

Appendix Q – Feedback from BCTP public engagement activities

The table below sets out some of the key comments and concerns we heard across Leicester, Leicestershire and Rutland, as well as our planned next steps for addressing them.

Area	You told us	Our response
Our hospitals and community beds	You are concerned about our plans to close hospital beds across Leicester, Leicestershire and Rutland.	Since publishing our plan in November we have heard from a wide range of stakeholders that our planned bed reduction was not achievable. We have looked again at our capacity planning and discounted any overall bed reduction as a result. The proposals now result in an increase 54 beds within our acute system.
	You wanted to know more about how we will fund changes to our hospital services. You are concerned that changes to services are being driven by the need for efficiency savings.	We have strengthened our case for change on the basis of clinical feedback, showing that our plans are driven by the need to ensure clinical sustainability for the future, meet demand & increase the quality of care provided as well as becoming financially sustainable.
	You are concerned about car parking, public transport and general access to services – particularly at community hospitals.	In our revised proposals, we have increased the amount of car parking on LRI and Glenfield Hospital sites to reflect the quantum of services moving. We have also refreshed our travel and access analysis to ensure that disruption is minimised as far as possible.
Home First	You feel that the philosophy of 'home first' is good, but want to be sure that the resources are available to make it work.	Our plans are ambitious and we know we are working within a difficult financial situation, however by joining resources and planning together we can make efficiencies. We are currently developing detailed plans about how the 'home first' way of delivering care and support could reduce the pressure on hospitals. We won't be able to deliver all care close to home to meet everyone's needs, as that would not be affordable, but we will look to where specialist services can best be provided from, in order to build up support networks and people's independence. We are aware that there are currently people receiving care in hospitals that would be better supported in their local community. By reducing this demand we will create the resources to develop more community services.
	You want to be assured that people will be treated in the right place for them – and that if they need hospital care they will get it.	For many people the most appropriate place for care is at home – going into hospital leads to a risk of infection, loss of muscle strength, loss of independence and confidence and low mood. We recognise that some people will need to be admitted to hospital, but it is important that as soon as a patient is medically fit to be discharged they return home for ongoing recovery and rehabilitation. By ensuring people are supported to return home as quickly as possible this will free up



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	<p>You want to know what Home First will mean for people without families and carers, and how they will be supported.</p>	<p>beds for those needing to be in hospital.</p> <p>The aim of Home First will be to provide more short term health and social care support to help people at a time of illness or crisis, and during the recovery and rehabilitation phase. In order to make this happen we will be enhancing interim packages of care outside of hospital – this could be at home or in special community assessment and rehabilitation service.</p> <p>For people without families and carers this short term support will meet their needs. It will also meet the needs of carers and families who need short term support to care for a loved one during a period of illness or crisis. We will be working closely with communities, the voluntary sector and using available technology and equipment to support people to live as independently as possible.</p>
	<p>You are concerned that the plans could increase isolation in our communities and want to know what we will do to address this.</p>	<p>We understand the impact of isolation on health. Our plans will aim to connect more people with local support services and reduce isolation. Loneliness will be easier to identify in services provided at home compared to large hospitals.</p>
	<p>You told us care closer to home but must be accessible, especially by public transport. You wanted to feel assured that the transport infrastructure has been considered in proposals.</p>	
<p>Integration</p>	<p>You were positive about integration and see the need for greater closer working, particularly to support people being discharged from hospital.</p>	<p>Ensuring patients are able to get home as quickly as possible following a hospital stay is a focus of the LLR BCTP.</p> <p>The new Integrated Discharge Team (IDT) has been working alongside a number of the busiest wards at the Leicester Royal Infirmary since July to provide expert discharge advice and assistance to ward staff to get people home as soon as they are well enough to leave the acute hospital. The aim of the service is to identify patients requiring ongoing assessments and rehabilitation and transfer them to appropriate services in the community, preferably at home, where their independence can be maximised and decisions about longer term care can be made.</p> <p>The aim of the project is to create a single integrated discharge service across University Hospitals of Leicester NHS Trust (UHL). The team will work together as a single service, regardless of their professional or organisational background, to reduce duplication and access and navigate patients to appropriate health and social care services in the community.</p> <p>Leicestershire County Council and Leicester City Council hospital social care workers, UHL Specialist Discharge Nurses, LPT Primary Care Co-ordinators and UHL therapists are all part of the new team.</p>



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		<p>Across Leicester, Leicestershire and Rutland we also want to see our health and social care services working together even more closely in the community to help prevent avoidable admissions and to support peoples recovery and rehabilitation. We are starting to scope what that could look like.</p> <p>Another example of this is the development of Integrated Locality Teams.</p> <p>In the future we want to deliver more care and support in the community than in the acute sector.</p> <p>Integrated Locality Teams will be responsible for joining up and coordinating the care provided by multiple professionals to patients within their defined geographical area (locality).</p> <p>The focus for Integrated Locality Teams initially will be groups of patients who we consider most at risk of their care escalating into the acute setting, especially if their care plan is not well coordinated in the community. We have identified and prioritised three groups of patients who will initially benefit from the Integrated Locality Team model in Leicester, Leicestershire and Rutland:</p> <ul style="list-style-type: none"> • Adults with five or more long term conditions. • Adults whose acute care costs are predicted to be three times the average over the next twelve months. • People with a frailty marker regardless of age (impaired function).
	<p>You suggested additional disciplines that could be involved in integrated locality teams, including community psychiatric nurses, mental health teams, CAMHS, Local Area Coordinators and the voluntary and community sector.</p>	<p>We have now set up 11 Integrated Locality Teams across Leicester, Leicestershire and Rutland and are currently trialling different ways of working in each of them.</p> <p>Depending on the results of this work over the next couple of months other staff could potentially become part of Integrated Locality Teams.</p>
	<p>You want to know that funding and investment will be available to support these proposals and make sure that staff are able to deliver on them.</p>	<p>The Integrated locality Teams do not require cash investment. The is not a new initiative but a different way of working, the resources required to make this happen are coming from existing teams across health and social care.</p> <p>We already have teams integrating and looking at new ways of working. This is being supported by a leadership development programme to enable front line staff across health and social care to understand the challenges and benefits of working across boundaries and, facilitate integrated working.</p> <p>The integration of teams is a fundamental part of the overall BCTP strategy and fully supported by all partners across Leicester, Leicestershire and Rutland.</p>



