you needed to access was relocated to King's Mill Hospital how would you travel there? (Please tick all that apply)</p>
<ul style="list-style-type: none"> <input type="radio"/> Car (driven by myself) <input type="radio"/> Car (driven by someone else i.e. relative/carer) <input type="radio"/> Bus <input type="radio"/> Tram <input type="radio"/> Taxi <input type="radio"/> Bicycle <input type="radio"/> Walk <input type="radio"/> E-scooter <input type="radio"/> other
<p>A proposed new facility for Women, Children and Families</p> <p>We are proposing to build a brand new hospital on the Queen's Medical Centre site, where we would provide, in one location, services for women, children and families, such as maternity, neonatal, children's services , including intensive care and the children's emergency department. Some gynaecology services could also be provided in this building. We are thinking about names for this facility and would like to hear your comments on what could be suitable.</p>
<p>15</p> <p>Would you like to provide feedback on the proposed new facility for Women, Children and Families?</p>
<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>16</p> <p>We would like to know what you think the proposed new facility could be called. We have listed some possibilities below and we would like you to score these from your favourite to your least favourite. (You can do this by moving the name in the boxes below, with the first one being your favourite and the last being your least favourite).</p>
<ul style="list-style-type: none"> <input type="radio"/> Family Care Hospital <input type="radio"/> Family Care Centre <input type="radio"/> Women and Children's Centre <input type="radio"/> Children, Women and Family Care Centre <input type="radio"/> Women and Children's Hospital <input type="radio"/> Children, Women and Family Care Hospital
<p>17</p> <p>Please tell us a little more about why you have ranked these options in this order.</p>
<p>18</p> <p>Do you have any other suggestions for what this proposed new facility should be called? If you do, please tell us below.</p>

Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

19

Which District/Borough do you live in?

- Ashfield
- Bassetlaw
- Broxtowe
- Gedling
- Mansfield
- Newark and Sherwood
- Rushcliffe
- Other (please state)

20

Which age band do you fall into?

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- Over 85
- Prefer not to say

21

Do you have a disability (tick all that apply)?

- Yes - physical disability
- Yes - mental health condition
- Yes - learning disability
- Yes - neurodivergent (including Autism)
- Yes - other (please state below):
- No
- Prefer no to say
- Other

22

Are you a carer?

- Yes – paid carer
- Yes – a carer providing unpaid support
- No I am not a carer
- Prefer not to say

