



# Improving Hospital Discharge

What patients and carers told us

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November 2025

**healthwatch**  
Leicester and  
Leicestershire

## Executive Summary

This report shares the experiences of patients discharged from hospitals in Leicester and Leicestershire and the perspectives of their carers.

It shows that:

- Some things have improved since our findings from 2020, such as more people feeling involved in their discharge planning.
- Challenges remain, especially around communication, delays in getting medication and lack of support for carers.

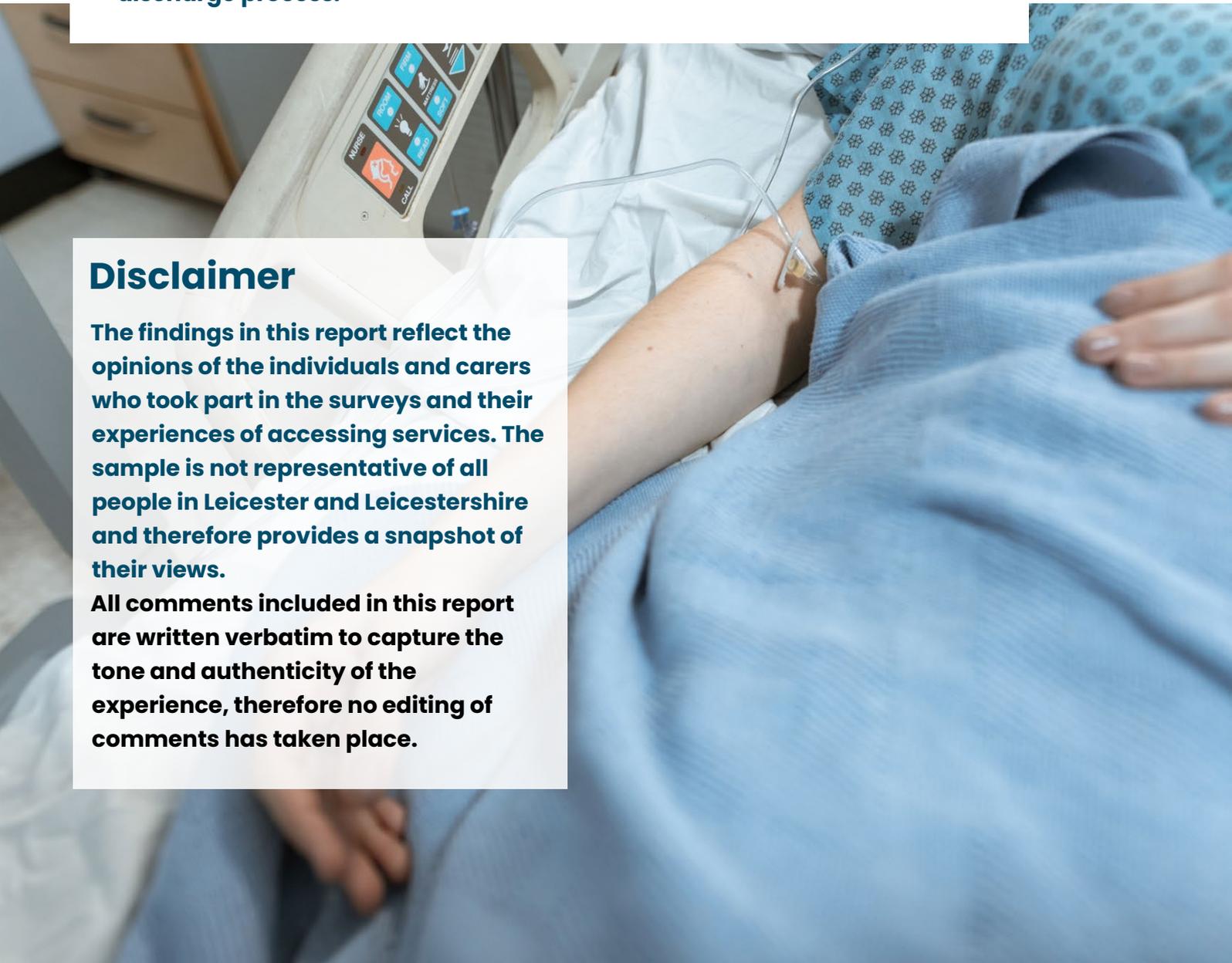
The report includes:

- What patients and carers said about their discharge experience.
- What went well and what could be better.
- Clear recommendations for hospitals and care providers to improve the discharge process.

### Disclaimer

The findings in this report reflect the opinions of the individuals and carers who took part in the surveys and their experiences of accessing services. The sample is not representative of all people in Leicester and Leicestershire and therefore provides a snapshot of their views.

All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place.



## Introduction

**Healthwatch Leicester and Leicestershire (HWLL) are the public champions for Health and Social Care. We collect feedback from the people of Leicester and Leicestershire who have used health and social care services about their experiences. HWLL works to ensure that patient and carer voices shape service improvements.**

### Context

HWLL undertook a research project on hospital discharge in October 2020<sup>1</sup> to follow up on visits to the discharge lounges at local hospitals in July 2019<sup>2</sup>. There were interviews with 23 people between 29 October and 9 November 2020 to understand how the discharge process worked.

