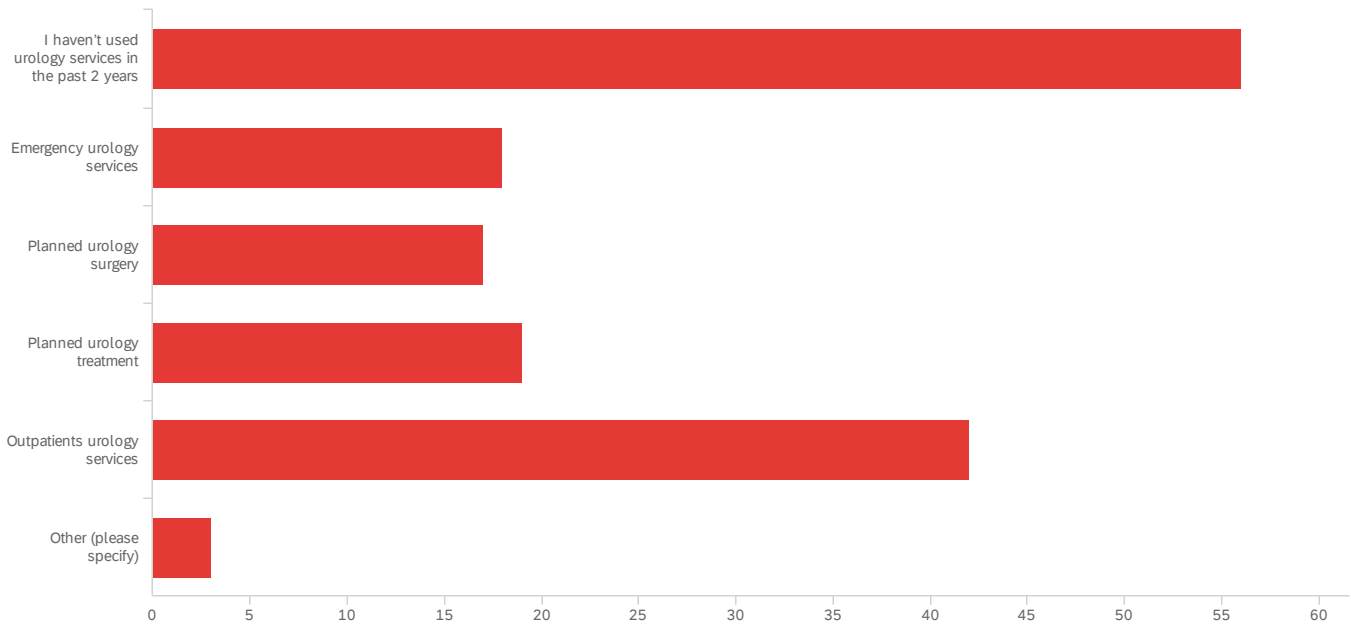


1 - Which urology services have you used, if any, in the past 2 years?



#	Field	Choice Count
1	I haven't used urology services in the past 2 years	36.13% 56
2	Emergency urology services	11.61% 18
3	Planned urology surgery	10.97% 17
4	Planned urology treatment	12.26% 19
5	Outpatients urology services	27.10% 42
7	Other (please specify)	1.94% 3

155

Showing rows 1 - 7 of 7

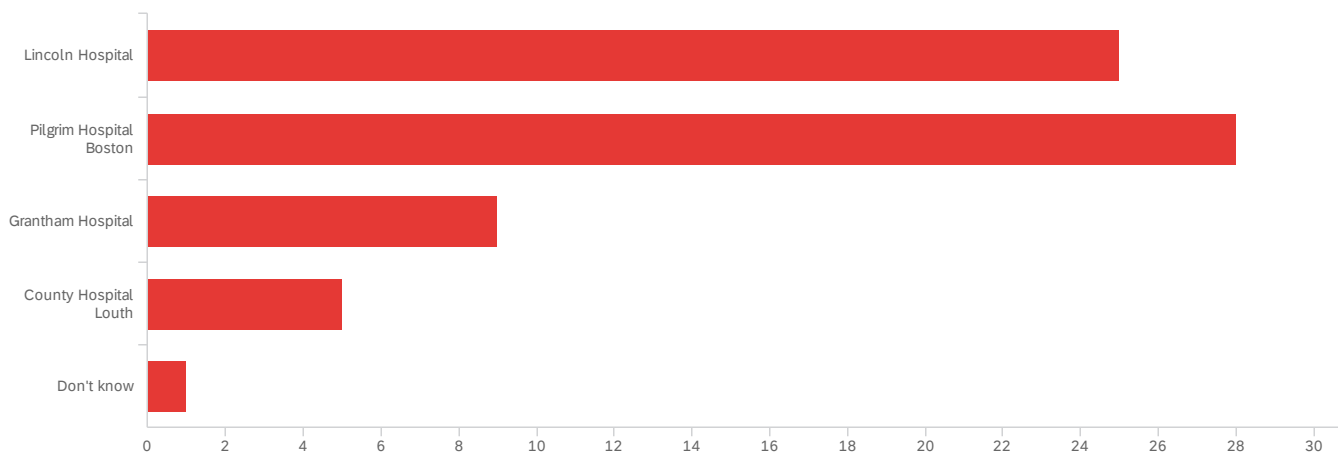
1_7_TEXT - Other (please specify)

Other (please specify)

I also have treatments from them which I now administer myself at home

I haven't used urology but my 11 year old daughter will need to

2 - Which locations have you attended for your urology treatment? (please tick all that apply)

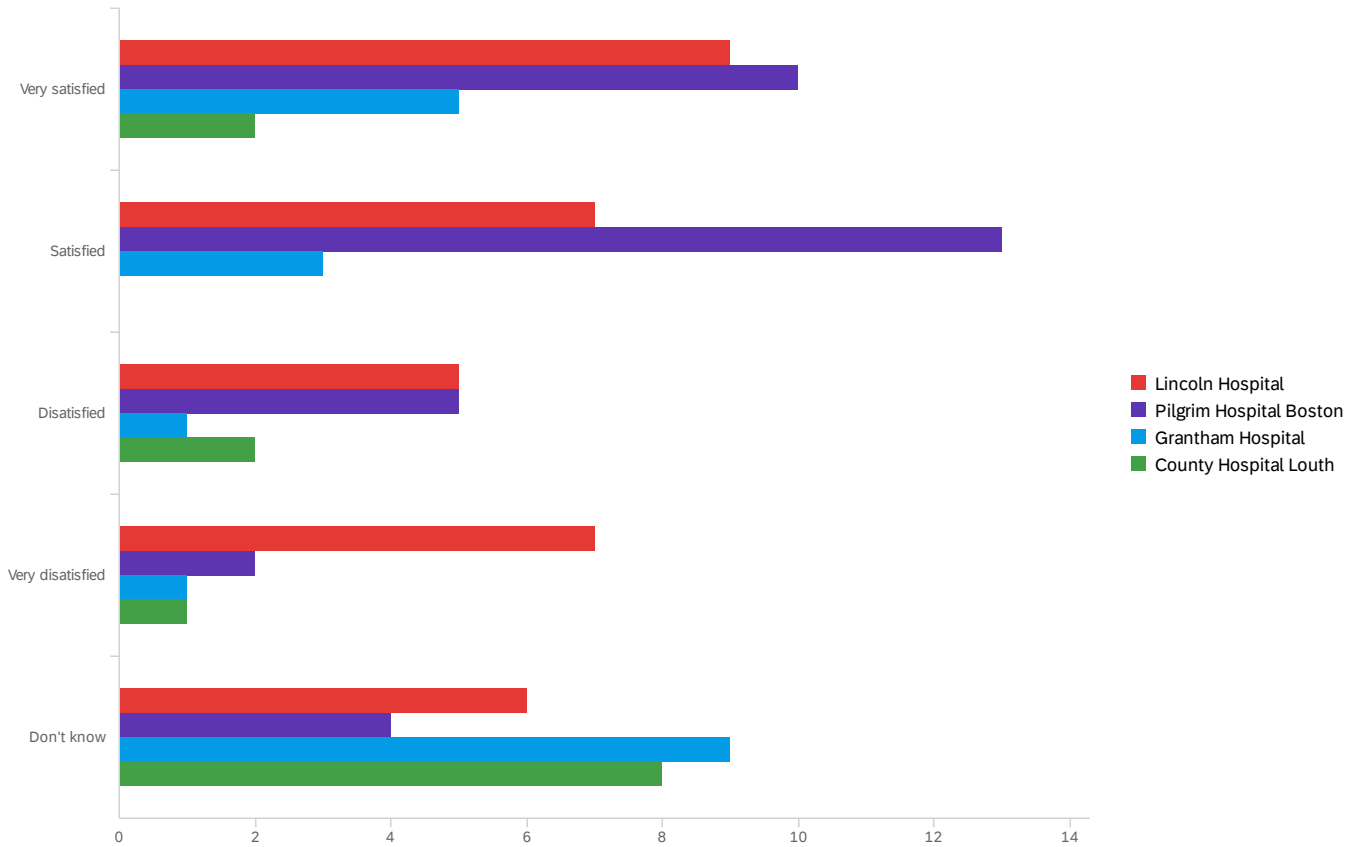


#	Field	Choice Count
1	Lincoln Hospital	36.76% 25
2	Pilgrim Hospital Boston	41.18% 28
3	Grantham Hospital	13.24% 9
4	County Hospital Louth	7.35% 5
5	Don't know	1.47% 1
		68

Showing rows 1 - 6 of 6

3 - To what extent are you satisfied with the urology service you have received? (please

complete based on which hospital/s you attended)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Lincoln Hospital	1.00	5.00	2.82	1.46	2.15	34
2	Pilgrim Hospital Boston	1.00	5.00	2.32	1.28	1.63	34
3	Grantham Hospital	1.00	5.00	3.32	1.75	3.06	19
4	County Hospital Louth	1.00	5.00	4.00	1.47	2.15	13

#	Field	Very satisfied	Satisfied	Disatisfied	Very disatisfied	Don't know	Total
1	Lincoln Hospital	26.47% 9	20.59% 7	14.71% 5	20.59% 7	17.65% 6	34
2	Pilgrim Hospital Boston	29.41% 10	38.24% 13	14.71% 5	5.88% 2	11.76% 4	34
3	Grantham Hospital	26.32% 5	15.79% 3	5.26% 1	5.26% 1	47.37% 9	19

#	Field	Very satisfied	Satisfied	Disatisfied	Very dissatisfied	Don't know	Total
4	County Hospital Louth	15.38% 2	0.00% 0	15.38% 2	7.69% 1	61.54% 8	13

Showing rows 1 - 4 of 4

4 - Please explain the reasons for your answer above (optional)

Please explain the reasons for your answer above (optional)