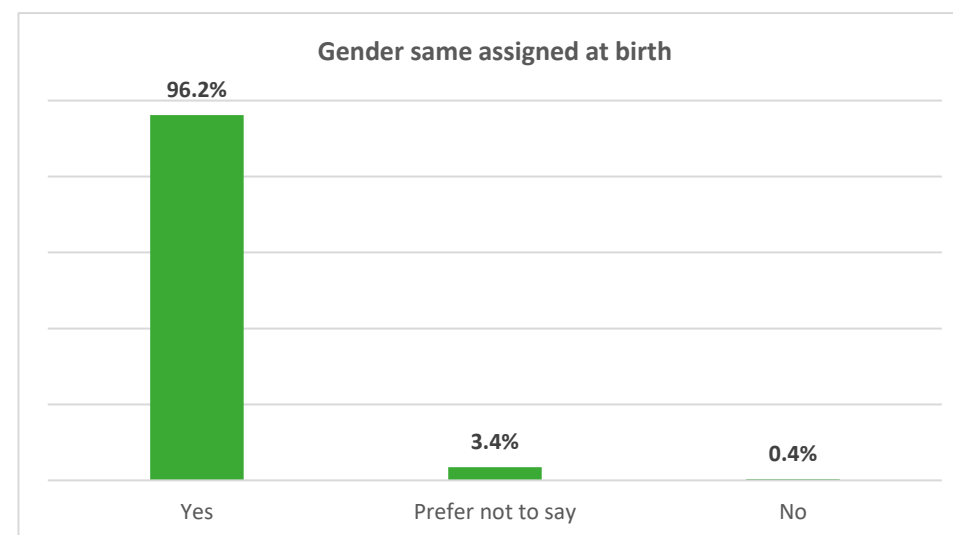
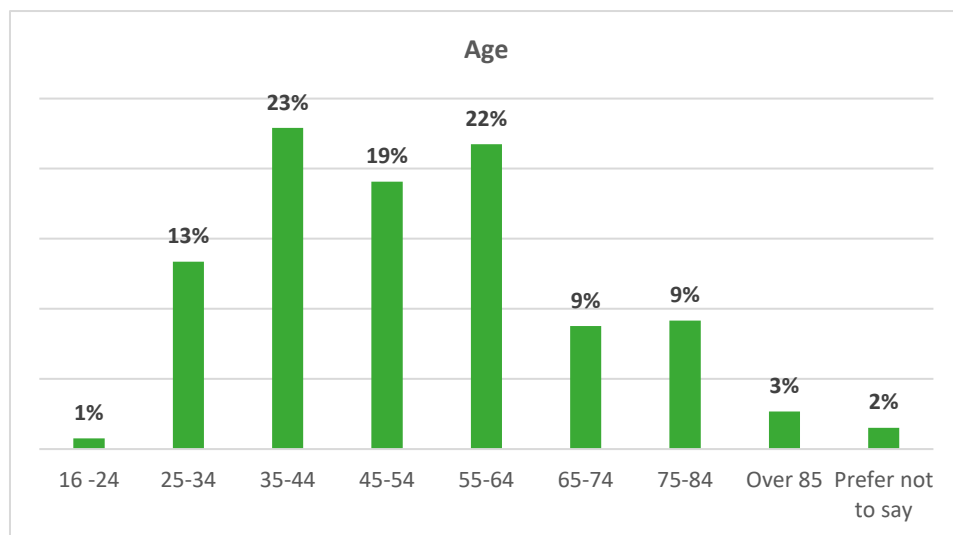
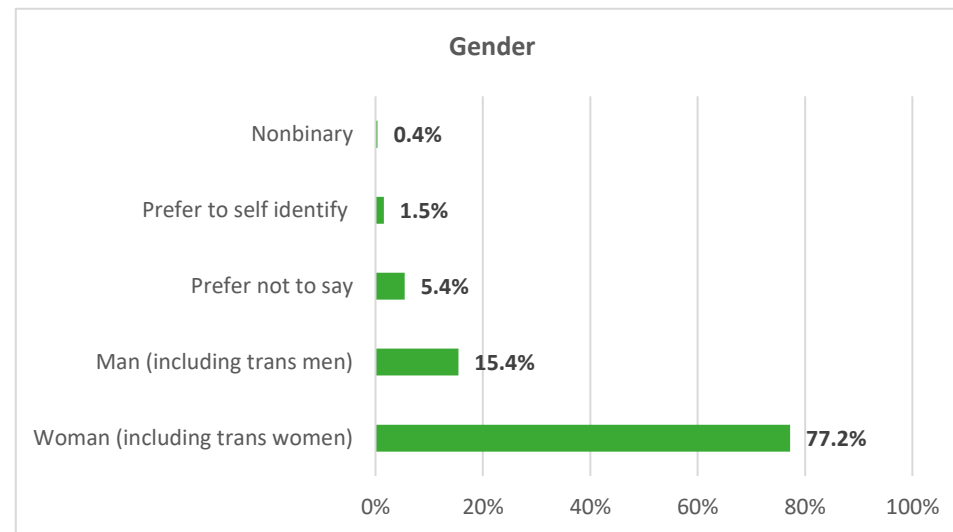
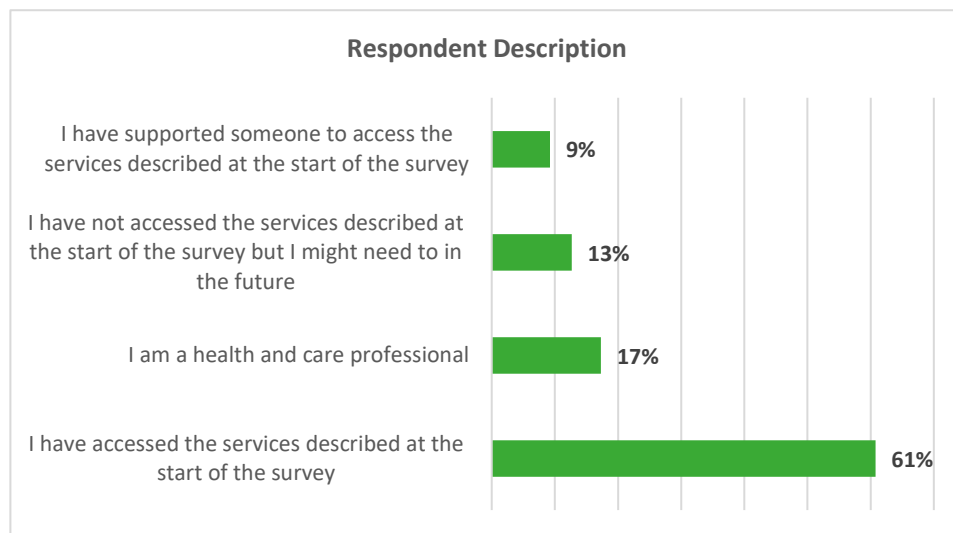
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