

Appendix W – Detailed Travel Impact Assessment for reconfiguration of acute services

Introduction

The impact of the changes on the public and patients in LLR have been analysed for the following:

- Patients who might presently attend LGH and it is proposed the services they would have historically accessed will in the future be delivered at the proposed treatment Centre at GH.
- Patients who might presently attend LGH and it is proposed the services they would have historically accessed will in future be delivered at GH.
- Patients who might presently attend LGH and it is proposed the services they would have historically accessed will in future be delivered at LRI.

The analysis considers the impact on patients as a result of these changes in detail and lists the post codes where residents might be negatively impacted, the degree of additional material travel time and cost, equality considerations and potential mitigations. The output of that analysis is summarised below.

Move of Services from LGH to GH Treatment Centre

The following criteria have been considered:

- How many patients would potentially be materially negatively impacted by the change from a travel and cost perspective?
- The total population of LLR residents negatively impacted;
- The level of activity that might move;
- Which hospitals are the closest alternatives for patients who would be potentially materially negatively impacted?

Table 1: Summary of potential negative impact of UHL move of services from LGH to GH Treatment Centre

Areas considered	Measure	Impact analysis results
Post codes where residents would be materially negatively impacted from a travel and cost perspective.	Assessment of comparable travel times by car and public transport. Post codes with increased travel times.	LE15 6, LE15 7, LE15 8, LE15 9, LE16 7, LE16 8, LE16 9, LE18 1, LE182, LE18 3, , LE2 1, LE2 2, LE2 3, LE2 4, LE2 5, LE5 0, LE5 1, LE5 2, LE5 4, LE5 5, LE5 6, LE7



Areas considered	Measure	Impact analysis results
		9, LE8 0, LE8 5, LE8 8, LE8 9, PE9 3,
Potential residents impacted.	Percentage of LLR residents potentially impacted (number in brackets).	27.7% (305,472)
Approximate number of inpatient stays that would be impacted.	Based on historical stays in 2014/15.	14,000
Approximate number of outpatient attendances impacted.	Based on historical attendances in 2014/15.	20,000
Potential residents of LLR likely to be patients negatively impacted.	Based on sum of inpatient stays and outpatient attendances so possibly overstated.	3%

The table below describes the size of the impact by post code and how it might be mitigated by the use of alternative hospitals outside of LLR. The use of LRI for some services and the use of additional planned care appointment at community hospitals can also mitigate the negative impact described below.

Table 2: Potential alternative provision for residents of materially impacted post codes

Postcode	Potential inpatient activity impacted per annum (stays)	Potential outpatient activity impacted per annum (attendances)	Travel time by car to GH (mins)	Increase versus LGH (mins)	Mitigation (mins)
LE15 6	219	443	40	9	Peterborough & Stamford (33) or Kettering (33)
LE15 7	97	266	46	7	Peterborough & Stamford (33)
LE15 8	62	213	42	11	Kettering (31)
LE15 9	104	291	38	11	Kettering (31)
LE16 7	287	444	33	10	Kettering (19)
LE16 8	163	320	43	10	Kettering (21)
LE16 9	276	501	35	6	Kettering (21)
LE18 1	243	432	18	8	LRI (12)
LE18 2	235	349	21	7	LRI (15)
LE18 3	212	342	27	7	LRI (21)
LE2 1	199	375	12	6	LRI (7)
LE2 2	183	388	17	11	LRI (16)



Postcode	Potential inpatient activity impacted per annum (stays)	Potential outpatient activity impacted per annum (attendances)	Travel time by car to GH (mins)	Increase versus LGH (mins)	Mitigation (mins)
LE2 3	245	467	16	10	LRI (10)
LE2 4	273	467	22	11	LRI (17)
LE2 5	199	381	20	10	LRI (15)
LE5 0	203	302	13	8	LRI (12)
LE5 1	328	471	15	7	LRI (17)
LE5 2	245	409	17	11	LRI (16)
LE5 4	279	367	15	14	LRI (12)
LE5 5	356	417	13	10	LRI (10)
LE5 6	204	396	17	14	LRI (13)
LE7 9	284	500	26	11	LRI (25)
LE8 0	221	444	29	11	Kettering (22)
LE8 8	99	186	28	8	LRI (22)
LE8 9	92	217	25	13	LRI (19)
PE9 3	6	25	49	11	Peterborough & Stamford (23)

