Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

NHS

DRAFT

Building better hospitals for the future
University Hospitals of Leicester NHS Trust

Public consultation about proposed £450 million improvements to transform acute and maternity services at Leicester's hospitals

V37 280820 August 2020

Contents

Page

    - Leicester General Hospital (including options for maternity and midwifery-led unit, and hydrotherapy)
    - Support services
- Where services would be located

Transport, travel and parking

How we propose to fund the improvements

How we arrived at the proposal

- Narrowing down the options
- The conversation with health staff, patients, carers and other stakeholders
- Clinical assurance
- Ongoing dialogue
- Ensuring equality of care

Aligning with strategies and plans

- A key priority of *Better Care Together*
- Achieving the local five-year plan and NHS Long Term Plan
- Part of Leicester Hospitals' five-year plan

Section 4

The consultation

- Summary
- How to get involved
- What happens after the consultation ends

Section 5

Consultation questionnaire

Glossary

SECTION ONE

We want your views

For a long time we have been involving people in conversations about a proposal to make considerable changes to our hospitals in Leicester and to midwifery-led services in Melton Mowbray to improve patient care. The proposal has been refined over time by the feedback we have received. As clinical commissioning groups, we have a legal responsibility to involve people in a public consultation, which is required when considering making significant changes to NHS services. We take that responsibility very seriously as it is vital that we get this right and your views will help us.

The feedback on this consultation will help us to provide local people with better care, in the most appropriate place, in a financially sustainable way.

Please take the time to read this document and complete the questionnaire starting on page *xx*, and return it to the *[insert address].* You can also complete the questionnaire online, where you will find additional supporting information.

All completed surveys must be received by the closing date of *[insert closing date]*

This document includes some medical and technical words. A definition of these words can be found in a glossary at the end of this document *[insert page number].*

Are we speaking your language?

This document can be made available in other languages. It is also available in an Easyread format, on video, as a Word document for use with screen readers and as a large print Word document. These versions can be accessed on our website: *insert web address*

Insert above paragraph in other key languages

You can find out more by visiting our website*: insert web address*. You can also contact us in the following ways:

Email: *[insert]* Telephone: *[insert]*

Post: *[insert]* Twitter: *[insert]* Facebook: *[insert]*

SECTION TWO

About this consultation

This consultation is being led by NHS Leicester City Clinical Commissioning Group (CCG) NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG, in partnership with NHS England and Improvement Specialised Commissioning in the Midlands.

CCGs are the organisations that are responsible for buying (commissioning) and making decisions about healthcare services in Leicester, Leicestershire and Rutland on your behalf. This includes many of the services provided by University Hospitals of Leicester NHS Trust (UHL)

NHS England Specialised Commissioning is a partner in this consultation. Among other things they plan and arrange specialised services nationally, regionally and locally. Specialised services support people with a range of rare and complex conditions. They often involve treatments provided to patients with rare cancers, genetic disorders or complex medical or surgical conditions. Some of these services are also provided by Leicester's Hospital.

This document aims to:

- Set out why we need to make changes to the way services are provided at the three hospital sites in Leicester run by University Hospitals of Leicester NHS Trust
- Explain the proposals for transforming [1]acute and maternity services and how they were developed
- Explain how people and organisations who use services at the three acute hospitals and the midwifery-led service in Melton Mowbray can get involved in the discussions
- Outline what would happen after the consultation
- Seek your views by asking you to complete the questionnaire starting on page *xx*, which you can also find on our website: *insert web address*. The questions seek to:
    - Understand the views of patients, staff, carers and the public on the proposed solutions to improve services at Leicester Royal Infirmary and Glenfield Hospital, including the impact of any changes
    - Understand your views on different options for creating new services at Leicester General Hospital including extra primary care services
    - Understand views on the relocation of the standalone maternity unit from St Mary's Hospital in Melton Mowbray to Leicester General Hospital
    - Understand views on alternative options for the provision of a hydrotherapy pool currently located at Leicester General Hospital

[1] Acute care is a branch of secondary health care where a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery. In medical terms, care for acute health conditions is the opposite from chronic care, or longer term care.

- Understand if there are any alternative proposals you think we should consider.

The proposal being discussed through this consultation is a key part our local Sustainability and Transformation Partnership (STP). The STP is a partnership of NHS organisations working with local councils and other organisations focused on improving health and social care. The plans are designed to improve support to people when they are ill, vulnerable or in need. They also aim to reduce delays and gaps in treatment, and confusion around different services.

What is covered in this consultation?

This public consultation is about the services delivered at the three acute hospitals in Leicester, run by University Hospitals of Leicester NHS Trust. These hospitals are:

- Leicester Royal Infirmary (LRI)
- Glenfield Hospital (GH)
- Leicester General Hospital (LGH)

The consultation is also about services delivered at the midwifery-led birthing unit at St Mary's Hospital, Melton Mowbray. A midwifery-led birthing unit is a birthing suite that provides a 'home from home' environment for women with uncomplicated pregnancies, who are under the care of midwives.

Alongside this consultation, we are working with patients, carers, staff, the public and the voluntary sector to look at ways in which we can improve all our local health services. While this work is separate from this consultation, we know that many things that people tell us about services will have links with the proposals for the hospitals. We will ensure that the information is fed into the consultation responses.

What is not covered in this consultation

This consultation does NOT include community hospitals, GP practices, mental health and other services provided in the community or in people's homes. We have undertaken engagement to understand what matters most to people about community services and will, in the future, engage on proposed changes to these services, particularly taking into account the impact of the temporary changes made during the coronavirus pandemic.

Transforming other health and care services

While this consultation does not include services provided in GP practices or community settings, we recognise that no part of the health service works in isolation from another part. Care and treatment provided by all NHS and social care services need to wrap around the

individual – which means meeting the needs in as responsive and holistic way as possible. Increasingly, health and care organisations in Leicester, Leicestershire and Rutland want to:

- empower people to proactively manage their own care so that they can live a healthy life
- provide the majority of care closer to people's homes with quicker access to services that are tailored to meet their needs by health and care organisations working together
- provide access to more specialist care and treatment in the community, including support at end-of-life, delivered by flexible teams
- provide better quality care in innovative ways in acute hospitals, when it is really needed
- Harness the power of technology to deliver more consultations remotely where this is appropriate for the needs of the patient

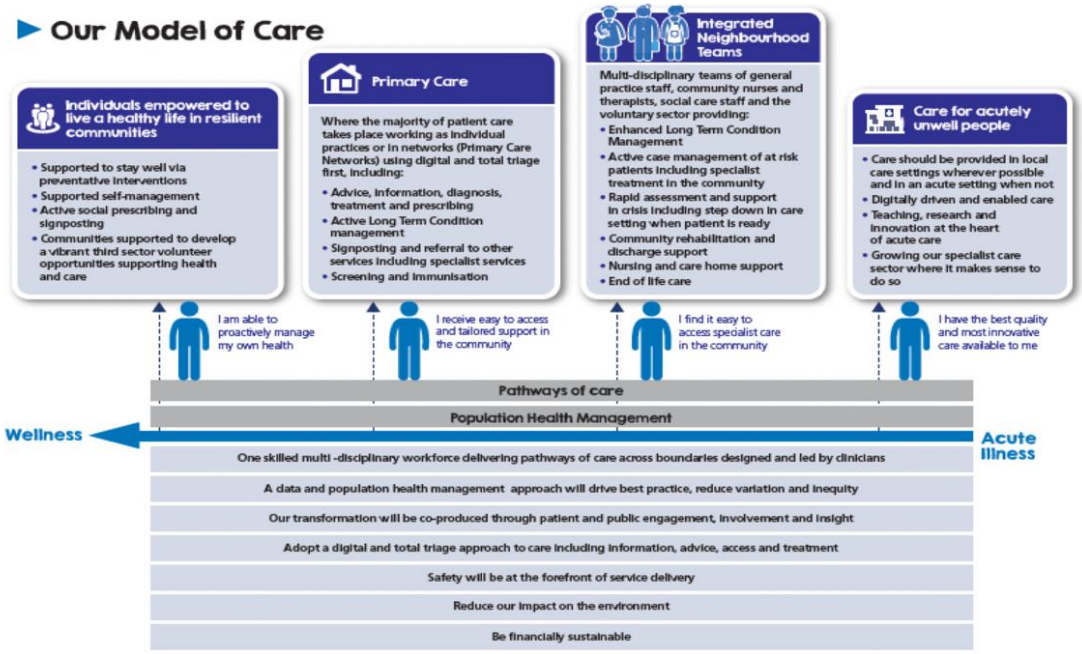
The aim is for improved care and support to be available in the community, helping people avoid having to go to hospital or be admitted into hospital for their care and treatment. In addition, we want services in the community to be better set up to accept patients coming out of hospital, providing more personalised care, and in turn, freeing up bed space in acute hospitals for more critically ill patients.

This approach is highlighted locally in our 'model of care' which sets out four stages of care – self-help and empowerment, primary care, integrated neighbourhood teams, and care for acutely unwell people (see the infographic below).

These principles are consistent with those of the NHS Long Term Plan, published in January 2019. More information on the NHS Long Term Plan can be found by visiting: www.longtermplan.nhs.uk

To succeed we must keep all that's good about existing health services, while also transforming patient care to future-proof it for future generations. We will do this in partnership with our communities, involving them in developing plans over the coming months.

The LLR model of care



SECTION THREE

Introduction

University Hospitals of Leicester NHS Trust was created in April 2000 with the merger of the city's three acute hospitals – Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. This merger created one of the ten largest trusts in the country, which provides specialised and general local services to the people of Leicester, Leicestershire and Rutland, the wider population of the East Midlands and Eastern England and for some services an even larger national catchment.

The way the three hospitals in Leicester are configured reflects the legacy of history rather than design. However, all three provide services and care to patients across Leicester, Leicestershire and Rutland and beyond. Long gone are the days when any one of the hospitals would cater exclusively for the needs of patients in their own distinct geographic, instead patients are already used to visiting any one of the three city hospitals depending on the required specialism, clinical staff and bed availability.