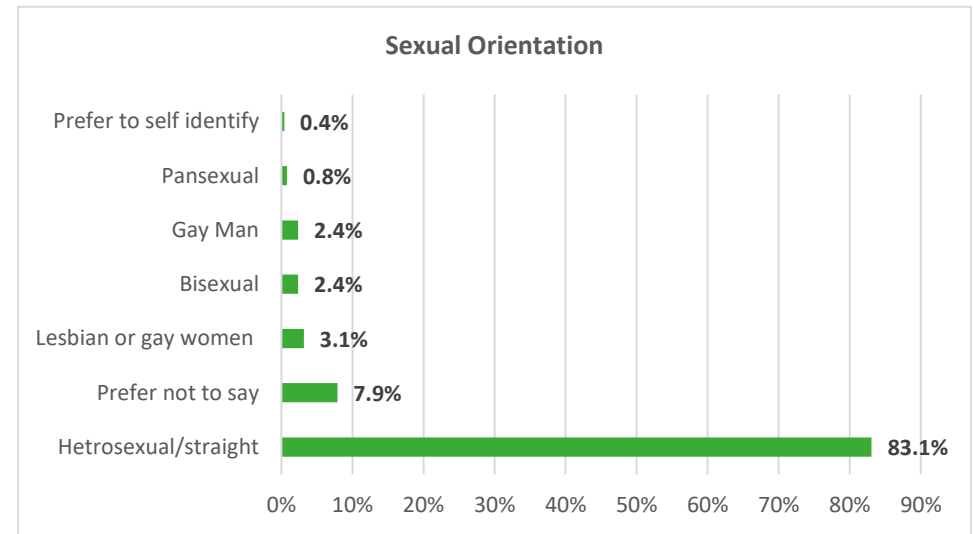
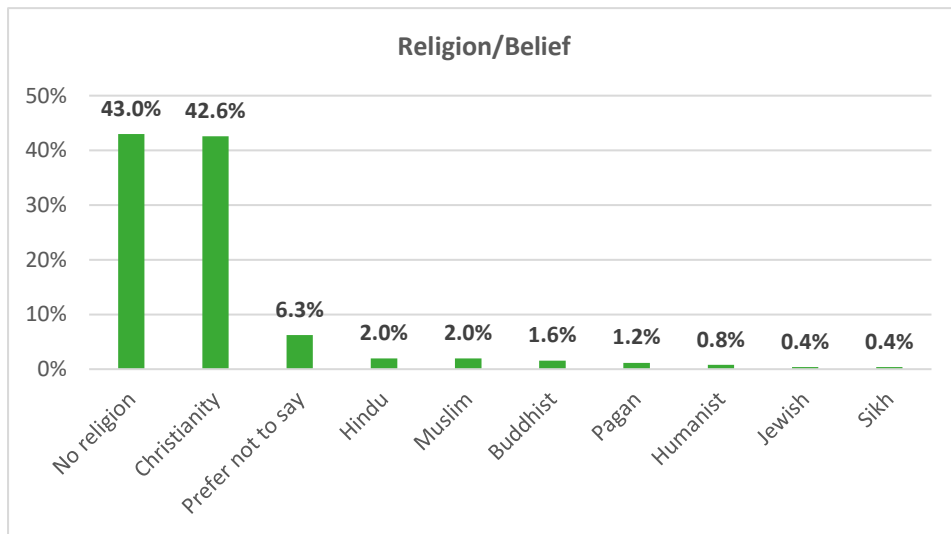
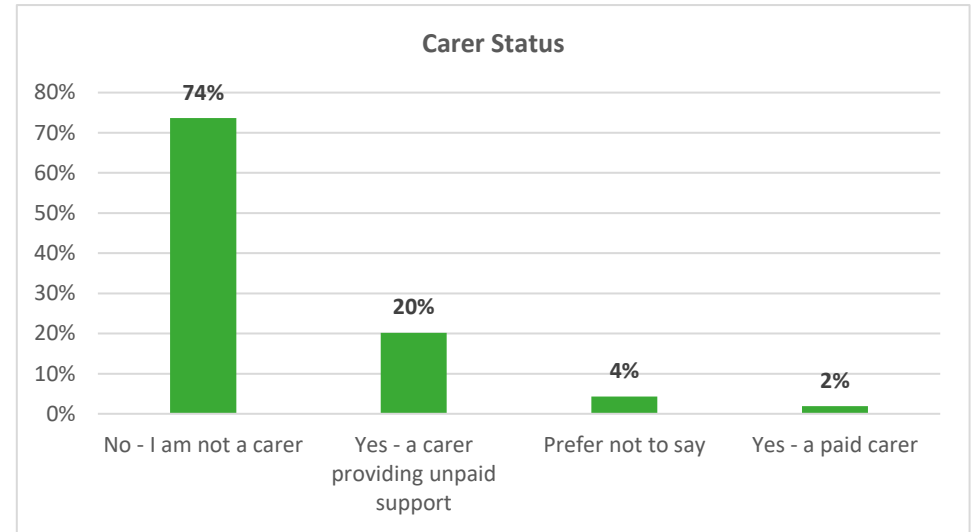
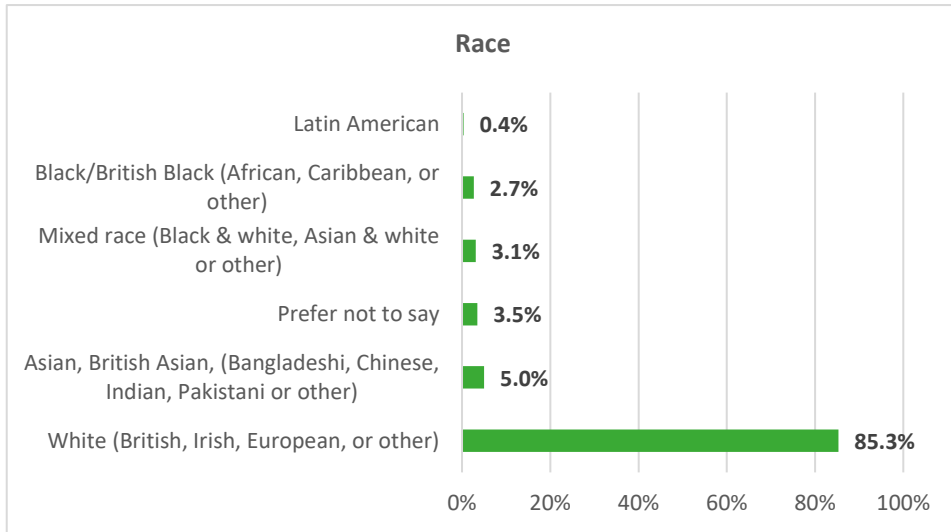
What is your sexual orientation?

