

# Building Better Hospitals

Leicester, Leicestershire and Rutland

Joint Overview and Scrutiny Committee

Overview of the Leicester, Leicestershire and  
Rutland CCGs Decision Making Business Case

8<sup>th</sup> July 2021

**Building Better Hospitals**  
For the future





# Summary proposals set out in the UHL Acute Reconfiguration PCBC

- Build a new maternity hospital with a doctor-led inpatient maternity service. A shared care unit with midwives and doctors and a midwifery centre provided alongside the obstetric (pregnancy) unit
- Refurbish the Kensington building to create a new children's hospital including a consolidated children's intensive care unit
- Build new premises to house a major new treatment centre for planned care, inpatient wards and theatres
- Expand the intensive care units at LRI and Glenfield
- Expand car parking facilities, for example, additional levels on the multi-storey car park and create dedicated welcome centre
- Repurpose the General Hospital to create a smaller campus that focuses on community health with some beds and more GP-led services
- Retain the diabetes centre of excellence and stroke recovery service with inpatient beds
- Potentially relocate a midwifery led unit from Melton Mowbray to Leicester General Hospital

# Consultation reach



**1.8\*\*\* million reached by people in Leicester, Leicestershire and Rutland through the consultation**



**971,657**

**Digital media** (all online including websites, social media, email marketing, AdsMart)



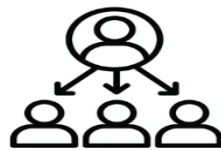
**853,048**

**Print and broadcast media** (newspapers, magazines, newsletters, radio etc.)



**4,960**

**Event promotion**



**1,049**

**Stakeholders** (MPs, councillors, VSO etc.)



**25,000**

**Staff**

# Response figures



**5,675**

**Total response to the consultation**



**4,682**

**Survey responses**



**70**

**Correspondence  
(email and letter)**



**923**

**Event participants across 113  
events**



# Equality Impact Assessment

The CCGs had an independent Equality Impact Assessment undertaken on the proposals at Pre-Consultation Business Case stage and this was updated following the formal consultation. The summary of findings were:

- 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.
- 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.
- 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.
- The engagement with diverse communities during the consultation has given the CCGs and UHL a great foundation on which to continue engagement work during the implementation phase and our wider work.
- Through the introduction of the systems Inclusivity Decision Making Framework, there is a commitment to embed such approaches routinely in practice.
- 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.

The Equality Impact Assessment also states the following in relation to the CCGs meeting the NHS Act 2006 Section 14T and subsequently the Equality Act 2010:

“responders who chose to disclose their association with one or more of protected group were indeed proportionately representing the wider population of LLR; i.e. the public consultation captured the views from suitable representative groups of the general LLR population.”



# Process for considering feedback from consultation

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- The consultation findings were collated by an independent organisation who produced a report setting out the findings – this is known as the Report of Findings
- The Report of Findings has been used to consider whether the proposals set out in the Pre-Consultation Business Case should form the final proposals in the Decision Making Business Case (DMBC)
- Where the consultation responses have impacted on clinical proposals UHL have undertaken a review of their original proposal against the consultation responses to decide the final proposals within the DMBC
- The following set of slides go through the rationale for the decisions that were taken by Leicester City Clinical Commissioning Group; West Leicestershire Clinical Commissioning Group; and East Leicestershire and Rutland Clinical Commissioning Group on the proposals set out in the University Hospitals of Leicester Acute Reconfiguration Decision Making Business Case which was considered and approved at their Governing Body meetings of 8<sup>th</sup> June 2021

**Moving acute services on to two of the current three hospital sites with acute services being provided at Leicester Royal Infirmary and Glenfield Hospital**

# Consultation outcomes



58% of respondents agreed with proposal

14% neither agreed or disagreed with proposal

28% disagreed with proposal

We also heard from staff that some services were best retained on one place

We also heard during consultation that people wanted to understand the impact of COVID on our plans and whether we would be future proofing services by releasing some of the Leicester General Hospital site

## Main reasons for support is that:

- The proposals made sense
- It would increase efficiency and that it would improve access

## Main reasons for disagreeing:

- The proposal would reduce accessibility for rural communities in the east and south of LLR
- LRI is not a suitable site and the lack of parking at the LRI

