



**Bettercare together**

Leicester, Leicestershire & Rutland health and social care

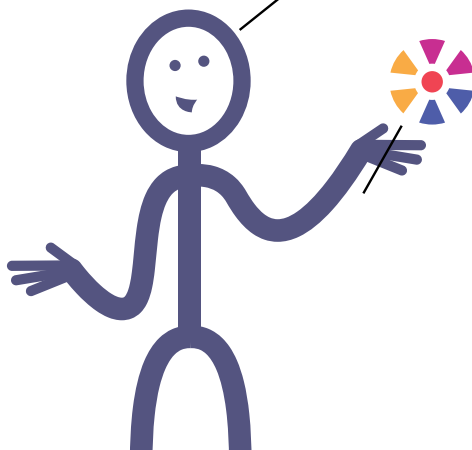


# Changing to transform care

Proposed improvements  
to acute and maternity  
services at University  
Hospitals of Leicester.



*'Working together to provide  
individuals with better care, in  
the most appropriate setting, in  
a financially sustainable way'*





# The greatest opportunity in our history.

**The NHS is a much loved institution.**

**Everyday lives are saved, while new lives come into the world. People recover from illness and injury and live the best life they can. And, at end of life, people are helped to have a good death. Dedicated staff provide this care which is amongst the best in the world.**

**In fact, people running healthcare in other countries routinely come to the UK to find out how we provide the care that we do.**

Despite this, there are still things we know we can improve on and do better. Whilst the advances in medical science and technology have changed the NHS dramatically, the way we provide care hasn't changed to any great extent for many decades. This is why we want to change the way services are provided by making them more efficient and effective and most importantly – with patients at their heart.

Now we are bidding for £367 million of funding to help us realise our ambitions. Although there are no guarantees the funding would be secured, we believe this represents the greatest opportunity in our

history to improve care by substantially investing in the outdated acute hospital estate in Leicester.

Over the past two years people from across Leicester, Leicestershire and Rutland have contributed their time and expertise to designing a programme of investment that would significantly enhance services for the benefit of the local population by improving their health and wellbeing outcomes.

The changes we are proposing, which are subject to a formal consultation with local people, would enable greater levels of care to be provided to patients and would build on the success of the £50 million frailty friendly emergency department which opened in 2017. It would allow maternity,



planned (non-urgent) care and diagnostic services to be better located in new state-of-the-art buildings. These advanced facilities would help the area to retain existing staff across the organisation – who, every day make a significant difference to the lives of local patients. They would also help us to attract new doctors, nurses and other health professionals, strengthening the workforce.

The proposal is to reconfigure acute and maternity services by moving all acute care to the Leicester Royal Infirmary and Glenfield Hospital, whilst retaining some non-acute health services on the site of Leicester General Hospital.

As with any significant change to services, it is essential that we consult local people about the plans and we would do this as soon as we are able. In the meantime we are committed to having conversations with all our communities to understand what matters most and how changes may impact them.

To build on the engagement we have already done and, while we are waiting to hear whether we have been successful in attracting funding for our proposal, we wanted to describe clearly the improvements we

would like to make. We would like as many people as possible to join in the conversation about our plans – patients, staff, carers and stakeholders. This document will provide you with information you need to do that.

We have a once in a lifetime opportunity to receive much needed investment to transform services making a huge difference to staff and the patients they care for helping provide better and higher quality care for many years to come.

**The changes we are proposing, which are subject to a formal consultation with local people, would enable greater levels of care to be provided to patients and would build on the success of the £50 million frailty friendly emergency department which opened in 2017.**



# Why do we need to change?



With increasing numbers of patients needing care, it is important that **we make the improvements we need to now.**

## We need to improve care for a changing population

Our local population is

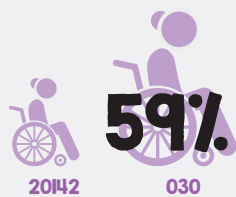
**growing**



The old population is increasing most and is predicted to increase by **11%** in next five years