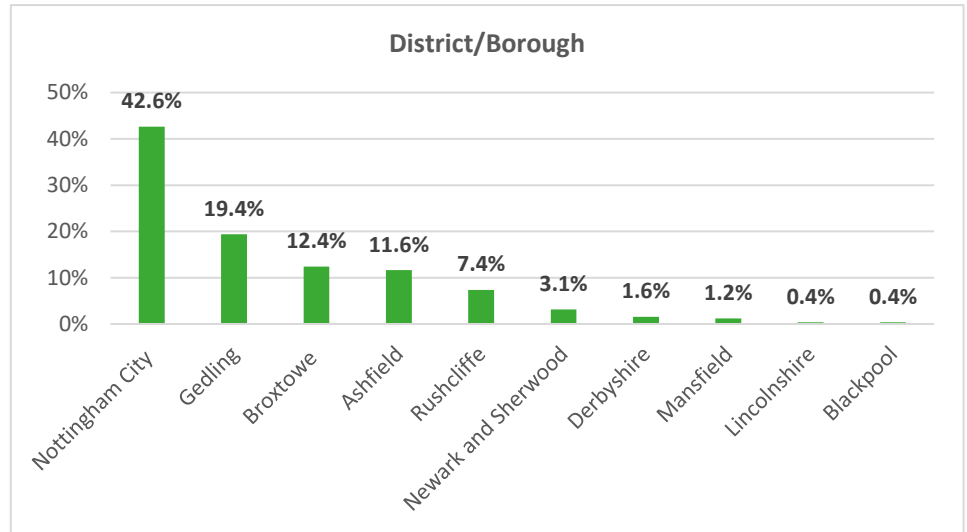
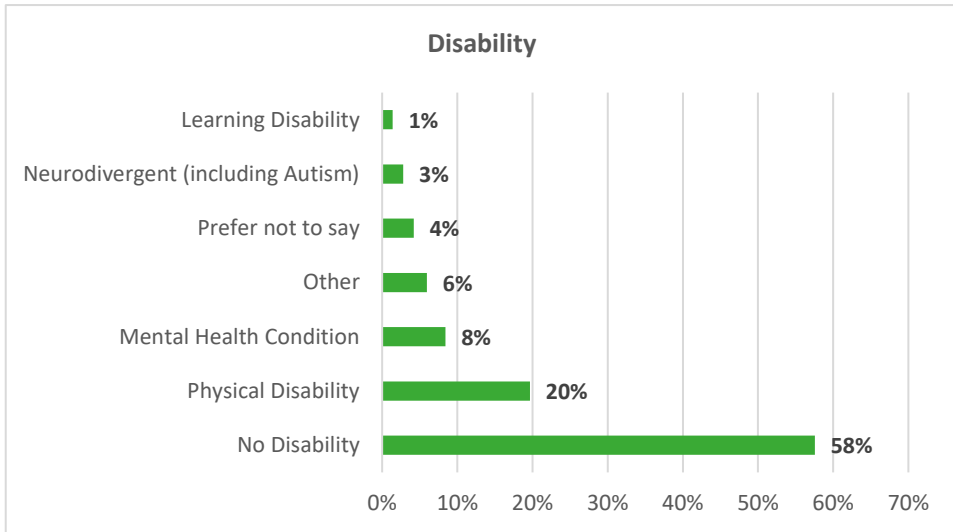
- Heterosexual/straight
- Gay Man
- Lesbian or gay woman