## What we will be doing to address the concerns:

- A Travel Action Plan has been developed to support the reconfiguration which includes:
  - ❖ Improvements to the bus and hopper routes to the hospitals
  - ❖ Work with the local authorities to increase park and ride facilities including trailing the General Hospital as a site
  - ❖ Increase public parking spaces at the LRI and Glenfield hospitals by circa 300 per site
  - ❖ Improve sustainable travel options



# Speciality changes in location

PCBC Proposal	DMBC Decision	Rationale
Brain Injury and Neurological Rehabilitation Units to be moved from General to Leicester Royal Infirmary	Brain Injury and Neurological Rehabilitation Units to be moved from General to Glenfield Hospital	Glenfield will provide better opportunities to provide appropriate clinical space and rehabilitation facilities including green spaces
<b>Ear Nose and Throat:</b> Adults Outpatient/Daycase – Glenfield; Inpatient/Emergencies - LRI	<b>Ear Nose and Throat:</b> All services to remain at LRI	<b>ENT:</b> to maintain adult; paediatric and emergency services in the same place
<b>Ophthalmology:</b> Outpatient/Daycase – Glenfield; Inpatient/Emergencies - LRI	<b>Ophthalmology:</b> All services to remain at LRI	<b>Ophthalmology:</b> to ensure on call to ED and the Childrens Hospital can be delivered effectively
<b>Plastics:</b> Outpatients/Daycase – Glenfield; Inpatient/Emergencies - LRI	<b>Plastics:</b> All services to remain at LRI	<b>Plastics:</b> provide a better service by keeping service together
<b>Endocrinology:</b> Outpatients/Daycase – Glenfield; Inpatient/Emergencies - LRI	<b>Endocrinology:</b> All services to remain at LRI	<b>Endocrinology:</b> to enable inpatient services at LRI to be supported

# Impact of COVID on our proposals

A review was undertaken by clinicians within UHL to determine whether the proposals set out in the Pre-Consultation Business Case were still sound in the light of learning from COVID. They found that if the changes had been in place before the pandemic it would have enabled LLR to manage better for the following reasons:

**ICU:** the proposals will see the doubling of ICU capacity at UHL to over 100 beds. If these beds had been in place at the height of the pandemic there would have been sufficient capacity to manage acutely ill COVID patients and to undertake more urgent and complex surgery – thus reducing the number of cancelled operations that had to be made.

**Children's Heart Surgery:** the proposed dedicated Children's Hospital would have meant the urgent heart surgery could have continued locally rather than having to send children out of area. Paediatric ICU had to be converted into adult ITU at the height of the pandemic.