Limited a little



Limited a lot

Predicted increase in people aged 65+ whose day-to-day activities are limited by a long-term illness

Long term illnesses are also

**increasing**



There are more of us and either as a result of ageing or lifestyle choices **more of us are ill more of the time**



This leads to a **greater demand** for health and care services





**To understand what we want to do in the future it's important to understand**

**how we got to where we are now.**

**University Hospitals of Leicester NHS Trust (UHL) was created in April 2000 with the merger of the City's three acute hospitals - Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. The way the three hospitals in Leicester are configured reflects the legacy of history rather than design.**

**Patients who are going to hospital for a day case or a planned procedure are all too often suffering delays and experiencing last minute cancellations because emergency cases take priority for beds. We want to make this a thing of the past.**

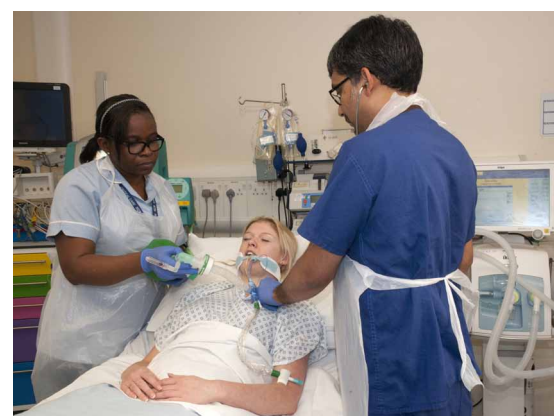
This happens because medical and nursing staff are often spread too thinly and as a result services sometimes become unstable. Duplication and triplication, including equipment, also makes services difficult to staff and are not efficient. This then inconveniences patients at a time when they are feeling anxious and unwell.

The facilities provided for expectant mothers require modernisation to provide a better experience and to cater for the increase in demand. At present, maternity services are spread across units at Leicester Royal Infirmary and Leicester General Hospital and it is challenging to maintain adequate staffing over these sites. In addition, maternity services are provided at the St. Mary's Midwifery Led Birthing Unit in Melton Mowbray which is not accessible for the majority of women across Leicester, Leicestershire and Rutland and is seeing a reduced number of births each year. It is also isolated and not close to medical support if someone experiences complications whilst giving birth.

UHL is one of the biggest NHS organisations in the country with clinical services that rank amongst the best. But, there is

a risk of being left behind as a consequence of old buildings and being spread across sites. We believe that the time to change is now.

**A proposal has been developed that would achieve the best patient outcomes, modernise facilities and make services more efficient. The proposal would also reduce running costs and help make our hospitals financially sustainable.**





# What improvements are we proposing at the three hospitals in Leicester?

The proposal is to reconfigure acute and maternity services by moving all acute care (where a patient receives treatment for a severe injury or illness, an urgent medical condition, or during recovery from surgery) to the Leicester Royal Infirmary and Glenfield Hospital. Most importantly our plans would see a doubling of intensive care capacity for the most critically unwell patients. This addresses a long-standing shortfall in this area. We would retain some non-acute health services on the site of Leicester General Hospital.

In order to inform us of the number of beds that would be needed in the hospitals in Leicester in the future, detailed work has been undertaken over the past few years.

This has included work by all NHS partners to introduce a better model of care that would see over time more services provided in the place that people call home or in the community closer to where people live.

The introduction of this new model of care means that in the future there would be less reliance on beds in an acute hospital. After carefully considering many scenarios including the growth in population and number of people predicted to occupy beds in the future, the proposal includes an increase in the number of physical beds in hospitals from the current 1,994 to 2,048, which is an overall increase of 54 beds.