Both Lincoln & Grantham good on planned operations - Boston hopeless on emergencies at weekends when that is only place where a urology doctor available

good outcome but given wrong scan and wrong consultation initially

I live in Lincoln. I have an angiomyolipoma on my right kidney for which I was under surveillance for several years with annual US scans. However for some reason I wasn't called for my scan in 2015 and I visited my GP over a separate issue and mentioned this. He couldn't explain why the scan had been missed but said there was nothing in his system indicating that a routine surveillance scan was upcoming. He thought it seemed to be an admin error at ULHT. He booked me in for a gynae scan for my presenting complaint and also added KUB onto the request form in light of the missed scan. A new mass was subsequently identified in my left kidney which looked suspicious and so I was referred on the 2wk cancer pathway in June 2016. My initial appt was at BPH as it was the quickest appointment and I was told that all further appointments could take place in Lincoln with the same consultant but this did not happen and so I had to continue liaising with BPH. I used my private health insurance to expedite the diagnostic processes, however this then caused problems with communicating my results etc... even though Mr Dahar was the same Consultant for ULHT & the BMI. There were significant delays and mistakes with processing results and communicating with Lincoln/Leicester re: MDT reviews so it took several weeks to eventually get results. I was advised it was highly likely that I had RCC and would need a nephrectomy which could be performed at LCH or possibly a partial nephrectomy which would need to be performed at Leicester. It was decided to take a watch and see approach due to my relatively young age and have a repeat CT after 3 months. As this showed no significant change in presentation of the tumour, I was advised to have a renal biopsy in February 2017 which confirmed renal Oncocytoma so the surgery was not required at that time. This was eight months after my initial referral. I was obviously delighted at the outcome, however the initial miscommunications and delays in missed scans, CT result delays and missed MDT's was very stressful and significantly impacted my wellbeing. I was advised I would undergo 6-12 monthly surveillance to monitor the tumour which was reassuring. I had a follow up scan as planned and then no further appointments materialised. I contacted the GP and the hospital and was advised that Mr Dahar had retired and nobody knew I was supposed to still receive follow up. If I hadn't chased this I wouldn't have heard from ULHT again as I'd dropped off the surveillance programme completely. This was reinstated and I had a scan with face to face appointment at LCH with another Consultant. This was hugely reassuring as despite the delayed scan, there was no significant change and I am now back to being regularly scanned each year and this was t even delayed during Covid. I have outlined all of this to explain how convoluted and problematic my journey has been. I'd never have gone private if I'd realised it would cause such problems, but similarly the bouncing between LCH and BPH for different aspects of the treatment was difficult as a patient. Wherever I lived in the county I would say that my own personal preference would be to have all treatment, diagnostics and follow up at one site with a consistent medical team as much as possible. A specialist urology centre based at one site should deal with all planned and emergency urology treatment. Yes, some patients would have to travel for their treatment however it would be more seamless and conjoined as a service. Whilst I have not had a great journey in some respects, I have stated I'm satisfied with the treatment at LCH and BPH because the care and treatment I've received has always been excellent. The staff undertaking the diagnostics including the biopsy were fantastic and I feel my medical advice and plan if care has also been excellent. The issues are with internal communications between teams and the 'dropping off' of the surveillance programme which was obviously a major issue.

The staff on the ward are wonderful. It is not them - but I was having regular instillation treatments at the hospital, and at the start of the pandemic these were stopped. I became very poorly. My wonderful nurse eventually got permission to administer one 4 week course and taught me to do these myself at home (which works wonderfully and is better for me) - so thank you so much to her - but because the services were stopped my condition seems to have worsened and I have been more poorly ever since than prior to the start. I am hoping for a consultant appt soon so I can discuss other treatments, but have not had one for a couple of years (presumably because of the pandemic again) - but my health has really been compromised by all this. I have no complaints about the department or the staff though - they are all marvellous, it is just the decisions made at a higher level by Lincolnshire health and the pandemic

Friendly staff

Had a phone consultation to get results from a Boston doctor had no results he said I read out the results still no confidence the reason for the call was to give me answers suggested another test which I have already had so I dont think the notes were read

treated first at pilgrim then referred on to lincoln treated both promptly and well at both sites

It was ease of access, no 1hr trip to Lincoln via ambulance, family could visit easily not having a 3 hr round trip

Actually attended at Boston West Hospital, waiting time was not too long, time in clinic also not too long

Please explain the reasons for your answer above (optional)

All care is with Norfolk NHS, Because of their Expertise.

Feedback could be better

Seen at a difficult time due to coronavirus, O/P Boston then bi-opsy at Grantham, now seen at Newark

I have regular instillation treatments. In April 2020 the trust stopped all treatments due to C19. I became VERY unwell. Angie from the urology department was AMAZING and worked really hard to get permission to give me a course of treatments, and then taught me to do them myself. Louth Urology department and especially Angie are angels.

Too long a wait in A & E after GP had arranged admission to urology - waited 10 hours before being transferred to a ward and getting appropriate pain relief.

when admitted to A&E Lincoln)unable to urinate had catheter fitted and sent home. Couldn't see any doctor for over 4 months despite being under planned watch for prostate cancer. Then went private and had operation with surgeon from County hospital. Otherwise happy with check on kidney tumours and prostate

Placed on a 2ww in October 2020 - still not yet seen a urologist or urology specialist! Have only had an ultrasound done at Louth?? Placed on 2ww after frank haematuria seen at Lincoln

Waiting two years, to get lied to by the consultant and him telling my GP I haven't got a problem however keeping me on the tablets for my prostate anyway

I don't think they really knew what they were doing at Lincoln and only one nurse was helpful.

Not given an outcome .

Bullying, rude, then hide under the carpet stuff, and blame PALS Not impressed!! still very angry!! never go to Lincoln again!!

because so far we've only seen paediatricians and not urology specialists - sorry not very helpful for you

Seen as O/P at Boston, surgery at Grantham. Now referred to Newark

I have chronic ill health and the whole unit smelt so bad I had to go outside. The appointment was rushed and painful.

I was referred to Pilgrim by my GP surgery and was seen within the 2 week period for possible cancer

I used pilgrim not the other hospitals

It's a centre of excellence.

Very fast and efficient from referral. Excellent communication from staff.

L

Lincoln meant leaving home at 8.15 home at 16.20

excellent service by nurses and consultants

Excellent care for my son on children's ward

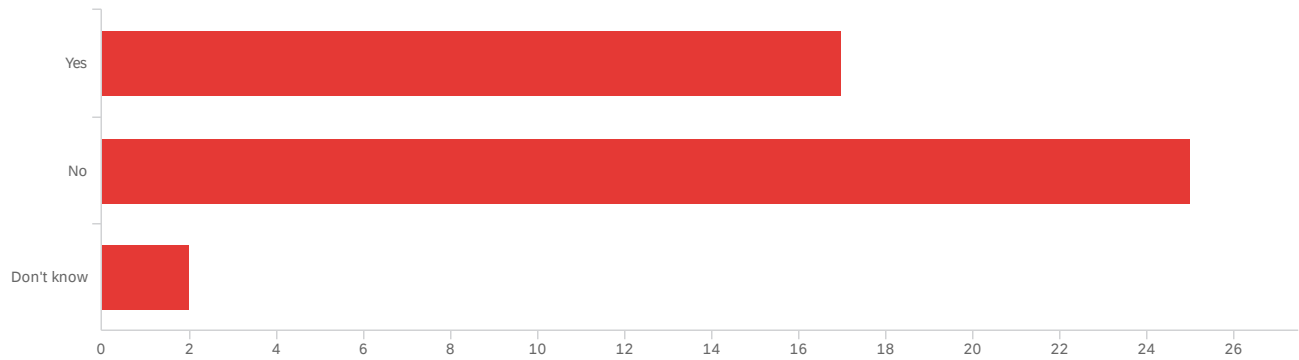
Please explain the reasons for your answer above (optional)

No one seemed too sure on what treatment i needed at Lincoln so Appoinment cancelled

Since my case was taken over by a new surgeon I have been extremely happy with Lincoln. I like the follow up call from the nurses just checking that everything is ok.

14 Months waiting for a prostate operation with pain on and off for each month waiting,,,and NO face to face appointment's

5 - If you have received urology services, have any of these been cancelled or delayed?

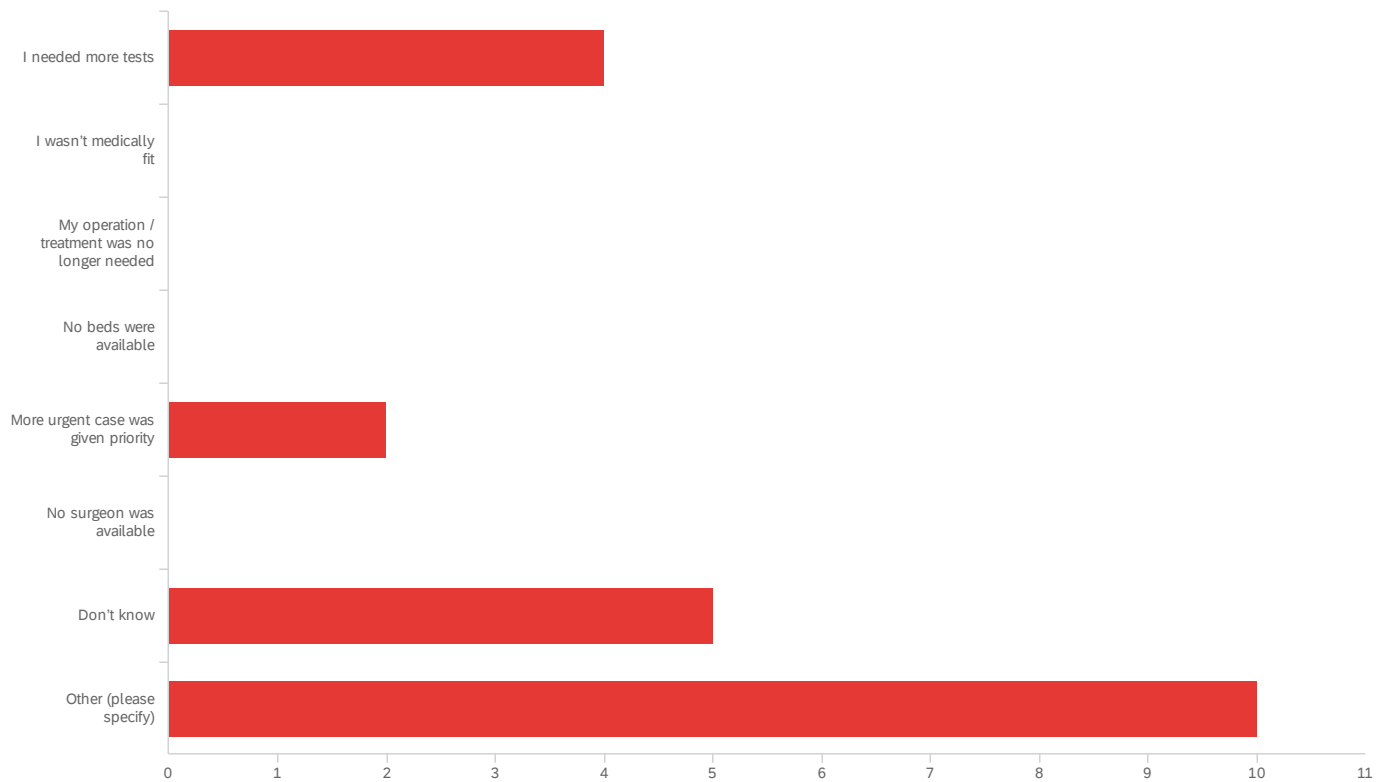


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	If you have received urology services, have any of these been cancelled or delayed?	1.00	3.00	1.66	0.56	0.32	44

#	Field	Choice Count
1	Yes	38.64% 17
2	No	56.82% 25
3	Don't know	4.55% 2
		44

Showing rows 1 - 4 of 4

6 - If yes, please tell us the reasons why:



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	If yes, please tell us the reasons why: - Selected Choice	1.00	8.00	6.14	2.64	6.98	21

#	Field	Choice Count
1	I needed more tests	19.05% 4
2	I wasn't medically fit	0.00% 0
3	My operation / treatment was no longer needed	0.00% 0
4	No beds were available	0.00% 0
5	More urgent case was given priority	9.52% 2
6	No surgeon was available	0.00% 0
7	Don't know	23.81% 5
8	Other (please specify)	47.62% 10

Showing rows 1 - 9 of 9

6_8_TEXT - Other (please specify)

Other (please specify)

Preop missed out MRSA swab!

