Questions and answers – JHOSC

FORMAL RESPONSES TO QUESTIONS ASKED BY THE PUBLIC IN ADVANCE OF THE MEETING

From Jean Burbridge:

- Following the Building Better Hospitals for the Future consultation, who are the patient representatives who were involved in reviewing the public feedback? In what ways are they representative?

Response

The feedback received through the consultation was independently analysed and evaluated by Midlands and Lancashire Commissioning Support Unit, who produced the Consultation Report of Finding.

The Report of Findings was then reviewed in a number of ways:

1. *By the Public and Patient Involvement Assurance Group (PPIAG) for Leicester, Leicestershire and Rutland (LLR). This group, which reports to the LLR System-wide Partnership Group, brings together people passionate about health and social care. They provide creative, fresh and independent thinking to public engagement and provide judgement on whether health and social care commissioners and providers have engaged and understood local people and that their insights are influencing the way we design local health and care. The group was independently recruited to in December 2019. The PPIAG role, in relation to the consultation, was to form an overall view as to whether the consultation process was appropriate and proportionate in terms of its attempts to reach the population, and to seek assurances that the views put forward by people in the consultation had been considered. It was not their role to 'approve' the proposals that were being consulted upon. This was the role of the CCG Governing Bodies.*

   For further information relating to the group visit: https://www.leicestercityccg.nhs.uk/get-involved/. No small group can claim that is it fully representative of a population and the socio-demographics of an area. However, the PPIAG includes a range of people from different ethnic groupings and backgrounds. It should be noted that the Report of Findings was statistically representative of the LLR population, which was endorsed through our Equality Impact Assessment.

2. *By North of England Commissioning Support (NECS), who reviewed the Report of Findings to produce a post-consultation Equality Impact Assessment which can be viewed at https://www.leicestercityccg.nhs.uk/about-us/future-governing-body-meetings/2021-governing-body-meetings/llr-ccgs-governing-bodies-meeting-june-2021/. The conclusions were:*

   a) *LLR CCG and UHL have both demonstrated significant respect and understanding in their discharge of their Equality Duty and the wider duties to reduce inequalities conferred on the CCG under the NHS Act 2006?*
   b) *The efforts since 2018 to engage with representatives of those from protected groups is significant and has generated immensely useful feedback that is already being actively used to inform continued engagement and future decision making.*

c) *The responses are largely proportionate to the broad geographic and demographic diversity of the LLR population, indicating that a comprehensive range of views have been garnered.*
d) *Engagement with diverse communities that has now commenced, is appropriately regarded as a steppingstone, is ongoing and yet to fully reach potential.*
e) *Through the introduction of their Inclusivity Decision Making Framework, there is a commitment to embed such approaches routinely in practice.*
f) *The value of material arising from the views of the local and diverse population of Leicester, Leicestershire and Rutland is potentially rich, and to be capitalised upon. Feedback will inform decisions over many years to come. Those decisions are based upon the belief that service providers are accountable to the population they serve in promoting equality, reducing inequalities, determining resource allocation in modernised, cost effective and efficient ways.*

3. *By the Governing Bodies of the three CCGs, which comprises of local GPs and Independent Lay Member representation. The role of the lay members is to bring specific expertise and experience to the work of the Governing Body. Their focus is strategic and impartial, providing an external view that is removed from the day-to-day running of the organisation.*

From Giuliana Foster:

1) You set out the estimated capital costs of the various parts of the proposals on pages 23 and 113 of the DMBC but these do not include the estimated capital costs for the freestanding midwife led unit on the site of Leicester General Hospital. What are the estimated costs for both the trial and the ongoing existence of the unit and where will these funds come from?

Response

The capital investment required to convert the Coleman Centre at the Leicester General Hospital into the freestanding Midwifery Led unit is estimated to be £1 million. This money will come from within the overall capital allocation of £450 million. The ongoing costs of running the service will come from the revenue budget, currently allocated to run the St Mary's Birthing Centre.

The model we intend using in the new birth centre will be based on Midwifery Continuity of Carer (MCoC) principles, promoted and supported by the Royal College of Midwives. This outlines that the provision of care by a known midwife throughout the pregnancy, labour, birth and postnatal period is associated with improved health outcomes for the mother and baby, and also greater satisfaction levels. It is mandated by NHS England and NHS Improvement as an improved way of providing maternity care to improve outcomes.