<ul style="list-style-type: none"> <input type="radio"/> Bisexual <input type="radio"/> Pansexual <input type="radio"/> Prefer to self identify <input type="radio"/> Prefer not to say <input type="radio"/> Other
<p>24</p> <p>What is your gender?</p>
<ul style="list-style-type: none"> <input type="radio"/> Man (including trans men) <input type="radio"/> Woman (including trans woman) <input type="radio"/> Nonbinary <input type="radio"/> Prefer self identify <input type="radio"/> Prefer not to say
<p>25</p> <p>Is your gender the same as you were assigned at birth?</p>
<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Prefer not to say
<p>26</p> <p>Which of these, best describes your race? (please choose only one)</p>
<ul style="list-style-type: none"> <input type="radio"/> Asian, British Asian, (Bangladeshi, Chinese, Indian, Pakistani or other) <input type="radio"/> White (British, Irish, European, or other) <input type="radio"/> Black/British Black (African, Caribbean, or other) <input type="radio"/> Gypsy or Traveller <input type="radio"/> Mixed race (Black & white, Asian & white or other) <input type="radio"/> Prefer not to say <input type="radio"/> other
<p>27</p> <p>What is your religion or belief, if any?</p>
<ul style="list-style-type: none"> <input type="radio"/> No religion <input type="radio"/> Buddhist <input type="radio"/> Christianity <input type="radio"/> Hindu <input type="radio"/> Jewish <input type="radio"/> Muslim <input type="radio"/> Sikh <input type="radio"/> Prefer not to say <input type="radio"/> Other
<p>Thank you for taking the time to fill out this survey, your views are important to us</p>