See above notes

see above - the pandemic

Twice. First time the consultant called for my telephone appointment 45 minutes early and then wasn't available at the scheduled time. Second time it was cancelled as consultant was on holiday.

Cystoscopy cancelled

Covid stopped all my treatments

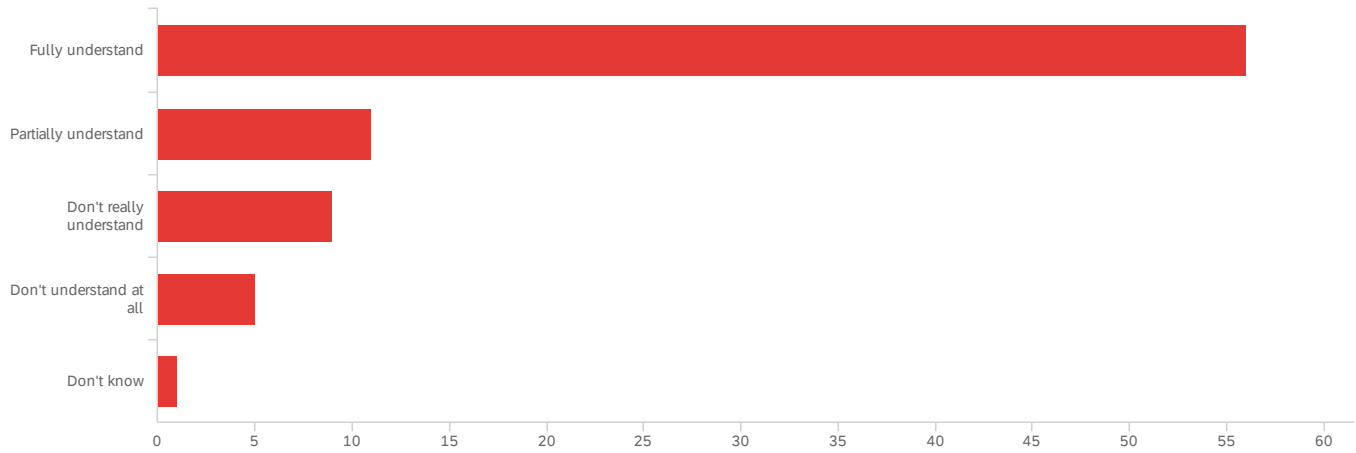
Just not heard anything yet?? Placed on a 2ww in October 2020 - still not yet seen a urologist or urology specialist! Have only had an ultrasound done at Louth?? Placed on 2ww after frank haematuria seen at Lincoln

I was sent home early and told my catheter should only be in for two weeks. It has never been removed and now nearly a year later I seem to be stuck with it.

Wasn't urgent enough

Due to Covid I guess but should not have been the excuse

7 - To what extent do you understand why we are proposing to make changes to the urology services?

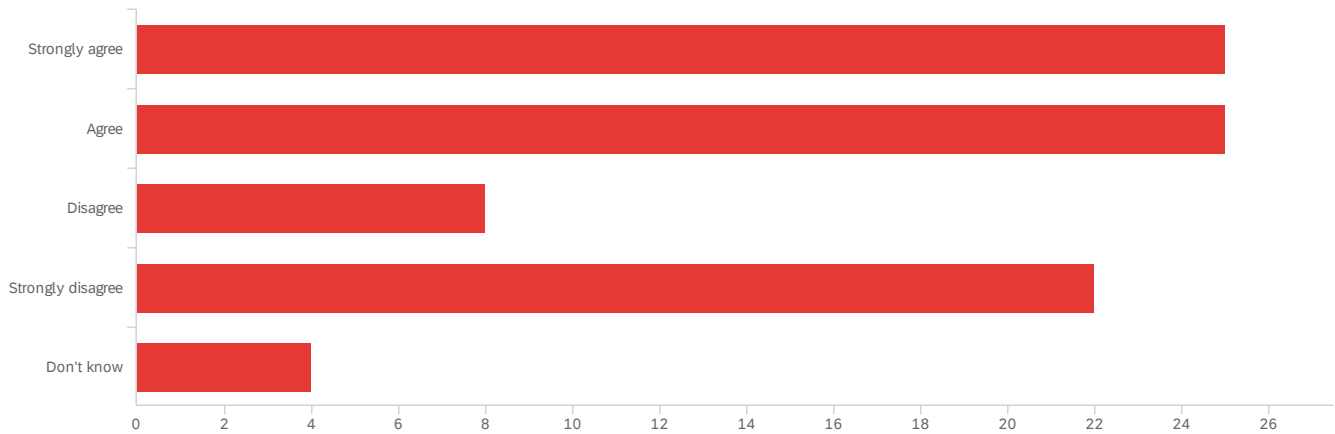


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	To what extent do you understand why we are proposing to make changes to the urology services?	1.00	5.00	1.59	0.99	0.97	82

#	Field	Choice Count
1	Fully understand	68.29% 56
2	Partially understand	13.41% 11
3	Don't really understand	10.98% 9
4	Don't understand at all	6.10% 5
5	Don't know	1.22% 1
		82

Showing rows 1 - 6 of 6

8 - Proposal: All emergency admissions to be seen at Lincoln hospital 7 days a week An increase in dedicated planned surgery at Pilgrim Hospital Boston and Grantham Hospitals Planned surgery will continue at Lincoln and Louth Hospitals and outpatients will remain at all sites To what extent do you agree with this proposal?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Proposal: All emergency admissions to be seen at Lincoln hospital 7 days a week An increase in dedicated planned surgery at Pilgrim Hospital Boston and Grantham Hospitals Planned surgery will continue at Lincoln and Louth Hospitals and outpatients will remain at all sites To what extent do you agree with this proposal?	1.00	5.00	2.46	1.29	1.65	84

#	Field	Choice Count
1	Strongly agree	29.76% 25
2	Agree	29.76% 25
3	Disagree	9.52% 8
4	Strongly disagree	26.19% 22
5	Don't know	4.76% 4
		84

9 - Please tell us why you agreed or disagreed with this proposal and if you have any other suggested proposals

Please tell us why you agreed or disagreed with this proposal and if you ha...

Sorry = would never go to Pilgrim hospital for planned surgery. Have no faith in staff - had a very unhappy experience in A&E with a urologist (and for operation - admittedly not urology)

Distance to Lincoln can be two hours or more And the ambulance can be two hours and more before it arrives in the Southeast and coastal regions. EMAS have NEVER met it's target for ambulance arrival in East and SE lincs. Patients have died because of it. Well publicised. What about the NHS and surgeons oft quoted "golden hour" for emergencies? Increased to four hours and more...when centralising to Lincoln. You have presented reasons and arguments all based on not employing enough Urology staff to manage the locally based Pilgrim and Lincoln A&E Urology departments/service. You have deliberately used scare tactics to invent scenarios, objections and excuses ALL based upon the need to centralise at Lincoln in the far northwest west of the county, at the expense of 2/3 (third)of the population who are up to two hours from Lincoln County by private car. The transport infrastructure in Lincs is very poor. Your arguments do not stand up to examination when the ICS/CCG has underlying financially led reasons to cut back on local delivery of Urology. Patients families and friends will have enormous difficulty getting to Lincoln from the east and southeast particularly after work and 30% of residents in the same region do not have a car. Public transport in the evenings is virtually non existent from East across county and at weekends, worse. NICE/NHS mandate that visitors help patients recover enormously. It is an appalling betrayal of the residents to invent reasons to centralise and remove local services. If the current staff are so put upon and overworked and YOUR current operating decisions are undervaluing the Urology staff and then shame on ULHT for putting current patients at risk! And for the CCG and for ULHT not employing and organising proper, sufficient and safe numbers of staff, as you have been putting local patients at risk by overloading current staff in your own words as excuses to centralise.... And not delivering services locally as has been promised for the population who are ALL paying for free, locally delivered services is disgraceful. Centralisation will cost lives and not just for emergency urology but Stroke and others too. There is no thought of impact upon patients in a massive spread out and diverse communities... and difficulty getting to Lincoln; the impact from cutting local services is great and is just manipulated data and questions, written to get approval without stating the truth.

Better use ion resources, reduction of overstretch on staff (and thus redyuced elective cancellations), maintains choice of elective site.

7 days a week is good

I agree with the rationale for managing Dr's on-call and working hours so that planned and emergency procedures are separated /protected. I agree that emergency surgery should take place at one location 24/7, however I would like to see a centralised specialist urology centre for Lincolnshire where all planned, emergency and diagnostic procedures take place which also incorporates all outpatient activity at the same unit (I'm a renal nurse and this is how I've seen renal services successfully implemented during my career).

I neither agree nor disagree tbh as long as people get the help they need

Yet again South Lincs have to Miles and Miles to get Basic Treatment

7 days seems a long time for an emergency and Lincoln is far from many places in the county. Given older people seem more likely to need urology treatment, this seems inconvenient.

It makes ense to streamline the consultants workload

Have no confidence in Pilgrim therefore welcome emergencies going elsewhere

Seems logical

Lincoln is not centralised to Lincolnshire. I think Boston should be available for emergency procedures. Lincolnshire is not suitable for the one stop shop approach that is politically being pushed as the STP or whatever name it is being badged as now. By pushing everything to Lincoln it disadvantages the whole east of the county along the coast. It's not just about the patient it is also about relatives wanting to visit. I do not believe this is for patient benefit but for the trust.

Please tell us why you agreed or disagreed with this proposal and if you ha...

as not required emergency treatment not been affected

With no emergency care at Pilgrim or Grantham it seems that it is a postcode lottery as to whether people get emergency care in a timely fashion.

Seems to me it will keep things running more smoothly

This will impact on travel for patients also this will put a massive impact on Licoln site for emergency admissions, at present they struggle to ha e patients on the appropriate ward, they are outlied all over, this will only get worse, these patients are not reviewed in a appropriate time, this will cause a delay in treatment & discharge. Also this will have an impact on staff urological skill at Pilgrim. Does this mean that Urology will stop at Pilgrim

Lincoln hospital cannot manage with the current services they offer. Stroke patients rarely get admitted to the stroke unit. Vascular patients are transferred inappropriately to Pilgrim. Pilgrim hospital and patients attending pilgrim hospital will again get a poor service as they have done in stroke and cardiology since services are centralised. Patients often wait 12hrs for emas transfer to Lincoln, and can often wait up to a week for urgent angio transfer. We need to keep services at both main hospitals.

I think this is an excellent idea

Increasingly services are becoming Lincoln centric for my elderly father this creates stress and worry for him.

The move of emergency services away from the south of the county means that I will need to use Peterborough hospital rather than risk an emergency admission miles away from home.

Consolidation of services seems sensible and is a more efficient use of resources. The inconvenience for patients of being treated at a different hospital within Lincolnshire is minimal.

need to address cancellations etc. but also need to ensure capacity to make the changes

More patients should be able to receive the treatment they need whether that be emergency or elective

Centralising skills and improved capacity will be better for patients even if it means travel

More efficient use of resources should lead to improved waiting times

Lincoln is central for all emergency cases

Better to have an expert team at 1 venue rather than spread too thinly over multiple sites.

prefer more on peripheral sites to avoid travel. community hopsitals

It is better to have one hospital in the county with all the expertise, rather than to have this spread out. Lincoln hospital is quite a bit further for me - but a better hospital I believe, and I would rather be treated there than Pilgrim, definitely. I rate Pilgrim hospital so poorly that I actually was concerned about where I bought a house in the county as I didn't want to be in the catchment area of Boston hospital!