Where are services affected by our proposals and where will they move?	Acute Services	The Maternity Unit including Neonatal Services	Midwife led Birth Unit in Melton Mowbray	Hydrotherapy Pool	Haemodialysis
Where are their services now?	On 3 Sites: Glenfield Hospital, Leicester Royal Infirmary, Leicester General Hospital	Leicester Royal Infirmary and Leicester General Hospital	St. Mary's Melton Mowbray	Leicester General Hospital	Leicester General Hospital
Where do we propose they will be?	On 2 Sites: Leicester Royal Infirmary and Glenfield Hospital	Leicester Royal Infirmary	Leicester General Hospital (an option which will be informed by the views expressed during consultation)	Alternative hydrotherapy pools currently in schools, community centres and other community sites	When the renal service relocates to Glenfield Hospital, the haemodialysis service will also move as well. There will also be a unit located to the south of Leicester



Glenfield Hospital



Leicester Royal Infirmary



Leicester General Hospital



Midwifery Led Unit



# Let's take a look at the proposal hospital by hospital

The images you are about to look at are artist's impressions of the plans and are of course subject to public consultation. However, BCT partners believe that they will genuinely transform care for patients and staff. The approximate values of each scheme are the current values and may increase over time.



I don't want to be moved from one hospital to another in Leicester for different parts of my treatment.



# Glenfield Hospital

**The core of the long held clinical strategy is to separate emergency and planned care so that the one does not overwhelm the other.**



“

I don't want to have to wait such a long time for treatment and appointments.

”





**Glenfield Hospital will expand considerably by almost one third as services move from both Leicester General Hospital and Leicester Royal Infirmary.**

A 'super Intensive Care Unit' will be developed to support the growth in demand generated from all services. Elective Orthopaedics, Renal (medicine), and Urology services would relocate from the Leicester General Hospital creating a specialised surgical hub with a supporting admissions unit.

The largest development of the entire programme is delivered from Glenfield Hospital too. It would comprise of a new £138 million Treatment Centre which would cater for extended Outpatients and day case procedures, providing care 23 hours of the day. It will have state-of-art purpose built wards, theatres and imaging facilities - effectively a one-stop-shop for clinics and investigations so that patients have their care and treatment in one day and in one place rather than be sent from site to site.

The Treatment Centre is an important development as it would create the necessary separation of planned from emergency care, providing a dedicated environment designed around the needs of patients.

By moving planned care from the Leicester Royal infirmary which currently represents approximately

49,000 patients having day case procedures and over 560,000 out-patient appointments a year, people will receive a better quality of service in a more timely way, improving their clinical outcomes and reducing the time they need to stay in hospital. It will also free up capacity at Leicester Royal Infirmary.

The renal service (looking after people with kidney failure) and haemodialysis service (removal of fluid, salt and waste from the blood) would move to Glenfield Hospital from Leicester General Hospital.