Where mitigation is feasible it would be via utilisation of an alternative hospital outside of LLR. However it should be noted that in many cases these alternatives were available in 2015/16 and closer by car and not chosen. The feedback from the BCT patient engagement that took place in spring 2015 was that the specialist and the waiting time were of more importance to the majority of people that the travel time particularly if it were less than 30 minutes. Given this the increases in travel time highlighted above may be classed as immaterial by the majority of service users of waiting times were improved.

Move of services from LGH to LRI

As previously the following criteria have been considered:

- How many patients would potentially be materially negatively impacted by the change from a travel and cost perspective.
- The total population of LLR residents negatively impacted.
- The level of activity that might move.
- Which hospitals are the closest alternatives for patients who would be potentially materially negatively impacted.

Table 3: - Summary of potential negative impact of UHL move of services from LGH

to LRI

Areas considered	Measure	Impact analysis results
Post codes where residents would be materially negatively impacted from a travel and cost perspective	Assessment of comparable travel times by car and public transport. Post codes with increased travel times	LE14 2, LE15 6, LE15 7, LE15 8, LE15 9, LE16 7, LE16 8, LE16 9, LE17 6, LE18 1, LE18 2, LE18 3, LE2 0, LE2 2, LE2 3, LE2 4, LE5 2, LE5 4, LE5 5, LE5 6, LE7 2, LE7 3, LE7 9, LE8 9, PE9 1, PE9 3, PE9 4, NG33 5
Potential residents impacted	Percentage of LLR residents potentially impacted (number in brackets)	37.3% (411269)
Approximate number of inpatient stays that would be impacted	Based on historical stays in 2014/15	2 thousand
Approximate number of outpatient stays that would be impacted	Based on historical data 2014/15	10 thousand
Potential percentage of LLR residents who will be patients negatively impacted	Based on sum of outpatient appointments and inpatient stays	1%

The table below describes the size of the impact by post code and how it might be mitigated by the use of alternative hospitals.

Table 4: Potential alternative provision for residents of significantly impacted areas

Post code	Inpatient stays impacted in 14/15	Outpatient attendances in 14/15	Total travel time by car to LRI (mins)	Increase versus LGH (mins)	Mitigation (mins)
LE13 0	303	853	34	5	None LRI closest
LE 13 1	251	812	38	5	None LRI closest
LE14 2	104	420	40	7	None LRI closest
LE14 4	59	285	42	3	Could use Nottingham (36)
LE15 6	167	669	41	10	Could use Peterborough & Stamford (33)
LE15 7	73	401	48	9	Could use



Post code	Inpatient stays impacted in 14/15	Outpatient attendances in 14/15	Total travel time by car to LRI (mins)	Increase versus LGH (mins)	Mitigation (mins)
					Peterborough & Stamford or Kettering (32 and 39)
LE15 8	46	309	40	9	Could use Kettering or Peterborough & Stamford (31 and 34)
LE15 9	72	447	37	10	Could use Kettering or Peterborough & Stamford (23 and 31)
LE16 7	184	724	28	5	Could use Kettering (19)
LE16 8	94	427	38	5	Could use Kettering (21)
LE16 9	184	776	34	5	Could use Kettering (21)
LE2 2	202	1026	14	7	None LRI closest
LE2 4	292	1419	17	6	None LRI closest
LE4 9	279	1255	16	7	None LRI Closest
LE5 0	278	925	12	7	None LRI closest
LE5 1	466	1571	17	9	None LRI closest
LE5 2	323	1212	16	10	None LRI closest
LE5 4	397	1228	12	11	None LRI closest
LE5 5	448	1449	10	7	None LRI closest
LE5 6	271	1161	13	10	None LRI closest
LE7 2	306	933	22	6	None LRI closest
LE7 3	155	709	25	7	None LRI closest
LE7 9	330	1405	25	10	None LRI closest
LE8 9	118	571	19	6	None LRI closest



