

**The following questions were received at the meeting of the Leicestershire, Leicester and Rutland (LLR) Joint Health Scrutiny Committee held 4 September 2018, under agenda Item 5: Questions, Representations and Statements of Case.**

**Question 1** from Ms Jean Burbridge

The law requires commissioners and providers to involve the public when making changes to the provision of NHS healthcare. NHS bodies discharge this duty by carrying out consultations. There is no legal definition of service change but broadly it encompasses any change to the provision of NHS services, usually involving a change to the range of services available and/or the geographical location from which services are delivered. Not only is a change in service location being proposed in UHL's full business case, but it is a change in the location of a **core** service, that is, one on which numerous other services depend and one where change has significant ramifications for the rest of the hospital. **Why did UHL consider it possible to proceed without a full public consultation and will the committee ensure that this omission is rectified and recommend that full public consultation takes place?**

**Question 2** from Giuliana Foster

"Why has UHL been planning to close level 3 intensive care at the Leicester General Hospital since at least 2015 and yet still not consulted the public?"

**Question 3** from Ms E Brenda Worrall

Given the recent ruling by The High Court (HHJ Jarman QC sitting as a High Court Judge) in quashing a decision by the Corby Clinical Commissioning Group over failure to undertake public consultation, is there a danger that the local NHS could find itself on the wrong side of the law if it proceeds to remove services as important as level 3 intensive care from Leicester General Hospital without full public consultation? A legal challenge will be costly in time, money and reputation. I therefore urge you to recommend full public consultation.

**Question 4** from Ms Warrington

"Why is the NHS undertaking to consult the public on 'our plans for acute reconfiguration' (Next Steps to Better Care in Leicester, Leicestershire and Rutland, August 2018 p40) but is not consulting the public on the reconfiguration of intensive care and other services such as kidney services now?"

**Question 5** from Mr A Ross

*Although the scrutiny committee does not have the right to impose its views on the local NHS, will it state its desire to see a full public consultation take place in relation to the closure of level 3 intensive care and the consequent downgrading of the Leicester General Hospital?*

**The following questions were received at the meeting of the Leicester City Council Health and Wellbeing Scrutiny Commission held 23 August 2018, under agenda Item 5: Questions, Representations and Statements of Case and were referred to the LLR Joint Health Scrutiny Committee on 4 September 2018 for noting.**

**Question** from Mr Robert Ball:

Moving the Intensive Care Unit from the Leicester General Hospital to the LRI

University Hospital Leicester (UHL) presented a case to the Scrutiny Commission stating that the intensive care unit (ICU) needed to be closed down at the Leicester General Hospital and moved to the Leicester Royal Infirmary and Glenfield Hospital. Because this was considered an urgent matter with closure required within months for reasons of patient safety, the scrutiny commission at the time approved the move without public consultation.

Clearly, however, closure was not urgent nor required in 2015 as the ICU at the General Hospital continues in place. As its governing body's approval of the full business case indicates (Ref 1), UHL appear to be assuming they can proceed three years later (commencement of construction by October 2018) with no public consultation, despite the fact that this represents a major change in service delivery.

This is a question for the Health and Wellbeing Scrutiny Commission: what action will the scrutiny commission be taking to ensure this does not occur?

The effective closure of ICU at LGH will require the removal of other services, making the long-promised STP consultation on the three to two strategy virtually a meaningless exercise.

**Question** from Mr Stephen Score:

University hospitals of Leicester want to close the General as an acute hospital and concentrate their services onto two sites only (the Royal Infirmary and the Glenfield). However, there has been no public consultation on this. Despite that, they are planning to move ITU out of the General, which will make it very difficult to keep other services there. Effectively they are moving from three to two hospitals by stealth and without public consultation. Will the Scrutiny Commission ensure consultation happens?

**Question** from Mr Peter Worrall:

It's my understanding the Scrutiny Committee approved the closure of intensive care at the General Hospital in 2015 without formal public consultation because it was informed by University Hospitals of Leicester that the matter was urgent and needed to be dealt with swiftly for patient safety reasons. As ITU still functions at the General can we assume that formal consultation will now be required? And furthermore will the Scrutiny Committee make clear whether it **wishes** to see proper consultation now take place?