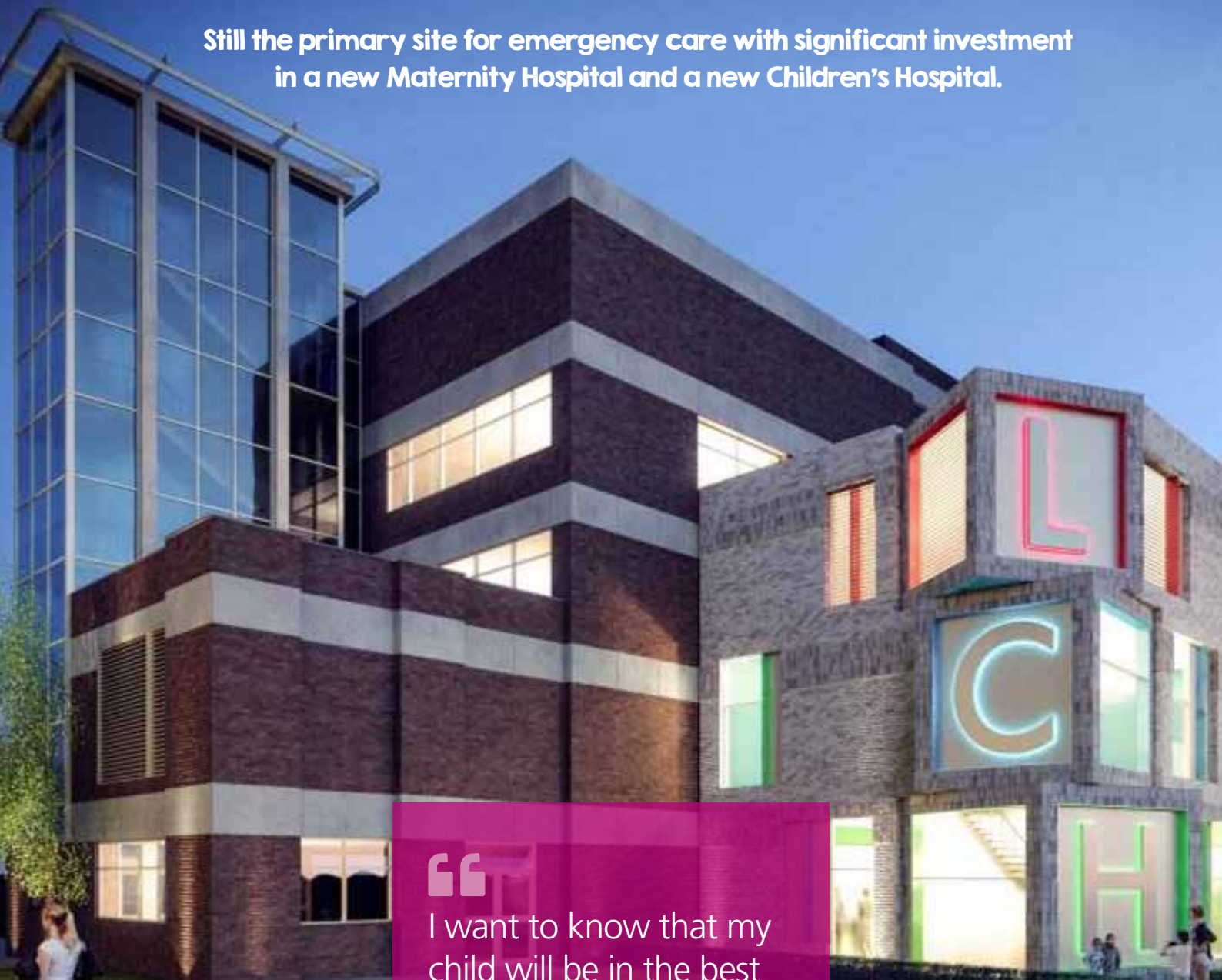
**The patient environment at Glenfield will be enhanced to be welcoming for patients, their relatives and visitors and for staff.**

**More car parking will be created and staff in a Welcome Centre will help people to navigate the building safely and easily.**



# Leicester Royal Infirmary

Still the primary site for emergency care with significant investment in a new Maternity Hospital and a new Children's Hospital.



“

I want to know that my child will be in the best possible hands and that they will be kept safe and healthy. ”

”

**Leicester Royal Infirmary would continue to be the primary site for emergency care. The plan is to create a new dedicated £88 million Maternity Hospital, providing a safe and sustainable environment for maternity and neonatal services with more personalised care provided by a named midwife, as well as a £35 million dedicated Children's Hospital.**



This would offer the use of obstetric led births (specialist care of women during pregnancy, labour and afterbirth) and a co-located midwife led unit with neonatal services all in the same building.

This means that women could choose a less 'medical' delivery, but close to the staff and equipment that can support them if circumstances make this necessary. It also means that skilled staff and expensive equipment is in one place resulting in a less fragile service when demand is high.

The proposal is also to create a Children's Hospital in the current Kensington building. Leicester has the biggest children's hospital in the East

Midlands, though it is hard to realise as services are dotted around the site.

Hospital can be a daunting place for children as they are away from their friends and family in an environment they are not used to. The creation of a new single hospital for children and young people would particularly focus on creating an environment that is more comfortable with a place to play and where they can feel at home. Parents would also be able to feel more relaxed knowing that the new hospital would provide a great age appropriate healing environment that has been designed for children giving them a much better experience and easing some of the worry that they would have.