Post code	Inpatient stays impacted in 14/15	Outpatient attendances in 14/15	Total travel time by car to LRI (mins)	Increase versus LGH (mins)	Mitigation (mins)
PE9 3	5	32	48	10	Could use Peterborough & Stamford (23)

Where mitigation is feasible it would be via utilisation of an alternative hospital outside of LLR. However it should be noted that in many cases these alternatives were available in 2015/16 and closer by car and not selected. Also patients indicated in their feedback to the BCT engagement campaign in spring 2015 that waiting times and specialist were more important than travel time under 30 minutes. As a result many patients may not class the travel time increase outlined above material if waiting times and other services are improved.

Overall Impact on patient travel and access

This section summarises the impact of the combined changes that make up the UHL reconfiguration proposals on patients from each area of LLR. Data is based on utilisation patterns in 2015/16 and the proposed shift of services described earlier in this document.

The combined changes have both a positive and negative impact on the residents of LLR with the impacts differing depending on the area of LLR being considered. The overall picture of the impact of the change can be surmised as:

Positive Impact

- Some patients will find services are closer to their homes.
- A dedicated Treatment Centre at GH will improve access for patients having planned procedures only.

Negative Impact

- Some patients will have to travel further to access services at GH including the Treatment Centre.
- Some patients will have to travel further to access services at LRI.

The following tables summarise the impact of reconfiguration of UHL services on the residents of LLR by area:

Table 5: Summary of impact of reconfiguration of UHL services on the residents of LLR by area

Hospitals in area	Pop ⁿ	Positive Impact	Negative Impact
Hinckley and Bosworth			
Hinckley and District Hospital Hinckley and Bosworth Community Hospital	107,000	<ul style="list-style-type: none"> • 44 additional ICS “Hospital and Home” beds. • Circa 9000 additional planned care outpatient appointments in Hinckley. • Circa 1500 additional planned care day case procedures in Hinckley. • New purpose built outpatient and day case facilities at GH for patients of higher need or undergoing more complex specialist procedures. • Of 3972 day case procedures previously done at LGH none require materially increased travel. • Of 16876 outpatient appointments previously done at LGH none would incur materially increased travel. • Of 3597 inpatient procedures previously done at LGH none would incur materially increased travel. 	<ul style="list-style-type: none"> • A small number of post codes would have up to an extra 10 minute journey to access Paediatric congenital heart services. These are LE9 2, LE9 9, and DE12 7.

Hospitals in area	Pop ⁿ	Positive Impact	Negative Impact
Charnwood			
Loughborough Hospital	171,000	<ul style="list-style-type: none"> • 64 ICS “Hospital at home” beds. • Circa 9000 additional planned care outpatient appointments in Loughborough. • Circa 900 additional planned care day case procedures in Loughborough. • New purpose built outpatient and day case facilities at GH for patients of higher need or undergoing more complex specialist procedures. 	<ul style="list-style-type: none"> • Of 4328 day case procedures 260 (6%) impacted by additional travel time of up to 11 minutes. • Of 3737 inpatient stays 518 (14%) are impacted by an increase in travel time up to 10 minutes. • Of 16356 outpatient appointments 1717 (10%) will be impacted by additional travel time of up to 11 minutes • Negatively impacted post codes are LE7 2, LE7 3 and LE7 9. • Additionally the majority of residents would travel further to access Paediatric congenital heart services.