The report compares the findings from the 2020 research with that in 2019. Compared to the 2019 report findings, in 2020 we found that:

- More patients were involved in their discharge planning and felt they had been part of the discussion.
- All patients had had various discussions with health and social care professionals about their discharge.
- Most patients felt that the discharge process had been well organised and planned.
- Almost all patients felt there were no barriers in the planning of their discharge.
- Some patients still experienced delays in being discharged.
- Most patients felt confident about going home.

In 2025, Leicestershire County Council approached HWLL to look at gathering independent insights from patients and carers. The project was designed with the following objectives in mind:

- Evaluate progress since 2020: Assess whether the key issues identified in the previous report have improved.
- Collect qualitative and quantitative data from patients and carers about their recent hospital discharge experiences.
- Include the voices of patients, carers and family members to ensure comprehensive insights.
- Present the patient's views of the discharge process and highlight areas for improvement.
- Provide actionable, evidence-based recommendations to health and social care providers.

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<sup>1</sup> [Hospital Discharge report | Healthwatch Data](#)

<sup>2</sup> [HW LL Discharge report 2019.pdf](#)

## Survey design

We created a survey to find out what worked well during hospital discharges, what problems people faced and how things could be improved.

We kept some of the same questions from our 2020 survey so we could compare results over time. We also added new questions about care after leaving hospital, how independent people felt and the support they received at home.

By including both old and new questions, the survey gives a fuller picture of what patients and carers are experiencing now and helps highlight the most important areas to improve.

This project used a whole population approach, so the target population varies for each part of this project:

- Patients recently discharged from hospitals in Leicester and Leicestershire.
- Carers and family members providing support to these patients.
- Patients waiting in the hospital discharge lounge for discharge.

## Survey Responses



Between **March and August 2025**, we gathered feedback from **119 people**, including **75 patients** and **44 carers** about their recent experiences of hospital discharge.

The survey included both closed and open-ended questions to capture quantitative data and personal experiences. It was complemented by a visit to the Discharge Lounge at Glenfield Hospital in March 2025.

## Key findings

- **58%** of respondents felt involved in discussions about their discharge.
- **38%** said they did not receive clear information about follow-up care, medication or support after leaving hospital.
- **71%** received a copy of their discharge summary, though some reported inaccuracies.
- **60%** were discharged within the timeframe they expected; medication delays were the most common cause of frustration.
- Only **16%** of carers were informed of their right to a Carers Assessment.
- **Three-quarters (76%)** of respondents felt ready to go home, though some described feeling unsupported once home.

## Emerging themes

**These themes emerged from both the survey responses and written comments provided by respondents.**

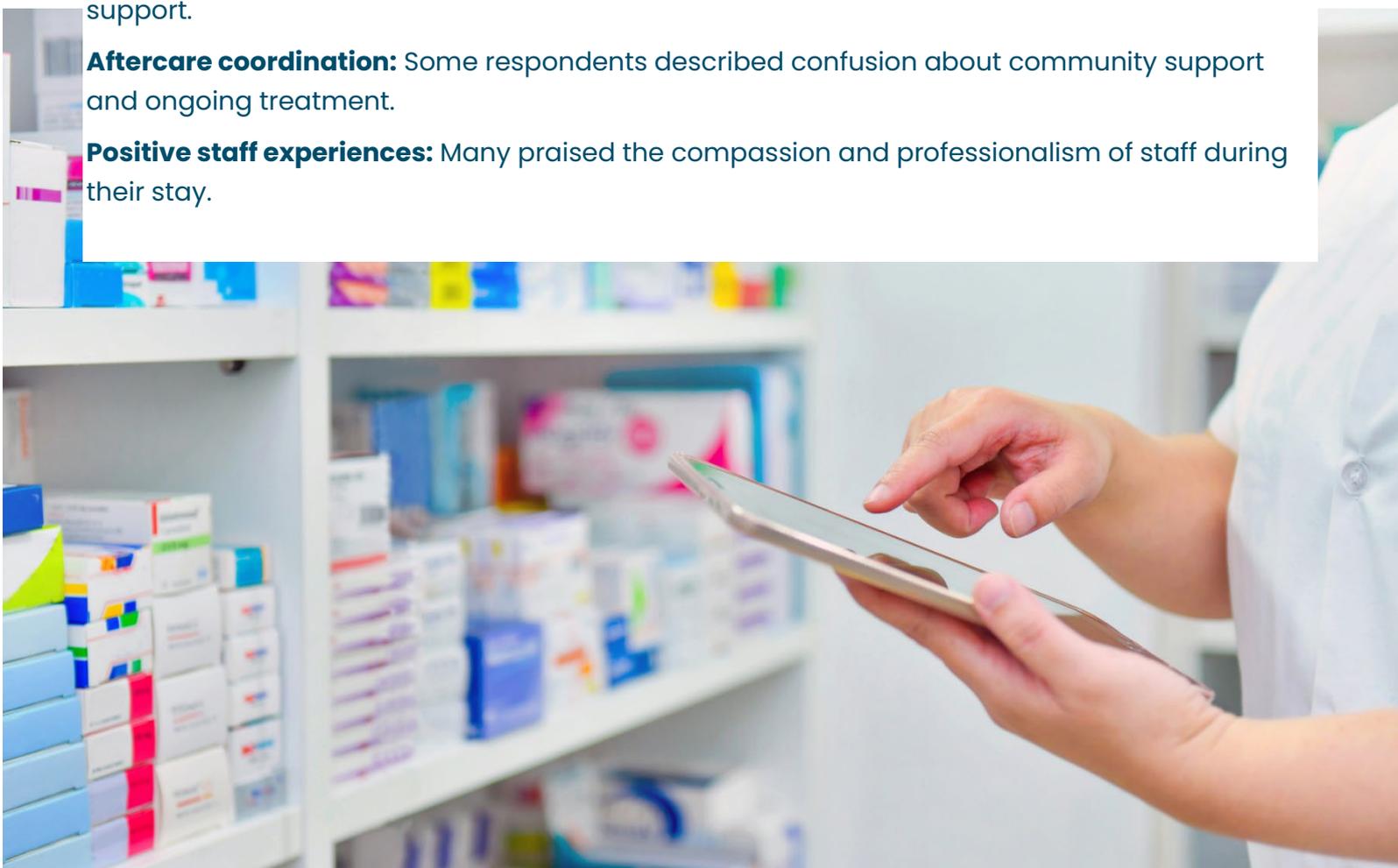
**Communication gaps:** Patients and carers often felt uninformed about discharge timings, medication or follow-up arrangements.