The configuration creates many challenges. Patients who are going to hospital as an outpatient (person attending hospital for treatment without staying overnight) are suffering delays while others are 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 spread too thinly and as a result services sometimes become unstable. Meanwhile some services are duplicated or triplicated. This inconveniences patients at a time when they are feeling anxious and unwell.

The facilities provided for expectant mothers require modernising to provide a better experience and to meet 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 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 a mum experiences complications while giving birth, the travel to Leicester to receive the care needed can cause real anxiety for mum and family and presents an unnecessary risk for the health of the baby.

It is no longer right to provide health services this way in the 21st Century. Proposals have been developed that we believe would achieve the best patient outcomes, modernise facilities and make services more efficient. The Government has recognised the need to fundamentally improve our hospital services and has given the local NHS £450 million to invest in better care and better hospitals.

This consultation is seeking your views on proposals to improve services on the three hospital sites in Leicester by reconfiguring them.

Background

For nearly two decades the need to consolidate [2]acute services in Leicester has been widely recognised. Currently acute services are spread across three hospitals run by University Hospitals of Leicester NHS Trust. This situation reflects the history of how hospitals in Leicester have evolved over time, rather than how they ought to be configured for best patient care.

Medical and nursing resources are spread too thinly making services operationally unstable and the duplication or triplication of clinical and support services is inefficient and costly. Many [3]planned (elective) and [4]outpatient services currently run alongside emergency services, and as a result, when emergency pressures increase, it is planned (elective) patients who suffer delays and last minute cancellations.

This was highlighted during the Covid-19 pandemic. The fact that we have three separate hospitals with the duplication and triplication of services that entails means that we often have to spread our staff too sparsely in order to cover clinical rotas. For example, during the first peak of the pandemic we had 20% sickness across UHL's staff groups - meaning that one in five staff were either sick or self-isolating as a consequence of someone else in their household being symptomatic. Once reconfigured we would no longer have to run triplicate rotas for staff. For example, with two super intensive care units rather than the current three smaller ones we would have been able to consolidate our staffing, making it easier to cover absences when they occurred and perhaps even give staff the time to 'decompress' after repeat days of long and harrowing shifts.

Over the last two decades there has been significant and sustained under-investment in the hospitals compared to other acute hospitals nationally. UHL has experienced a significant backlog in repairs that are needed to keep buildings and facilities in good condition. This could cost around £77 million. This figure could reduce substantially to around £33 million - a reduction of more than half through the consolidation and modernisation of acute services onto two sites. Our proposals to reconfigure acute and maternity services allows UHL to move all acute care to the Leicester Royal Infirmary and Glenfield Hospital, while enhancing the care provided to critically ill patients.

We propose to create a new single site maternity hospital at the Leicester Royal Infirmary and a new dedicated children's hospital. The maternity hospital would include a midwifery led unit. The proposal is also to create an additional maternity-led unit at the Leicester General Hospital site to replace the unit which it is proposed should close at St Mary's Hospital, Melton Mowbray.

[2] Acute services provided by acute NHS Trusts provide services such as accident and emergency departments, inpatient and outpatient medicine and surgery, and in some cases very specialist medical care.

[3] Elective care is planned care. The patient journey usually begins in primary care and can begin with a diagnostic procedure, before entering secondary care for an opinion, diagnosis, treatment or procedure.

[4] A patient who does not stay in hospital overnight but who visits a hospital, clinic, or associated facility for diagnosis or treatment.

A new treatment centre with wards would be built at the Glenfield Hospital and we would expand the intensive care unit. Many wards would also be refurbished at Leicester Royal Infirmary and Glenfield Hospital and the facilities and systems across all three sites would improve.

The proposals would improve planned (elective) services, and reduce the number of operations that need to be cancelled. The plans also retain some [5]non-acute health services on the site of Leicester General Hospital.

The proposal for transformation of services through significant investment would help to provide safe, high quality, specialist care to patients for many years to come. It would also enable us to improve our response to emergency pressures, in particular seeing and treating more patients in the emergency department (ED) within four hours.

We have continually engaged in conversation with people throughout the development of the service reconfiguration proposals over several years. Some of the big issues are that people are fed up of being sent from hospital to hospital for different elements of their treatment. People also tell us they have to travel into, across and around Leicester for what is often just a 10-minute appointment that could have been done easily by telephone or in a more local setting. People are frustrated when their appointment is cancelled at the last minute. They report having to travel in heavy traffic to get to an appointment and then struggle with parking and navigating their way into and around the hospital, only to have to sit for a while in a busy waiting area.

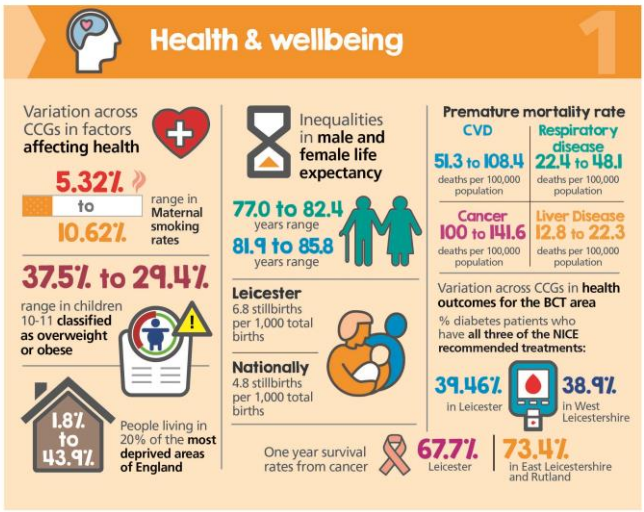
We have listened to what people have told us about their experiences of the NHS. The feedback has helped to continually challenge the proposals and ensure that they are strongly influenced by what matters most to people.

The reasons why we need to make changes

1. Our population's health and care needs are changing

Overall, people living in Leicester, Leicestershire and Rutland in recent decades are living longer and there is a reduction in the number of people dying from conditions such as cancer and cardiovascular diseases. However, the number of people ageing with more than one health condition has increased and this puts pressure on health and social care services. Health outcomes across Leicester, Leicestershire and Rutland vary greatly owing to the large differences in income and deprivation levels.

[5] Non-acute care is for maintenance or long-term care. Non-acute encompasses care for chronic conditions, outpatient preventative care, and more. Healthcare professionals working in non-acute settings see patients multiple times, cultivating a supportive relationship and ensuring a continuum of care for each patient.



We believe our plans to improve services would address some of the frustrations that people have told us about, respond to the health challenges and make a significant contribution to improving the overall health and wellbeing of local people. For further information about the population profile and the demographic [insert link to areas of BCT website with PCBC data]

2. The need for services is set to increase

We know that the need for healthcare services in Leicester, Leicestershire and Rutland will rise over the coming decade, particularly in light of the health inequalities faced by our population. For example, we know that we have a difference in the life expectancy of men and women. One of the main reasons for the reconfiguration of acute and maternity services is the need to prepare for this predicted demand.

UHL are already struggling with current levels of activity and do not have the capacity under the current configuration of services to cope with the future predicted increase in the need for services.

This increase in need is for both emergency and urgent care services (non-elective care) as well as planned (elective) care.

Planned care that needs to be delivered on an acute site should be separated from emergency and urgent care, in order to reduce the disruption as a result of emergency pressures. This is why we want to build a large, new treatment centre. By separating planned and emergency/urgent care services, it would mean that patients who attend hospital for a planned operation, such as a hernia repair, gall bladder surgery or hip replacement, would not have their operations cancelled by the need to prioritise the beds and operating theatres for seriously ill or injured emergency patients.

This would reduce the number of patients whose operations are cancelled at the last minute and increase their satisfaction levels.

In addition, the need for maternity facilities has increased. The maternity facilities at UHL were designed to cater for approximately 8,500 births a year, but the number of births now totals approximately 10,500 per year. The need for maternity and children's services is

expected to increase in the future. In addition to the increasing number of births, it is anticipated that future needs would be driven by women having their babies at a later stage in life and more complex births. Therefore the co-location of maternity services with the Children's Hospital would be beneficial. [insert link to BCT website with further maternity information].

3. We need to integrate health and care services

Partners in health and care in Leicester, Leicestershire and Rutland are working together to integrate services. Services would be focused around patients and their GP practice, extending the care and support that can be delivered in the community through groups of clinical and social care staff working together.

The aim is to reduce the need for people to travel into hospital for much of their care so that this only takes place when necessary. The new way of providing care is designed to improve health outcomes and wellbeing, increase patient, carer and staff satisfaction, increase access to services making them accessible to all, while achieving financial sustainability.

The CCGs and UHL have jointly agreed to transform outpatient services to reduce face-to-face follow-up visits for 50% - 70% of patients over the next five years. A summary of the work can be found *[insert link to BCT website to planned care model].*

4. The standard of care patients receive is not as good as we want it to be

There are examples of the provision of excellent quality care and patient safety. For instance Glenfield Hospital is nationally renowned for the quality of its specialist extra corporeal membrane oxygenation (ECMO)[6] services as well as specialist cardiac, respiratory and vascular services. ECMO is used for people with severe heart or lung failure. Leicester Royal Infirmary is also a regional centre of excellence for specialised services such as intestinal failure and paediatric surgery.

UHL wants to achieve the highest possible standards and quality of care across all of their services, better supporting patients in areas that can be improved and fit for the 21st Century. Investment in buildings that are well designed for their purpose helps to ensure that services are provided more efficiently and effectively. This improves the experiences for patients and their families and for staff providing the care. Patients already have improved experiences at the emergency department at Leicester Royal Infirmary. Furthermore, working in modern premises with new facilities aids the recruitment and retention of staff.

UHL wants to treat 95% of patients attending the emergency department within four hours. They also want to see more patients within the target of 18 weeks when they are referred for non-emergency treatment. They want to provide better support to people with cancer and hit targets. It is felt that services would be safer with the clinical teams for individual specialities being consolidated on one site wherever possible, rather than spread across two or three

[6] Extracorporeal membrane oxygenation (ECMO) is a treatment that uses a pump to circulate blood through an artificial lung back into the bloodstream of a very ill baby. This system provides heart-lung bypass support outside of the baby's body.

sites as currently. For example, a review of [7]neonatal services highlighted that there remains a significant risk that a baby could come to harm should consultant presence be required simultaneously in both existing units, Leicester Royal Infirmary and Leicester General Hospital, out-of-hours and weekends. [Insert link to Quality Strategy PCBC]

5. We need the right number of hospital beds

We have a growing population in Leicester, Leicestershire and Rutland and there would be more beds provided in Leicester's hospitals in future with this investment. However, we know making patients better and keeping them healthy is not just about having beds in hospitals anymore. This proposal has taken account of this.