Hospitals in area	Pop ⁿ	Positive Impact	Negative Impact
North West Leicestershire			
Coalville Hospital	95,000	<ul style="list-style-type: none"> • 36 Additional ICS “Hospital at home” beds. • Circa 4800 additional planned care outpatient appointments in Coalville hospital. • Circa 600 additional planned care day case procedures in Coalville hospital. • New purpose built outpatient and day case facilities at GH for patients of higher need or undergoing complex specialist procedures. • Of 1583 day case procedures previously done at LGH none materially impacted by increased travel. • Of 9218 outpatient appointments previously delivered at LGH none materially impacted by increased travel. • Of 1507 inpatient stays previously at LGH none will be materially impacted by increased travel. 	<ul style="list-style-type: none"> • Additional journey times of circa 10 minutes to access Paediatric congenital heart services.
Blaby			
None	95,000	<ul style="list-style-type: none"> • 39 additional ICS “Hospital and Home” beds. • New purpose built outpatient and day case facilities at GH for patients of higher need or requiring complex specialist procedures. • Of 2671 inpatient stays previously carried out at LGH none will be materially impacted by increased travel time. 	<ul style="list-style-type: none"> • Of 3245 day case procedures 247 (8%) will be materially impacted by additional travel time of up to 11 minutes. • Of 14,741 outpatient appointments 534 (4%) will be materially impacted by additional travel times of up to 11 minutes. • Impacted post codes are LE18 3 and LE8 0. • Additionally residents of LE3 8 and LE7 7 will have an additional journey time of 9 minutes to access paediatric congenital heart services.
Harborough			



Hospitals in area	Pop ⁿ	Positive Impact	Negative Impact
St Luke's Hospital Feilding Palmer	87,000	<ul style="list-style-type: none"> • Additional 35 additional ICS "Hospital and Home" beds. • Circa 1700 additional planned care outpatient appointments in Lutterworth. • Circa 5000 additional planned care outpatient appointments in Market Harborough. • Circa 2000 additional planned care day case procedures in Market Harborough. • New purpose built outpatient and day case facilities at GH for patients of higher need or undergoing more complex specialist procedures. 	<ul style="list-style-type: none"> • Of 3154 day case procedures 810 (26%) would be materially impacted by increased travel time by up to 12 minutes. • Of 13496 outpatient appointments 3140 (23%) will be materially impacted by increased travel time of up to 12 minutes. • Of 2181 inpatient stays 409 (19%) will be materially impacted by increased travel of up to 10 minutes. • Impacted post codes would be LE14 2, LE15 8, LE15 9, LE7 9, LE8 8, LE8 9, LE16 7, LE16 8, LE16 9. • Only residents of LE14 2 would have a materially longer journey to access paediatric congenital heart services of 7 minutes.
Rutland			
Rutland Memorial Hospital	38,000	<ul style="list-style-type: none"> • 18 additional ICS "Hospital and Home" beds. • Circa 4000 additional planned care outpatient appointments at Rutland Memorial Hospital. • Circa 600 additional planned care day case procedures at Rutland Memorial Hospital. • New purpose built outpatient and day case facilities at Glenfield site for patients with higher need or undergoing complex specialist procedures. • No residents of Rutland would be materially impacted from a travel and access perspective by the move of paediatric congenital heart surgery. 	<ul style="list-style-type: none"> • All (100%) 655 day case procedures would be materially impacted by increased travel time by up to 11 minutes. • All (100%) 2063 outpatients appointments would be impacted by increased travel time by up to 11 minutes. • All (100%) 299 inpatient stays would be impacted by an increased travel time of up to 10 minutes.
Melton			