**Medication delays:** Waiting for prescriptions remains a key cause of discharge frustration.

**Carer inclusion:** Carers frequently felt excluded from discussions and unaware of available support.

**Aftercare coordination:** Some respondents described confusion about community support and ongoing treatment.

**Positive staff experiences:** Many praised the compassion and professionalism of staff during their stay.



## Findings

The feedback from patients and carers revealed a broad range of experiences of hospital discharge across Leicester and Leicestershire. While many people described compassionate care and positive interactions with staff, others reported challenges that impacted their confidence, comfort and readiness to return home.

The following themes emerged most consistently from the survey responses and written comments.

### 1. Discharge process

Half of respondents (58%) felt involved in discussions about leaving hospital, but many said they were either only partially involved or not included at all.

**“Just taken in the lift and left in a lounge. My parents came to collect me, and I didn’t know where I was to tell them.”**

Leicester Royal Infirmary (LRI), North-West Leicestershire, 18-24 years old, Male, Patient

**“Kept having to ask what and when things were going to be progressing.”**

Leicester General Hospital (LGH), Leicester, 65+ years old, Female, Carer

**“I believe once they decide that you are being discharged you are being discharged no matter what.”**

St Luke’s Hospital, Blaby, 65+ years old, Male, Carer

**Carers felt their views were sometimes overlooked despite being key to patient support.**

**“They spoke to my daughter, not me, even though I am the carer.”**

Leicester Glenfield Hospital, Harborough, 65+ years old, Female, Carer

**“Phone call to collect him. No information on care symptoms or further referral.”**

George Elliot, 65+ years old, Female, Carer

**“The nurse faced away from me and spoke only to my husband. I had to interrupt her and ask her to repeat what she had said... all his communication needs were explained on his pre-op form.”**

Leicester General Hospital, Harborough, 55-64 years old, Female, Carer

**Respondents shared that there were information gaps or problems with paperwork and medication. This included incorrect discharge letters and medication.**

**“Most junior doctor writes up discharge notes and letter to GP. I saw the letter after it goes out. Was not accurate. Address was wrong – postcode is CV so they put Warwickshire.”**

Leicester General Hospital, Hinckley and Bosworth, 65+ years old, Male, Patient

**“He had no discharge letter either... no painkillers for him, and we didn’t know how to manage diet because of a broken jaw.”**

Leicester Royal Infirmary, Leicester, 55–64 years old, Female, Carer

**Respondents shared that they experienced late-night discharges to an empty house, support packages being delayed or not arranged and patients being sent home despite concerns about mobility.**

**“In spite of my requests to the medical team at LRI not to do so, my 91-year-old sister was discharged at 11pm to an empty house with no ongoing support.”**

Leicester Royal Infirmary, 65+ years old, Female, Carer

**“We were told we were due to be discharged with support from an ambulance crew... they refused saying they weren’t equipped. This left us the family to facilitate... we’re sure we broke many H&S rules.”**