Modern medical techniques mean patients do not always have to stay in hospital or have a long hospital stay. A hip operation used to mean at least a seven-day stay in hospital - now this is around two days. We have robotic and keyhole surgery which means some patients do not need to stay in hospital at all. We used to prescribe bed rest for people, but we now know in a lot of cases this does not help people get better and in fact can hinder their recovery.

In addition to these advancements, there has been significant work by all NHS partners in Leicester, Leicestershire and Rutland to develop and introduce a better model of care which means we would see more services provided closer to where people live, at home or in the community. To support this, UHL is working with partners across the system to reduce the amount of time people have to stay in hospital and improve how and when people are discharged.

Particular attention has been given to frail people and those with multiple long-term conditions where the evidence shows that people often recover better and faster at home. Research also shows that the right kind of preventative and planned care at home, provided by appropriate and qualified staff, or in the community, means hospital stays can be avoided in many cases.

So what do these improvements in the way care is delivered mean for actual bed numbers in future? UHL has calculated that there would be a need for another 139 acute beds by 2023-24. This would be an increase of 7% on the current total of 2,033 beds. These calculations are based on a number of considerations and assumptions including population growth and an increase in care and treatment required (3%). There are very many circumstances that could affect the need for beds in future so UHL has produced this figure ensuring there is contingency in the plans. Further information on the bed predictions can be found *[insert appropriate link to PCBC]*

6. Medical and nursing resources are spread too thinly

The current way that the hospitals are configured in Leicester results in services being duplicated and sometimes triplicated. For example, we have three intensive care units, one

[7] Neonatal care is the type of care a baby born premature or sick receives in a neonatal unit.

at each site but none big enough in their own right. Clinical resources are spread too thinly. Simply employing more staff is not a feasible solution. There are shortages of staff who work in different specialities locally and nationally. Patients are regularly being transferred between the three acute sites. We need to develop a different way of working that is both affordable and improves patient experiences.

Many planned (elective) and outpatient services currently run alongside emergency services, and as a result, when emergency pressures increase, the planned cases and outpatient appointments suffer delays and cancellations. At present, mothers in labour are routinely transferred from one hospital site to another if there are too many births taking place in one of the units, or not enough staff are available on a unit to provide adequate care.

Neonatal services (care for a baby born premature or ill) are currently split across two sites. There are very few trusts nationally who have this split. Inspections and national reviews have repeatedly raised concerns about this way of working.

Medically we have a complicated picture of health needs. For example, in Leicester there is a projected increase in the number of complex births in years to come. We already have a high rate of low birth weight babies.

St Mary's birthing unit in Melton Mowbray is under-used despite efforts to promote services. The number of births has decreased every year since 2012-13, with only 141 births in 2018-19. This is an average of less than three births per week.

Between 36% and 40% of first-time mothers who have chosen to give birth at the midwifery-led unit at St Mary's Hospital need to be transferred to an acute hospital in Leicester, a distance of 18 miles due to complications with the birth. This journey can be difficult and is a very anxious time for mothers and families.

By building a new £88 million state-of-the-art maternity hospital we would improve the safety, efficiency and effectiveness of the service and the outcome of care for mothers and their babies. The number of consultants present on one site would increase. This would result in timelier decision-making, reduced waiting times in ante-natal services and the maternity assessment unit, and reduced delays in treatment.

In addition, having one major site delivering women's services that is easily accessible to more women living in Leicester, Leicestershire or Rutland provides huge benefits for mothers, babies and children - improving their experiences and the quality and safety of the service. [Insert link to workforce strategy PCBC]

7. We have tired buildings and a significant maintenance backlog

Some of the hospital buildings are old, tired and beyond their useful life. Over the last two decades there has been no significant investment into the acute hospitals in Leicester apart from the recent development of our new emergency department. There are only a few facilities we can call state-of-the art and there is a backlog in repairs to the buildings resulting in poorer conditions and buildings no longer fit-for-purpose.

We want local facilities to enable us to deliver safe, high quality services to our patients and provide staff with a good working environment. [insert link to Estates Strategy]

8. We need to spend our money in the best possible way

In 2020/2021 the NHS in Leicester, Leicestershire and Rutland is forecast to spend around £2.2 billion on running local health services. The impact of Covid-19 could make this figure even higher. This includes paying staff, running our buildings, providing equipment and information technology, and funding treatments and drugs. The greatest proportion of this would be spent on acute hospital services. This is clearly a significant sum of public money and it increases year-on-year. However, in recent years the rate of growth in local health funding has been exceeded by the increase in the need for services, which puts pressure on the cost of providing them.

Our population is growing and ageing. The changing health needs of our population and the ever-increasing cost of wages, new drugs and technologies, and a rise in people's expectations have all put huge pressure on our finances.

We are working hard to save money by cutting waste and finding better ways of doing things more efficiently. But we need to do more and prepare for the future. We believe that reconfiguring our buildings would help us to use our money in a much better way to support our population and taxpayers.

In September 2019 the Department of Health and Social Care announced a long-term rolling programme of investment in health infrastructure, which included money to build new hospitals, modernise primary care estate, invest in new diagnostics and technology, and help eradicate critical safety issues in the NHS estate. The Health Infrastructure Plan (HIP) is a new hospital building programme to ensure the NHS hospital estates can provide world-class healthcare services. They committed to fund and build 40 new hospitals over the next ten years. Six major projects were given the go-ahead immediately, with a further 21 schemes in a second waves. UHL is one of the first six projects.

The government investment of £450m in new and better hospitals would deliver significant savings, primarily as a result of providing most acute services from two sites instead of three. In addition, the creation of a dedicated treatment centre at Glenfield Hospital would protect the amount of planned (elective) work we are able to do. These savings would be partially offset by the additional costs of re-providing services on the Leicester Royal Infirmary and Glenfield Hospital sites. Further information about finances is available by visiting *[insert link to financial plan on website].*

Since our original proposals were put forward, the world has changed due to Covid-19, for everyone, not just the NHS. We are still working to fully understand the long term impact of Covid-19 and we will be living with increased uncertainty for a long time. That being the case whilst we might be tempted to put our plans on hold, defer decision or even shelve plans, we think that is the wrong approach. Especially now when we consider all that has been learnt in planning for, and dealing with, the impact and consequences of the pandemic. Not least because we know the public needs the NHS, now more than ever and as such the NHS has a duty to be the best it can be in a Covid-19 endemic world.

At the heart of the our clinical strategy (which drives our reconfiguration plan) is the desire to focus emergency and specialist care at the Leicester Royal Infirmary and Glenfield Hospital and separate planned (elective) care from emergency care so that when we are very busy those patients waiting for routine operations are not delayed or cancelled because we have had to prioritise an influx of emergencies. The question we have asked our clinical teams is: 'does this still make sense when we look at what the pandemic has taught us?' Their short answer was yes, and we explain the reasons throughout this document. [Insert link to clinical case for change and clinical strategy in PCBC]

What improvements are being proposed for Leicester's hospitals?

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 in the city centre and to Glenfield Hospital, on the outskirts of Leicester on Groby Road.

We propose to retain some non-acute services on the site of Leicester General Hospital Campus, in Evington, three miles east of Leicester city centre on Gwendolen Road.

The services that we propose to have on this site are:

- Diabetes centre of excellence

- Imaging facilities
- Stroke rehabilitation with inpatient beds provided in the Evington Centre

A midwifery-led birthing unit may be re-located to Leicester General Hospital. This is an option which will be informed by the views of the public expressed during this consultation.

We are also asking people for their views on other services that might be located at the Leicester General Hospital site in the future. This could include a primary care urgent treatment centre, observation beds, community outpatient services and potentially a new GP practice or increased primary care services to serve the east of the city and support population growth.

Overall our plans would enhance the care provided to critically ill patients and would see the doubling of intensive care capacity for the most unwell patients. This addresses a long term shortfall in this area.

[Insert map of hospital locations]

Services being consulted on – at a glance

[Insert infographic of proposals at a glance]

[Design infographic and include pictures to illustrate improvements]

Service we are consulting on	Where services are now	Where we propose they would be
Acute services	Three sites – Leicester General Hospital, Leicester Royal Infirmary and Glenfield Hospital	Two sites – Leicester Royal Infirmary and Glenfield Hospital
The maternity unit and neonatal unit	Leicester General Hospital and Leicester Royal Infirmary	Leicester Royal Infirmary
Midwife-led birth unit in Melton Mowbray	St Mary's, Melton Mowbray	Leicester General Hospital (an option which will be informed by views expressed during consultation)
Hydrotherapy pool	Leicester General Hospital	Alternative hydrotherapy pools currently in schools, community centres and other community sites
Haemodialysis	Leicester General Hospital	When the renal service relocates to Glenfield Hospital, haemodialysis service would also move to the Glenfield Hospital. There would also be a unit located to the south of Leicester
Diabetes Centre of Excellence	Leicester General Hospital	Retain service at Leicester General Hospital
Non-acute services – primary care urgent treatment centre, observation beds, community outpatients services, possible GP practice and imaging facilities	Proposed new services	Leicester General Hospital campus

The proposed reconfiguration of services would mean new buildings being built, existing buildings being refurbished, services being retained and new services created. *[Design infographic and include pictures to illustrate improvements particularly showing the decluttering of the LRI site.]*

Leicester Royal Infirmary (acute and emergency care)	Glenfield Hospital (tertiary and planned care)	Leicester General Hospital Campus

Build a new maternity hospital with an obstetric (doctor) led inpatient maternity service. A shared care unit with midwives and doctors	Build new premises to house a treatment centre, inpatient wards and theatres	Retain the diabetes centre of excellence
Midwifery birth centre provided alongside the obstetric unit	Expand the intensive care unit to create a 'super' intensive care unit	Create new GP access imaging facilities
Refurbish the Kensington building to create a new children's hospital including a consolidated children's intensive care unit	Create a new surgical admissions unit	Retain stroke rehabilitation with inpatient beds
Expanded super ICU	Build a new car park	Potentially relocate a midwifery-led birth unit to LGH site
Refurbish four wards to relocate adult inpatient services	Create a new welcome centre	Potentially retain Brandon unit for administrative, education and training services
Create a new gynaecology inpatient day case and outpatient service through a refurbishment		Create a primary care urgent treatment centre
Expand parking facilities, for example, additional levels on the multi-storey car park		Create observation facilities
Create a new welcome centre		Create a diagnostic service
		Create a community outpatients service
		Create new or additional GP capacity
		Retain sufficient car parking

The proposal – hospital by hospital

Glenfield Hospital *[include images and infographics]*

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

The most significant development of the entire programme is delivered from Glenfield Hospital. Under our proposals Glenfield Hospital would expand considerably – by almost one-third – as services move over from both Leicester General Hospital and Leicester Royal Infirmary. A list of proposed service moves is on page *xx* of this document.