Hospitals in area	Pop ⁿ	Positive Impact	Negative Impact
Melton Mowbray Hospital (including St Mary's Melton Mowbray birthing unit)	51,000	<ul style="list-style-type: none"> • 21 additional ICS "Hospital and Home" beds. • Circa 7000 additional planned care outpatient appointments at Melton Mowbray Hospital. • Circa 1900 additional planned care day case procedures at Melton Mowbray Hospital. • New purpose built outpatient and day case facilities at GH for patients of higher need or undergoing complex specialist procedures. • Of 680 day case procedures previously done at LGH none materially impacted by increased travel. 	<ul style="list-style-type: none"> • Of 2481 outpatient appointments at LGH 110 (4%) will be materially impacted by increased travel of up to 7 minutes. • Of 583 inpatient stays at LGH 68 (16%) will be materially impacted by increased travel of up to 7 minutes. • Impacted post codes are LE14 2 and NG33 5. • All residents would have up to 9 minutes additional travel time to access paediatric congenital heart services.
Oadby and Wigston			
None	56,000	<ul style="list-style-type: none"> • 28 additional ICS "Hospital and Home" beds. • New purpose built outpatient and day case facilities at GH for patients with higher need or undergoing complex specialist procedures. 	<ul style="list-style-type: none"> • Of 2329 day case procedures 1470 (63%) will be materially impacted by additional travel time of up to 13 minutes. • Of 9138 outpatient appointments 7008 (77%) will be materially impacted by additional travel times of up to 13 minutes. • Of 1726 inpatient stays 311 (18%) will be materially impacted by additional travel times of up to 7 minutes • Impacted post codes are LE2 2, LE2 4, LE2 5, LE18 1, LE18 2. • Residents of LE3 6 will have a 6 minute longer journey to access paediatric congenital heart services.

Hospitals in area	Pop ⁿ	Positive Impact	Negative Impact
Leicester City			
Leicester General Hospital (LGH) The Evington Centre (on L) Leicester Royal Infirmary (LRI) Glenfield Hospital (GH)	334,000	<ul style="list-style-type: none"> • 91 additional ICS “Hospital and Home” beds. • New purpose built outpatient and day case facilities at GH for patients with higher need or undergoing complex specialist procedures. 	<ul style="list-style-type: none"> • Of 9583 day case procedures 2820 (29%) will be materially impacted by additional travel time of up to 14 minutes. • Of 39428 outpatient appointments 10219 (26%) will be materially impacted by additional travel times of up to 14 minutes. • Of 8232 inpatient stays 1953 (23%) will be materially impacted by additional travel time of up to 11 minutes • Impacted post codes are LE2 1 to 5, LE5 0 to 6, LE7 2, LE7 3 and LE7 9. • Additionally residents of a number of LE3, LE4 and LE7 post codes will have up to 9 minutes additional travel time to access paediatric congenital heart services.

Mitigation of impact on negatively impacted postcodes

The table below summarises the overall impact of the proposed changes to services presently delivered at LGH based on 2014/15 utilisation data for all LLR registered patients, and the travel and access impact analysis carried out above.

Table 6: - Overall impact of reconfiguration of LGH on residents of LLR

Type of Service	2014/15 level of activity	Potentially materially impacted activity – increased travel time	Potentially materially impacted activity as a percentage of total
Inpatient (non-day case)	23,182	6,336	27%
Day case	24,156	6,903	28%
Outpatient	88,342	25,836	29%

As shown in the figure above the degree of impact varies depending on the area of LLR. In some areas the availability of additional planned care services at a more local community hospital will mitigate the impact of the move of services from LGH however in some this is not the case. The areas where the balance between the losses of LGH is not balanced well with the gain of other services are;

- Rutland, where all residents will have an additional travel time up to 11 minutes by car if they use a UHL hospital.
- Oadby and Wigston.
- The LE2, LE5 and LE7 areas of Leicester City.

Although the additional travel time is small (generally at the most less than a quarter of an hour by car) and the public transport analysis indicates that for many post codes LRI and GH are more accessible than LGH, there is a need to consider how to mitigate the impact further. During consultation the programme will:

- With councils consider what transport options there are that might reduce the impact on patients who will be negatively impacted by these changes and plan for those to be commissioned and consider funding options.
- Consider the impact on the ambulance service and NHS patient transport and build any potential impact into future commissioning plans.