Leicester Glenfield Hospital, Leicester, 65+ years old, Female, Carer

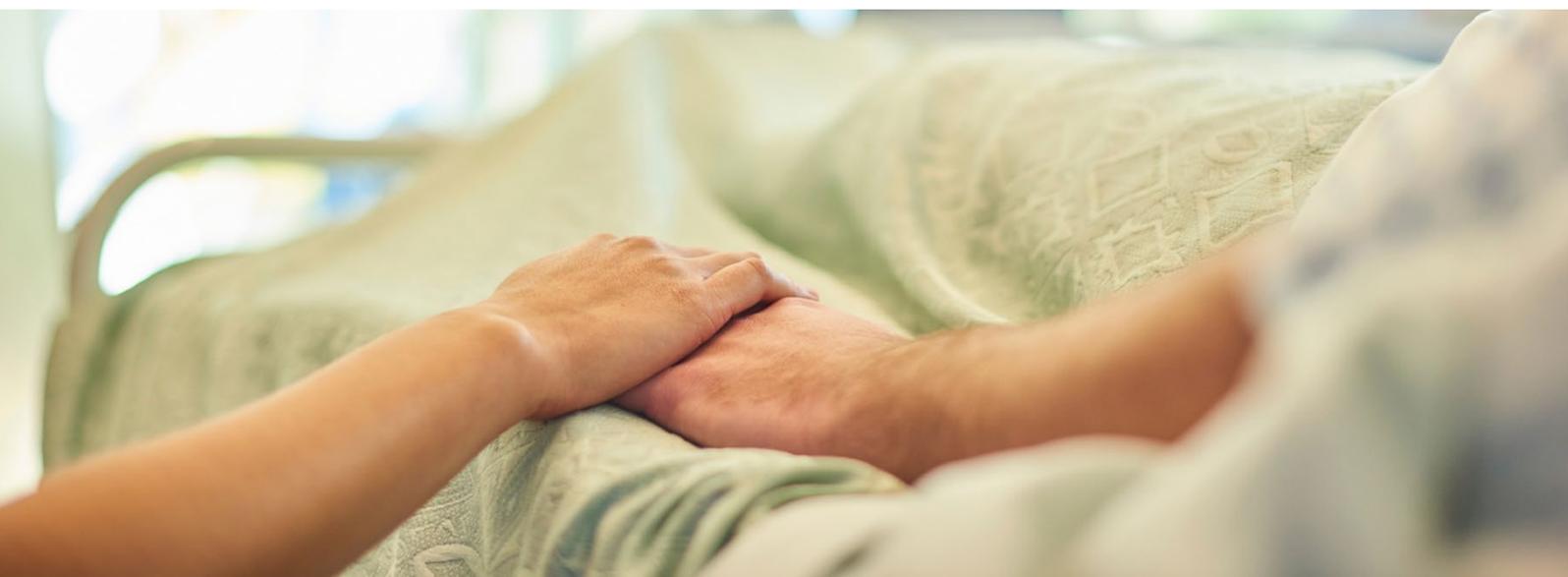
**Those who reported positive experiences praised staff for keeping them updated and explaining the process clearly.**

**“Kept informed most of the time.”**

Leicester General Hospital, Blaby, 65+ years old, Male, Carer

**“They checked me and did everything needed for my treatment.”**

Leicester Royal Infirmary, Leicester, 65+ years old, Female, Patient



**We asked if any of the following were discussed prior to discharge:**

Answer choices	Yes	No	Unsure	N/A	Response total
<b>General concerns</b>	50% 58	34% 40	13% 15	3% 4	<b>117</b>
<b>Organising transport home</b>	36% 41	46% 52	4% 4	15% 17	<b>114</b>
<b>People to support you when you got home</b>	58% 67	27% 31	5% 6	10% 11	<b>115</b>
<b>Whether anything needed doing before you got home (getting food in, turning on heating etc).</b>	21% 24	58% 66	5% 6	16% 18	<b>114</b>
<b>Making sure you had the medication you need?</b>	74% 87	16% 19	4% 5	5% 6	<b>117</b>
<b>Whether you needed any support for tasks (e.g. washing, cooking, taking medication etc).</b>	28% 32	53% 61	3% 4	16% 18	<b>115</b>
<b>If you were concerned about finances.</b>	9% 10	70% 78	4% 4	18% 20	<b>112</b>
<b>Total responses</b>					<b>118</b>

The data suggests that medication and people to help support patients at home were most addressed during the discharge process, indicating that people felt mostly happy with this step of the process.

However, with over half of respondents stating that no discussions were had regarding finances, support for tasks, or any needs before getting home, it suggests that there may be risks of unmet needs post-discharge. This could leave carers or patients unprepared and unable to receive the aftercare they require.

**71% of respondents received a copy of their discharge summary**, though some reported inaccuracies.

**Most patients stated that they received their discharge summary.** However, a small minority said they did not or weren't sure. Additionally, some patients said they received their summary but some information on it was incorrect.

**“For physical health, yes, for mental health no.”**

Leicester Royal Infirmary and Glenfield Hospital, Hinckley and Bosworth, Female, 55-64 years old, Carer

**“The discharge letter contained the wrong date of discharge. Fortunately, I noticed and made sure the nurse amended and initialled the discharge letter.”**

Leicester Royal Infirmary, Leicester, Female, 65+ years old, Patient

**“Having to chase for medication and discharge letter.”**

Leicester General Hospital, Leicester, Female, 65+ years old, Carer

## 2. Medication delays and discharge timing

**Delays in preparing and delivering medication were the most frequently cited issue. While most people said they were discharged when expected, medication delays caused frustration and uncertainty.**

This echoes feedback we captured in our 2016 report 'the lived experience of hospital discharge'<sup>3</sup>, suggesting it remains a persistent challenge.

**"Waiting for medication from pharmacy, despite having his own which was taken into hospital. What a waste of money!"**

Leicester Royal Infirmary, Charnwood, Female, 65+ years old, Carer

**"They need to communicate with the discharge team and home care providers when it comes to medication."**

Leicester Glenfield Hospital, North-west Leicestershire, Female, 45-64 years old, Carer

**"The time it took to get the discharge letter done + the medication from pharmacy was far too long."**

Leicester Glenfield Hospital, Blaby, Female, 65+ years old, Patient

**"Dad had to wait a long time in the departure lounge for the new medication to be provided."**

Leicester Royal Infirmary, Charnwood, Female, 45-54 years old, Carer

**"Firstly, I was expecting to go home the same day but got pushed to the back of list and had to stay in overnight. Secondly I was ready to go in the morning but had to wait until 5pm and nearly had to stay in another night because of delays in pharmacy sending medication."**

General Hospital, Oadby and Wigston, Female, 45-54 years old, Patient

**"It takes about 8-10 hours for discharge medication to be sent up to the ward. So again, the discharge is delayed. With forward planning the medication could be ordered the day before. The medication delay has been a problem for years."**