It makes sense to anyone needing emergency admission to be going to the one place where treatment should be given quickly. Why does a patient have to go to A & E when the patient has a know urology condition and the GP has arranged admission? If this new way of treatment is approved why should known urology patients who need emergency care have to go through A & E first?

More efficiency would be achieved if Doctors were not allowed to carry out as much private work. Anyway it would appear serious cases apparto betransfered to Leicester, Nottingham or Sheffield. In general Lincoln County needs upgrading to be on that level

Please tell us why you agreed or disagreed with this proposal and if you ha...

It makes sense to have one site for Urological emergencies and reduce the number of elective procedures that are cancelled on the day.

i think it will improve patient safety

If Lincoln was central then maybe but only maybe it would be ok but it is not it is stuck up in one corner of Lincolnshire. We on the coast have no 360 degree options like most patients. Boston is our go to hospital in emergencies and provide good service. This centralisation of services is not for the good of the people it is a political move to centralisation to move to a more privatised model. Instead of building up a system of hospitals and staffing to give local people equal service. This plan will be detrimental to us who are further away both in time of getting to hospital but also the impact on relatives being able to get to see patients. Longer transport by ambulance, more arrivals at a centralised point cannot be a benefit to many residents of Lincolnshire. So I am against the centralising of emergency medical operations because I believe it is a detriment to many.

I think Lincoln hospital should be closed down. I might have received better service opposite the hospital.

It is expected to improve overall patient care

What about Ambulance coverage with patients travelling to Lincoln from areas over 60 minutes travelling time unbelievable

Urology department needs changing and get your staff sorted out, and complaints about urology not hidden and pushed to one side. Bullying is not acceptable on any level.

If it means better consistent treatment without delays.

The quicker people can be seen the less stressful it is for everyone concerned.

Specialist centres with skilled staff is preferable to having thinly covered care.

why change something that works? This is all part of the Govts scheme for Integrated Care systems and nothing to do with patient health

Lincoln is too far for patients to travel during an emergency and many families will struggle to travel there to be with relatives (after Covid protocols are relaxed) especially at short notice. I was a Urology patient as a child and having my treatment at a local hospital was great for my family as my sister was a patient on paediatrics regularly and it was easier for my mum rather than splitting herself across two hospitals 30 miles apart. There could very well be family situations like this in the future where families have other children to care for and little support from family making it impossible for them to be at Lincoln with their sick child or elderly relative.

I don't agree that this will be an improved service offered. Lincolnshire is one of the largest counties and if I had to be seen as an emergency, the last thing I would want to be doing is travelling all the way to Lincoln. I propose you should keep all options at all hospitals and increase staffing to manage this.

Do not agree to move to Lincoln

If it ain't broke don't fix it.

I am 74, also disabled, I do not expect to travel 27 miles to Lincoln County Hospital.

What happens to people with no transport how are they expected to travel to Lincoln especially if they have young family to look after . Not everyone drives and public transport is not easy or cheap

For the reasons in the proposal.

What happens to emergencies such as maternity patients etc

Please tell us why you agreed or disagreed with this proposal and if you ha...

Why not move it to Pilgrim.

Beacuse mysekf and my family live in boston and it is far better to be seen at boston and not lincoln.

Cannot get anywhere other then Boston

They should be at both sites

Too much pressure on consultants to be expected to cover both. Fatigue and concentration levels must suffer when trying to perform all aspects

My son would have suffered harm if the Boston service hadn't been available

I will choose to be taken to Peterborough City Hospital if the most local service is at Lincoln

Again depleting the services at Pilgrim. The journey to Lincoln from Boston or Skegness is a long journey on difficult roads. Don't expect you will listen thou.

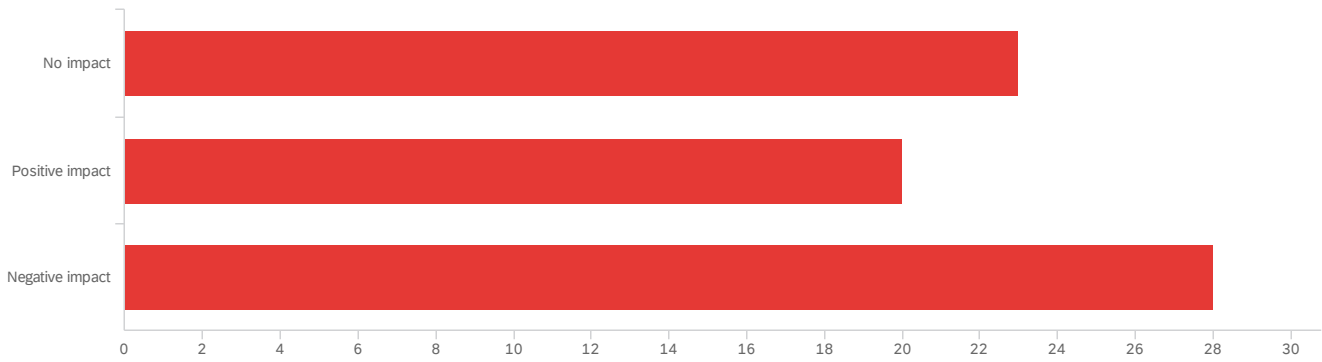
Do not have transport to Lincoln, Grantham Urologist was brilliant , excellent day care & ward 1 , I have mobility problems Grantham is my Local hospital . I ended up QMC then Nottingham City with Catheter problems at night , Great care at Nottingham.

What impact does the removal of emergency urology have on maternity and gynaecology?

Benefits all. I will know the best hospital to go to if I need treatment.

Well three months wait between appointments by phone or face to face is way to long.

10 - Please tell us about the impact this proposal might have on you



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Please tell us about the impact this proposal might have on you	1.00	3.00	2.07	0.84	0.71	71

#	Field	Choice Count
1	No impact	32.39% 23
2	Positive impact	28.17% 20
3	Negative impact	39.44% 28
		71

Showing rows 1 - 4 of 4

11 - Please tell us the reason for you answer above

Please tell us the reason for you answer above

Difficult to imagine how changes would affect me. I need planned operation to change JJ stent every 6 months at either Lincoln or Grantham

Already written. I could die as I am a pensioner and in emergency I cannot rely on a timely EMAS ambulance to get to me AND drive to Lincoln. In winter with bad roads it can take two hours from east Boston, never mind from the east coast and Skegness. You are placing my life at risk with your ridiculous proposals than dress up the responsibilities you have now which are NOT being met without raising all the negatives due to lack in staffing numbers. You are giving out half truths and lies selling a hospital two hours away as "improvements". It won't work. Financially led changes to cut costs and centralise arguments are easily seen through as charlatan attempts to deceive the patients and removing LOCAL major services stand out as retrograde steps for patients.

If I need elective synergy in future there is a less risk of it being cancelled

currently no problems

I'm based in Lincoln and so the proposal would not change services for me

Lincoln is an hour and fifteen minutes from me so it would mean more travel than if I could go to Louth

I use Norfolk NHS.

Not sure when I'll need to use the services again.

Until I need the urology dept again I wouldn't know the impact

It's worked for other specialties so should work well for urology. The trust must be able to offer surgical beds to elective patients to maintain and increase elective activity. Expansion on all sites to meet the surgical needs of the population both emergency and elective is so important. I've worked in theatres across ULHT and most days most theatres started late due to unavailability of beds whether that was just a normal bed, level 1 or 2. The money that it wastes just having a team sat around must be unbelievable, the fact that it's everyday screams to me that there isn't enough beds. Yes this has happened in other trusts I've worked at but not at the frequency as ULHT who need to be earning from every possible case.

I live equidistant from Lincoln and Grantham

Same as 9. Further distance for ambulance journeys, relatives wanting to visit and disadvantaging residents further along the coast.

see 8 above

Having to travel to Lincoln for emergency care is not acceptable from many areas of the ULHT catchment area

To me this proposal can only be a good thing

for years Lincoln as wanted all the services there not giving people a say having to travel miles for treatment, large amount of patients are old

This will cause unnecessary extra travel and waiting time in A & E at Lincoln

It is distressing for patients and families to have to wait and wait to get the right care in the right place. These services being centralised will only cause further delays and a worse outcome for patients.

Please tell us the reason for you answer above

AFTER an ambulance arrives it can take over an hour to get to Lincoln. Ambulances in south and coastal lincs never meet the Government targets. They regularly take over one hour and sometimes in excess of two hours to reach patients in south and coastal Lincolnshire That will certainly negatively impact upon recovery if a further journey of up to two hours from southeast and coastal Lincolnshire. That cannot be approved to centralise the emergency service to the far NORTH WEST of Lincs to Lincoln County Hospital.

I live in Sleaford so doesn't matter where I would go, but his is an excellent idea

See previous answer

Increase my travel time for emergency services, and make planned services disjointed.

Any emergency urology admission or planned surgery for me or my family would have been at LCH anyway because of where I live.

I live in Lincoln so the emergency care being at Lincoln does not make a difference. If I needed routine care then if these proposals work there would be less chance of this being cancelled.

distance travelling - 34 miles - especially in high tourist season. Time factor also in an emergency

Should allow more time in Boston area for elective outpatient services should I require them again

I would be happy to travel to receive expert care

See answer to Q10

No impact at present but if required the service would prefer to travel to Lincoln

Journeys to Lincoln would suit just fine for major consultations, with some O/P appt's at Grantham.

dont know when i would need to use the service

Because if there is ever an emergency then I know that I will be treated at a better hospital

I can get quicker treatment and pain relief if the ward will take emergency admissions.

see previous comments

I have used the service 3 years ago and although have no current need, thinking of thd future and other patients. I see it as a beneficial move.

n/a

Because I am not being treated with respect and consultant not listening to my concerns

See answer 9

Because I don't think I would ever want to go back to either of those hospitals.

If I need elective urology care it is less likely to be cancelled

because we wont go to Lincoln now, our choice is to steer clear of Lincoln County at all costs.

Please tell us the reason for you answer above

We live at Sleaford so the travel distance to Lincoln in an emergency is not much further than Grantham or Boston. The problem will be that we will be more likely to go to Lincoln A&E if needed instead of Boston, to try to prevent needing to be moved by ambulance.

Cannot measure against anything

Having recently had an uti I can appreciate the need to be seen quickly.

Lincoln good for access and Grantham for O/P.

I won't be returning if I can help it

Pilgrim has served me well and is my nearest hospital. I am not prepared to travel further and I'm happy with the treatment I received so will stick with Pilgrim.

If I am to be seen in an emergency, it's going to take me over an hour to get to Lincoln, not very quick and not very helpful for my condition.

Travel times.

Too much travel no public travel

When I'm urinating blood, I'd rather go to expertise which is close rather than one which has been moved further away. AND your "tired" doctors will mostly have to travel further to get to work.

I have co-morbidities

It is not a service I have to access at the present time

Lincoln is my most convenient hospital

Asking anyone to travel isn't very good for the environment reasons let alone using public transport which is already not very frequent to get to an appointment . Plus this will locally impact on jobs

If its needed and can't get to Lincoln as ambulance is to busy

Beacuse of the extra travelling time. No family local to Lincoln.