2) What are the estimated costs of the primary care urgent treatment centre and other community services planned for the site of the Leicester General Hospital and where will these funds come from?

Now that the Decision Making Business Case has been agreed by the Governing Body of the Clinical Commissioning Groups we can take the next steps in developing detailed plans for the primary care led services at the Leicester General Hospital campus. This will include detailed financial planning.

As part of this process we are committed to considering the suggestions made by the public regarding the services that they wished us to consider at the Centre. Our principles for implementation also include ensuring that further engagement with the public is undertaken as plans take shape. As opportunities arise we will submit bids for external funding including additional system capital allocations, which will help us realise this project.

From Brenda Worrall:

- Why has a target of births of 500 been set when this is larger than all other Free Standing Midwife led units (FMUs) in the country. Is the FMU being set up to fail?

Response

One of the key elements of the consultation was testing public appetite for a standalone midwife led unit. We were delighted with the response to the consultation and, based on this, both the CCG and UHL are anticipating that the standalone unit at the site of Leicester General Hospital will succeed. By locating it in a more central location we believe more people will use it – including women from a more diverse range of backgrounds.

UHL are proud advocates of midwifery-led care and this will continue to be the case both now and in the future. We believe the underutilisation currently of the unit at St Mary's is due to concerns regarding proximity to emergency care and acute support as well as accessibility for a greater catchment of women in LLR. The new maternity hospital, and the midwifery-led unit on the site of Leicester General Hospital, will allow for women to be closer to support services should they be needed. We believe that this will be a key step in ensuring that the unit is a success going forward, supported by word of mouth from mum's based on their own local.

Work will be undertaken to define how the long-term viability of the unit is assessed. The CCgs and UHL recognise the fact that the new unit is unlikely to attract 500 births in its first year and viability will, therefore, be based on a phased approach over three years. Work will also be undertaken to develop promotional plans for the unit. Both aspects of this work will involve staff, stakeholders and patients/patient representatives.

From Godfrey Jennings:

- If adequate additional Public Dividend Capital (PDC) is not forthcoming, which elements of the scheme are you likely to alter? (p25 of the DMBC "Whilst the original funding of £450m PDC has been identified, in the event that further PDC funding is not made available to fund the additional national policy changes such as the requirement for New Zero Caron and Digital, then the scope of the scheme will be reviewed again in order to fit the budget available.")

Response

The original PCBC described a clinical model which is deliverable for £450m. Since the publication of the PCBC, a 'New Hospitals Programme' has been established by NHS England and NHS Improvement to deliver the national programme of 40 new hospitals. This programme is in the middle of a process which will define the outputs required within these new policy requirements, and the extent to which we, as one of the front running 8 new projects, will be required to deliver this policy change.

We have been clear that the clinical model we consulted upon, which delivers future clinical sustainability, is our priority. Any additional policy requirements since the announcement of the £450m will need to attract additional funding from the centre. Without this, the additional

policy requirements will not be possible to deliver since we do not plan to remove clinical scope from our programme.

From Sarah Patel:

- How does the profile of respondents in terms of a) ethnicity and b) deprivation match that of the population as a whole, taking Leicester, Leicestershire and Rutland each in turn?

Response

Report of Findings shows that the people who participated in the consultation was statistically representative of the LLR population, which was endorsed through our Equality Impact Assessment. This is accessible at https://www.leicestercityccg.nhs.uk/about-us/future-governing-body-meetings/2021-governing-body-meetings/llr-ccgs-governing-bodies-meeting-june-2021/

Attached is a summary document that sets out the overall representation of respondents at an LLR level.

From Kathy Reynolds on behalf of Rutland Health & Social Care Policy Consortium:

1. We are told approximately £260,000 was spent on consultation by LLR CCGs. The people of Rutland submitted many comments and proposals to mitigate the impact of moving acute services from East to West and consequent increased complexity of journeys and increased travel times making access to services more difficult. The summary of decisions published on 26th June offers no clarity on how services will be delivered closer to home to mitigate these problems. Can the CCG explain why there are none?