A 'super intensive care unit' would be developed to support the growth in demand generated from all services. Planned (elective) orthopaedics, hepatobiliary (liver), renal (kidney medicine) and urology services would relocate from Leicester General Hospital to create a specialised surgical hub with a supporting admissions unit. It would double the size of our intensive care services, improving the care of our most ill patients with conditions including strokes, heart attacks and respiratory problems.

The renal service (looking after people with kidney disease) and haemodialysis service (removal of fluid, salt and waste from the blood) would move from the Leicester General Hospital site to Glenfield Hospital as part of the proposals. There would also be a haemodialysis unit located to the south of Leicester. The exact location would be determined after the completion of this consultation taking account of people's views and travel times.

The treatment centre would be opened at Glenfield Hospital to provide outpatient facilities and day case surgery. The centre would offer state-of-the-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 being sent from site to site over a protracted period of time.

The treatment centre would be a welcoming space for patients, their visitors, and for staff. It would make best use of technology with a paperless system for patient notes, scans and diagnostics. On arrival people would check in using a self-service system similar to those run from many GP surgeries with staff on hand to help if needed. There would be a range of amenities available including shops and cafes along with comfortable seating areas (as opposed to cramped waiting rooms and a long walk to a vending machine). Additional parking and improved drop-off zones would also be created at the Glenfield Hospital site to meet the additional activity.

The treatment centre is an important part of our plans and enables the separation of planned care from emergency care. At the moment, our emergency care services and planned care services sit side-by-side meaning that at times of pressure, patients waiting for planned surgery often have their operations cancelled because an emergency patient needs the bed,

is in theatre or intensive care is full. Locating the treatment centre at Glenfield Hospital away from emergency care predominantly provided at Leicester Royal Infirmary, would help to protect planned care procedures.

We know that Leicester Royal Infirmary tends to be 'full' with traffic and parking a significant issue for patients, visitors and staff. Moving the majority of planned care from Leicester Royal Infirmary – which currently sees more than 100,000 patients for day case procedures and approximately 600,000 for follow-up appointments a year – frees up capacity at Leicester Royal Infirmary to manage emergency demand. This creates space for a dedicated children's hospital and new maternity hospital and reduces congestion and parking problems.

It is expected that the new development would make Glenfield Hospital a more attractive place for high performing staff to work, helping address recruitment problems.

While there would be more planned care operations and appointments at Glenfield Hospital, the services provided within the treatment centre would align with wider plans in Leicester, Leicestershire and Rutland to increase the number of outpatient appointments provided in the local community or online. This would significantly reduce the number of both day case procedures and follow-ups undertaken in hospital overall. As a result, the size of the treatment centre would be proportionate to the overall long-term need, working to a principle of being big enough to meet demand but no bigger than necessary.

In relation to the treatment centre we anticipate a 30% reduction in first referral and follow-up visits delivered in an acute hospital setting which is in line with national requirements. This is because the care and treatment would either not be needed as a result of improved preventative work, or because care and treatment would be delivered in a different way. This could include more appointments being delivered from a setting close to the patient's home, such as at a community hospital or a GP practice, or undertaken using digital technologies. This would reduce further the need for patients to journey into the city for routine appointments.

Covid-19 saw cancellations in very large numbers for patients who had been previously listed for operations and procedures as hospitals made preparations for the pandemic. This affected all services and all types of patients, even some with cancer. The only surgery we were able to continue was for those emergency cases that without an operation within 24-72 hours would have been likely to die. In terms of cancer cases where patients are often immuno-compromised there was the added concern about bringing them into a hospital with positive and possible Covid-19 patients and the impact that this could have if, in their already poorly state, they picked up the virus.

In our reconfiguration plans we are going to build a standalone treatment centre at the Glenfield Hospital - this would be to all intents and purposes a new hospital alongside the existing hospital. It fulfils our desire to separate emergency and planned (elective) procedures. This means that when we are busy with high numbers of emergencies, our patients still receive their planned care. Had this been in place by the time of the pandemic

we would have been able to maintain a significant amount of our non-emergency work and potentially create a ‘Covid-19 clean’ site.

For example, technology would help to provide certain aspects of care differently in the future. This could include telephone conversations, Skype calls or other forms of virtual online appointments. These options, when appropriate, would minimise travel and reduce the stress and anxiety regularly experienced by patients due to transport and car parking issues as well as long waits to see a clinician. It would help to reduce the spread of infection in hospital, which can help protect the most vulnerable and seriously ill, while also helping the local NHS to reduce its carbon footprint and associated environmental impact. Reducing the unnecessary need for follow-up care, providing it in different ways and in more familiar surroundings would particularly support people with learning disabilities or mental health conditions requiring physical care support, reducing anxiety and stress.

Leicester Royal Infirmary

Still the primary site for emergency care with significant investment in a new maternity hospital and a new children’s hospital.

Leicester Royal Infirmary would continue to be the primary site for emergency care. To make way for the new hospitals and services on this site, the majority of planned care and outpatient appointments would move to the new Treatment Centre at Glenfield Hospital or to a community hospital or general practice setting. Where more appropriate, they may be delivered as digital appointments rather than face-to-to-face.

This would help to ‘declutter’ the LRI site and provide significant space to plan and create new developments.

This would include a dedicated maternity hospital providing a safe and sustainable environment for maternity and neonatal services with more personalised care provided by a named midwife, alongside a dedicated children’s hospital.

It would offer the use of obstetric-led births (specialist care of women during pregnancy, labour and after birth) 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 be close to the staff and equipment that can support them if circumstances make this necessary. It also means that skilled staff and expensive equipment are in one place resulting in a less fragile service when demand is high.

In addition, the facilities would support partners staying overnight and provide a 14-bed transitional care facility to help prevent mums being separated from their babies and avoid long term admissions. There would be better use of staff resources to support continuity and one-to-one care. There would be access to neonatal unit facilities for babies that require it, reducing risks associated with transferring premature babies, improving outcomes for premature infants.

The proposal would 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 see as services

are dotted around the site. This proposal would bring this expertise together in a bespoke environment for the benefit of children's treatment going into the 21st Century.

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 standalone hospital for children and young people would focus on creating a more comfortable environment, a place to play and where they can feel at home. Parents would be able to feel more relaxed knowing that the new hospital environment has been designed for children, giving them a much better experience and easing some of their worries.

We knew that the Covid-19 pandemic would require us to care for many more adult patients in intensive care. Mercifully children were less affected by the virus. With limited intensive care unit capacity we took the difficult decision to halt children's heart surgery in Leicester, transfer those children awaiting their operation to Birmingham Children's Hospital and convert the paediatric intensive care unit at the Glenfield into an adult intensive care unit. On balance we took the decision based on what would save the most lives, knowing that our children would still have their surgery, albeit not in Leicester, and as a consequence we could care for more of the terribly sick adults whose only hope was sedation and ventilation.

However in our reconfiguration plans we are going to create a standalone children's hospital at the Royal - the first phase completes in spring 2021. Had the children's hospital been built we would have been able to continue with heart surgery during Covid-19 knowing that the children were safe in a standalone hospital with a totally separate intensive care unit.

One of two 'super intensive care units' are planned for this site, which would double the intensive care capacity, with specially trained staff providing critical care, equipped and designed to closely monitor and treat patients with life-threatening conditions.

One of the biggest challenges we faced preparing for the first Covid-19 peak was to create enough adult intensive care unit capacity. We normally have 50 intensive care unit beds, the initial pandemic modelling suggested that we would require closer to 300 beds. This was a daunting ask of our clinical teams. Nonetheless within a fortnight we had a plan to increase our capacity in line with the peak, largely as a result of converting every available space with the right oxygen supply and isolation capability into intensive care unit equivalents and by suspending children's heart surgery so that we could convert the paediatric into an adult intensive care unit.

Thankfully, largely as a result of the success of social isolation halting the spread of the virus, the peak was not as pronounced as we had first expected and instead we saw a lower peak with a longer demand tail. In our reconfiguration plans we have said that we would create two 'super intensive care unit' at the Royal and the Glenfield doubling our capacity to over 100 intensive care unit beds. Had these been in place by the time of the pandemic our response would have been very different - we would have had enough intensive care unit capacity with some to spare.

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 visitors and for staff. This would start when people arrive, with additional accessible car

parking being created. A welcome centre would improve the experience of people getting around a very busy and complex building. Facilities developed through the building would improve access and make it easier to get around. This welcoming environment when people first enter the hospital would particularly assist those less physically or mentally able, providing assurance and assistance to help them get to their appointment.

An improved patient environment also benefits clinical and non-clinical staff in their day-to-day work, delivering high quality care from cleaners to consultants and porters to nurses. It is also fully expected that staff would be retained for longer and more skilled staff would be attracted to work at UHL.

Leicester General Hospital Campus

No longer an acute hospital - instead it would be developed into a smaller campus that focuses on community health with some inpatients beds.