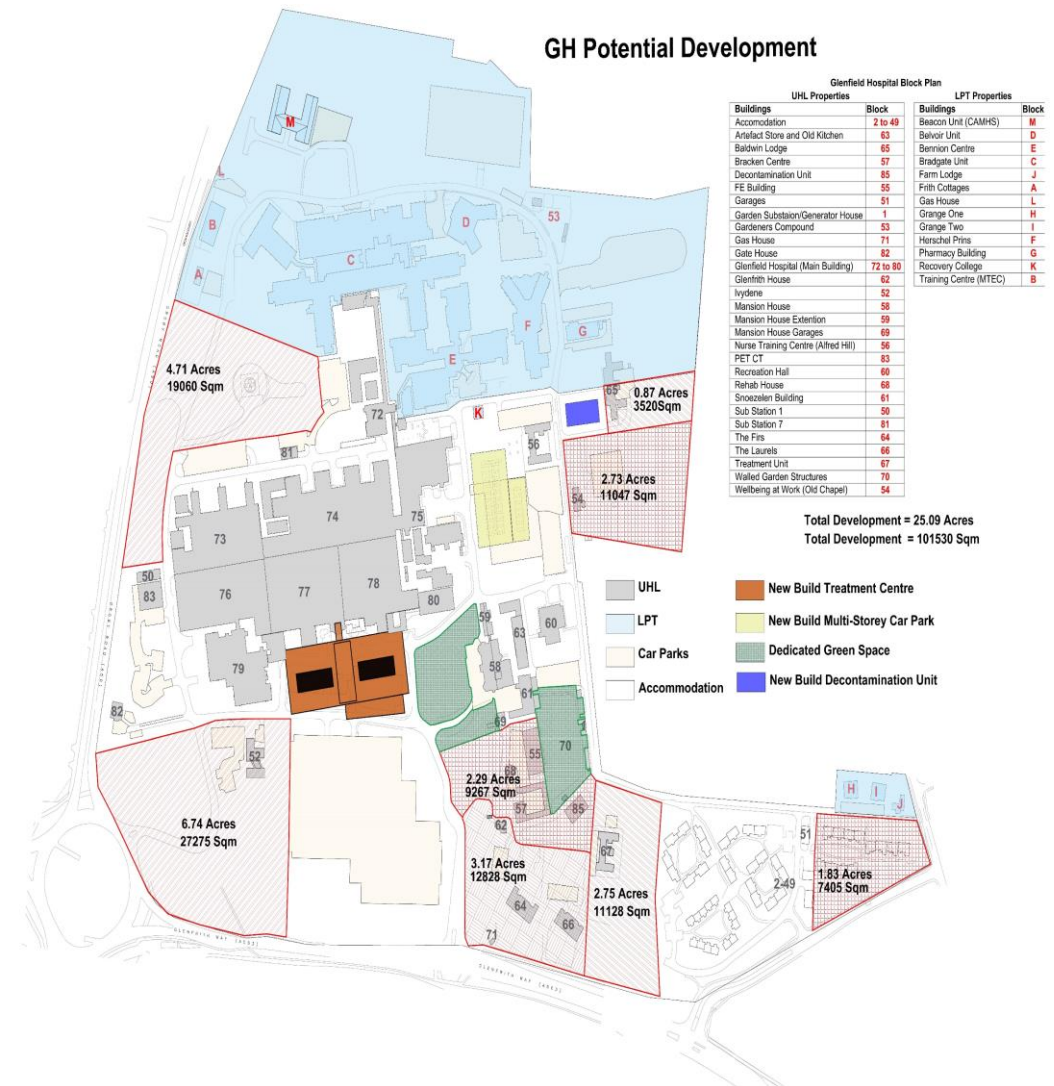
**Cancer and Elective Operations:** by creating a dedicated Treatment Centre and increasing ICU capacity this would have enabled more surgery to have continued during the pandemic and as a result there would have been less cancellations and a smaller backlog of cases.

# Developable land post reconfiguration

One of the questions that was raised during consultation was whether by moving services from the General Hospital site and selling the land for housing would this reduce the local NHS ability to increase services in the future should the need arise.

An analysis of the available land at the Leicester Royal Infirmary and the Glenfield Hospital shows that after the full reconfiguration work has been completed there would be 25 acres of developable space available at the Glenfield Hospital, the majority of which is already vacant land.

This shows that there would be considerable scope for further development should this be needed in the future.



**New treatment centre – moving outpatient services from Leicester Royal Infirmary and Leicester General Hospital to a new purpose build treatment centre at Glenfield Hospital**



# Consultation outcomes



60% of respondents agreed with proposal

25% disagreed with proposal

In addition the clinical case set out in the Pre-Consultation Business Case and the clinical review of the proposals post COVID sets out the advantages of separating elective and emergency care

## Main reasons for support is that:

- Glenfield Hospital is a more suitable location than the LRI (24%)
- There was general agreement with the proposal
- The proposal will improve access to outpatient services – i.e. all services in one place.

## Main reasons for disagreeing:

- The reduction in accessibility for patients in rural communities and east and south of the city
- Glenfield is not suitable location for outpatient services (8%)
- LRI is more suitable location due to public transport links

## What we will be doing to address the concerns:

- A Travel Action Plan has been developed to support the reconfiguration which includes:
  - ❖ Improvements to the bus and hopper routes to the hospitals
  - ❖ Work with the local authorities to increase park and ride facilities including trailing the General Hospital as a site
  - ❖ Increase public parking spaces at the LRI and Glenfield hospitals by circa 300 per site
  - ❖ Improve sustainable travel option

**Use of new technologies** – offering appointments by telephone or video call for certain aspects of pre-planned care

# Consultation outcomes



64% of respondents agreed with proposal

23% disagreed with proposal

## **Main reasons for support is that:**

- Technology improves access to services by reducing travel
- COVID has proven that technology can work