Response

Discussions are already well underway in Rutland to develop Place Led Plans for what local health and care services should look like in the community These Place-led Plans, developed through the Health and Wellbeing Board for Rutland in partnership with the local authority, Healthwatch and a range of other stakeholders, include GP provision and the usage of local infrastructure, such as the community hospital, to deliver a greater range of services locally. We are committed to continuing these conversations over the coming months.

As part of these discussions it is important that we understand the current position in relation to the delivery of healthcare within Rutland. The below figures are approximate but set out the large amount of healthcare already delivered within the county.

- *c69% of patients accessing same day minor illness and injury NHS services are seen and treated in sites in Rutland*
- *89% of patients accessing an NHS community inpatient service are seen and treated at Rutland Memorial with a small proportion of these at Stamford*
- *100% of patients registered with Rutland practices can access joint NHS and County council in-home services following discharge via the Home First model of care*
- *50% of emergency low acuity NHS eye care is provided within Rutland and this will increase as we launch the new local service through 2 practices with 5 optometrists within Rutland*
- *40% of all NHS outpatient appointments accessed by patients registered with a Rutland practice are seen and treated either virtually or within Rutland*

- *100% of patients registered with Rutland practices have access to virtual IAPT services*
- *100% of patients registered with Rutland practices have access to clinical navigation services and 11 services from their own homes*

2. The CCGs have refused to say how alternative services will be funded where patients are unable to access the new facilities (They estimated this to be about 30% of patients in the PCBC). The consequences of this will result in more patients accessing services outside Leicester, Leicestershire and Rutland. As the CCGs will have to meet these costs can they supply the cash flow estimates for this work which will relocate elsewhere as a result of Reconfiguration?

Response

It is important to stress that the PCBC does not suggest that 30% of patients will be unable to access the new facilities. It says that whilst journeys will become shorter for around 70% of patients journey times are likely to increase for the remaining 30%.

In the event that a patient decides to take up treatment outside of LLR the current financial regime would mean that the CCG would still pay for that treatment. This is because CCGs are given a population based allocation.

The revenue impact of any capital case will be included in future revenue planning assumptions but, at present, the NHS works on annual budgets. As we move towards the development of an Integrated Care System for Leicester, Leicestershire and Rutland the NHS financial regime will allow for greater revenue and capital freedoms so that systems can determine the movement of funds to be based on the most effective pathway for patients, thereby enabling more community based services.

3. Any attempt to clarify with the CCGs how much capital and revenue has been allocated to community services has not been answered on the grounds that only UHL acute capital is being considered. We were, therefore pleased the June CCGs Extraordinary Board Meeting approved "creating a primary care urgent treatment centre at Leicester General Hospital site and scope further detail on proposals for developing services at the centre based upon feedback and further engagement with the public." Can the CCG explain why proposals did not also included community services for residents across LLR which are needed as a consequence of reconfiguration?

Response

The consultation dealt with the proposals outlined in the Pre Consultation Business Case, which included the future of the Leicester General Hospital campus.

The ongoing work to improve community services for residents across Leicester, Leicestershire and Rutland to provide more care closer to home is part of separate and ongoing work around a number of key programmes. They include the Better Care Fund (a programme that supports local systems to successfully deliver the integration of health and social care in a way that supports person-centred care, sustainability and better outcomes for people and carers), Ageing Well (an NHS programme to support people to Age Well) and Place-Led Plans. Improvement work will be funded through a mixture of funds available to the NHS e.g. baseline commissioning budgets and through the Ageing Well programme.

4. The introduction to the Report of Findings tells us "Long gone are the days when any one of the hospitals would cater exclusively for the needs of patients in their own distinct geographic area. Instead, patients are already used to visiting any one of the three city hospitals depending on the required specialism, clinical staff and bed availability." Do the CCGs have patient flows to back up this statement? Do Rutland & East Leicestershire patients (as a percentage of population) use proportionally more of the specialities delivered from the General Hospital site compared with the other sites?

Response

Outlined below are figures for Leicester Royal Infirmary (LRI), Leicester General Hospital (LGH) and Glenfield Hospital (GH):

LRI – Out of 480,011 patients, 21,078 were from Rutland and East Leicestershire which is 31.29% of the overall Rutland and East Leicestershire population.
LGH – Out of 238,694 patients, 11,780 were from Rutland and East Leicestershire which is 17.49% of the overall Rutland and East Leicestershire population.
GH – Out of 158,894 patients, 8,038 were from Rutland and East Leicestershire which is 11.93% of the overall Rutland and East Leicestershire population.