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<p>Urgent and emergency care</p>	<p>You don't yet have confidence in the advice given by NHS 111 and think it can be slow to use. You are concerned that NHS 111 operators are not clinicians.</p>	<p>The pilot scheme which increased the number of clinical advisors has been extended with notable successes in diverting people away from A&E and into more appropriate settings of care.</p>
	<p>You see a need for walk-in centres close to home.</p>	
<p>Maternity</p>	<p>You have questions about how the current plans will impact on maternity services – particularly the proposed transfer of services from St Mary's Birth Centre.</p>	<p>Our proposals offer a choice of place of birth including home birth, alongside a midwifery Birth Centre based at the Leicester Royal Infirmary, combined midwifery and obstetric delivery based at the Leicester Royal Infirmary and consultation on a potential standalone Midwifery Birth Centre at the Leicester General Hospital. These proposals provide for the best clinical organisation of services to ensure the safest and highest quality of care for the women of Leicester, Leicestershire and Rutland making them sustainable for the future.</p> <p>Should consultation support a standalone Midwifery Birth Centre this needs to be in a location that ensures fairness of access for all women and sufficient numbers of births to make the centre sustainable. This makes the Leicester General Hospital the most appropriate location.</p> <p>We will maintain community services in Melton and the northeast of the county developing them to ensure that there is support for home births, antenatal and postnatal care in the local community.</p> <p>It is important to emphasise that any changes in service configuration will be implemented taking into account the principles of Better Births.</p>
<p>Primary care</p>	<p>You want to see better access to GPs – particularly outside of normal working hours.</p>	<p>Our plan aims to ensure that all patients across Leicester, Leicestershire and Rutland have access to a full range of primary care services – both in the evenings and at weekends.</p>
	<p>You are concerned that, with a growing population, we need more capacity in primary care services.</p>	<p>Capacity is key, which is why our plan sets out plans to increase the primary care workforce. This includes growth in the number of nurse practitioners, pharmacists, healthcare assistants and physicians associates as well as GPs. The utilisation of a broader range of health care professionals will enabled patients to be seen by the most appropriate person for their need – meaning that GPs will be able to manage the most complex patients and co-ordinate the care of the rest of their patient population.</p>
	<p>You are concerned that the introduction of GP Federations will reduce the access and time you have with your GP.</p>	<p>A federation is a group of practices or surgeries working together to provide high quality, patient-focused services within their local area. We see them as part of the solution to the challenges we face, helping to provide more services outside of a hospital setting and within the local community. They can also play an important part in increasing access to GP services, as well as freeing up</p>



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		GP time to spend with those patients who benefit from the continuity of seeing the same doctor.
Prevention	You want to see a stronger focus on prevention and self-management within the BCTP.	The Five Year Forward View supports the fact prevention is 'everyone's business' and therefore prevention is a key theme relevant to all of the BCTP workstreams. Prevention work is happening in a variety of forms across the STP's workstreams. The Prevention Workstream, in particular, is looking at ways to scale up prevention across the system by properly embedding Making Every Contact Count.
	You want to see greater education for people about their own health, including from an early age.	The Prevention Workstream has at its core the goal to prevent the five most costly risk factors of poor health (smoking, drinking alcohol, obesity, low physical activity and hypertension). To reduce the burden of the five risk factors, we are looking at ways for people to better care for their own health, receive the information they need in accessible formats and continuing our day to day Public Health work via local authorities.
IM&T	You want information shared, so you don't have to repeat their story. They want IT to support this and want patients as well as families involved.	We have been working across Leicester, Leicestershire and Rutland to support the sharing of information across our services. All patients, unless they have decided not to, now have a Summary Care Record. This includes information about their basic information about their current medications, allergies, and bad reactions they have had to medicines. You can now also choose to share extra information that you think would be helpful for the healthcare staff who treat you. This could include information about your long term health condition, medical history and your healthcare needs and personal preferences. If you would like to sign-up to share this information please contact the staff at your GP practice.
	You want to be assured that there are safeguards in place around security and data protection.	We are committed to keeping your data safe. Your Summary Care Record can only be viewed by authorised staff who have an NHS smartcard with a chip and PIN. They must also ask for your consent to view your Summary Care Record, unless you are unconscious or otherwise unable to communicate and they believe that accessing your record is in your best interest. All access to your Summary Care record is documented and audited by the Privacy Officer of the organisation to ensure it is appropriate.
Staff, training and development	You feel that there should be training for staff so that they are able to adapt to the new ways of working.	
	You are concerned that the right staff are not being attracted into the right roles, and that healthcare jobs are not seen as attractive.	
Communications	You want to be hearing more about the work of the BCT	We are committed to maintaining an open dialogue with the public about our BCT



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	partnership and our plans for the future.	partnership and the Sustainability and Transformation Plan. We will publish minutes of the System Leadership Team meetings and publish a monthly update on progress. We will also do more to share examples of our work and the difference that it is making across Leicester, Leicestershire and Rutland.
	Voluntary sector colleagues want greater input into the direction of the BCTP and want further clarity on the role they can play in ultimately delivering the plan.	