One of the two new 'super Intensive Care Units' is planned for the Leicester Royal Infirmary, which would double the intensive care capacity.

The Brain Injury and Neurological Rehabilitation Unit would relocate to Leicester Royal Infirmary from Leicester General Hospital within adult medical services.

**The quality of the patient environment would be welcoming and suitable for patients, their relatives and visitors and for staff. This would start when people arrive, particularly by car with additional accessible car parking being created. A Welcome Centre would also be invested in to improve the experience of people getting around a very busy and complex building. Facilities developed through the building would mean that access is safe and easy to get around.**

**We would create a community campus at Leicester General Hospital including a primary care hub providing extended hours GP services and diagnostic services. In addition, a range of other services would be provided on the site:**

- **The Leicester Diabetes Centre of Excellence** – a dedicated building where it currently resides. This facility has been developed over recent years and provides dedicated services from newly refurbished estate.
- **Dedicated GP Access Imaging Hub** – The current Imaging facilities would be retained and reconfigured to provide an independent facility. This would serve to alleviate the increased footfall on the two acute sites, release space on the two acute sites for additional development and separate urgent inpatient imaging from GP imaging.
- **Stroke Rehabilitation** - Most of the clinical functions on the Leicester General Hospital site would relocate with the exception of Stroke

Rehabilitation, which would relocate to the Evington Centre, which currently sits on the Leicester General Hospital site

- **Brandon Unit** – This is a large currently unoccupied building which is intended to provide administrative and education and training accommodation - alleviating space constraints on the acute sites. Service functions which are not needed to be accommodated on the acute sites would be relocated here
- **Midwifery Led Unit** – Dependant on the outcome of public consultation, this would be provided within the existing Coleman Centre.

As the acute services move from the General Hospital to the other two hospitals, the NHS buildings they are currently housed in would be vacated. These buildings and the land they stand on would be freed up and sold for affordable housing developments which we would hope key workers would be attracted to. The money from the sale of the land and buildings would be reinvested into the hospitals.



images are artist's impressions of the plans and are of course subject to public consultation.

# Leicester General Hospital

would be developed into a small campus that focuses on community health, serving people living in the City and East side of the region.



“

I want to receive more of my care outside of a big hospital.

”

## Midwifery Led Unit

**Reviews of maternity services identified that the stand alone birthing centre at St Mary's in Melton Mowbray is not accessible for the majority of women in Leicester, Leicestershire and Rutland and it is underutilised with just one birth taking place every two days.**

Whilst the proposal is to close the Midwifery Led Unit at St. Mary's Hospital, we will maintain community maternity services in Melton Mowbray.

We would ensure that there is support for home births, antenatal and postnatal care in the local community, close to peoples' homes, which people have told us is important to them. This is also in line with the wider vision for Better Care Together.