All the above are based on 20/21 data. Please note in defining Rutland and East Leicestershire, the data is based on the following postcodes LE13, LE14 and LE15.

From Lorraine Shilcock:

1. What is the meaning of the following statement on p25 of the Decision-Making Business Case? "However, work is ongoing with the New Hospital Programme to agree the scope of inclusion in the programme, and the potential sources of capital."

Response

Since the publication of the PCBC and the consultation, a 'New Hospitals Programme' has been established by NHS England and NHS Improvement to deliver the national programme of 40 new hospitals. This programme is in the middle of a process which will define the out-puts required within these new policy requirements, and the extent to which UHL, as one of the front running 8 new projects, will be required to deliver this policy change.

2. Which proposals/services do you plan to cut if the necessary finances are not forthcoming?

Response

We have been clear that the clinical model we consulted upon, which delivers future clinical sustainability, is our priority. Any additional policy requirements since the announcement of the £450m will need to attract additional funding from the centre. Without this, the additional policy requirements will not be possible to deliver since we do not plan to remove clinical scope from our programme.

From Sally Ruane:

"I wish to raise concerns about the use of an "impartiality clause" used by the CCGs during the consultation process which would have had the effect of stifling the expression of points of view at odds with those of the CCGs.

Via a Service level agreement with an impartiality clause, the CCGs commissioned and remunerated organisations to undertake engagement with people as "supporters" of the consultation exercise. However, the impartiality clause obstructed the ability of these organisations to inform their members (or those they engaged with) of any concerns they had about the proposals and it obstructed the ability of these organisations to draw on independent sources or their own body of knowledge in responding to members'/followers' questions.

The Impartiality clause (attached) stated "Organisations are not expected to express views or opinions on the consultation when engaging with their communities … and all queries and questions should be signposted to official literature or NHS leads".

It appears, therefore, that these organisations far from being impartial, could be said to be the voice of the CCGs, able only to point people to the official literature so providing them with a single, very particular narrative.

1. I would like to know if this practice is legal.
2. I would like to know if this is seen as good practice and what dangers were considered in deciding to proceed with these agreements.
3. Are the CCGs able to tell us what steps they took to ensure that organisations under contract informed their members/followers in any engagement they (the organisations) had with their members/followers that they were working under a service level agreement which contained an 'impartiality clause'.
4. How many of the 5,675 responses to the consultation were as a result of these contracts?
5. What changes have been made to the Building Better Hospitals for the Future proposals following public – not clinical- feedback?

Response

The impartiality clause included in the Service Level Agreement with voluntary and community organisations related to the promotion of the consultation only, and clearly stated that organisations were not being asked to encourage or promote support of the proposals or to support the proposals as organisations themselves.

The purpose of the clause was to protect the voluntary and community organisations that were agreeing to promote the consultation to their communities. The clause ensured that they could freely state the organisation's views on the proposals.

We also asked them as part of the clause to not edit or change the published consultation documents, thereby inadvertently misrepresenting what the proposals were to their communities.

The full clause read as follows:

"*We are asking local voluntary and community organisations to act as supporters for our consultation by promoting to targeted groups and communities.*

"Organisations will not be expected to promote support for the proposal itself, but rather support the consultation process by encouraging as many people as possible to give their feedback and have their say.

"In acting in the role of promoting the consultation to groups and communities it is important that supporters remain impartial. Organisations are not expected to express views or opinions on the consultation when engaging with their communities, should they be positive or negative, and all queries and questions should be signposted to official literature or NHS leads. However, we do appreciate that organisations in their own right, as registered charities or other entities, may wish to contribute to the consultation and express their views using the range of feedback mechanism open to them."

The Report of Findings includes the event feedback as both a separate and integrated section. We anticipate that around 600 responses to the consultation were made as a direct result of this partnership activity with the VCS.

The Decision Making Business Case includes a set of principles. The principles have been developed to address the key themes identified through the consultation, based on what matters most to people. They are commitments to the public in Leicester, Leicestershire and Rutland and will be used to support the implementation of the proposals.

