Better Care Together in Leicester, Leicestershire and Rutland
Questions and Answers

People have asked a range of questions about Better Care Together and proposals to improve services including those at the hospitals in Leicester.

The questions along with the answers have been brought together. We will continue to add further information as further questions are raised.

Better Care Together

What is Better Care Together and is it different from the Sustainability and Transformation Partnership or STP?

The three NHS Trusts and three clinical commissioning groups in Leicester, Leicestershire and Rutland, working alongside a range of other independent organisations, voluntary and community sector providers and local councils, combine to look after a population of more than one million people. They are doing this through Better Care Together which is the Sustainability and Transformation Partnership in Leicester, Leicestershire and Rutland.

What are the Better Care Together partners doing?

All the Better Care Together partners are working together to improve services for local people. Together we are working to keep more people well and out of hospital through better public health and prevention of illness. We want earlier detection and management of disease. We also want to support more patients at home and in their community.

We are working to provide improved care in a crisis from NHS 111 to 999 – including responding to urgent and emergency care need for people experiencing a mental health episode.

We are also improving the route that people take through the care system so it is joined up.

Better Care Together Consultation

When is consultation going to start?

Where a public consultation is required, as is the case for our proposals for the hospitals in Leicester, we are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved.

This is because one of the tests for consultation is the assurance that what is being consulted on is deliverable; this includes the allocation of funding.

We will only be able to go out to consult once we have been allocated the funding and our pre consultation business case has been approved, at this time we don't know when this will be.

How is it real consultation if you are already bidding for money and have designs?

We will be consulting on a proposal. We genuinely want to hear people's views on our proposals. In order to bid for money we have to have proposals so the government can see our ideas are affordable.

We don't have designs just artists impressions of what the different hospitals sites could look like.

Where is there space at the Royal?

We propose to build the maternity hospital on the space currently occupied by buildings adjacent to the new Emergency Department (Knighton Street office and OP). These buildings are old and not fit for purpose. We also do not provide any patient facing services from these buildings.

The other services planned for the Royal Infirmary site will be housed in the Balmoral and Windsor Building into space vacated by the Children's services moving into Kensington once the maternity hospital is built.

Are you taking beds away?

No. Our final plans see an increase in beds – on our wards and in our intensive care units.

Why aren't you allowed to go out to formal consultation until national funding is announced?

We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved.

This is because one of the tests for consultation is the assurance that what is being consulted on is deliverable; this includes the allocation of funding.

We will only be able to go out to consult once we have had been allocated the funding and our pre consultation business case has been approved, at this time we don't know when this will be.

When will all of these changes start?

We cannot make any changes until we have consulted and we cannot consult until we have been told that we are being given the funding and our Pre Consultation Business Case is approved.

We've heard all this before and nothing changed, so what is different this time?

The government has stated that it will invest in a couple of large schemes every year; we are one of a small number of hospital Trusts who are seeking this level of capital money. Nationally, the availability of funding has been very limited due to austerity, but we have done everything possible to ensure we are in the best possible position to get funding.

What's plan B if this doesn't work or happen?

We will continue to bid for capital whenever it becomes available. We are confident it's a case of when, not if. In the meantime, we will continue to provide our services as best we can within the buildings that we have.

How are you going to staff these new hospitals when there is a national shortage of nurses?

Our evidence of new facilities (Emergency Department) shows that it is actually easier to attract staff to work in modern, purpose built buildings, so we are confident that this will help us to not only recruit staff but to also keep them.

Where's the voice of patients in all this?

We are actively engaging patients in our projects. We will ensure co-production of appropriate design with patient groups and partners as we progress our plans. We had recent experience of this when Vista and Age Concern were involved in the design to create dementia and visually impaired friendly environments in our Emergency Department.

We have spoken with patient and public involvement groups about our plans and listened to their views.

In addition to the public events we are hosting in October and November 2018, we will also be undertaking a programme of outreach work.

The outreach work will take two differentiated approaches. We will reach out to communities particularly those compromising and/or representing people with protected characteristics to understand the potential impact of the proposals. We will particularly work through voluntary and community sector agencies and local support networks to involve these communities.

In addition, we will coordinate manned drop-in sessions situated in community venues where there is a reasonable footfall e.g. libraries. This will allow the public to view the same BCT displays on show at the deliberative events and have informal conversations about health services, but in their local area.

Once we are able to consult we will actively encourage further involvement from patients and the public to tell us what they think.

The NHS does not belong to a political party or to a party in power. The NHS and its assets belong to the people. Therefore, can you please inform the public whether any estates are being sold off - as requested by Naylor Report - and if it is, why is that the public are not consulted?