Leicester Royal Infirmary, Blaby, no further demographic information, Carer

**"Takes too long for the meds and doctors letter to be available. This blocks a bed for many hours. A comfortable lounge, to wait in, would free up the bed for another patient."**

<sup>3</sup> [The lived experience of hospital discharge | Healthwatch Data](#)

Glenfield Hospital, Blaby, Female, 65+ years old, Patients

**"My husband did not have his medication on leaving hospital. We had to ask the GP for a prescription, and it took 3 or 4 days to get his regular medication – so he suffered for a few days. They gave him equipment – sticks, a frame – and after the third day they said he would have to pay."**

Nottingham Queen's Hospital, Leicester, Male, 65+ years old, Carer

### 3. Information about aftercare and follow-up

**60% of people said they received clear information about how they would be supported after leaving hospital, but 38% said it was incomplete or unclear. Common issues included a lack of follow-up appointments, unclear medication instructions, or confusion about community care.**

**"Given no support information or advice. Wasn't told about nutrition care or what to expect."**

George Elliot Hospital, Female, 65+ years old, Carer

**"I had no idea when he was actually moved from LRI to NHS Ashton, or from there to Lutterworth. I had to telephone each time so I could find out whether to travel to Leicester or Hinckley or Lutterworth to visit. When I asked Hinckley if they could let me know when he was moved, I received a text message simply saying, 'he's been collected' like a parcel."**

Leicester Royal Infirmary, Hinckley and Bosworth, Female, 55-64 years old, Carer

**"They discharged me earlier than expected. I struggled to organise transport. I had to wait for my daughter in law to come back from work."**

Leicester Royal Infirmary, Hinckley and Bosworth, Female, 55-64 years old, Patient

**"Waiting for medication from pharmacy, despite having his own which was taken into hospital. this was taken from us on discharge. What a waste of money!"**

Leicester Royal Infirmary, Charnwood, Female, 65+ years old, Carer

**"They didn't tell the care company that my mother needed her anti-rejection medication 12 hours apart... they gave it at the wrong time."**

Leicester Glenfield Hospital, North-west Leicestershire, Female, 45-54 years old, Carer

**"The follow-up hasn't happened, 9 months later and she still has been back into hospital 4 times."**

Leicester Royal Infirmary, Leicester, Female, 65+ years old, Carer

## 4. Support for Carers

Only 16% of carers were informed about their entitlement to a Carers Assessment. Many described feeling excluded from decisions or unprepared to take on new caring responsibilities. This highlights the need to strengthen carer identification and support as part of standard discharge planning.

**"As a carer, I felt ignored and insignificant... no discussion about the support that might be available to me."**

Leicester General Hospital, Harborough, Female, 55-64 years old, Carer

**"It was assumed that my husband would look after me. I am actually his carer."**

Private Hospital (under NHS Care), Charnwood, Female, 65+ years old, Patient

**"I would not have been able to manage care on my own, but maybe with carers. After the lack of care at Hinckley, anything would have been better. Instead, he was transferred, without discussion, further from home - I had to start again with new palliative care nurses as it was a different area and when I tried to get help from SPA, they thought he'd been discharged the year before."**

Leicester Royal Infirmary, Hinckley and Bosworth, Female, 55-64 years old, Carer

**"I felt I was rushed out late in the day because the discharge paperwork wasn't signed and it was difficult for my carer and I was over-tired; I would have preferred to stay another night but felt I was in the way."**

Leicester General Hospital, Blaby, Female, 55-64 years old, Patient

**"I was keen to get home. We did not discuss whether I would be able to manage at home. I am a carer for my husband, and he has cancer."**

Private Hospital (under NHS Care), Charnwood, Female, 65+ years old, Patient

## 5. Going home

### 96% of patients returned home after their hospital discharge.

Three-quarters (76%) of respondents felt ready to leave hospital, but others expressed concern that their needs were not fully met. Some lacked necessary equipment or support at home.

**"There was no assessment for the equipment and support that I needed. I needed a frame to go round the toilet and one of my family has had to buy it for me. I didn't get offered any care or support even for a few days."**

Private Hospital (under NHS Care), Charnwood, Female, 65+ years old, Patient

**"I was simply told what was happening, he was passed around like a parcel. By the time we had a visit from a new palliative care nurse, she worked out whether he would be fully funded or not and found a possible bed at a nursing home much closer to home, it was too late. It would not have been fair to move him, and he died 4 days later."**

Leicester Royal Infirmary, Hinckley and Bosworth, Female, 55-64 years old, Carer

**When planning and aftercare were effective, patients reported positive experiences and confidence in returning home safely.**