We are proposing to create a community campus at Leicester General Hospital, which would serve people living in the east side of the city and county and beyond and would include:

- **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 ease 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 includes stroke rehabilitation inpatient beds. This service would remain on the Leicester General Hospital campus but relocate to the Evington Centre.
- **Accommodation** - easing space constraints on the acute sites. Service functions which do not have to be on the acute sites would be relocated here.
- **Midwifery-led unit** – dependent on the outcome of public consultation, this would be provided within the existing Coleman Centre.
- **Brandon unit** – this is a large, currently unoccupied building which would be potentially used for administration, education and training.

In addition, we want to explore through this consultation the potential development of other services at this site, which could include some of the following:

- **Primary care urgent treatment centre** which would be GP-led, open at least 12 hours a day, every day, offering appointments that could be booked through NHS 111, a GP practice or referred from the ambulance service. There would also be a walk-in access option. It would be staffed by GPs, nurses and other clinicians and

equipped to diagnose and deal with many of the most common ailments people attend the emergency department for. We believe that the centre would ease pressure on the emergency department and improve convenience as patients would no longer need to travel to Leicester Royal Infirmary in the city centre.

- **Observation facility** located alongside the primary care urgent treatment centre for patients where admission is not necessary, but where they need to be cared for and monitored for up to eight hours by suitably trained staff. The patient would then be assessed and a decision made on whether an admission is necessary, or whether a safe discharge or referral to another service is more appropriate.

- **Community outpatients service** providing additional care for people referred for treatment in the community. People would be treated as an outpatient or a day case for a range of conditions both physical and mental, avoiding the need to go to an acute hospital. The service would also offer follow-up appointments.

- **Additional primary care capacity** to provide family health care to people living in the east of the city, which would help to meet the expected increase in residents over the next decade.

As the acute services move from Leicester 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.

Many scenarios were considered before the current proposals were put together. UHL established an Options Appraisal Workshop team, for both adults' and children's services in late 2013. The team included clinicians, patient and public representatives, managers, commissioners and Healthwatch. The role of this team was to make a recommendation on the proposals for development. The overall objective was to ensure that clear decisions were made that were consistent with the overall guiding principles and vision of the *Better Care Together* programme and UHL's Clinical Services and Reconfiguration Strategy. Three individual options workshops were conducted for each of the adults' and children's services.

The options appraisal process has also been continually informed by the public engagement carried out as part of the *Better Care Together* programme. This feedback has refined the options over time and you can find out more about that in *[insert link to Pre-consultation Business Case]*

Ultimately, in order to deliver safe and effective clinical care some clinical services need to be grouped together – both in terms of the space and equipment required, but also because of the significant and complex links between services. This, along with the costs associated with running three acute hospitals, would mean moving acute services to two sites – Leicester Royal Infirmary and Glenfield Hospital. For Leicester General Hospital, the proposals would mean a different future for the site offering a range of community services to meet the needs of local people.

Our proposals have been shaped by public and stakeholder engagement over many years and there are opportunities through this consultation and beyond to further shape the future of community services provided at Leicester General Hospital.

Options for maternity and midwifery-led unit

Reviews of maternity services identified that the standalone birthing centre at St Mary's in Melton Mowbray is not accessible for the majority of women in Leicester, Leicestershire and Rutland and is under-used with just one birth taking place every three days.

While the proposal is to relocate the midwifery-led unit at St Mary's Hospital to Leicester, we would 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 people's homes, which people have told us is important to them. This is also in line with the wider vision for *Better Care Together*. We would look to local centres or hubs to provide drop-in breastfeeding support sessions and we hope to expand the number of maternity support workers to provide breastfeeding and baby care support.

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

This proposal does not reduce choice of birth setting for the majority of women in Leicester, Leicestershire and Rutland. Instead, it increases choice by providing more expectant mothers with options of:

- A home birth
- A birth in an obstetric unit and neonatal services in the proposed new maternity hospital
- A birth at a midwifery birth centre based at Leicester Royal Infirmary, adjacent to obstetrics and neonatal services
- A standalone birth centre relocated at the Leicester General Hospital site.

We would want to test if a new standalone midwifery-led centre would be used by expectant mothers, if appropriate to their individual circumstances (see next section for further information). This option would be informed by the views expressed during the consultation and the level of support for the proposal.

Antenatal care would continue to be provided within the facility of Melton Community Hospital. As this service is not located within the St Mary's birthing centre, this would not be affected by these proposals. As in other parts of the local area, there are options for provision of antenatal care in GP surgeries and children's centres.

Currently the main source of breastfeeding support is from community midwives delivering support at home and this would not be affected by these proposals. Across Leicester, Leicestershire and Rutland there are good rates of breastfeeding initiation and UHL would continue to support women in line with good practice.

Based on occupancy figures at St Mary's birthing centre, the number of women who go there specifically for breastfeeding support is small. We would look to enhance this service across the area by building on the successful example of breastfeeding drop-in sessions running in Leicester.

If the consultation shows support for a standalone midwifery-led unit run entirely by midwives, it needs to be located in a place that ensures fair access for all women regardless of where they live in Leicester, Leicestershire and Rutland. It also needs to be somewhere that is chosen by a sufficient number of women as a preferred place of birth to make the centre sustainable, as well as being sufficiently close to more medical and specialist services should the need arise.

It is proposed that for a trial period the centre would be located at Leicester General Hospital, where it would be much quicker to transfer a patient by ambulance to the maternity hospital in an emergency situation. For this standalone unit to be viable it must have a minimum of 500 births each year. During the trial period we would assess the unit's viability according to the number of births and by understanding the experiences of expectant mothers. After the trial period we would consider the viability of the unit and the experiences of mothers in order to make a decision on whether the service remains open.

If it was closed it would mean that all maternity services would be based in a new maternity hospital at Leicester Royal Infirmary, potentially impacting on choice of location around place of birth.

It is important to emphasise that any changes in service configuration would be implemented taking into account the principles of *Better Births* (a review of maternity services undertaken by NHS England) and available to view at www.nhsengland.nhs.uk

Options for hydrotherapy

There is currently one hydrotherapy pool at Leicester General Hospital. We are proposing using hydrotherapy pools already located in community settings in schools and community centres. This would provide care closer to home and improve access to hydrotherapy pools for our population.

Support services

Support services such as expansion to the mortuaries, pathology and pharmacy form part of the proposals. Also included is the expansion to the technical infrastructure and information technology (IT) services across the sites. In addition, administrative support functions would be reviewed to ensure the right services are in the right location, and the buildings are used efficiently.

Where services would be located

[Design section to make it easy to read]

Here is a list of current and proposed locations for adult day case, inpatient and outpatient services.

Day case speciality	Current location	Future location
Chemical pathology	LGH	GH – Treatment Centre
Clinical immunology	LGH	GH – Treatment Centre
Dermatology	LGH	GH – Treatment Centre
Ear, nose and throat (ENT)	LRI	GH – Treatment Centre
End stage renal failure	LGH	GH – Treatment Centre
Gastroenterology	LGH and LRI	GH – Treatment Centre
General surgery	LGH and LRI	GH – Treatment Centre
Gynaecology	LGH and LRI	LRI
Gynaecology oncology	LGH	LRI
Haematology	LGH	LRI
Hepatobiliary and pancreatic surgery	LGH and LRI	GH – Treatment Centre
Infectious diseases	LGH	LRI
Integrated medicine	LGH	GH – Treatment Centre
Interventional radiology	LGH	LRI and GH
Nephrology	LGH	GH – Treatment Centre

Day case speciality	Current location	Future location
Neurology	LGH	GH – Treatment Centre
Obstetrics	LGH	LRI
Orthopaedic surgery	LGH	GH – Treatment Centre
Paediatric ear, nose and throat (ENT)	LGH	N/A
Pain management	LGH	GH – Treatment Centre
Renal access surgery	LGH	GH – Treatment Centre
Rheumatology	LGH	GH – Treatment Centre
Sleep	LGH	GH – Treatment Centre
Spinal surgery	LGH	GH – Treatment Centre
Sports medicine	LGH	GH – Treatment Centre
Stroke medicine	LGH	GH – Treatment Centre
Transplant	LGH	GH – Treatment Centre
Trauma	LRI	GH
Urology	LGH	GH – Treatment Centre

Outpatient speciality	Current location	Future location
Colorectal surgery	LGH	LRI

Outpatient speciality	Current location	Future location
Critical care medicine	LGH	LRI and GH
End stage renal failure	LGH	GH
Gastroenterology	LGH	LRI
Emergency general surgery	LGH	LRI
Gynaecology	LGH	LRI
Gynaecology oncology	LGH	LRI
Hepatobiliary and pancreatic surgery	LGH and LRI	GH
Neonatal intensive care	LGH	LRI
Neonatology	LGH	LRI
Nephrology	LGH	GH
Neurology	LGH	LRI
Obstetrics	LGH	LRI
Ophthalmology	LRI	GH
Orthopaedic surgery	LGH	GH
Renal access surgery	LGH	GH
Rheumatology	LGH	LRI
Sleep	LGH	GH / Treatment Centre
Spinal surgery	LGH	GH
Sports medicine	LGH	GH

Outpatient speciality	Current location	Future location
Stroke medicine	LGH	Evington Centre
Transplant	LGH	GH
Trauma	LRI	LRI
Urology	LGH	GH
Well baby	LGH	LRI
Outpatient specialty	Current location	Future location
Allergy	LRI	GH – Treatment Centre
Anaesthetics	LGH and LRI	GH – Treatment Centre
Audiology	LRI	LRI and GH Treatment Centre
Bariatric surgery	LRI	GH – Treatment Centre
Cardiac rehabilitation	LGH and LRI	Community provision
Chemical pathology	LGH and LRI	GH – Treatment Centre
Clinical immunology	LRI	GH – Treatment Centre
Critical care medicine	LRI	GH – Treatment Centre
Dermatology	LGH and LRI	GH – Treatment Centre
Diabetology	LRI	LGH
Ear, Nose and Throat	LRI	GH – Treatment Centre
Endocrinology	LGH and LRI	GH – Treatment Centre
Endoscopy	LGH	GH- Treatment Centre