We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved.

This is because one of the tests for consultation is the assurance that what is being consulted on is deliverable; this includes the allocation of funding.

We will only be able to go out to consult once we have had been allocated the funding and our pre consultation business case has been approved, at this time we don't know when this will be.

Land will only be disposed of when it has been declared surplus and is planned through a comprehensive estates strategy.

What land are you selling at the Glenfield and why?

The land at the Glenfield we propose to sell (known as the paddocks) currently services the needs of some horses and there are no healthcare services provided on them. We could use the money from that sale to reinvest in health services for local people.

Will the Trust involve the public in some type of co-production around the new buildings they are talking about?

Yes. When we get approval for funding, and following the consultation we will involve the public in taking our plans forward to reality.

If there is a delay in an announcement - would you do the same as now and railroad through changes

The proposed changes around Intensive Care Unit are because of there is a clinical need for change – we will be consulting in depth around the bigger configuration.

If the powers at be hold the funding then you will just railroad through changes and you won't consult - how will it be different than the Intensive Care Unit issue?

There was a clinical need for the Intensive Care Unit changes. We are committed to consulting once we have been given the approval for the funding.

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How confident are you securing the funding?

It is obviously hard to say, however we should be hopeful given we have already received £50m for a new Emergency Department and £30m for the upgrade of our intensive care units at the Glenfield and Royal Infirmary.

We hope that the public will support us so that we can get the much needed investment in our local health services.

Do you need to sell land at the Glenfield and General Hospitals in order to get the capital funding?

No. However, the land that we no longer need for healthcare facilities should be sold off to generate money to reinvest in healthcare (in line with the recommendations in the Naylor Review published in 2017).

Have we considered need for more beds?

Of course; we have an ageing population. We have done lots of work and looking at demographic work, frailty etc. However do not judge a healthcare system by the number of beds it has. A good healthcare system keeps people well and out of hospital.

Have you consulted MPs on your plans?

We have, since 2015, shared our long term plans with local MPs. We will continue to do that and hope to gain their full support for the plans we have developed to improve local health services and hospitals for local people.

Intensive Care Unit

If you're moving Intensive Care off the General site isn't this the thin edge of the wedge to close the General?

No. Once we've consolidated Intensive Care Unit and solved the on-going clinical risk, the other services at the General (e.g. elective orthopaedics) could stay as they are indefinitely. We don't want them to because it doesn't make clinical / operational or financial sense, but they could. In any event the long term plans for the General will be subject to full, formal public consultation just as soon as we are allowed to do that.

Why haven't you consulted on the ICU moves?

When our clinicians first raised the issue about the sustainability of ICU at the LGH, we wanted to act quickly, such was the level of concern, and so we consulted the City and County HOSC and asked them to support our stance of not entering into formal public consultation on the plan. They did support that, recognising the clinical urgency. Then of course the money dried up and we were left with a plan, a big clinical risk but no way of addressing it… until now. The irony is that now we're in a position to finally address the ICU sustainability issue we're being asked to formally consult which will further delay the scheme and increase the costs.

Why has there been a delay in ITU

Disappointingly Leicester's Hospitals were unable to progress these plans until national capital funding became available again in Spring 2017 and an outline business case was approved by CCG Boards in November 2017, with subsequent Full Business Case approval in July 2018.

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The CCGs and UHL have been planning to close down Intensive Care and other services at Leicester General and to move them elsewhere. This is an obvious threat to Leicester General Hospital. Why was it that public opinion was not sought earlier and public consultation before it was too late to influence what is happening?

Leicester's Hospitals first presented plans to consolidate Level 3 Intensive Care Unit - currently provided at all three sites, on to Glenfield Hospital and Royal Infirmary in 2014/15 - on the basis that maintaining the service on all three sites was unsustainable and inefficient.

Plans at this time were supported both by Commissioners (organisations who buy health services for the local population) and Leicester and Leicestershire Health Overview and Scrutiny Committees. The Trust started to progress plans for the scheme without public consultation further to outcome of discussions with Health Overview and Scrutiny Committees and clinical commissioning group. Disappointingly Leicester's Hospitals were unable to progress these plans until national capital funding became available again in Spring 2017 and an outline business case was approved by Clinical Commissioning Group Boards in November 2017, with subsequent Full Business Case approval in July 2018.

Leicester's Hospitals and the CCGs have apologised for having missed opportunities to have keep the public and other stakeholders more informed about the progress of the scheme since decisions were taken in 2015, 2017 and 2018; however have stated that to consult at this very late stage would not be appropriate.