As above

Better patient care and to prevent pointless transfers

Confidence in the way a dept I need works confidence consultants are alert and not over worked by covering all aspects of job confidence procedures will happen in timely.manner

My son needed emergency care at Boston. A transfer would have caused harm

Distance to travel from southern Lincolnshire

More travel on rubbish roads

Please tell us the reason for you answer above

Travel , care & not happy with Lincoln hospital , how can they run everything then give good care to patients our local hospital & staff are Caring.

What impact does it have on other services at Pilgrim?

I was already being seen at Lincoln.

14 months is a long wait for treatment and hopefully no more pain

12 - Please tell us any other suggestions you have for improving our urology services or what could be considered to mitigate any concerns you might have

Please tell us any other suggestions you have for improving our urology ser...

As mentioned in 11 above - I have a JJ stent which requires changing every 6 months. This is mentioned on every Patient Discharge document. Every time it comes up for renewal I have had to instigate a date etc. I know I am not alone in this respect. I have to phone one of the secretaries to get the ball rolling about 4-6 weeks before the due date. Why oh why cannot this be organized by urology?? If I don't get this stent changed invariably I end up with a nasty urine infection often necessitating a spell in hospital which could be avoided if only action was taken on a regular basis to change the stent on time. Additionally from a time angle - it would be better to know that that every 6 months I can set aside a week for the operation but as it stands I cannot do that - my life is, therefore, more disrupted than it needs to be.

Yes. You must keep local services to remain....and sufficient staff to properly support the current local urology A&E, and stop alternating between Lincoln and Boston (as you did with Stroke) putting lives and outcomes at risk. The only mitigation is to fund for the population locally and stop manipulating to centralise. People will die.

See above

More regular appointments for long-term chronic conditions

More level 1 beds. Staffed properly motivated, supported and well trained. The reason I left ULHT was poor training, under motivated became the norm and terrible senior management. I hope service improvements like this continue to be made, healthier services will attract staff especially with the medical school at Lincoln (LCH should really benefit massively from this) which should really help the trust. Vascular services need to be restored at LCH, unfortunate for PHB, but all services particular interventional radiology which in turn would benefit so many other services at ULHT if based at LCH, over the next 2 years it will become massive in every specialty both emergency and elective work.

Read notes before phoneing

Keep to having two centres to do emergency procedures.

no suggestions

N/A

ACP need to be given proper support and the urology consultants need to work as a team, but make sure there are dedicated Urology wards

Dedicated urology beds on 5a. Dedicated urology nurses, including specialist nurses, sadly lacking since services left the Bostonian. All interventional radiology happens at pilgrim, Lincoln do very little.

There must be an emergency service at Pilgrim for emergency urology as all South east and coastal residents, some 250,000 residents rely on Pilgrim as the closest District General Hospital. You are very much aware that the EMAS ambulance never reaches its targets in this area so in moving all to A&E to Lincoln 7 days, means you are deliberately placing residents at risk of worse outcomes. That cannot be condoned or argued away.

no concerns great idea, we must make sure that this happens as previous ideas of 7 days a week surgery at Grantham never happened

Perhaps have dedicated on call surgeons

None

Please tell us any other suggestions you have for improving our urology ser...

No real concerns while elective services will still be available in Boston

Lack of continuity of Consultants has always been a gripe of mine, instill confidence with patients by seeing the same person each time. The number of times I have repeated things, corrected errors and sought further clarification following diagnosis.

utilise community hospitals more to save travel and avoid big busy sites with high carpark costs

More regular consultant outpatients appointments - I haven't seen one now for about 2 years!

Would the urology team take patients on the ward if the GP phones through re a patient needing admission? Known patients should have the benefit of avoiding A & E.

See previous cmments

/

Communication! Totally get 2ww aren't always achieved but this is a concerning time as a patient - having had several further episodes of haemturia, I am still unsure of the cause and want it investigated. Just a letter, email or text keeping me in the loop of when this will be would ease the anxiety. My gp has been great, but as a woman in my 50's I would like to know the cause of my reoccurring problem.

reduce waiting tiems

Consultants communication improving Not telling me that I drink too much when I know I drink under the recommended amount and then lying to my doctor about it

Leave it alone. Lobby governments to stop the rot. Stop being led by the nose and fight for better not cutting services to your patients. Fight for what we have instead of rolling over.

Use some fully trained staff.

Listening to patients rather than making assumptions .

again, staff need to be sorted, support patients, not bully them, make the appointment transparent and not rushed so the PATIENT understands exactly what is happening to them and why!!!!!!

Specialist consultants should see same patient if at all possible, my recent experience resulted in 4 seperate people involved in my care. Continuity is vital for patient confidence.

It needs to be situated in a much better ventilated part if any hospital More urologists are needed to prevent rushed appointments

More staff. Ask Govt to provide an equivalent per person funding to other parts of UK. Lincolnshire is one of lowest.

As stated above

Travel time and distance.

Keep it at pilgrim

Nothing

Please tell us any other suggestions you have for improving our urology ser...

Do not mend that which is not broken.

Keep some service in Boston . Moving essential services works okay on paper but no-one looks at the practical implications

None

Keep them on site

Bring it all to pilgrim

Keep services local to boston

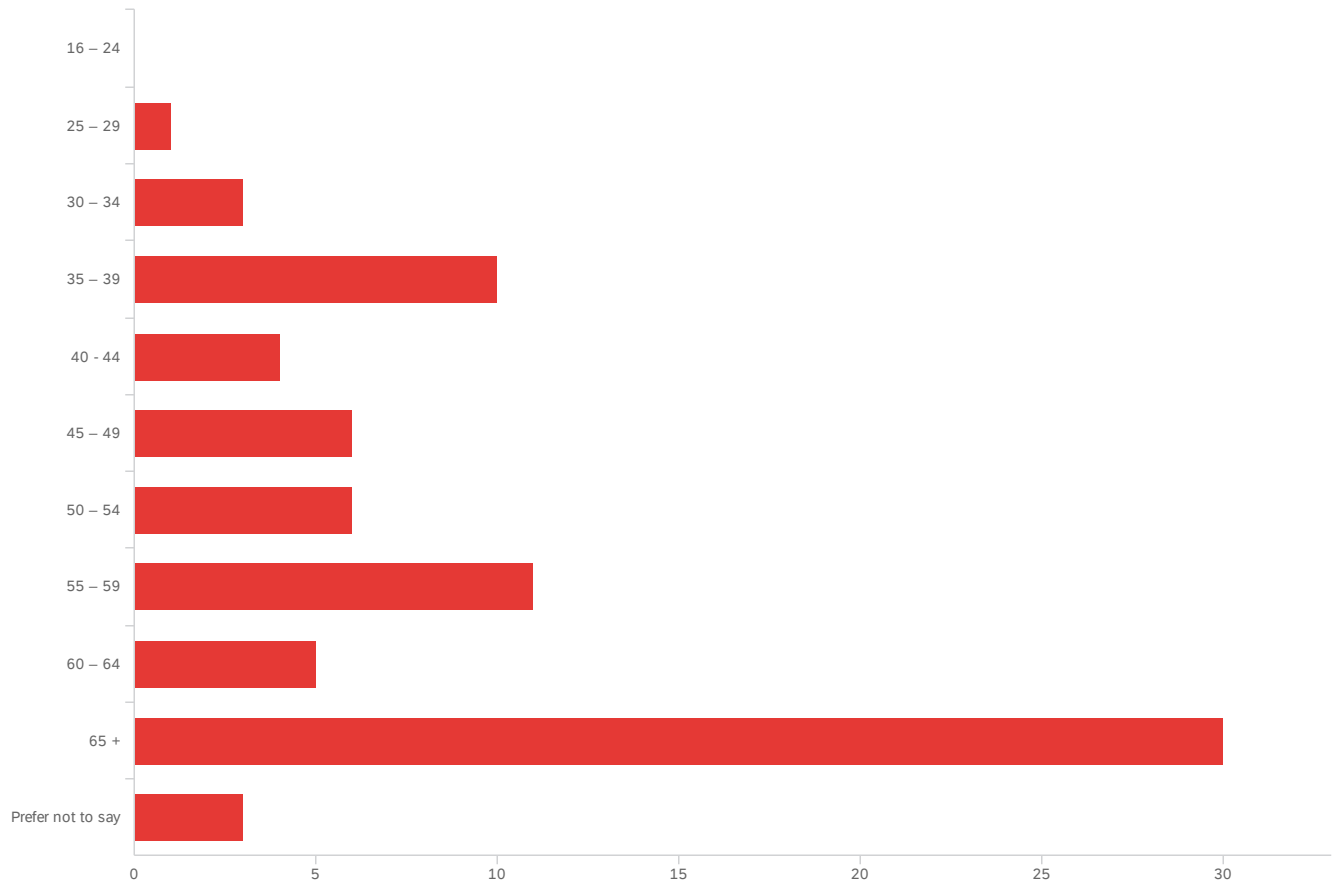
Keep at Boston, lincoln and louth

Keep an emergency service at Boston

Employ more staff and properly staff all hospitals

Grantham residents should be allowed to see consultants at our Local hospital , Elderly & disabled people should not have to be Transported elsewhere , frightening & Transport difficulties. Just moving problems around county.

13 - Age: What age group do you belong to?



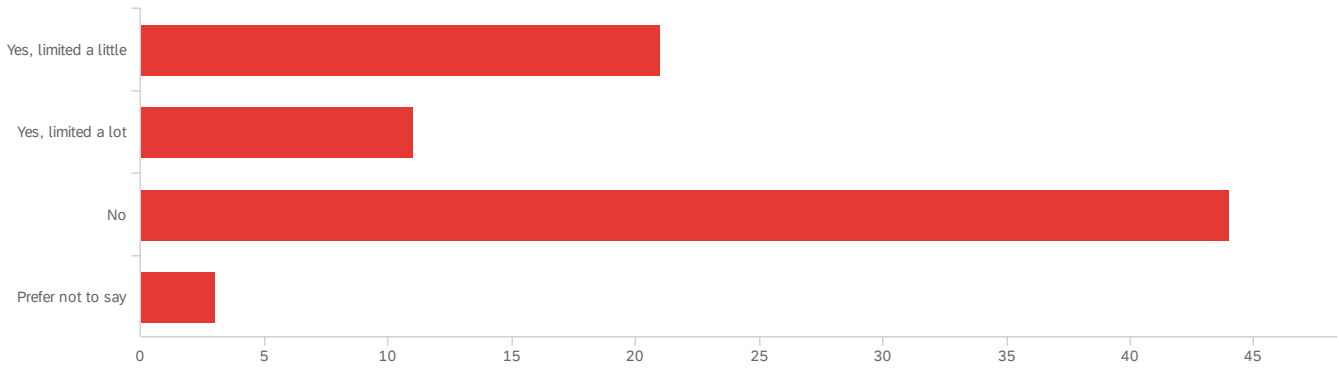
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Age: What age group do you belong to?	2.00	11.00	7.78	2.48	6.14	79

#	Field	Choice Count
1	16 - 24	0.00% 0
2	25 - 29	1.27% 1
3	30 - 34	3.80% 3
4	35 - 39	12.66% 10
5	40 - 44	5.06% 4
6	45 - 49	7.59% 6
7	50 - 54	7.59% 6

#	Field	Choice Count
8	55 – 59	13.92% 11
9	60 – 64	6.33% 5
10	65 +	37.97% 30
11	Prefer not to say	3.80% 3
		79

Showing rows 1 - 12 of 12

14 - Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?