**"I was confident to leave the hospital."**

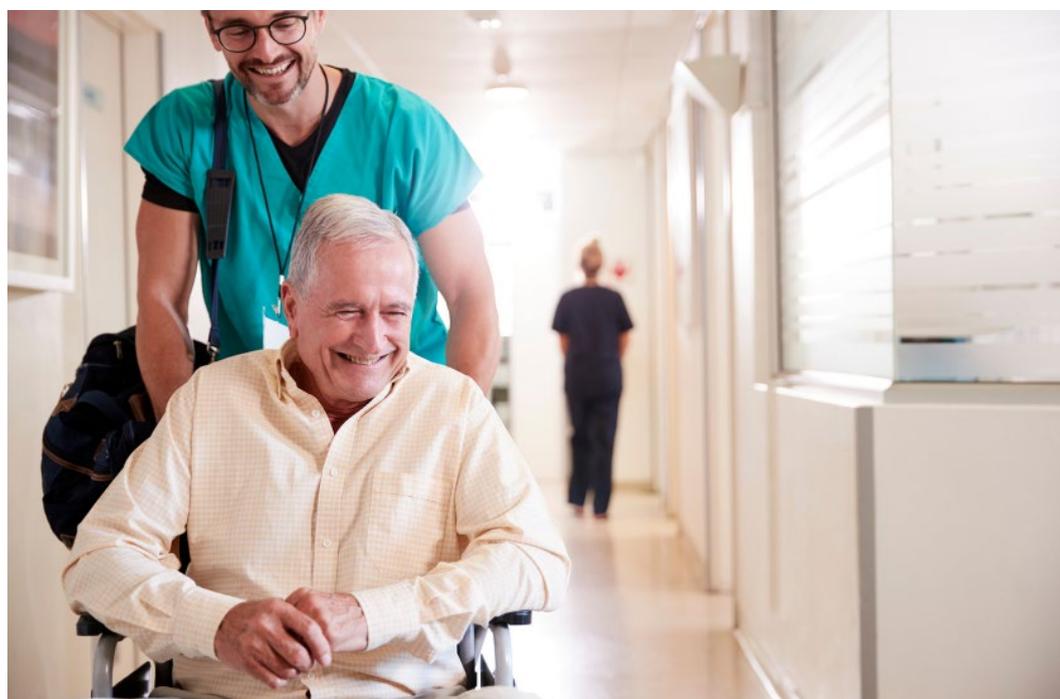
Leicester Glenfield Hospital, Leicester, Female, 65+ years old, Patient

**"Information was clearly given to me."**

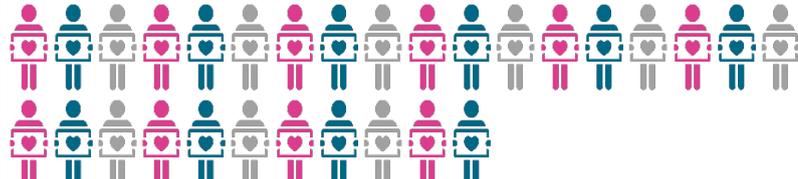
Leicester Royal Infirmary, Charnwood, Female, 65+ years old, Patient

**"The doctor [said] I am fine and I had no worries to go home."**

Leicester Royal Infirmary, Leicester, Female, 65+ years old, Patient



**On a scale of 1 to 5, how would you rate your overall hospital discharge experience?**

<b>Very poor</b>		<b>17</b>	<b>15%</b>
<b>Poor</b>		<b>21</b>	<b>18%</b>
<b>Neutral</b>		<b>25</b>	<b>21%</b>
<b>Good</b>		<b>29</b>	<b>25%</b>
<b>Excellent</b>		<b>25</b>	<b>21%</b>



## Positive experiences

Many respondents praised the care and professionalism of hospital staff.  
Positive feedback often centred on staff communication, efficiency and reassurance.

**“The nurses and healthcare assistants were excellent in ensuring I had all my take-home medications and showed me how to use them.”**

Leicester General Hospital, Hinckley and Bosworth, Female, 45–54 years old, Patient

**“They gave clear information about discharge procedure and information was clear about medication and what should be done after the discharge from hospital.”**

Leicester Royal Infirmary, Leicester, female, 18–24 years old, Carer

**“The nurses and healthcare assistants were excellent as ensuring that I had all my take-home medications and showed me how to inject myself with blood thinners.”**

Leicester General Hospital, Hinckley and Bosworth, Female, 45–54 years old, Patient

**“The operation was so efficiently communicated I could not fault it. The nurses in Ward 17 were caring and thoughtful.”**

Leicester General Hospital, Blaby, Female, 55–64 years old, Patient

**“All necessary aids, bed, walking frame etc in place. Home care organised. Home physiotherapist arranged and district nurse.”**

Loughborough Hospital, Charnwood, Female, 65+ years old, Carer



## Areas for improvements

The key themes were issues with communication between staff and patients as well as between services and departments. Much of the negative feedback relates to the processes in place at the time of discharge, such as delays, medication and limited staff capacity.

**“No consideration given to the fact I’m registered as his carer and no information about what to do if I couldn’t cope.”**

Leicester General Hospital, Harborough, Female, 55-64 years old, Carer

**“When I was discharged, they did not bring a wheelchair. My husband had to search for one.”**

Leicester, Royal Infirmary, Leicester, Female, 65+ years old, Patient

**“I waited a long time to be discharged – but that is because there are not enough staff.”**

Leicester Glenfield Hospital, Leicester, Female, 35-44 years old, Patient

**“If someone is ready for discharge it shouldn’t then take the rest of the day to actually happen.”**

Leicester General Hospital, Blaby, Female, 65+ years old, Carer



## Discharge Lounge – Glenfield Hospital

Visit date: 18 March 2025

We visited the Discharge Lounge at Glenfield Hospital to observe the environment and speak with staff about how the discharge process works.

The lounge is clean, bright and welcoming, with comfortable chairs, refreshments, books, and a television available for patients waiting to go home. There are clear cleaning records on each chair and hand sanitiser is provided throughout. Toilets are clean, accessible, with alarm cords and the space is suitable for wheelchair users.

Health information leaflets were available on topics such as heart health and smoking cessation, and carers could access details about hospital grants and support services. Feedback could be shared easily through a suggestion box or via the Patient Advice and Liaison Service (PALS) QR code.