## **Main reasons for disagreeing:**

- Some groups will require face to face appointments
- We should consider the lack of access to technology for some people
- We should consider the need for physical examination when this will aid diagnosis

## **What we will be doing to address the concerns:**

- Where face to face appointments are needed they will be offered including where there is a need for a physical examination
- Lack of access to technology will be considered as we develop our plans further and there must always be an alternative for people that cannot or do not have access to technology

**Create 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**



# Consultation outcomes



67% of respondents agreed with proposal

14% disagreed with proposal

## **Main reasons for support is that:**

- It would reduce the pressures on other services
- The Leicester General Hospital site was a suitable site for these services

## **Main reasons for disagreeing:**

- Accessibility to the site for rural communities city residents in the west
- Concern about the removal of existing services
- The General Hospital site not being suitable

## **What we will be doing to address the concerns:**

- This would predominately be a primary care site covering the city – the actions set out in the Travel Action Plan should support travel to the site
- Providing urgent care services away from an acute site will relieve pressure on emergency services and with diagnostics and observation facilities it will enable patients to be monitored outside of an acute environment
- With the predicated housing growth and limited current provision in the area it is anticipated that additional primary care facilities will be required in the coming years
- There is also a national drive to develop community diagnostic hubs as outlined in these proposals

**New haemodialysis treatment units** – providing two new haemodialysis treatment units, one at Glenfield Hospital and the second in a new unit to the south of Leicester

# Consultation outcomes



69% of respondents agreed with proposal

7% disagreed with proposal

## **Main reasons for support is that:**

- Improved access to haemodialysis services
- Glenfield is a suitable site

## **Main reasons for disagreeing:**

- General Hospital site is a suitable site for the service
- There was no need for two sites
- The proposals would reduce accessibility

## **What we will be doing to address the concerns:**

- A decision on the second site will be made in due course, once potential sites have been identified, via an options appraisal approach which will include considering the view of services users
- The service will continue to explore innovative ways of delivering dialysis including the option of home or community based dialysis when this is right for the patient

**Hydrotherapy pools** – using hydrotherapy pools  
already located in community settings



# Consultation outcomes



71% of respondents agreed with proposal

7% disagreed with proposal

## **Main reasons for support is that:**

- Improved access to facilities
- The impact that hydrotherapy has on a patient's outcomes

## **Main reasons for disagreeing:**

- Quality of care
- Community pools would not have the required facilities

## **What we will be doing to address the concerns:**

- In determining location criteria will be establish to determine the locations this will include the availability of the right equipment and pool facilities
- Appropriately trained staff, i.e. NHS Physiotherapists would deliver the service

**Children's hospital** – refurbishing the Kensington building at Leicester Royal Infirmary to create a new children's hospital including a consolidated children's intensive care unit, co-located with maternity services

# Consultation outcomes



77% of respondents agreed with proposal

7% disagreed with proposal

## **Main reasons for support is that:**

- An improvement in the quality of care
- It is positive to have a children's hospital

## **Main reasons for disagreeing:**

- The LRI not being a suitable site
- Difficulty with parking and reducing access for rural communities

## **What we will be doing to address the concerns:**

- The Travel Action Plan will support the concerns about parking and access
- The LRI was chosen as the site as it has the Children's Emergency Department and will be the home for the Children's Congenital Heart Services from 2021. Part of the requirement for the continued delivery of CHD services is the formation of a Children's Hospital and as such the LRI was proposed as the location due to the co-location with the Children's Emergency Department of the CHD Service

**New maternity hospital** – building a new maternity hospital on the LRI site, including a midwifery-led birth centre provided alongside the obstetric unit. Moving existing maternity services (services provided in pregnancy, childbirth and post-pregnancy) and neonatal services from Leicester General Hospital to Leicester Royal Infirmary

# Consultation outcomes



50% of respondents agreed with proposal

19% neither agreed or disagreed

31% disagreed with proposal

More people disagreed from postcodes in Rutland and the south and east areas of Leicestershire compared to other areas in LLR

## **Main reasons for support is that:**

- Increased efficiency and improved quality of care

## **Main reasons for disagreeing:**

- The Leicester Royal Infirmary not being a suitable site
- Reduced accessibility for rural communities
- Lack of parking at the LRI