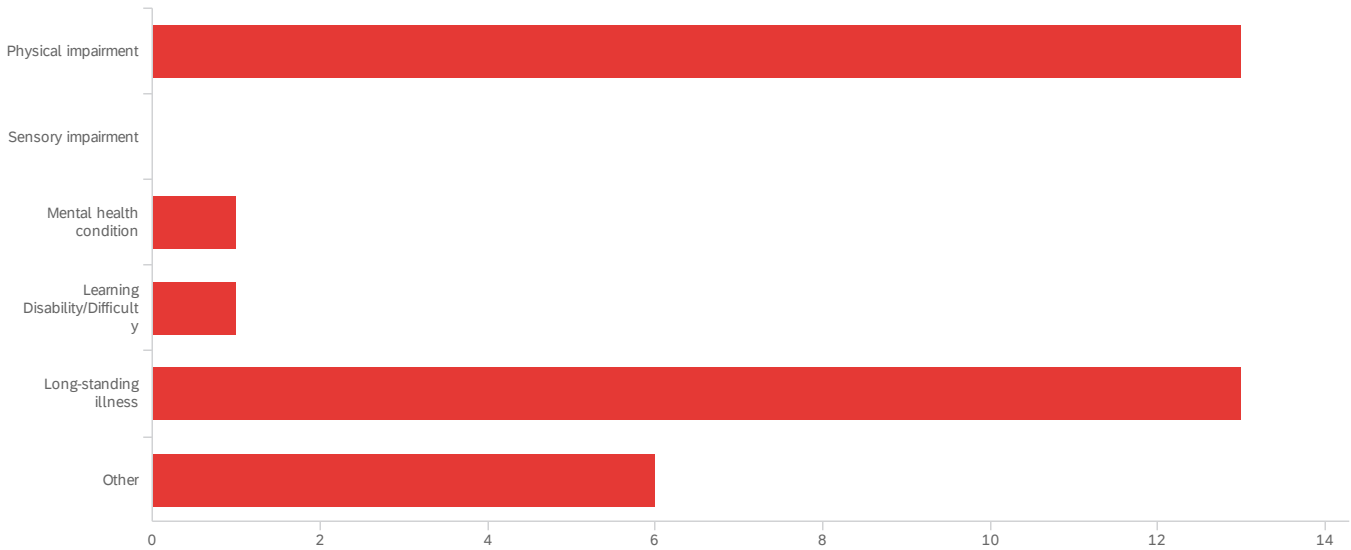
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Disability: Are your day-to-day activities limited because of a health problem or disability which has lasted, or expected to last, at least 12 months (including any problems related to old age)?	1.00	4.00	2.37	0.92	0.84	79

#	Field	Choice Count
1	Yes, limited a little	26.58% 21
2	Yes, limited a lot	13.92% 11
3	No	55.70% 44
4	Prefer not to say	3.80% 3

79

Showing rows 1 - 5 of 5

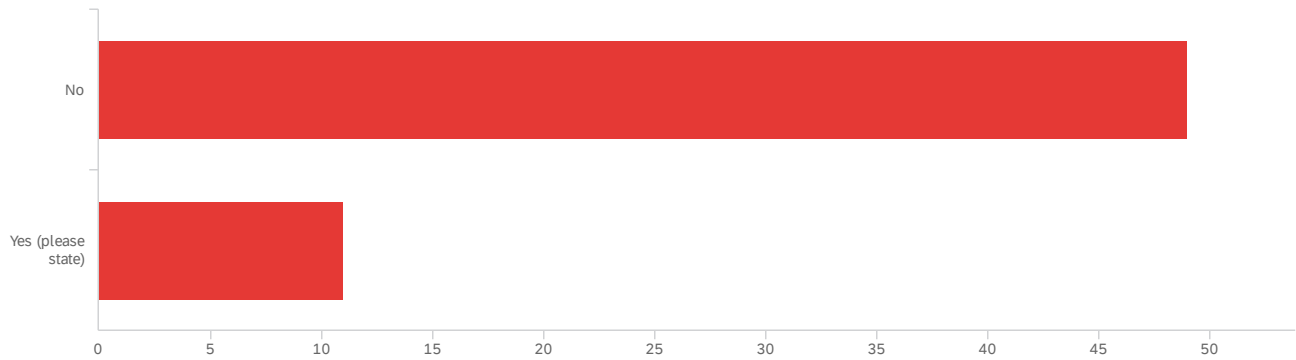
15 - If you answered 'yes' to the previous question, please indicate you disability - people may experience more than one type of impairment, in which case you may indicate more than one



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	If you answered 'yes' to the previous question, please indicate you disability - people may experience more than one type of impairment, in which case you may indicate more than one	1.00	6.00	3.56	2.09	4.36	34

#	Field	Choice Count
1	Physical impairment	38.24% 13
2	Sensory impairment	0.00% 0
3	Mental health condition	2.94% 1
4	Learning Disability/Difficulty	2.94% 1
5	Long-standing illness	38.24% 13
6	Other	17.65% 6

16 - In relation to the previous question do you have any specific needs or requirements?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	In relation to the previous question do you have any specific needs or requirements? - Selected Choice	1.00	2.00	1.18	0.39	0.15	60

#	Field	Choice Count
1	No	81.67% 49
2	Yes (please state)	18.33% 11
		60

Showing rows 1 - 3 of 3

16_2_TEXT - Yes (please state)

Yes (please state)

Difficulty walking

Is it Pilgrim regularly

[physical needs

Regular tests

[physical needs

Emergency care - pain relief

now self catheterising

Yes (please state)

perpheral neuropathylegs and feet, also spondylosis

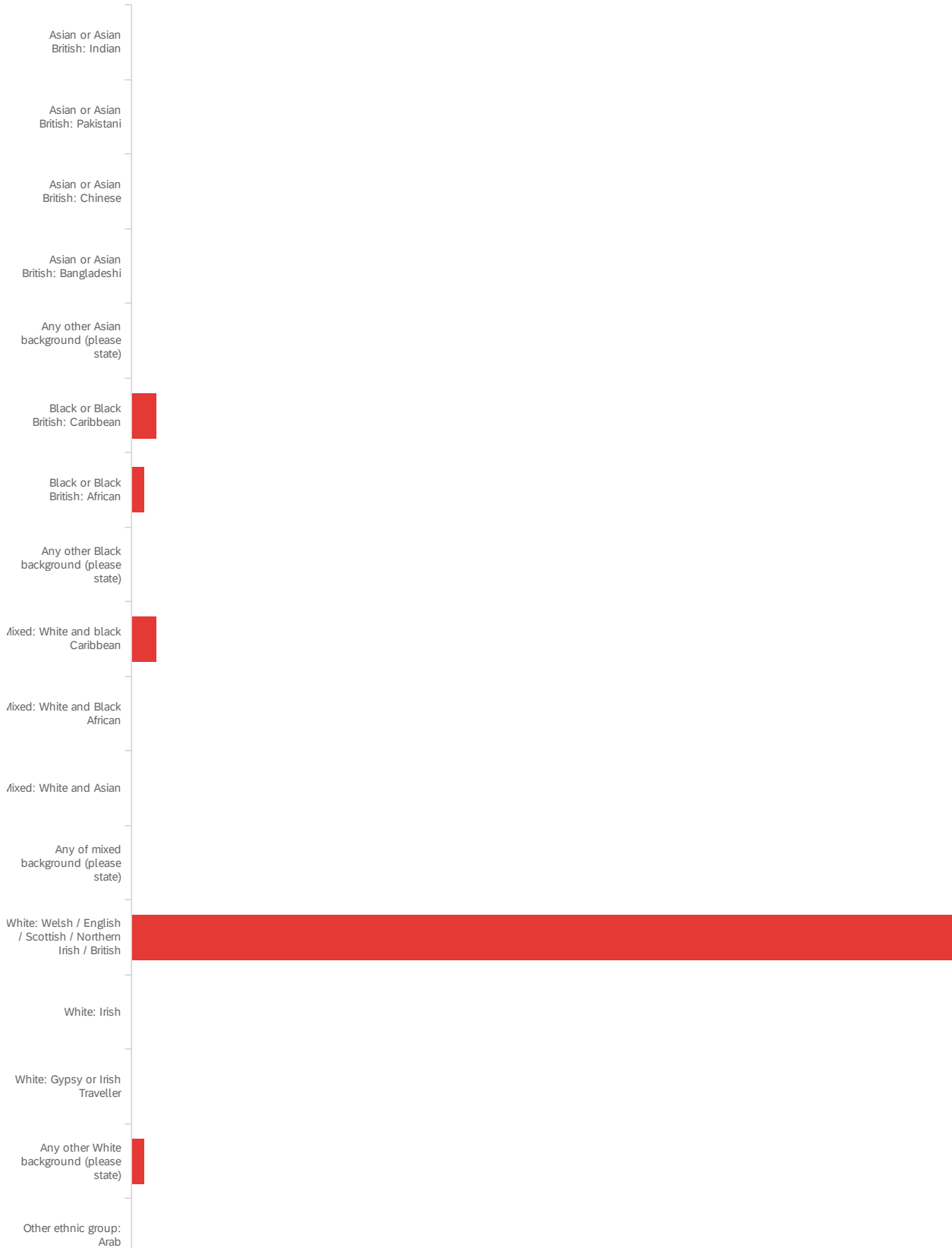
Wheelchair access, support and assistance

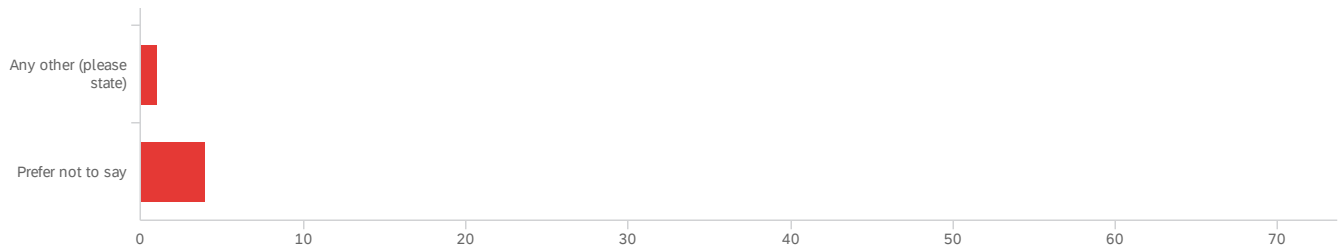
toilet access needed due to.stoma

Wheelchair as mobility problems

17 - Ethnicity: What is your ethic group? (Please click on the appropriate box to indicate

your ethnic group)





#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Ethnicity: What is your ethnic group? (Please click on the appropriate box to indicate your ethnic group) - Selected Choice	6.00	19.00	13.05	2.10	4.41	78

#	Field	Choice Count
1	Asian or Asian British: Indian	0.00% 0
2	Asian or Asian British: Pakistani	0.00% 0
3	Asian or Asian British: Chinese	0.00% 0
4	Asian or Asian British: Bangladeshi	0.00% 0
5	Any other Asian background (please state)	0.00% 0
6	Black or Black British: Caribbean	2.56% 2
7	Black or Black British: African	1.28% 1
8	Any other Black background (please state)	0.00% 0
9	Mixed: White and black Caribbean	2.56% 2
10	Mixed: White and Black African	0.00% 0
11	Mixed: White and Asian	0.00% 0
12	Any of mixed background (please state)	0.00% 0
13	White: Welsh / English / Scottish / Northern Irish / British	85.90% 67
14	White: Irish	0.00% 0
15	White: Gypsy or Irish Traveller	0.00% 0
16	Any other White background (please state)	1.28% 1
17	Other ethnic group: Arab	0.00% 0
18	Any other (please state)	1.28% 1
19	Prefer not to say	5.13% 4