9.3 Appendix 3: Demographic profile of survey respondents (n = 247)







9.4 Appendix 4: Data from engagement events

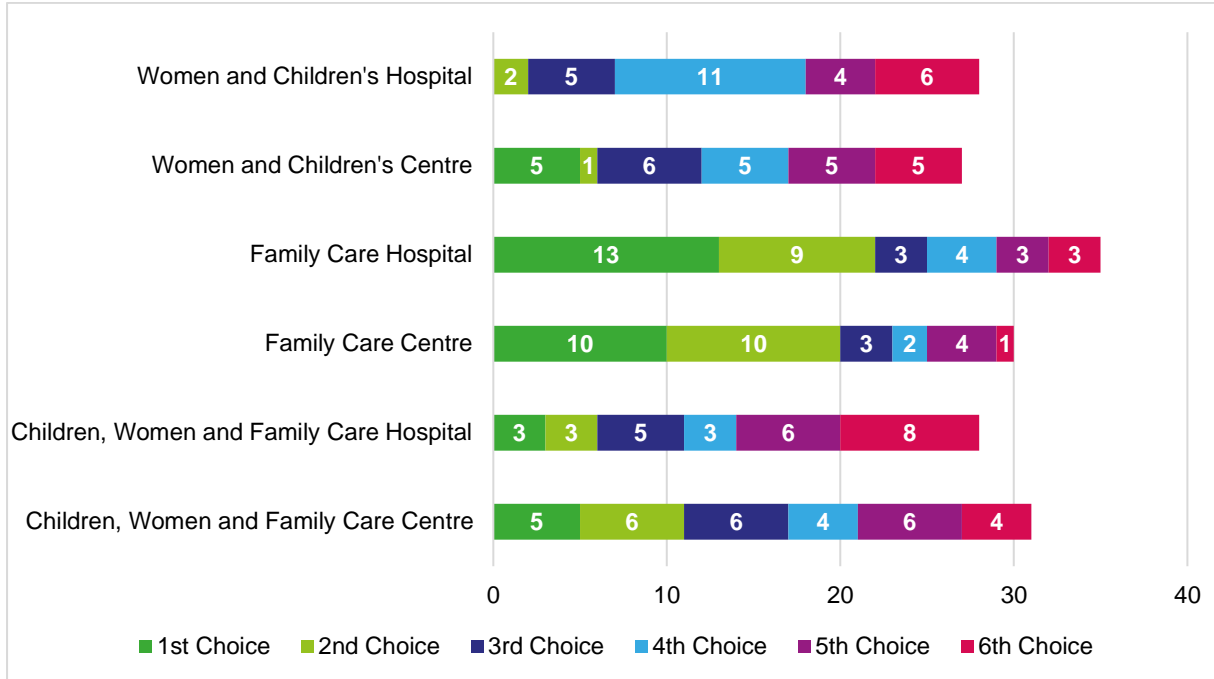


Figure 1 Ranking of name for new facility (engagement events, n = 35)

35 responses were received for the new facility name ranking question at various face to face engagement events. These included 2 British Islamic Medical Association Health Days, International Women’s Day event with the Broxtowe Women’s Project, Heya (Arab Women’s) group and at the Mansfield Voluntary Sector Forum. It is worth noting that some people voted for their preferred choice rather than ranking the names 1 to 6.