In addition, one of the biggest changes based on feedback from the public has been the removal of the one-year trial period for the standalone midwifery led unit at Leicester General Hospital. The assessment of the viability of the standalone midwife led unit at the Leicester General Hospital campus will now take place over three years.

From Janet Underwood:

> The UHL reconfiguration plans were discussed and agreed at the CCG governing body meeting on 8th June 2021. However, the Chair of the CCG governing body noted the increased inequalities in accessing health care for those living in rural communities; especially in the east of the city.
>
> The UHL Travel Plan creates improved and environmentally sustainable travel around and within the city but no mention of improved travel facilities or better accommodation of the needs of those who live in rural areas.
>
> Healthwatch Rutland asks what plans, other than a trial park and ride for just 80 cars at Leicester General Hospital, UHL, working with partners in the Integrated Care System, have to mitigate these inequalities?

<u>Response</u>

Discussions are already well underway in Rutland to develop Place-Led Plans for what local health and care services should look like in the community These Place-led Plans, developed through the Health and Wellbeing Board for Rutland in partnership with the local authority, Healthwatch and a range of other stakeholders, include GP provision and the usage of local infrastructure, such as the community hospital, to deliver a greater range of services locally. We are committed to continuing these conversations over the coming months.

Progress is being made to improve travel to the UHL sites. In summary:

- *The introduction of the PlusBus ticket option on the Hospital Hopper in February 2021 providing seamless ticketing between train and bus.*
- *Plans are being progressed for a new Park & Ride facility at Leicester General Hospital in partnership with Leicester City Council, making it easier to travel to Leicester Royal Infirmary and Glenfield Hospital on the Hospital Hopper.*

- *UHL partnership with the authority with oversight for bus service provision in Rutland (Rutland County Council) to help improve the public awareness of existing travel options and consider opportunities to improve connectivity. The new National Bus Strategy will assist this partnership working.*
- *Introduction of ANPR (Automatic Number Plate Recognition) technology on the main patient car parks at the Leicester Royal Infirmary and Glenfield Hospital to assist with access issues at the Infirmary and remove the need for patients to estimate length of stay at the Glenfield Hospital.*

As part of these discussions it is important that we understand the current position in relation to the delivery of healthcare within Rutland. The below figures are approximate but set out the large amount of healthcare already delivered within the county.

- *c69% of patients accessing same day minor illness and injury NHS services are seen and treated in sites in Rutland*
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RESPONSES TO SUPPLEMENTARY QUESTIONS OR REQUESTS FROM SCRUTINY MEMBERS FOR WHICH ADDITIONAL INFORMATION OR ANSWERS WERE REQUIRED

Questions from Cllr Sam Harvey in relation to Rutlanders use of St Mary's Birthing Unit

Please confirm the following for the year 2019/2020:
(a)The number of Rutland residents who delivered at St Mary's Unit;

Response

St Marys Birth Centre	*14*

(b) The number of Rutland residents who received post partum inpatient care in the ward at St Mary's;

Response

No Rutland residents received post-partum inpatient care in the ward in St. Mary's.

(c) The number of Rutland Residents who delivered at either LGH or LRI;

Response

Leicester General Hospital	42
Leicester Royal Infirmary	37

(d) The number of Rutland residents who received post partum/ post natal care in Rutland, who delivered out of county, i.e. Peterborough, Kettering etc.

Response

For women having a first baby, there is a fairly high probability of transferring to an obstetric unit during labour or immediately after the birth

- *For nulliparous women, the peri-partum transfer rate was 45% for planned home births, 36% for planned FMU births and 40% for planned AMU births*

The figures for St. Mary's Birth Centre are below:

	2018/19			
	Women Booked for Delivery	**150**	of which:-	
Less:	Intrapartum Transfers	13	First time mothers	12
			Multiple pregnancies	1
	Women Recorded as Delivered	**137**		
Less:	Post Natal Transfers	9	First time mothers	5
			Multiple pregnancies	4
	Women Receiving Post Natal Care at St. Marys	**128**		
	Total Transfers	**22**	**Total Transfers of First Tme Mothers**	**11.3%**
	Total Transfers %	**14.7%**	**Total Transfers of Mothers Delivered Before**	**3.3%**
	2019/20			
	Women Booked for Delivery	**181**	of which:-	
Less:	Intrapartum Transfers	29	First time mothers	24
			Multiple pregnancies	5
	Women Recorded as Delivered	**152**		
Less:	Post Natal Transfers	19	First time mothers	10
			Multiple pregnancies	9
	Women Receiving Post Natal Care at St. Marys	**133**		
	Total Transfers	**48**	**Total Transfers of First Tme Mothers**	**18.8%**
	Total Transfers %	**26.5%**	**Total Transfers of Mothers Delivered Before**	**7.7%**

Where are qualitative comments from Rutland captured in the DMBC or Report of Findings?