Staff were friendly and attentive, offering tea, coffee and biscuits. We observed staff checking that patients were comfortable. The lounge was calm in the morning and became busier later in the day as more patients arrived.

Staff told us that communication between the wards and the discharge team works well. Patients with more complex needs are managed on the wards by a dedicated team, while others use the lounge while waiting for transport, medication, or final discharge paperwork.

Some delays still occur, mainly when discharge letters take time to be completed or when doctors and pharmacists are busy. Typically, patients wait between **30 minutes and 4 hours** before leaving the hospital.

Overall, the Discharge Lounge provides a **comfortable and supportive environment** for patients. Staff are caring and organised, and the area is well maintained. Improving the speed of discharge paperwork would further enhance the experience for patients and help reduce waiting times.

We were informed that the discharge lounge at LRI is no longer in use. Patients are discharged from the wards rather than being taken to a separate space within the hospital.



## Recommendations

While there have been notable improvements in some aspects of discharge, many of the challenges reported echo those previously identified.

1. **Ensure patients and carers are fully informed and actively involved in discharge planning.**
2. **Reduce delays in preparing and delivering discharge prescriptions. Provide real-time updates to patients and carers on the status of discharge medications to reduce uncertainty and improve transparency.**
3. **Establish a clear and consistent process for recognising carers and ensuring they are included in all relevant discharge discussions.**
4. **Ensure that all carers are provided with a discharge information pack to support their involvement and understanding of post-discharge responsibilities.**
5. **Ensure carers are aware of their rights and the services that can support them post-discharge.**
6. **Ensure patients and carers receive clear information about appointments, home support and who to contact for post-discharge advice. Consider assigning a named discharge coordinator to each patient.**
7. **Share discharge summaries promptly with GPs and community health teams to ensure continuity of care and reduce the risk of gaps in treatment or support.**
8. **Confirm care packages and equipment are in place before discharge.**
9. **Offer a follow-up call to patients or visit within 48–72 hours of discharge.**
10. **Use patient and carer feedback to inform staff training, service improvement and system redesign.**

These recommendations will be shared with Local Authorities, University Hospitals of Leicester NHS Trust, Leicestershire Partnership NHS Trust and other local partners to support ongoing improvement in hospital discharge experiences.

## Conclusion

**“The findings show that many people receive kind and professional care during their hospital stay. However, some long-standing issues such as poor communication, delays in receiving medication and lack of support for carers are still affecting people’s experiences.**

There have been improvements. Discharge lounges now offer more comfortable spaces and patients and carers increasingly appreciate the dedication of hospital staff. But the discharge process itself is still complicated with inconsistent communication and planning that can cause confusion and stress.

Improving hospital discharge is not something hospitals can do alone. It requires teamwork between hospitals, community health services, social care, voluntary organisations and carers.

We encourage all local organisations to reflect on these findings, review the discharge pathways and take action based on the recommendations in this report.”

**Harsha Kotecha, Chair, Healthwatch Leicester and Leicestershire**



## Service provider comments

### **Julie Hogg, Chief Nurse at University Hospitals of Leicester NHS Trust, said:**

"We welcome this report and thank everyone who shared their experiences. The feedback highlights what is working well and, importantly, where we must continue to improve.

We are pleased that many respondents recognised the kindness, professionalism and compassion of our colleagues. We also fully acknowledge the concerns raised – particularly around communication, delays in receiving medication, and the need for clearer support for carers.

Improving discharge remains a key priority. Over the past year, early discharge planning has been strengthened and ward processes refined to reduce delays and improve patients' overall experience, including the time spent waiting for discharge medicines. New approaches have also been tested, such as placing a dedicated doctor in discharge lounges to support timely completion of discharge summaries, and introducing a more structured daily ward-round process to ensure patients are reviewed promptly and discharge plans progress without unnecessary delay.

To improve communications with patients and families, we have put additional leadership in place with a focus on enhancing training and support for discharge teams and clinical colleagues. This is helping to strengthen communication standards, reinforce key processes and embed consistent practice beyond induction – promoting greater confidence, consistency and safety across all teams involved in discharge planning.

We have also updated our system patient information booklet, *'Supporting you to leave hospital when you may need ongoing care'*, to provide clearer guidance for carers, including how to access a carer's assessment

Together, these changes aim to improve efficiency and experience, ensuring people feel better informed and supported.

We know there is more to do and will continue working with colleagues, patients, carers and partners across health, social care and the voluntary sector to deliver improved transitions from hospital to home."

## Demographics data



### What hospital were you discharged from?

Leicester Royal Infirmary		<b>41%</b>	<b>49</b>
Leicester General Hospital		<b>18%</b>	<b>21</b>
Leicester Glenfield Hospital		<b>31%</b>	<b>37</b>
Loughborough Hospital		<b>2%</b>	<b>2</b>
St Luke's Hospital (Market Harborough)		<b>2%</b>	<b>2</b>
Other (please specify):		<b>7%</b>	<b>8</b>

Those who selected other stated they were discharged from:

George Elliot, Nuneaton		<b>3</b>
Derby Royal Hospital		<b>1</b>
Hospital of St Cross		<b>1</b>
Queen's Hospital Burton		<b>1</b>
Spa Medica (Referred by the NHS)		<b>1</b>
Nottingham Queen's Hospital		<b>1</b>