Outpatient speciality	Current location	Future location
End stage renal failure	LGH	GH – Treatment Centre
Gastroenterology	LGH and LRI	GH – Treatment Centre
General surgery including colorectal	LGH and LRI	GH – Treatment Centre
Geriatric medicine	LGH and LRI	GH – Treatment Centre
Gynaecology	LGH	LRI
Gynaecology oncology	LGH	LRI
Hepatobiliary and pancreatic surgery	LGH	GH – Treatment Centre
Hepatology	LGH	GH – Treatment Centre
Interventional radiology	LGH	LRI/ GH
Maternity scans	LGH and LRI	LRI
Neonatal intensive care	LGH	LRI
Neonatology	LGH	LRI
Nephrology	LGH	GH – Treatment Centre
Neurology	LGH	GH – Treatment Centre
Neurosurgery	LGH	GH – Treatment Centre
Obstetrics	LGH	LRI
Orthopaedic surgery	LGH	GH – Treatment Centre
Ophthalmology	LRI	GH – Treatment Centre
Pain management	LGH and LRI	GH – Treatment Centre

Outpatient speciality	Current location	Future location
Palliative medicine	LRI	LRI
Plastic surgery	LRI	GH – Treatment Centre
Pulmonary rehab	LGH	Community
Renal access surgery	LGH	GH – Treatment Centre
Rheumatology	LGH and LRI	GH – Treatment Centre
Sleep	LGH	GH – Treatment Centre
Spinal surgery	LGH and LRI	GH – Treatment Centre
Sports medicine	LGH	GH – Treatment Centre
Stroke medicine	LGH and LRI	GH – Treatment Centre
Thoracic medicine	LGH	GH – Treatment Centre
Transplant	LGH	GH – Treatment Centre
Urology	LGH	GH – Treatment Centre
Vascular surgery	LRI	GH

Transport, travel and parking

Our proposal takes into consideration travel times for people to reach hospital and the ease of getting to each site, including parking. This is based on a travel impact assessment *[link to document here]* which has enabled us to understand travel times from postcodes across Leicester, Leicestershire and Rutland – including journeys that would increase, reduce or stay the same.

The proposal for how services should be provided in the future potentially creates an increased travel journey for approximately 30% of patients living in Leicester, Leicestershire and Rutland who need acute hospital care, but would decrease travel time for others. This

increase is mainly for those patients living in the east of the area and who use services that would move from the General Hospital to Leicester Royal Infirmary or Glenfield Hospital.

The impact would be offset in part by the proposed increase in outpatient and follow-up appointments being undertaken in the community closer to where patients live, and through the increased use of technology. This would have the additional benefit of helping to reduce the NHS' carbon footprint[8]. For further information on care closer to home visit *[insert link to website]*.

Journey times for the majority (around 70%) of patients would not increase and would reduce for many given the location of the proposed Treatment Centre at the Glenfield Hospital and its relative accessibility compared to the city centre location of Leicester Royal Infirmary. In addition, the need to transfer patients between three acute sites would reduce considerably with proposals to have two acute sites.

The relocation of significant numbers of planned care services and outpatient clinics to the Glenfield Treatment Centre would also mean that traffic and congestion around the Royal Infirmary would be less of an issue. The creation of new car parks at both the Royal and Glenfield would help alleviate current parking difficulties.

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 stop coinciding with other local bus stops.

The accessibility of public transport links, ambulances and emergency drop-off are key areas we discussed with the public during engagement activities on our plans. We would continue to understand public views further during consultation to shape the next phase of work on travel.

A travel plan looking at wider travel options to support the proposal is being developed. It will include options for improved public transport and park and ride facilities. The plan would be aligned to work undertaken by Leicester City Council to improve the transport and travel infrastructure. It would have a focus on sustainability and the need for Leicester's Hospitals to play a greater role in reducing the carbon footprint. Work will also be undertaken with Leicestershire County Council and Rutland County Council to develop improved options for people travelling from outside the city.

We recognise that transport is a very important consideration for our patients and staff and we would use feedback from the consultation to help us shape the travel plan. There would also be ongoing opportunities over the coming years for public and staff to be involved in shaping the future of transport options in line with the outcome of the consultation.

The travel impact assessment can be viewed at: *insert website address*

[8] The amount of carbon dioxide released into the atmosphere, as a result of the activities of a particular individual, organisation or community.

[When designed insert chart showing travel plans, also show links to website outlining community services and planned care review].

How we propose to fund the improvements

The proposal to reconfigure hospitals so that acute clinical services would be at Leicester Royal Infirmary and Glenfield Hospital, while retaining some non-acute services at Leicester General Hospital, requires major investment. We were unable to undertake this consultation without having first received confirmation of the funding in principle from Government.

We have now received a commitment for the £450 million funding needed to help us to turn our proposals into a reality – subject to the outcome of this consultation.

Vacated land and buildings at Leicester General Hospital would be freed up and sold for affordable housing developments which we would hope key workers would be attracted to. This is in line with national policy. The money from the sale of the land and buildings would be reinvested into the hospitals.

Further detailed financial information can be viewed on our website: *[insert web address].* Additional information is available in the City Development Plan: *[insert link]*

How we arrived at the proposal

The NHS has been talking to people about changes to the three hospitals in Leicester for 20 years. We have engaged with stakeholders and incorporated their feedback into shaping this proposal. [insert link to appropriate area of PCBC]

Narrowing down the options

The current configuration of Leicester's hospitals is more an accident of history rather than design. For the last decade our clinical teams have been telling us that it is almost impossible to run effective services when people and expensive kit are duplicated and triplicated across three hospitals. Staff and patients are transferred between the three sites and clinical services that ought to be next to one another are separated which hinders team working and is expensive to run.

To address these issues, moving away from having three acute hospitals, has been an important factor in developing the proposal. Before the current proposal was put together many different scenarios were considered and evaluated against numerous factors, such as whether they were going to improve health outcomes for patients and quality of care.

We started with a long list of options, which were then refined into a short list for more detailed evaluation. This process included discussion at stakeholder workshops where different options were looked at and evaluated against factors including:

- Improving people's health and reduced health inequalities
- Improving the quality of the patient experience

- Improving the way services are delivered
- Improving staff experiences and motivation, recruitment and retention
- Satisfying a whole range of stakeholders and supported the principles of Better Care Together
- Fitting our strategic direction
- Were flexible to support future changes.

We also went through a robust process to demonstrate how the proposals met various NHS tests for service reconfiguration:

- How strong our public and patient engagement has been
- Consistency with current and prospective need for patient choice
- The clear clinical evidence base to support the proposal
- Whether the proposal has the support of commissioners (the people responsible for planning and buying health services)
- And if applicable, whether we have sufficient alternative provision in place if there are any bed closures.

Underpinning all the considerations is the fact that many of our clinical services need to be grouped together – both in terms of the space, staff and equipment required, but also because of the significant and complex links between services. Ultimately, our proposal had to be financially viable. The proposal to create Leicester General Hospital as a non-acute site provides the best financial option. This, coupled with a thorough evaluation of the options against the criteria outlined, led us to the proposal we have put forward to consolidate acute services at Leicester Royal Infirmary and Glenfield hospital and for a different future for Leicester General Hospital offering a range of community-based services for local people.

Further details on the options and the evaluation process followed can be viewed in the Pre-Consultation Business case *[insert link to PCBC].*

The conversation with health staff, patients, carers and other stakeholders

We have had a number of big conversations over the last few years about our proposals. There have been two major periods of engagement on *Better Care Together*, both of which have informed this proposal in the past four years. The first was in 2015, when thousands of local people were reached through a publicity campaign. More than 1,000 respondents completed a detailed questionnaire about the future of healthcare including acute and maternity reconfiguration. The insights were analysed and informed the development of the Sustainability and Transformation Plan – a plan outlining how care would improve for people in Leicester, Leicestershire and Rutland.

Our early proposals were shared with the public in November 2016 within the draft Sustainability and Transformation Plan. This was followed by a period of engagement from

January to March 2017. We reached more than 10,000 people through publicity, meetings and events, and digital and social media.

Feedback from the public at this time identified a number of areas where more work was required. This included the need to maintain hospital bed capacity and access to maternity services within any proposals to reorganise our acute hospitals and create a new maternity hospital.

We were also asked to consider how we could better use technology and in particular to create a single patient record that all health and care professionals could access.

People wanted us to recognise that local areas are different. Some people in Leicester, Leicestershire and Rutland use services outside our area, and some residents from other counties use services provided here. This is due to patients living closer to services outside of Leicestershire or Rutland, for example, Burton or Peterborough, or patients choosing where they prefer their care to be provided. It may also be due to the provision of some very specialist care only being provided in certain locations. People also told us that they were not concerned where services such as the hydrotherapy pool were located as long as they have access to a pool.

In October and November 2018 further engagement with the public was undertaken. A series of public events were held across Leicester, Leicestershire and Rutland. The purpose was to inform communities about the acute and maternity services and community services reconfiguration plans. The conversation was localised to each geographic area visited and was set in the context of the wider system plans for transformation.

The nine events provided the opportunity for patients, public and other stakeholders to hear more about the rationale for the proposed changes and what it would mean in practice – as well as raising any questions or concerns. The events, attended by approximately 317 people, were also supported by a social media campaign over an eight-week period.

In 2019 we worked with local voluntary and community sector groups and attended 15 community meetings, with networks attended by approximately 300 people including mental health partners, carers groups, youth councils, the deaf community, and the blind and sight-impaired community.

We also engaged with MPs with face-to-face and written briefings. We discussed plans with Councillors at the local authority individual and joint Overview and Scrutiny Committees and at all member and executive briefings.

In August 2019 we published an online video and booklet informing people of the proposal for the hospitals which was promoted through a social media campaign and a newspaper and broadcast media campaign which received coverage including BBC East Midlands Today.

Better Care Together partners continued to update people through their communications mechanisms including via their patient and stakeholder members and through staff and external newsletters. We have listened to what people said. Some comments were positive, others less so, but in the main the themes were consistent with feedback received since

2014. As with previous feedback, the 2018 and 2019 engagement helped to challenge the proposals further. Some of the big issues that changed our thinking included:

- Frustration of having been sent from one hospital to another for different elements of treatment
- Long waits for certain treatments and appointments
- Cancelled appointments and operations
- Concerns about the reduction in acute bed numbers
- The value placed on midwifery-led services.