Following these service moves the bulk of clinical services currently provided at the General will remain, including the provision of Level 2 ICU. The planned ICU changes have been designed in a way that does not make further changes inevitable or unavoidable; although the scheme is consistent with the overall strategic direction of travel.

Why don't the proposed new ICU's meet current guidelines on space and number of private rooms?

The HBN 04-02 you refer to gives "best practice" guidance and the new units will provide better space and facilities than we currently have.

Why haven't you consulted on the big reconfiguration plan?

We're not allowed to go to formal consultation until the government has agreed to the funding in principle.

It's frustrating because as we've said this isn't a secret, but on one level you can understand the logic, i.e. if we go out to promote the new hospitals and then the money doesn't materialise, the government will take the rap for it. So, instead we're upping the level of engagement (which is different to formal consultation), as a way of trying to keep the public and staff enthusiastic about the vision for our hospitals.

Why are you cutting the number of beds when everyone knows you never have enough?

We're not. The plan is from this winter onwards we increase the number of beds by about 50 as well as eventually doubling ICU capacity. (The original plan 2016 saw us cutting beds but we pretty soon realised that this was unrealistic).

How certain are you that you'll get the cash?

We're confident but it's not guaranteed. We think we're on the list of schemes nationally that could be backed and so what we're focusing all our efforts on is making the case as watertight and

compelling as possible… ultimately the decision is with Department of Health / Treasury… we've just got to make sure that there's strong support for the vision.

Leicester General Hospital

Why do you have to close the General?

We're not closing it; it stays as a healthcare site just not as an acute hospital.

There are three hospitals in Leicester as a result of history rather than design. For the last decade our clinical teams have been telling us that it's nigh on impossible to run effective services when people and kit are duplicated and triplicated across three hospitals. Staff and patients are bounced between the three, clinical services that ought to be next to one another are separated which hinders team working and it's clearly expensive to run.

To be honest, if money were no object we would ideally like to go from three hospital sites to one, with every service ideally located under one roof but that would be prohibitively expensive and so the next best option is to consolidate on to two sites.

Why is this all being done in secret?

It's not. Our plans were first published in public in 2015, then updated in 2017, and have been covered in the media and presented at stakeholder events around the City and Counties. The overwhelming feedback through all of that was 'you've been talking about this for more than a decade, why don't you just get on with it?'

Councillors in Leicester, Leicestershire and Rutland requested to hold a full public consultation on downgrading of Leicester General Hospital. Why is it not done?

We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved for our entire plan.

Following these service moves the bulk of clinical services currently provided at the General will remain, including the provision of Level 2 ICU. The planned ICU changes have been designed in a way that does not make further changes inevitable or unavoidable; although the scheme is consistent with the overall strategic direction of travel.

What is the future of the Leicester General Hospital?

The General will still be a healthcare setting with a number of services still delivered. It will just not look the same as it does today. The land that it not used for health care facilities will be sold for housing.

What is a community health hub and what will be provided on the General site?

The Evington centre, run by Leicestershire Partnership NHS Trust will remain on the General site. This will house the city stroke rehab service.

The Leicester Diabetes Centre will stay at the General and we propose to leave the imaging service on the site as a direct access facility for patients referred by their GPs for x-rays. The City CCG are considering the location of urgent access GP care adjacent to the imaging centre; and longer term, the provision of GP services to service the new housing development.

Where does the income go from the housing development?

The money from the sale of the land will come back to Leicester's Hospitals and this will be used to part fund the new hospital reconfiguration. The housing developer has to pay some money directly to the council to support public needs, this includes the roads surrounding the development, as well as consideration of the needs for schools and health services.

How will you make sure you get value for money for the public purse from the land sale?

Within the NHS there is specific guidance - Health Building Note 00-08 - Estate code, which provides detailed processes for the sale of land and property to ensure the most effective way in which to achieve value for money through disposals, including sharing the sale details with other public sector organisations.

Is it a good idea to sell off the land when the needs are rising for more health services?

Land will only be disposed of when it has been declared surplus and is planned through a comprehensive estates strategy. The Trust has more developable land at the Glenfield Hospital.

Is there going to be affordable housing?

The development opportunity of any surplus land has yet to be confirmed through a master planning exercise. However through the normal planning process with the local authority it is usual that a mixed development is required. These details would be produced by any future developer in conjunction with the planners.

Will there be key-worker housing for staff?

As with the above, the type and style of any development will be made as part of the planning process. However the NHS is keen to support the inclusion of some key worker accommodation.

How will the facilities and environment be better for me as a consequence of the changes?