Response

Healthwatch Rutland issued their own report before the consultation ended. That report was analysed as part of the overall consultation – but the numbers not included in the final count, as we felt that this may be double counting.

Specific mention of Rutland is included throughout the main report of findings. Specific areas include:

Summary:

- *Table 30, Page 87 Rutland demographics*
- *4.3.4.1 Page 28 reference to Rutland Report*

- *4.4.4.1 page 141 new technology*
- *4.6.4.1. page 194 stand alone birthing unit*

Main body of report

- *2.1.1.1 page 269 children's hospital*
- *2.1.1.2 page 279 access and transport*
- *2.1.1.3 page 294 other comments*

Question from Councillor Melissa March in relation to VCS partners

Officers agreed to provide breakdown VCS organisations and of cost to each organisation.

Response

During the acute consultation the CCGs strategically partnered with 17 VCS organisations to help reach out to and engage with traditionally overlooked or seldom heard communities. This includes representation across the protected characteristics as set out in the Equality Act. The amount of funding provided to each organisation depended on the size of the target audience and the plans set out by each organisation to reach these communities. The average level of funding was £1,566 per organisation. The full list of VCS partners is as follows:

- Adhar / South Asian Health Association
- Age UK
- Ashiedu Joel (target black heritage communities)
- Pamela Campbell Morris (targeting black heritage communities)
- Carer's Centre
- CommsPlus
- Council of Faiths
- Hashim Duale (targeting Somali community)
- Somali Development Services
- Healthwatch Rutland
- British Deaf Association
- LGBT Centre
- Project Polska
- Rutland Community Ventures
- Shama Women's Centre
- Voluntary Action LeicesterShire
- Vista

Question from Cllr Phil King in response to Hydrotherapy

Provision and location of hydrotherapy pools in the community.

Response

The Building Better Hospitals for the Future consultation undertaken at the end of 2020 included a proposal for the provision of hydrotherapy pools. The proposal outlined the use of hydrotherapy pools already located in community settings, enabling UHL to provide care closer to home. We asked people to tell us the extent to which they agreed or disagreed with this proposal and to explain the impact of the proposal on them, their family or groups they represented. This proposal received significant support.

The Report of Findings and the Decision Making Business Case for Building Better Hospitals for the Future was discussed in a meeting in public of the Clinical Commissioning Groups in Leicester, Leicestershire and Rutland and a decision made to go ahead with the planned £450 million transformation plans to improve Leicester's hospitals' acute hospital and maternity services. This decision includes the proposal for hydrotherapy pools. As a result, further work can now go ahead to identify appropriate pools that will implement this change in approximately 5 years. A mapping exercise has already identified the following hydrotherapy pools as possible locations:

Westgate School, Leicester
Stanford Hall, Loughborough
Inspire2tri Endless Pool Barn, Oakham

We are working with the Leisure Sub-group of the One Public Estate Leicester Group to continue to expand this offer over the next five years. We are keen to maximise the number of pools that we have available so we broaden the community offer for people across Leicester, Leicestershire and Rutland.

In moving to community based pools further assessments of suitability is being undertaken against clear criteria including temperature, it should be heated between 32.3C – 36.0C, and a depth of approximately 1.0 – 1.2m at its deepest, with steps down to each depth not a sloping floor. Venues will need to include the appropriate equipment such as a hoists and sessions will be led by appropriately trained staff from UHL.

This question was also raised by Cllr Terri Eynon, during the consultation, and was answered at a meeting of the Leicester, Leicestershire and Rutland Joint Health Overview and Scrutiny Committee on 14th December 2020. The response is published at http://politics.leics.gov.uk/mgAi.aspx?ID=66436.