Field

Choice
Count

78

Showing rows 1 - 20 of 20

17_5_TEXT - Any other Asian background (please state)

Any other Asian background (please state)

17_8_TEXT - Any other Black background (please state)

Any other Black background (please state)

17_12_TEXT - Any of mixed background (please state)

Any of mixed background (please state)

17_16_TEXT - Any other White background (please state)

Any other White background (please state)

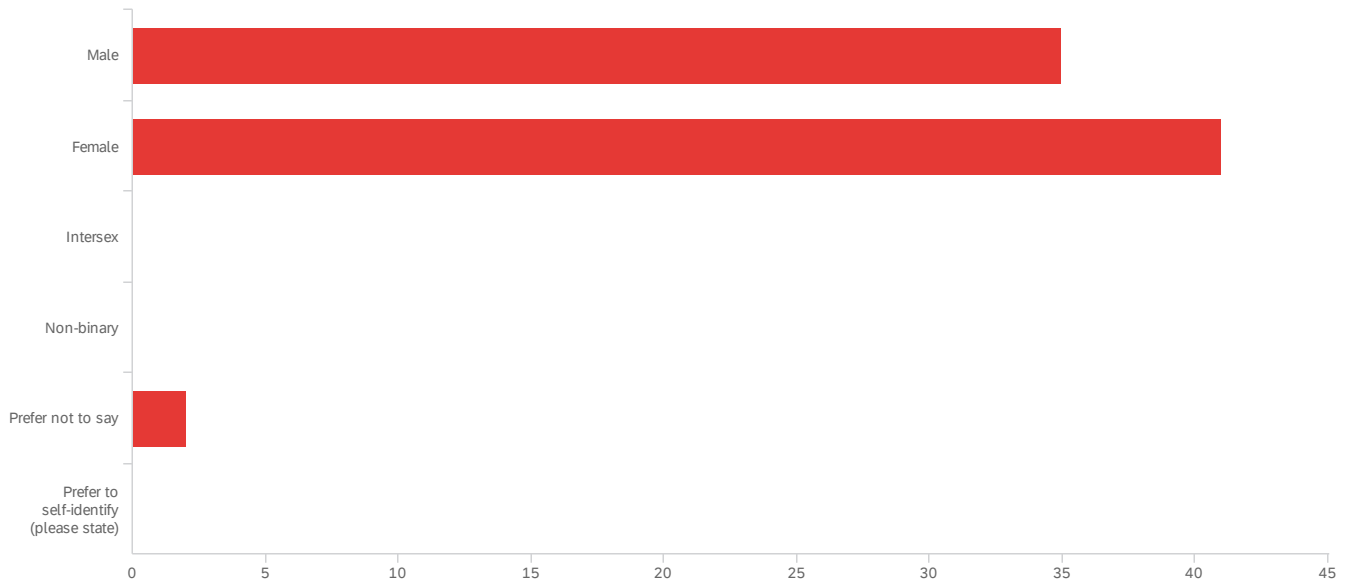
German

17_18_TEXT - Any other (please state)

Any other (please state)

English

18 - What is your gender?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender? - Selected Choice	1.00	5.00	1.63	0.74	0.54	78

#	Field	Choice Count
1	Male	44.87% 35
2	Female	52.56% 41
3	Intersex	0.00% 0
4	Non-binary	0.00% 0
5	Prefer not to say	2.56% 2
6	Prefer to self-identify (please state)	0.00% 0

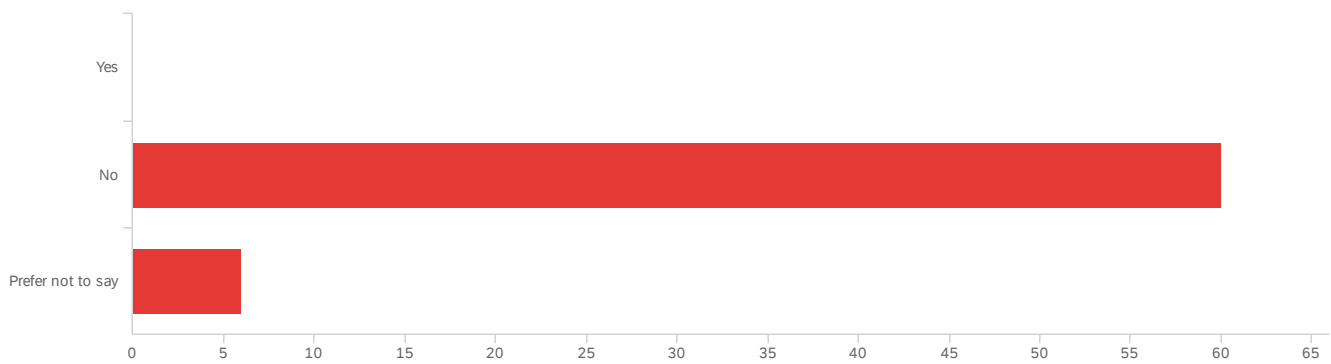
78

Showing rows 1 - 7 of 7

18_6_TEXT - Prefer to self-identify (please state)

Prefer to self-identify (please state)

19 - Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)

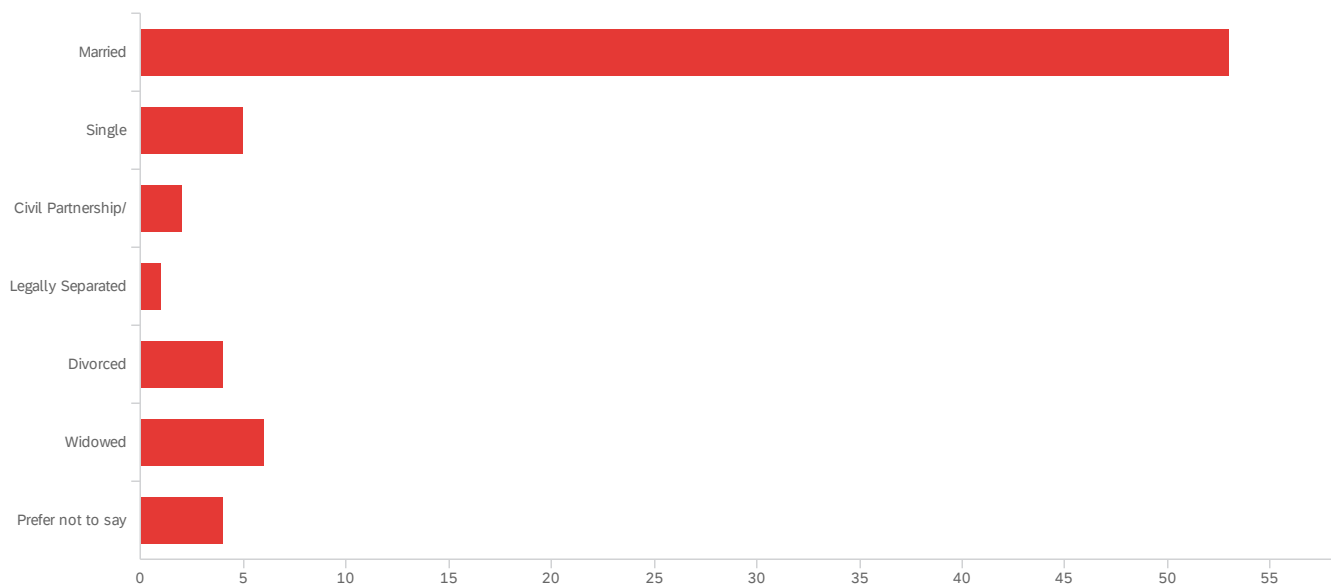


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Gender reassignment: Have you gone through any part of a process, or do you intend (including thoughts or actions) to bring your physical sex appearance, and/or your gender role, more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)	2.00	3.00	2.09	0.29	0.08	66

#	Field	Choice Count
1	Yes	0.00% 0
2	No	90.91% 60
3	Prefer not to say	9.09% 6
		66

Showing rows 1 - 4 of 4

20 - Marriage and civil partnership: what is your legal marital or civil partnership status?

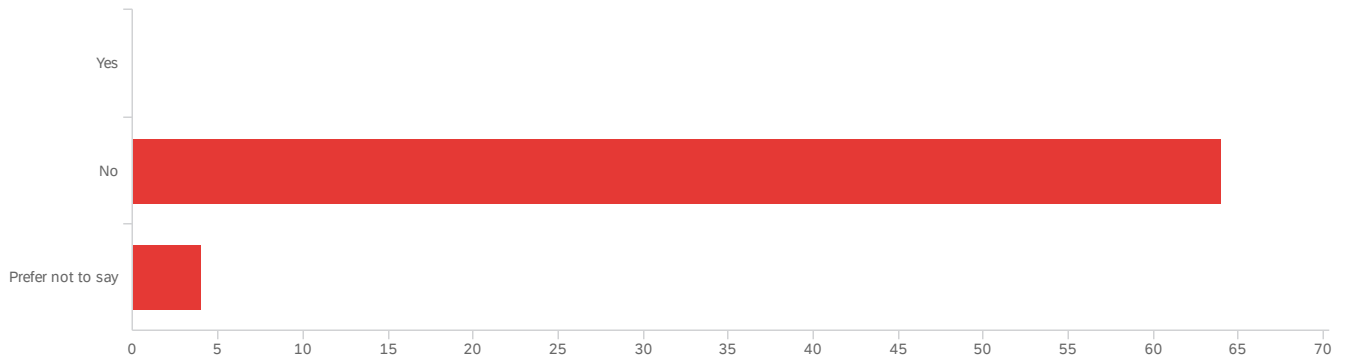


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Marriage and civil partnership: what is your legal marital or civil partnership status?	1.00	7.00	2.09	1.97	3.87	75

#	Field	Choice Count
1	Married	70.67% 53
2	Single	6.67% 5
3	Civil Partnership/	2.67% 2
4	Legally Separated	1.33% 1
5	Divorced	5.33% 4
6	Widowed	8.00% 6
7	Prefer not to say	5.33% 4
		75

Showing rows 1 - 8 of 8

21 - Pregnancy and maternity: Are you pregnant or have given birth in the last 26 weeks?