The services we relocate will be provided from either new build facilitates, or from refurbished accommodation. They will be designed to be fit for purpose, bright, airy and provide improved accommodation – more space, en-suites etc.

What is going to happen to Neuro-Rehab?

In our plans this service will be moving to the Royal Infirmary.

Maternity

Why are you closing St Marys? How have you tried to get more women using it?

Our plan is to close St Mary's Birthing Centre because it is so under-used and not in the most ideal location in the county to best serve the most mums. There is currently only one birth every 2 ½ days there and this has dropped in recent years.

We have actively been promoting St Mary's to all mums as one of our three birthing units, as is the home birth option. Regrettably, the number of births at St Marys has still continued to fall and we need there to be 500 births a year to make it sustainable.

We also know that it is not in the right location for the majority of mums – again a result of history rather than design

When will it close?

If through public consultation the decision is to close the unit, then we would not close until we had opened the new Maternity Hospital at the Royal Infirmary.

However, if there is a material change to the fabric of the building or if there are unforeseen staffing issues, either of which might challenge the safety of the service, or if the number of births dropped further, then we may have to seek support to close it sooner.

If we can't provide a safe service there it could lead to its closure without further consultation, and we would seek support from the Health Overview and Scrutiny Committee (HOSC) to do this. Even if such closure a were necessary, then the alternative midwifery led birthing options – home births – birthing centres - would continue to be available.

Why are 500 births significant? What have been the figures over the past years and what is projected?

When considering the financial viability and sustainability, looking at births alone is not reflective of the wider value. The model of providing 24 hour cover for 130 births as oppose to 500 is more expensive per birth. In a bigger unit midwives have more opportunity to maintain skills and students will receive a more meaningful learning experience. There is a gap nationally in Midwifery Led Birthing Unit's between capacity (the number of births that can take place) and actual use, all of which are underutilised. If we can care for 500+ women then cost's per birth with the staffing models to support this will prove cost effective and sustainable.

Renal

Where is my dialysis going to happen if not at the Leicester General Hospital?

None of these plans affect the outpatient dialysis service and the unit at the General will remain. There are however issues with the current dialysis building; it is relatively crowded and there aren't enough individual rooms. Talking to patients and their friends and family, it is clear that easy access to inpatient and daycase facilities are important. Furthermore, the current location of the three dialysis units in Leicestershire results in a lot of travelling for people living in the west of the county. Taken together, that means that the model of outpatient dialysis needs to be thought about but is not part of this plan.

If transplant is moving, what will happen to renal services?

This is, of course, a concern and subject to consultation the Trust is developing plans to move the in-patient renal service at around the same time that Transplant moves. This is right because the services are so interdependent. It makes perfect clinical sense for nephrology and transplantation to be at the Glenfield irrespective of the ITU bed move. People with kidney disease suffer disproportionately with heart and blood vessel issues. Looking after kidney inpatients alongside these other specialties affords us the opportunity to further improve the care we provide.

Are you consulting on renal services?

Yes, this will follow, but we will strongly project the clinical view that for smooth patient care renal inpatient services will best be provided at the Glenfield irrespective of the ITU bed moves.

You're splitting the service, are you making it less safe?

For this reason the trust has worked up plans for consultation that will see renal services move to the Glenfield. Extensive plans are being developed by the multi-disciplinary team (doctors, pharmacists, occupational therapists, nurses, dietetics, etc.) to manage the risk of splitting the service for a short period of time. Ultimately the joint service will be improved by being alongside cardiac services and vascular surgery.

Transport

How are you going to accommodate more parking?

For the Glenfield sit the plans include the construction of a new multi-storey car park, for the LRI we will make provisions for maximising our current car parking capacity, but we envisage some future flexibility in the provision we currently purchase from external providers.

How many additional spaces will there be?

This will be subject to the outcome of our travel studies and plan that we are in the process of commissioning. It will be available for the consultation.

Engagement

The events you have coordinated don't cover all communities in Leicester, Leicestershire and Rutland. What are you doing to reach other people?

In addition to the public events we are hosting in October and November 2018, we will also be undertaking a programme of outreach work.

The outreach work will take two differentiated approaches. We will reach out to communities particularly those comprising and/or representing people with protected characteristics to understand the potential impact of the proposals. We will particularly work through voluntary and community sector agencies and local support networks to involve these communities.

In addition, we will coordinate manned drop-in sessions situated in community venues where there is a reasonable footfall e.g. libraries. This will allow the public to view the same BCT displays on show at the deliberative events and have informal conversations about health services, but in their local area.

We will also be promoting the activities and discussing the proposals via the media – newspapers, radio and TV. We will also be communications via our website and on Twitter and Facebook.