## **What we will be doing to address the concerns:**

- The Travel Action Plan will support the concerns about parking and access

**Breastfeeding services** – enhancing  
breastfeeding services for mothers by post-natal  
breastfeeding drop-in sessions alongside peer  
support



# Consultation outcomes



41% of respondents agreed with proposal

7% disagreed with proposal

## **Main reasons for support is that:**

- Increase access to breastfeeding support
- It would benefit mothers and babies

## **Main reasons for disagreeing:**

- Consideration should be given to the high-quality support provided at St. Marys Birthing Unit
- Leicester is not suitable for drop-in sessions

## **What we will be doing to address the concerns:**

- Breastfeeding support will still be provided locally

**New standalone maternity unit** – relocating the standalone maternity unit at St Mary's in Melton Mowbray and trial a new standalone midwifery unit at Leicester General Hospital to assess its viability

# Consultation outcomes



36% of respondents agreed with proposal

23% neither agreed or disagreed

41% disagreed with proposal

More people disagreed from postcodes in Rutland and the south and east areas of Leicestershire compared to other areas in LLR

## Main reasons for support is that:

- It would improve access by moving the service to Leicester General Hospital site
- The quality of care would improve at the Leicester General Hospital

## Main reasons for disagreeing:

- It would reduce access in some parts of LLR to the service
- People valued the quality of care at St. Marys Birth Centre

## What we will be doing to address the concerns:

See next slide

Area	Agreed	Neither agreed or disagreed	Disagreed
Leicester City	45%	21%	35%
Rutland	16%	28%	56%
Leicestershire South & East	30%	19%	51%
Leicestershire North & West	39%	24%	37%

# Consultation outcomes

**A review panel considered the feedback from consultation and concluded that the proposal for the standalone Midwifery Led Unit to move from St. Marys in Melton Mowbray to the Leicester General site should be the one considered by the LLR CCG Governing Bodies.**

**The rationale for this was:**

- The General Hospital site will be more accessible to more women across LLR thus providing a more equitable service to the women of LLR
- Transfer time to acute service will be significantly reduced and this will reduce clinical risk and encourage more women to choose the standalone Midwifery Led Unit
- Staff sustainability is improved by relocation to the Leicester General Hospital site due to difficult in recruiting staff in its current location
- The current service does not see enough patients for it to be viable but LLR wants to offer an standalone Midwifery Led Unit as an option for women and moving it the Leicester General Hospital will give a better chance of long term sustainability