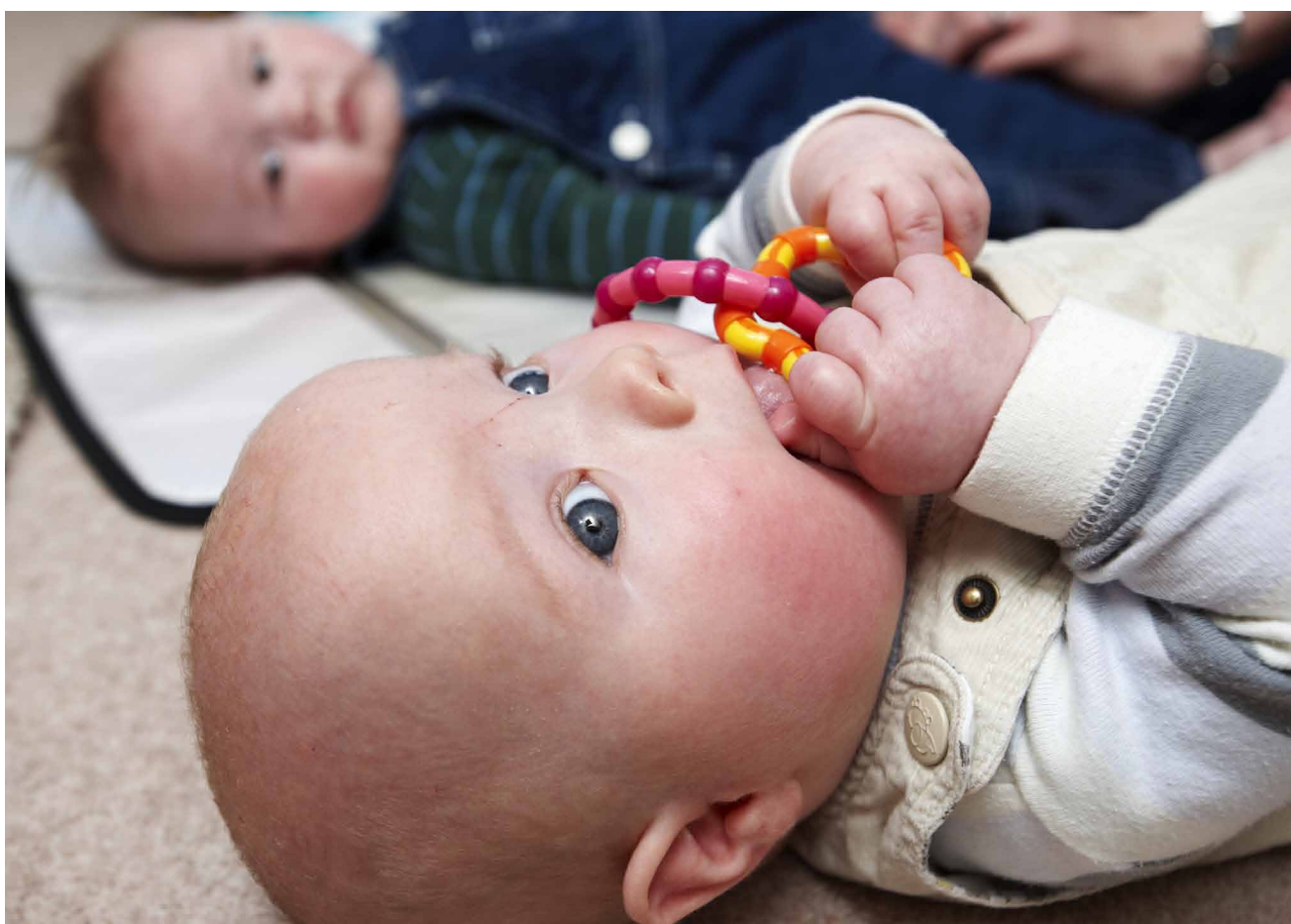
If someone has a complicated pregnancy, antenatal care would be provided in an outpatient service located at the Leicester Royal Infirmary or in remote or virtual clinics.

This proposal does not reduce choice for women in Leicester, Leicestershire and Rutland, instead it

increases it by providing many more expectant mothers an option. This could be:

- **a home birth**
- **a birth in obstetrics and neonatal services in the proposed new Maternity Hospital**
- **a birth at a midwifery Birth Centre based at the Leicester Royal Infirmary adjacent to obstetrics and neonatal services**

We also want to test out if a new stand alone midwifery led unit located at Leicester General Hospital would be used by expectant mothers, if it is appropriate to their individual circumstances. During the consultation process we will ask for views on this option.





“

I want the knowledge to care for myself and stop myself from getting sick

”

## Transport and travel



**The biggest issue that patients have told us concerns them is car parking and having easy access to sufficient car parking on hospital sites. A travel survey will give us an understanding of the impact of the moving services between sites and the effect this has on patients, visitors and staff.**

Our proposal takes into consideration travel times for people to reach hospital and the ease of getting onto each site. They also show the understanding we have of the travel times from postcodes across Leicester, Leicestershire and Rutland including journeys that will increase, reduce or stay the same.