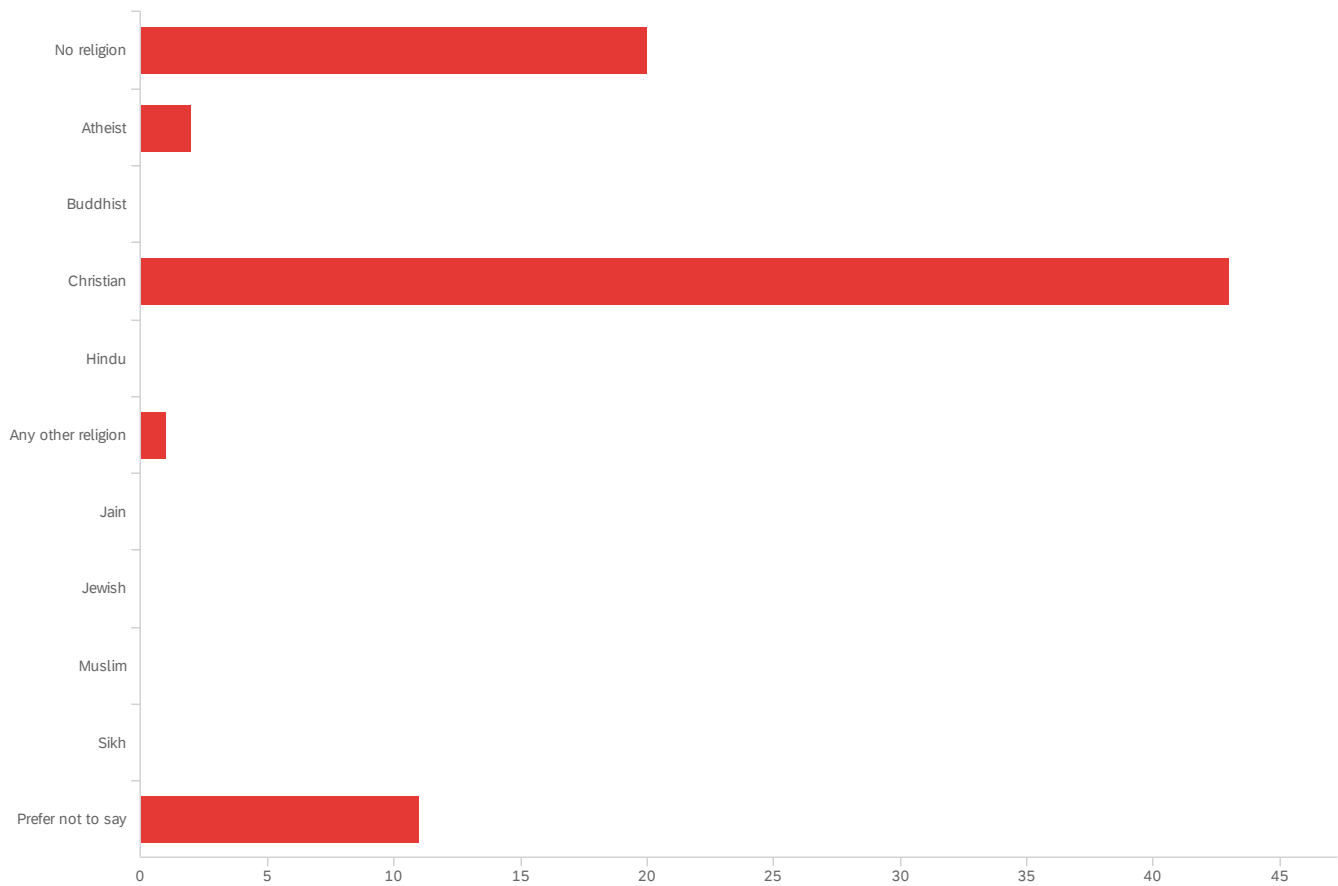


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Pregnancy and maternity: Are you pregnant or have given birth in the last 26 weeks?	2.00	3.00	2.06	0.24	0.06	68

#	Field	Choice Count
1	Yes	0.00% 0
2	No	94.12% 64
3	Prefer not to say	5.88% 4
		68

Showing rows 1 - 4 of 4

22 - Religion and/or belief: What is your religion/belief?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Religion and/or belief: What is your religion/belief? - Selected Choice	1.00	11.00	4.19	3.07	9.46	77

#	Field	Choice Count
1	No religion	25.97% 20
2	Atheist	2.60% 2
3	Buddhist	0.00% 0
4	Christian	55.84% 43
5	Hindu	0.00% 0
6	Any other religion	1.30% 1
7	Jain	0.00% 0

#	Field	Choice Count
8	Jewish	0.00% 0
9	Muslim	0.00% 0
10	Sikh	0.00% 0
11	Prefer not to say	14.29% 11
		77

Showing rows 1 - 12 of 12

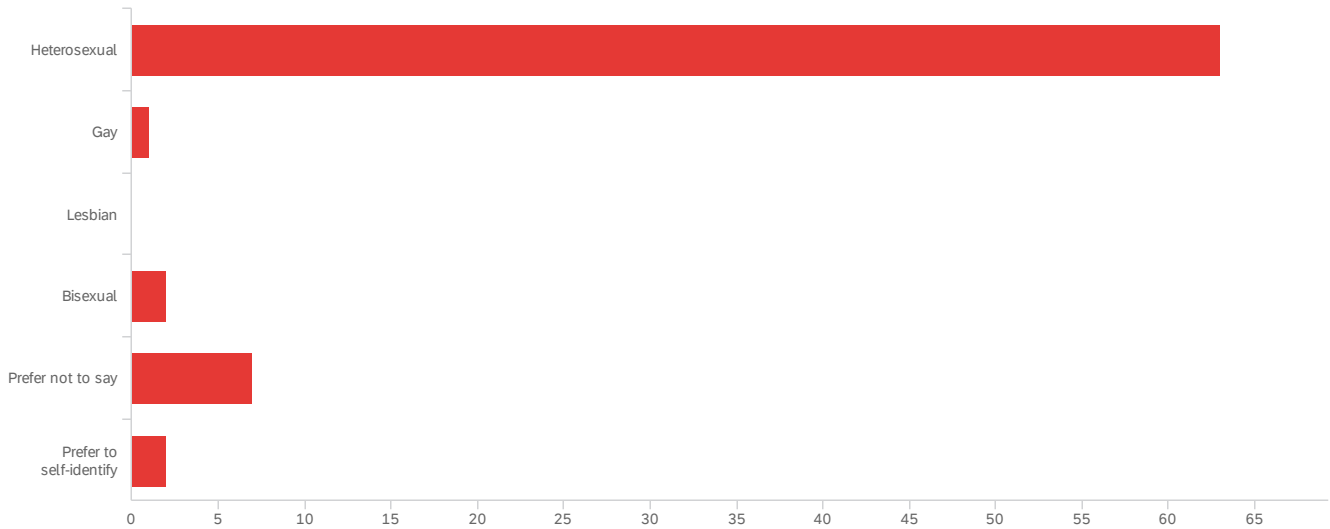
22_6_TEXT - Any other religion

Any other religion

Jehovah's Witness

23 - Sexual orientations Which of the following options best describes you sexual

orientation?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Sexual orientations Which of the following options best describes you sexual orientation? - Selected Choice	1.00	6.00	1.60	1.43	2.05	75

#	Field	Choice Count
1	Heterosexual	84.00% 63
2	Gay	1.33% 1
3	Lesbian	0.00% 0
4	Bisexual	2.67% 2
5	Prefer not to say	9.33% 7
6	Prefer to self-identify	2.67% 2

75

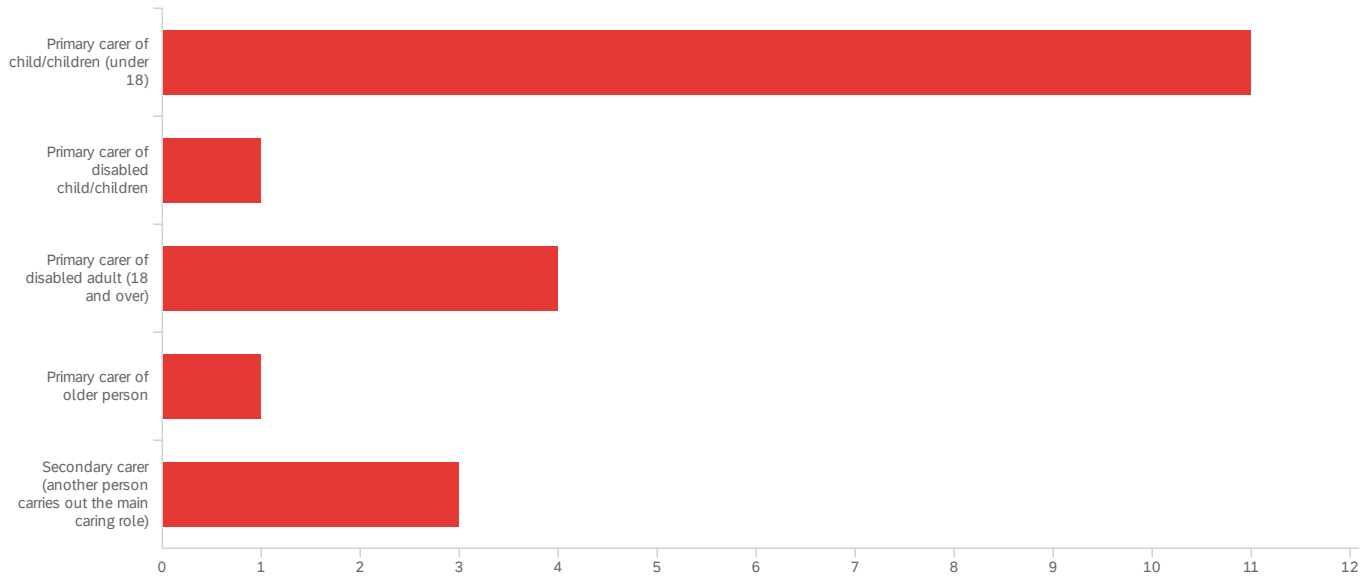
Showing rows 1 - 7 of 7

23_6_TEXT - Prefer to self-identify

Prefer to self-identify

24 - Caring responsibilities: Do you look after or give any help or support to family

members, friends, neighbours or others because of either long-term physical or mental ill-health/disability?

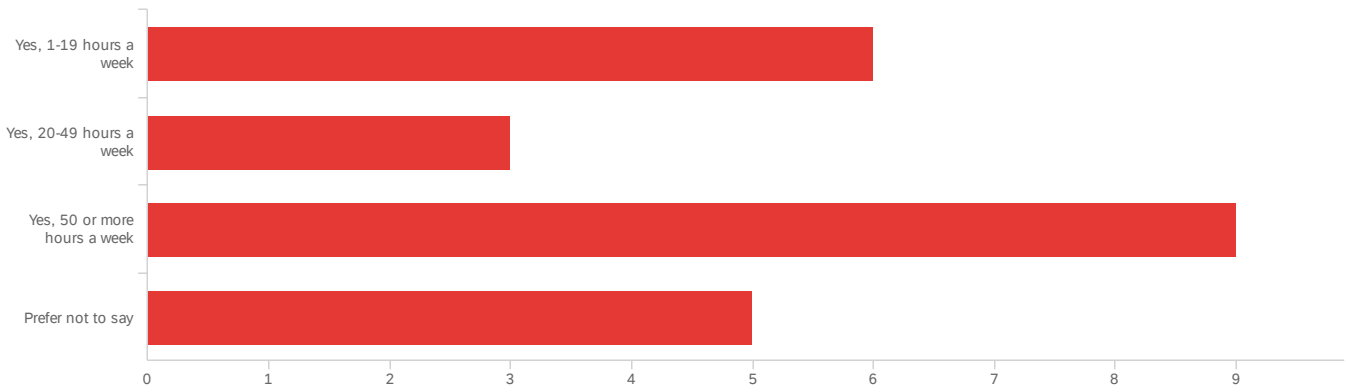


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Caring responsibilities: Do you look after or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health/disability?	1.00	5.00	2.20	1.50	2.26	20

#	Field	Choice Count
1	Primary carer of child/children (under 18)	55.00% 11
2	Primary carer of disabled child/children	5.00% 1
3	Primary carer of disabled adult (18 and over)	20.00% 4
4	Primary carer of older person	5.00% 1
5	Secondary carer (another person carries out the main caring role)	15.00% 3
		20

Showing rows 1 - 6 of 6

25 - Amount of time spent in relations to caring duties



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Amount of time spent in relations to caring duties	1.00	4.00	2.57	1.10	1.20	23

#	Field	Choice Count
1	Yes, 1-19 hours a week	26.09% 6
2	Yes, 20-49 hours a week	13.04% 3
3	Yes, 50 or more hours a week	39.13% 9
4	Prefer not to say	21.74% 5

23

Showing rows 1 - 5 of 5