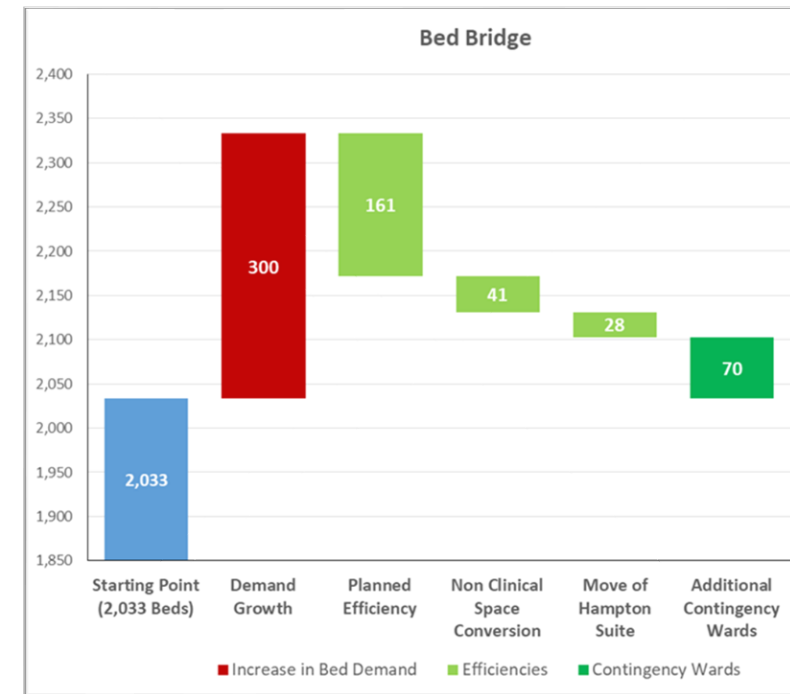
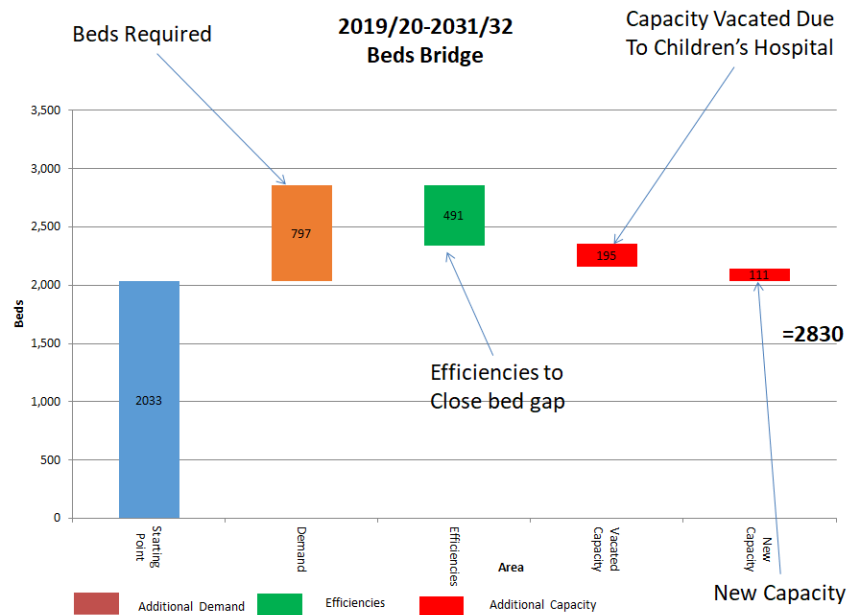
**What we will be doing to address the concerns:**

- Significant ongoing improvement to postnatal support services will take place including:
  - ❖ Locally based services
  - ❖ Local breastfeeding support services
  - ❖ Expanded team of midwives who will provide continuity of care
  - ❖ Support for home births
- We will use the skills and expertise of the midwives providing the service at St. Marys Birth Centre in the development to the Leicester General service
- It is acknowledged that the viability of the standalone midwifery Led Unit at the Leicester General Hospital site will not be able to be assessed within a one year period as set out in the PCBC – this will take time to grow. As such we will establish a panel made up of professionals and women to agree how and when this assessment will take place
- We will actively promote the option of the standalone Midwifery Led Unit at the Leicester General to women

# Bed modelling

- During consultation we had feedback to plan our bed model over a longer period which we have now done taking the model to 2032 rather than 2024 as set out in the Pre-Consultation Business Case
- The new model will see an additional 306 beds from the starting point of 2033 which is an increase of 167 new beds on the PCBC
- Efficiencies increase from 161 to 491 over the same period

Our bed model to 2032





# Pledges/commitments

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***A set of 17 principles which the NHS in Leicester, Leicestershire and Rutland will adhere to when implementing change.***

1. Good access cross all sites
2. Good access onto and around all sites
3. Embrace environmental sustainability
4. Adapt high quality patient communication and interactions
5. Co-design services and provide information to all socio-demographic groups throughout implementation of change
6. Focus attention beyond clinical need
7. Develop solutions for those people living in rural locations – care closer to home, particularly if needed in an emergency
8. New technologies – adopted and adapted to meet the patient need and choice
9. Engage communities on next steps for Leicester General Hospital





# Pledges/commitments

*A set of 17 principles which the NHS in Leicester, Leicestershire and Rutland will adhere to when implementing change.*

10. Consider variety of locations to achieve the best access to haemodialysis treatment
11. Provide quality of care in hydrotherapy services, at the right and appropriate locations with good access e.g. wheelchair users, and provide trained staff and pay attention to single sex sessions
12. New maternity hospital providing personalise high quality care
13. High quality and sustainable standalone Midwifery Led Unit
14. Provision of community breastfeeding support
15. Provision of high quality Children's Hospital for children, young people and family carers
16. Provision of adequate acute bed capacity to match need
17. Ensure that all improvements ensure better outcomes for patients improving the health and wellbeing of our local population.