We updated our proposal as a result. This proposal is strongly influenced by what people have told us matters to them since 2014.

Full details of the engagement is available to view at *[insert website address]*

Clinical assurance [link to clinical case for change in PCBC]

In addition to conversations with the public, extensive work has been undertaken with clinicians, such as doctors, midwives, nurses and other health and care professionals, to gain clinical assurance of the proposal.

We have a local Clinical Leadership Group and regionally we have an East Midlands Clinical Senate, both of which have scrutinised the plans. These groups, comprising of clinical professionals and subject specialists, have advised on the quality and appropriateness of the plans.

The Clinical Leadership Group has recognised that the proposal would ensure sustainable safe and high quality services while achieving greater equity of access for patients across the city and counties. The group appreciated that the proposal makes us more efficient and provides improved value for money.

The East Midlands Clinical Senate [*insert link to report*] confirmed their support for the fact that services needed to change in line with the proposal to ensure that they are sustainable and equitable across Leicester, Leicestershire and Rutland.

"The panel were absolutely in support of the proposed reconfiguration of services from three sites onto two, and on this basis, recommends that the STP proceeds. The report highlights the strength of argument for the change, particularly from a workforce and sustainability perspective. The panel did raise certain issues that need some further work, all of which are highlighted in the report.

I would like to wish the LLR STP good luck with its aspiration to deliver a sustainable, clinically effective and affordable service in the future."

Dr Julie Attfield
East Midlands Clinical Senate Vice-Chair

Ongoing dialogue

We continue to engage with patients, carers, staff and stakeholders through events, meetings, outreach work and printed publications.

We have had an active Public and Patient Involvement Group comprising of patients and voluntary sector representatives involved in developing and refining the proposals. This group provided regular challenge and guidance to partner organisations, including UHL, on plans. The group has now been replaced by a Public and Patient Involvement Assurance Group, which has a key role in providing assurance that we have consulted extensively and the feedback has informed our decision-making.

Healthwatch organisations (statutory organisations that strengthen the collective voice of users of health and social care services) have been engaged through their boards. They have supported *Better Care Together* to communicate with patients/service users and their representative groups and have participated in the engagement process.

We have established a Maternity Voices Partnership to ensure women have their views heard. This group would play a significant role in the consultation.

Engagement has been undertaken with local authorities through their Scrutiny Committees and Health and Wellbeing Boards, as well as wider groups of elected members. This work will continue as part of this consultation.

Ensuring equality of care

As both a legal requirement, but also as a moral duty to people, we have ensured that engagement since 2014 has reached out to everyone who has an interest in the proposal and encouraged them to get involved.

An initial [9]equality impact assessment was undertaken to ensure that there would be equitable access for everyone, avoiding inadvertently excluding any groups of people (on the basis of protected characteristics, for example). The initial assessment, which considered the requirements placed on the NHS through the [10]Public Sector Equality Duty, will be reviewed and revised at key stages throughout the consultation. *[Insert link on website to EIA]*

We aimed to develop the proposal ensuring that services are locally accessible wherever possible and centralised where necessary. We did this by ensuring that people's feedback influenced the plans.

Aligning with strategies and plans

A key priority of the Sustainability and Transformation Partnership

Organisations that commission and provide health services in Leicester, Leicestershire and Rutland are working in partnership with local authorities as part of our local Sustainability and Transformation Partnership (STP).

These partners are working with each other to respond to rising demand for services. With a growing and ageing population the NHS must treat more patients and a greater number with complex conditions. By 2023 the population of Leicester, Leicestershire and Rutland is estimated to increase by 5.2% to 1.1 million people. The number of people aged over 75 and older is set to increase by 25.7% to 104,100.

This proposal is a key part of the partnership's overall objectives and would help to achieve the goals to improve support to people when they are ill, vulnerable or in need, by reducing any delays and gaps, and confusion around our different health and social care services.

We want:

- To deliver high quality, person-centred care in the appropriate place and at the appropriate time by the appropriate person. A key part of this is to reduce the time spent in hospital unnecessarily
- To reduce inequalities in care (both physical and mental) and help people to live longer, healthier lives
- To increase the number of people reporting a positive experience of care across all health and social care settings
- To make the best use of facilities/buildings and other assets, ensuring care is provided in the most appropriate, cost effective and fit-for-purpose settings

[9] An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people

[10] Public Sector Equality Duty requires public bodies and others carrying out public functions to have due regard to the need to eliminate discrimination, to advance equality of opportunities and foster good relations

- To ensure that all health and social care organisations in Leicester, Leicestershire and Rutland achieve financial sustainability
- To make the best use of our workforce and embrace new technology to improve care.

Achieving the local five-year plan and NHS Long Term Plan

The NHS Long Term Plan *[include link to LTP]* was published in January 2019. It sets out a vision for developing new services fit for the 21st Century. There is an emphasis on the need to break down artificial barriers that exist between NHS organisations and focus on networks of NHS and other care providers working together to manage the health of the population we serve. This development is called an Integrated Care System.

Following the publication of the NHS Long Term Plan, existing STPs such as ours in Leicester, Leicestershire and Rutland have developed their own response. These responses are being reviewed in light of Covid-19.

This proposal is a key aspect of our commitment to deliver the NHS Long Term Plan providing high quality, safe services locally in the years ahead. *[Insert a link to plan].*

Part of Leicester Hospitals' five-year plan

In addition to the acute and maternity reconfiguration being a key part of our health system plan, UHL have had their own five-year plan since 2014 which made their ambitions clear on reconfiguring their sites. [include link to 5 year plan]

The plan has been refreshed every year since its publication and discusses the move to having two acute hospitals sites.

UHL also developed its *Becoming the Best* clinical strategy, which focuses on:

- Investing in and growing specialist services
- Separating planned and emergency care by transferring work to community/primary care and centralising other work in a new treatment centre
- Working with community partners to cap or reduce emergency activity by addressing patients at risk of admission, transferring specialist skills into the system and providing same-day emergency care.

Prior to the publication, UHL had developed their plans alongside clinicians, service users and staff.

SECTION FOUR

The consultation

Summary

- Certain services would be located together on one site to improve patient safety and deliver better outcomes
- Centralising certain services on certain sites would reduce confusion for patients as they would have all their appointments in the same location and environment
- For the majority of patients, the new location of services would be more accessible
- Providing more day-case surgery in a dedicated treatment centre would mean more patients would be able to have a procedure and go home the same day. This would also be supported through our wider plans to provide more of these services in community settings closer to where people live
- Separating emergency patients from planned care patients would reduce the likelihood of planned care procedures being cancelled due to emergency pressures
- The reconfiguration of services would improve working conditions for staff and make more effective use of support staff
- Providing more non-acute services at the Leicester General Hospital site including additional GP capacity would improve access for patients particularly those living in the east of the city and the county.
- Overall the proposals set out above would improve patient care and enable Leicester, Leicestershire and Rutland to have an NHS fit for the 21st Century.

How to get involved

This consultation will run from *xx xxxxxx to xx xxxxxxxxx 20xx*.

We want to know what you think about our proposals for reconfiguring acute and maternity services in the three hospitals in Leicester. You can tell us by:

- Attending one of our public events or workshops. Full details available on our website at *[insert website]*
- Completing our questionnaire online at *[insert website]*
- Filling in and returning the questionnaire at the back of this booklet
- Emailing us your views at *[insert email address]*
- Writing to us at: Consultation, *Better Care Together* LLR, 1st Floor, St John's House, 30 East Street, Leicester, LE1 6NB.

- Telephone us on [insert number] to complete the questionnaire with a member of staff

Add in details of online events/workshops when dates are known

Further information supporting the consultation is available on our website at [*insert website]*

Due to the volume of responses we expect to receive, we will not be able to write back to every letter, but we will do our best to respond to any questions.

Please be aware that your responses to this consultation will be passed to an independent organisation for analysis so that they can be summarised anonymously as part of our consultation report.

What happens after the consultation ends?

All the feedback we receive from the consultation will be independently analysed and evaluated by an external organisation. They will also undertake a review half-way through the consultation and advise the CCGs if there are communities that are not being reached. If the review shows gaps then we can adjust our communication plan accordingly.

A final report of the consultation findings will be received by the three CCG governing bodies in public meetings and the public consultation will be considered and taken into account in any decisions they make.

We will promote the governing body meetings to enable people to attend and hear the discussions. All decisions will be made public after the governing board meetings and further engagement work will commence with people who use services provided by UHL. This work will include communicating the decision via local newspapers, social and broadcast media.

SECTION FIVE

Consultation questionnaire

Please read the consultation document or go online for information about our proposal.

This consultation questionnaire gives you the opportunity to provide your views about the changes proposed to deliver higher quality, safer services which meet the needs of our patients, and remain affordable in the years ahead.

The questionnaire may be completed by organisations, representatives and individuals including public, patients, carers and staff. There is more information online as well as an online version of this questionnaire, which we encourage you to complete.

Please visit: *insert website*

Completed questionnaires will be independently analysed. Feedback will be completely anonymous. All completed questionnaires whether online or via other means should arrive by *insert date*.

Consultation questionnaire

About you

Before starting the survey please tell us about you.

Which of the following best applies to you? Please tick one only. If you wish to respond as an individual and an organisation please complete the questionnaire on behalf of the organisation and then yourself.

- ☐ As a patient or member of the public
- ☐ As an NHS employee (move to Q2)
- ☐ On behalf of an NHS organisation (move to Q2)
- ☐ On behalf of another public sector organisation (move to Q2)
- ☐ On behalf of a patient representative organisation (move to Q2)
- ☐ On behalf of another voluntary group, charity or organisation (move to Q2)

If you are replying on behalf of an organisation or as an NHS Employee, if you are happy to do so, please state the name of the organisation below:

Please confirm if this is an official response from the organisation?

Yes ❒ No ❒

If you are responding as an individual, please provide your full postcode. If you are responding as an organisation, please provide your organisation's full postcode - this should be the building which you're located at.

How did you hear about this consultation ?

