Agenda Item 5

Leicestershire County Council

HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE – WEDNESDAY 3 JUNE 2026

QUESTIONS SUBMITTED UNDER STANDING ORDER 32 (1)

The following questions are to be put to the Chairman of the Health and Communities Overview and Scrutiny Committee.

1. Question from Mr. B. Piper CC:

Why are there not enough training places available/offered to UK citizens who wish to become medically trained, when there is a shortage of specialist doctors and nurses, forcing Leicestershire NHS to employ doctors from abroad and rely on temps?

Reply by the Chairman:

This issue is not unique to Leicester, Leicestershire and Rutland and as a result the question was forwarded to NHS England who have provided the following information:

> "The number of applications for medical training posts has increased significantly in recent years. Applications for specialty medical training have risen across the UK from approximately 12,000 in 2019 to nearly 40,000 in 2026. The number of eligible applicants for the Foundation Programme has also increased, partly driven by a rise in applications from graduates of international medical schools.
>
> Since the lifting of visa restrictions in 2020, UK-trained doctors have experienced increased competition from overseas-trained doctors for both Foundation Programme and specialty training posts.
>
> In March 2026, the UK Parliament passed the Medical Training (Prioritisation) Act. This legislation supports the prioritisation of UK medical graduates for Foundation Programme training places, alongside the prioritisation of UK medical graduates and doctors with significant NHS experience for specialty training posts. The Act delivers a commitment set out in the 10-Year Health Plan for England.
>
> The Act seeks to:
> - Build a more reliable and self-sufficient medical workforce;
> - Reduce reliance on an unpredictable international labour market;
> - Maximise the value of taxpayer investment in UK medical training;
> - Support more doctors with a UK medical link to progress into long-term NHS careers, including consultant roles.

> Internationally trained doctors make a significant and valued contribution to the NHS and will continue to do so. The Act ensures that those with relevant NHS experience continue to be appropriately prioritised within the system."

Members will be interested to know that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee has an agenda item on its work programme regarding the Overseas Doctors Training Scheme and this could be an opportunity to cover the issue raised by Mr. B. Piper CC in more detail.

2. Question from Mr. P. King CC

It has come to my attention that the Two Shires Medical Practice in Harborough is having an Automatic Number Plate Recognition (ANPR) camera installed in the patient carpark. The reason that has been given by the Practice for this camera is to ensure that only people attending the Practice are using the car park. If people that are not patients of the practice use the carpark they could be fined £100. The system gives a 20-minute grace period for quick visits to the Practice; patients needing a longer stay need to input their car registration details at either the practice or chemist and then there is no fine for their visit.

The system that has been introduced relies on patients remembering to register their vehicle during what is often a pressured visit. Many patients are unwell, elderly, or managing children. They are focused on their appointment, not on administrative steps. The risk of unintended non-compliance is therefore high, and a £100 penalty in those circumstances is disproportionate.

I would therefore like to know the following:

1. Why were these measures deemed necessary?
2. Why was there no consultation?
3. Why have they resorted to such extreme measures?
4. Did the Practice discuss their issues with Harborough District Council, who own the roads leading to and around this facility?
5. Who took this decision, the landlord (who is the landlord) or the Practice management?
6. Will the Practice meet with interested parties to consider this issue and discuss how alternative arrangements might be found?

Reply by the Chairman

The decision to install ANPR was made by the landlords of the site who are a private company called Blackrock. Blackrock deemed that the use of their private land was above what they expected for their two tenants and that this was causing excessive damage to their private car park. This was leading to multiple repairs and now finally leading to needing resurfacing which will cost above £20,000. The work is being carried out via Blackrock's management company Workman.

The GP Practice and the Pharmacy did support the decision to install the ANPR to ensure good access during opening hours and to stop excessive repair costs being passed onto the GP Practice as holders of the lease via site maintenance fees. The GP Practice state that they accept their landlord's ability to introduce car park management services on the land, and are happy that they continue to allow patients to park freely at the site.

The GP Practice have provided reassurance that they will ensure their staff help patients to enter their car registration details into the system when required to avoid fines for those accessing services.

With regards the question as to whether the GP Practice will meet with interested parties, the GP Practice have informed that as tenants they cannot discuss alternative arrangements as this is not within their control so they feel meeting with others would not be beneficial and as such could not be agreed to.

Any further questions should be directed towards the landlords Blackrock. However, as Blackrock is a private company they would come outside of the remit of the Health and Communities Overview and Scrutiny Committee. The NHS Act 2006 only gives the Committee the right to question NHS bodies or NHS employees. Therefore, the Committee does not have the power to require Blackrock to answer questions directly. It is suggested that local members contact Blackrock themselves should they require any further information.

3. Question from Dr. S. Hill CC

Could I be told of whatever plans UHL has to improve parking at the Leicester Royal Infirmary. This is an increasing issue, particularly around delays getting onto the site. I am aware of missed appointments as a result of this. In particular details any improvements and the timeline for their implementation would be welcomed.

Reply by the Chairman:

I have received the following response from University Hospitals of Leicester NHS Trust:

> "The Trust recognises the concern this issue raises for patients, visitors and staff, particularly where delays entering the site may lead to increased anxiety for those attending for urgent or planned care.
>
> The LRI is a major acute hospital located in a constrained city centre setting. Even under normal operating conditions, access and parking capacity are limited. These pressures have been further intensified by essential construction and enabling works currently underway to modernise the estate and support future clinical service developments. We are building a new £12.8 million Urgent Treatment Centre at the LRI,

and essential enabling works are also taking place to pave the way for the main construction on a new Women's and Children's Hospital in 2032.

The Trust is actively managing the short-term congestion being created on and around the site. Current measures include:

• Daily monitoring of traffic flow to identify pinch points and reduce on site congestion;
• Coordination of construction activity to minimise disruption wherever possible;
• Improvements to signage and way-finding to support clearer access routes;
• Review of access arrangements to optimise entry and exit points within existing constraints;
• Strengthened communication with patients and visitors, including pre attendance information to support with journey planning.

Where we identify issues, we implement mitigations promptly, although the physical limitations of the site restrict the scale of short term solutions.

Parking and access remain central considerations within the wider redevelopment planning for the LRI. This includes assessing the relationship between construction activity and parking capacity, understanding patient/visitor access needs, reviewing staff travel patterns, and exploring opportunities to support more sustainable travel. We continue to actively explore future parking expansion options and will communicate these clearly as they are confirmed.

The Trust is working closely with Leicester City Council to improve alternative travel options for patients, visitors and staff. Through the Bus Service Improvement Plan, we have secured funding to extend the operating hours of the Enderby Park and Ride service, enabling better alignment with NHS shift patterns. The Council has also confirmed its intention to incorporate all three Leicester Park and Ride sites into the LRI network later this year. These enhancements provide practical alternatives to car travel and help reduce congestion on and around the hospital site. Once final details are confirmed, the Trust will actively promote these services to ensure they are well understood and well used.

In addition, the Trust encourages the use of the fully electric Hospital Hopper service, which operates seven days a week, and provides direct links between all three hospital sites. This service supports reduced traffic volumes and offers a reliable alternative for many patients and staff.

We acknowledge the impact that current parking and access challenges are having on those attending the LRI. While some pressures are

unavoidable due to essential construction works and the physical constraints of the site, we remain committed to managing congestion, improving access where possible, and working in partnership with the Council to expand sustainable travel options. We will continue to keep councillors updated as further developments progress.”

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