The accessibility of public transport links, ambulances and emergency drop-off is also a key area that we have discussed with the public and will continue to understand further during consultation.

The proposal for how services should be provided in the future potentially creates a materially increased travel journey for approximately 30% of patients living in Leicester, Leicestershire and Rutland which

equates to approximately 15 minutes. This increase is largely for those patients living in the east of the area, who use services that would move from the General Hospital to Leicester Royal Infirmary. Although, patients will already be used to travelling to the Leicester Royal Infirmary for services and treatment that are provided on this site.

However, this is offset by reductions in journey times for patients to the west of the area who would have reduced travel times to Glenfield Hospital compared to both the General Hospital and Royal Infirmary. As the majority of outpatients would be at the treatment centre, this would be a positive change for patients seeking planned care.

In terms of public transport, all three hospital sites are served by a multi-site bus service; this is a minimal stop shuttle service and is free to use by staff at all times and those with concessionary passes in off-peak hours. Journey times between sites are between 20 and 30 minutes, with the shuttle stops coinciding with other local bus stops.



# How the proposal was developed



Many different scenarios were considered before the current proposal was put together. Different options were looked at and evaluated against many, many things including whether they were going to improve the health outcomes for patients and if they were going to improve the quality of care. They were also considered against the cost of the improvements, transport links and the impact of changes on local people.

We have also had a number of big conversations over the last few years about our proposal.

We have listened to what people said. Some comments were positive others less so. The engagement really helped to challenge the proposal and the ambition and direction of travel. Some of the recurring themes and big issues that have emerged that changed our thinking include:

- **Frustration** of having been sent from one hospital to another for different elements of treatment
- **Long waits** for certain treatments and for an appointment

- **Cancelled appointments** and operations
- **Concerns** about the reduction in acute bed numbers
- **The value** placed on midwifery led services
- **Concerns** about ease of access to sufficient car parking

We updated our proposal as a result and the one you see here is strongly influenced by what people have told us mattered to them.

**More work is continuing to understand more about the impact of the proposal particularly for those people in the protected characteristic groups.**







# How we propose to fund the improvements

**The total investment we require to make all these improvements happen is £367 million.**

When you add this to the £50 million that was successfully secured for the new A&E and the £30 million for the interim intensive care scheme, then the total investment to the local NHS, if we get it, is in the region of £450 million.

Locally people are working hard to secure the additional money which we are asking the Government to invest. We continue to work on getting our plans approved and hope that the Treasury see them as a good investment for the area.



# Next steps



**Leicester, Leicestershire and Rutland have the opportunity of significantly investing in the outdated acute hospital estate in Leicester and improving services for the benefit of the local population. Whilst change is difficult, the benefits will be the transformation of care for patients.**

We continue to work through the local and national approval process, that we have to go through, and are hopeful of securing funding for our plans, although there isn't a set timeframe for feedback.

The proposal is subject to the outcome of a formal consultation with people locally, which will ensure we fully understand the impact of the reconfiguration on our population.

In the meantime we are continuing the conversations with people to understand the impact of change. We would like as many people as possible to join in that conversation and provide comment and ask questions.

**You can get involved and contact us in the following ways:**



Write to us at Better Care Together, 1st Floor, St. Johns House, 30 East Street, Leicester, LE1 6NB



Email: [BCTComms@westleicestershireccg.nhs.uk](mailto:BCTComms@westleicestershireccg.nhs.uk)



Telephone: 0116 295 4104



Tweet us: @bctllr



Facebook: @BetterCareTogetherLLR

**The Better Care Together programme is wider than just the improvements mentioned here in this document. It covers all aspects of healthcare, including mental health and community services. You can find out more by visiting our website: [www.bettercareleicester.nhs.uk](http://www.bettercareleicester.nhs.uk)**

If you need this document in a different language, audio, large print or braille, please email us at: [BCTComms@westleicestershireccg.nhs.uk](mailto:BCTComms@westleicestershireccg.nhs.uk) or telephone 0116 295 4104.





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