### When did the discharge happen?

Within the last 6 months		<b>48%</b>	<b>57</b>
Between 7-12 months ago		<b>11%</b>	<b>13</b>
Between 1-2 years ago		<b>27%</b>	<b>32</b>
More than 2 years ago		<b>14%</b>	<b>17</b>
<b>TOTAL</b>			<b>119</b>

### Are you?

A woman		68%	79
A man		30%	35
Non-binary		0	0
Other		0	0
Prefer not to say		3%	3
Other (please specify):		0	0
<b>Total</b>			<b>117</b>

### Is your gender identity the same as the sex you were assigned at birth?

YES	NO	PREFER NOT TO SAY
 117 – 98%	 0	 2 – 2%

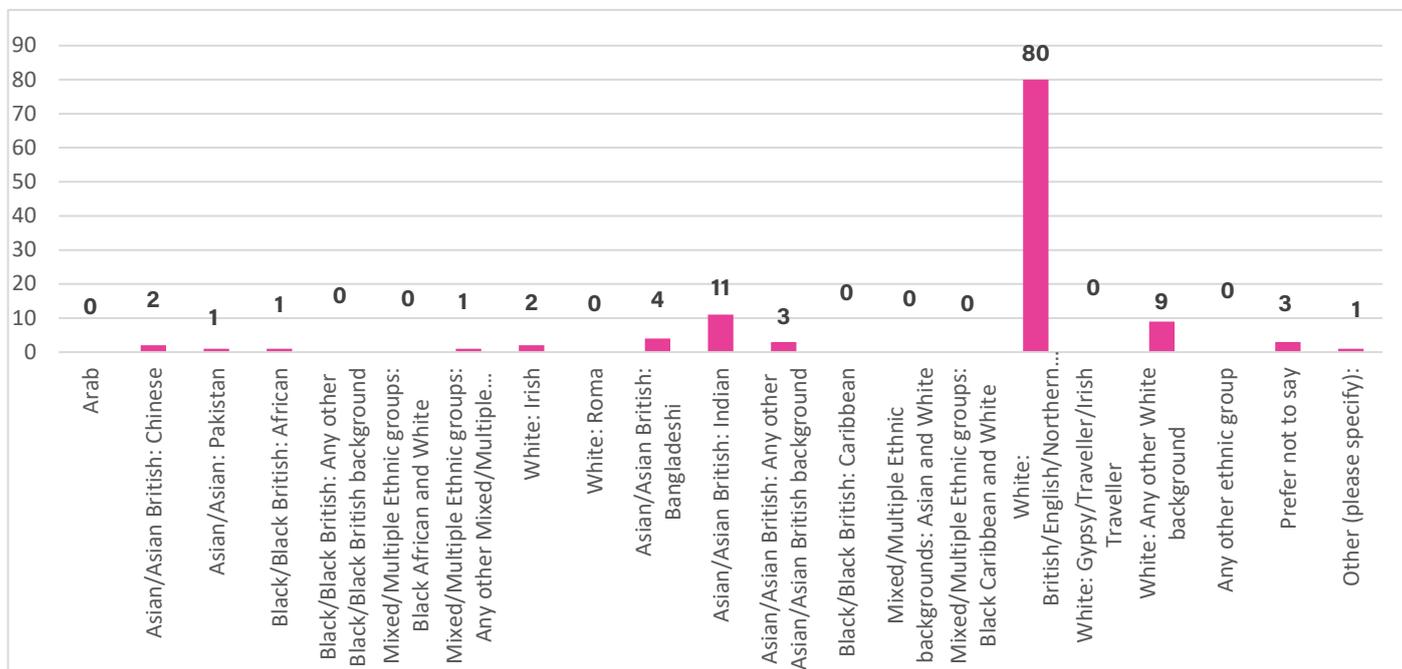
### What is your age group?

16-17 years		0%	0
18-24 years		3%	3
25-34 years		2%	2
35-44 years		6%	7
45-54 years		6%	7
55-64 years		21%	25
65 or older		61%	71
Prefer not to say		2%	2
<b>TOTAL</b>			<b>117</b>

## Where do you live?

Leicester City	27%	32
Blaby	29%	34
Charnwood	12%	14
Harborough	3%	4
Hinckley and Bosworth	9%	11
Melton	1%	1
North West Leicestershire	9%	11
Oadby and Wigston	6%	7
Outside Leicestershire	3%	4
<b>TOTAL</b>		<b>118</b>

## What is your ethnicity?



### Do you have a disability?

YES	NO	PREFER NOT TO SAY	TOTAL
 <b>46 – 39%</b>	 <b>67 – 57%</b>	 <b>5 – 4%</b>	<b>118</b>

Do you have a long-term condition? (For example, asthma, COPD or respiratory condition, blindness or severe visual impairment, cancer, cardiovascular condition (including stroke), chronic kidney disease, deafness or severe hearing impairment, dementia, diabetes, epilepsy, hypertension, learning disability, mental health condition, musculoskeletal condition etc.)

YES	NO	PREFER NOT TO SAY	TOTAL
 <b>74 – 63%</b>	 <b>40 – 34%</b>	 <b>4 – 3%</b>	<b>118</b>

### Are you a carer?

YES	NO	PREFER NOT TO SAY	TOTAL
 <b>45 – 38%</b>	 <b>68 – 58%</b>	 <b>5 – 4%</b>	<b>118</b>



# healthwatch

Leicester and  
Leicestershire

## Healthwatch Leicester Healthwatch Leicestershire

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