❒ Facebook ❒ Twitter ❒ Instagram ❒ UTube ❒ Poster ❒ Leaflet through your door

❒ Leaflet picked up ❒ Radio ❒ TV ❒ Newspaper ❒ Email

❒ Other (please state) _____

Improving acute and maternity hospital services for people

The configuration of the three hospitals in Leicester reflects how they have evolved over time rather than a central plan. Patients who are coming to hospital as outpatients (people attending hospital for treatment without staying overnight) are suffering delays and experiencing last minute cancellations.

Medical and nursing staff are spread too thinly making services operationally unstable and services are being duplicated or triplicated. Patients are inconvenienced at a time when they are feeling most anxious and unwell. We believe our proposals would achieve the best patient outcomes, modernise our facilities and make services more efficient and financially sustainable to meet future need.

Our proposal for acute services

We are proposing moving our acute services on to two of our three hospital sites. We are proposing that acute services are provided at Leicester Royal Infirmary and Glenfield Hospital.

1. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

2. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

Our proposal for a new treatment centre

We are proposing that outpatient services would move from Leicester Royal Infirmary to a new purpose-built treatment centre at Glenfield Hospital.

3. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

4. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family, or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

We need to understand what size the new treatment centre should be and what services should be included. It is important that the size of the treatment centre is appropriate to meet the needs of people and takes into consideration the additional number of services we plan to provide local communities closer to home.

5. Please tell us your views on this including how we can avoid negative impacts or disadvantages on you, your family or any groups and how we can ensure the new treatment centre is right to meet the needs of people.

OPEN BOX QUESTION

Our proposal to use new technologies to deliver patient consultations

We believe that new technology would help to provide certain aspects of pre-planned care in a different way. Appointments by telephone or video call could reduce the stress of attending a consultation in person due to - reduced travel, reducing possible spread of infection and supporting people to self-care.

6. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree | 1 | 2 | 3 | 4 | 5 | Strongly disagree

7. Please tell us your views on using technology to reduce the need for attending appointments - including how we can avoid negative impacts or disadvantages on you, your family or any groups.

OPEN BOX QUESTION

Our proposal for services at the primary care urgent treatment centre

We would like to create the following services at Leicester General Hospital in a primary care urgent treatment centre:

- Observation area with beds where patients can be observed when they are not well enough to go home, but don't meet the criteria to be admitted to hospital.
- Diagnostic service - this provides appointments for people to have a test or simple procedure
- Community outpatients service – this is treatment for people with health problems requiring a diagnosis or treatment, but do not require a bed or to be admitted for overnight care
- Potentially extra primary care capacity - to provide family health care to people living in the east of the city.

8. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree | | | | | Strongly disagree

Please explain why you agree or disagree with this proposal to create these services on the Leicester General Hospital site. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

9. Primary care urgent treatment centre

OPEN BOX QUESTION

10. Observation area

OPEN BOX QUESTION

11. Diagnostic service

OPEN BOX QUESTION

12. Community outpatients service

OPEN BOX QUESTION

13. Extra GP/primary care capacity

OPEN BOX QUESTION

Our proposal for two new haemodialysis treatment units

In addition to the current units based in Loughborough and Hamilton, are proposing providing two new haemodialysis treatment units. Haemodialysis is the treatment that performs the job of kidneys when they stop working properly. We are proposing that one is in a unit at Glenfield Hospital and the second is in a new unit to the south of Leicester.

14. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree | | | | | Strongly disagree

15. Please explain why you agree or disagree with the proposal for one unit to be at Glenfield hospital. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

16. Please explain why you agree or disagree with the proposal for one unit to be in the south of Leicester. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

17. Please tell us where in the south of Leicester you think that the new unit should be?

OPEN BOX QUESTION

Our proposal for hydrotherapy pools

There is currently one hydrotherapy pool at Leicester General Hospital. We are proposing using hydrotherapy pools already located in community settings so we can provide care closer to home. This would improve access to hydrotherapy pools for our population

18. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree | | | | | Strongly disagree

19. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

We believe that the facilities we provide for expectant mothers require modernising to provide a better experience, to meet the increase in demand and offer patient choice whilst meeting statutory standards. 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 the two sites.

We also recognise that many women may prefer to choose to have their baby in a community-based standalone midwifery birth centre, but believe it should be accessible for more women across Leicester, Leicestershire and Rutland. The standalone birthing unit at St Mary's in Melton Mowbray is currently under-used with births decreasing every year since 2012-13, with only 141 births in 2018-19. To make the centre viable it would need 500 births per year. The centre is also not accessible for the majority of women who live in Leicester, Leicestershire and Rutland.

We believe our proposals would increase choice by providing expectant mothers with an option of a home birth, a birth in obstetrics and neonatal services in a new maternity hospital, a birth at a midwifery birth centre at Leicester Royal Infirmary and Leicester General Hospital.

Our proposal for a new maternity hospital

We propose building a new maternity hospital on the Leicester Royal Infirmary site. This would include a midwifery-led birth centre provided alongside the obstetric unit. This would mean that existing maternity services (services provided in pregnancy, childbirth and post-pregnancy) and neonatal services would move from Leicester General Hospital to Leicester Royal Infirmary.

20. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree  Strongly disagree

21. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

Our proposal for a new standalone maternity unit

We are proposing to relocate the standalone maternity unit at St Mary's in Melton Mowbray. We want to trial a new standalone midwifery unit at Leicester General Hospital. This would be midwife-led and would not have access to specialist obstetric (childbirth) doctors onsite. For this standalone unit to be viable it must have a minimum of 500 births each year. During the trial period we would assess the unit's viability according to the number of births and by understanding the experiences of expectant mothers. After the trial period if it is not viable the unit would close. This would mean all maternity services would be located at Leicester Royal Infirmary.

22. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree | | | | | Strongly disagree

23. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

Our proposal on breast feeding services

We are proposing enhancing breastfeeding services for mothers by providing post-natal breastfeeding drop-in sessions alongside peer support.

24. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

We believe that the facilities we provide for children and their families require modernising to provide better and more appropriate experience. Leicester has the biggest children's hospital in the East Midlands, though it is hard to see as services are dotted around the site.

Our proposal for a new children's hospital

We propose to refurbish the Kensington building at Leicester Royal Infirmary to create a new children's hospital including a consolidated children's intensive care unit, co-located with maternity services.

25. To what extent do you agree or disagree with this proposal where 1 is strongly agree and 5 is strongly disagree?

Strongly agree | | | | | Strongly disagree

26. Please explain why you agree or disagree with this proposal. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

OPEN BOX QUESTION

Access and transport

27. Do you have any concerns about being able to travel to or access any services and what would need to happen to make this less of a concern?'

OPEN BOX QUESTION

28. If you have any other specific comments about the proposals for acute and maternity services, or there are any alternative proposals that you think we should consider, please use this space to tell us what they are.

OPEN BOX QUESTION

Include equalities monitoring questions

Thank you for your time. Please return this questionnaire to arrive by *xxx insert date to insert address*

Contact details etc.

Glossary

There are a number of clinical terms used throughout this document. To access an A-Z of health to understand further these terms please visit : https://www.nhs.uk/conditions/

Additional terms are also explained below:

Acute services	Where a patient receives treatment for a severe injury or illness, an urgent medical condition, or during recovery from surgery
Carbon footprint	The amount of carbon dioxide released into the atmosphere as a result of the activities of a particular individual, organisation or community
Consolidate	To bring together (separate parts) into a single or unified whole
Deprivation	The damaging lack of material benefits considered to be basic necessities in a society
Emergency department	Also known as Accident and Emergency. The department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care
Emergency general surgery	Operating on patients admitted through the emergency department during the out-of-hours period
Emergency services	Provide emergency care to people with acute illness or injury
Equality Impact Assessment	An equality impact assessment is a process designed to ensure that a policy, project or scheme does not discriminate against any disadvantaged or vulnerable people
General surgery	General surgery is the treatment of injury, deformity, and disease using operative procedures
Health inequalities	The unjust and avoidable differences in people's health across the population and between specific population groups.
Integrated Neighbourhood Teams	A Integrated Neighbourhood Team will consist of staff from a number of different teams/ professions. The staff from these different teams will work together to deliver a number of key objectives
Intensive Care Unit (ICU)	A hospital unit in which is concentrated special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention
Maternity assessment unit	Provides emergency and follow-up antenatal care for women with specific pregnancy-related problems
Maternity facilities	A hospital ward that provides care for women during pregnancy and childbirth and for newborn infants
Maternity services	Refers to the health services provided to women, babies, and families throughout the whole pregnancy, during labour and birth, and after birth for up to six weeks

Midwifery-led services	A midwifery-led birthing unit is a birthing suite that provides a 'home from home' environment for women with uncomplicated pregnancies, who are under the care of midwives.
Neonatal	Neonatal care is the type of care a baby born premature or sick receives in a neonatal unit.

Neonatal intensive care	An intensive care unit specialising in the care of ill or premature newborn infants
Non-acute services	Non-acute care is for maintenance or long-term care. Non-acute includes care for chronic conditions, outpatient preventative care, and more. Healthcare professionals working in non-acute settings see patients many times, building a supportive relationship and ensuring a continuous care for each patient.
Non-elective care	A Non-Elective Admission is one that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider
Outpatient	Person attending hospital for treatment without staying overnight
Outpatient specialty	Person attending hospital for a specialist treatment without staying overnight
Paediatric surgery	operating on patients that are children
Pain management	The process of providing medical care that alleviates or reduces pain
Palliative medicine	Provides relief from pain and other symptoms of serious illness
Planned or elective care	Elective care is planned care. The patient journey usually begins in primary care and can begin with a diagnostic procedure, before entering secondary care for an opinion, diagnosis, treatment or procedure.
Primary Care	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS
Protected characteristics	The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called `protected characteristics´.
Public Sector Equality Duty	Public Sector Equality Duty requires public bodies and others carrying out public functions to have due regard to the need to eliminate discrimination, to advance equality of opportunities and foster good relations
Reconfiguration	To change the structure or arrangement of something
Tertiary care	Treat more severe conditions that require specialised knowledge and more intensive health monitoring
Transplant	Take (living tissue or an organ) and implant it in another part of the body or in another body

Trauma	Phyiscal injury
Urgent care	An illness or injury that requires urgent attention but is not a life-threatening situation
Well baby	New born that has a neonatal level of care classification of 'Normal Care'