Meeting: **Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee**

Date/Time: **Friday, 24 January 2020 at 10.00 am**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

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Membership

Dr. R. K. A. Feltham CC (Chairman)

Cllr. T. Aldred	Cllr. M. March
Cllr. P. Chamund	Mr. J. Morgan CC
Mr. J. Dale	Cllr. D. Sangster
Cllr. L. Fonseca	Mrs B. Seaton CC
Mr. T. Gillard CC	Micheal Smith
Mrs. A. J. Hack CC	Miss G. Waller
Dr. S. Hill CC	Cllr. P. Westley
Cllr. P. Kitterick	Mrs. M. Wright CC

Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at http://www.leicestershire.gov.uk – Notices will be on display at the meeting explaining the arrangements.

SUPPLEMENTARY AGENDA

Item		Report by	
6.	Acute and maternity reconfiguration.	University Hospitals of Leicester NHS Trust	(Pages 3 - 64)

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Better care together
Leicester, Leicestershire & Rutland health and social care

DRAFT

PLEASE NOTE THIS IS NOT A LIVE CONSULTATION DOCUMENT AND THE CONTENTS AND WORDING ARE SUBJECT TO CHANGE

Transforming acute and maternity services at University Hospitals of Leicester NHS Trust

A public consultation about proposed improvements to transform acute and maternity services at Leicester's Hospitals through investment of £450million.

V20 20 January 2020

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[Executive summary to be included once core narrative agreed]

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[Executive summary to be included once core narrative agreed]

We want your views

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

We would be grateful if you could take the time to read this document and complete the questionnaire starting on page xx, which you can also find on our website: insert website address. Alternatively, you can print the survey and return it to [insert address]

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].

You can also access a summary consultation document on our website, which contains the main information about this consultation. [Insert web page]

Are we speaking your language?

This document is available in [insert languages] and in an Easyread format. It is also available 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

This consultation document was produced by NHS Leicester City Clinical Commissioning Group (CCG), NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG, who are leading the consultation working in partnership with NHS England Specialised Commissioning.

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]

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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 Specialised Commissioning.

CCGs are the organisations that are responsible for buying (commissioning) and making decisions about healthcare services in Leicester, Leicestershire and Rutland on your behalf.

NHS England Specialised Commissioning is a partner in this consultation. Among other things they plan and arrange specialised services nationally, regionally and locally. This includes services provided in hospitals run by University Hospitals of Leicester NHS Trust.

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.

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 acute and maternity services and how they were developed
- Explain how people and organisations who use services at the three acute hospitals can get involved in the discussions and what happens next
- 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 proposal being discussed through this consultation is a key part of *Better Care Together,* which is the local Sustainability and Transformation Partnership (STP). *Better Care Together* is a partnership of NHS, local councils and other partner 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, by reducing delays and gaps in treatment, and confusion around different services.

What is not 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. Those 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. This work is also part of *Better Care Together*. 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.

This consultation only asks you about services that are located at Leicester Royal Infirmary, Glenfield Hospital, Leicester General Hospital and the birthing unit at St. Mary’s Hospital in Melton Mowbray.

This consultation does NOT include community hospitals, GP practices and community services. We have undertaken engagement to understand what matter most to people about community services and will, in the future, ask for your views on proposed changes to these services. For information about community services please visit [insert link to website]

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. Patients who are going to hospital as an out-patient (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 cater for the increase in demand. At present, maternity services are spread across units at Leicester Royal Infirmary and Leicester General Hospital and it is challenging to maintain adequate staffing over these sites. In addition, maternity services are provided at the Midwifery Led Birthing Unit in Melton Mowbray, which is not accessible for the majority of women across Leicester, Leicestershire and Rutland and is seeing a reduced number of births each year. It is also isolated and not close to medical support if someone experiences complications whilst giving birth.

It is no longer right to provide health services this way in the 21st Century. Proposals have been developed that we believe will achieve the best patient outcomes, modernise facilities and make services more efficient. The proposals will also reduce running costs and help make our hospitals financially sustainable.

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 [1]acute services in Leicester has been widely recognised. Currently acute services are spread across three acute sites run by University Hospitals of Leicester NHS Trust (UHL). This situation reflects the history of how hospitals in Leicester have evolved over time, rather than how they were originally designed.

[1] 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.

Medical and nursing resources are spread too thinly making services operationally unstable and the duplication or triplication of clinical and support services is inefficient. Many [2]planned (elective) and [3]outpatient services currently run alongside emergency services, and as a result, when emergency pressures increase, it is elective patients who suffer delays and last minute cancellations.

Over the last two decades there has also been significant and sustained under-investment in UHL's acute hospital buildings 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 58% 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, whilst 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 dedicated children's hospital. A maternity-led unit may also be created at the Leicester General Hospital site to replace the unit which is proposed to close at St Mary's Hospital, Melton Mowbray.

A new Treatment Centre with wards will be built at the Glenfield Hospital and we will expand the Intensive Care Unit. Many wards will also be refurbished at Leicester Royal Infirmary and Glenfield Hospital and the facilities and systems across all three sites will improve.

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

The proposals for transformation of services through significant investment will help to provide safe, high quality specialist care to patients for many years to come. It will 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.

[Insert infographic of proposals at a glance]

[2] 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.

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

Why change is needed

There are a number of reasons why change is needed:

1. We need to integrate health and care services

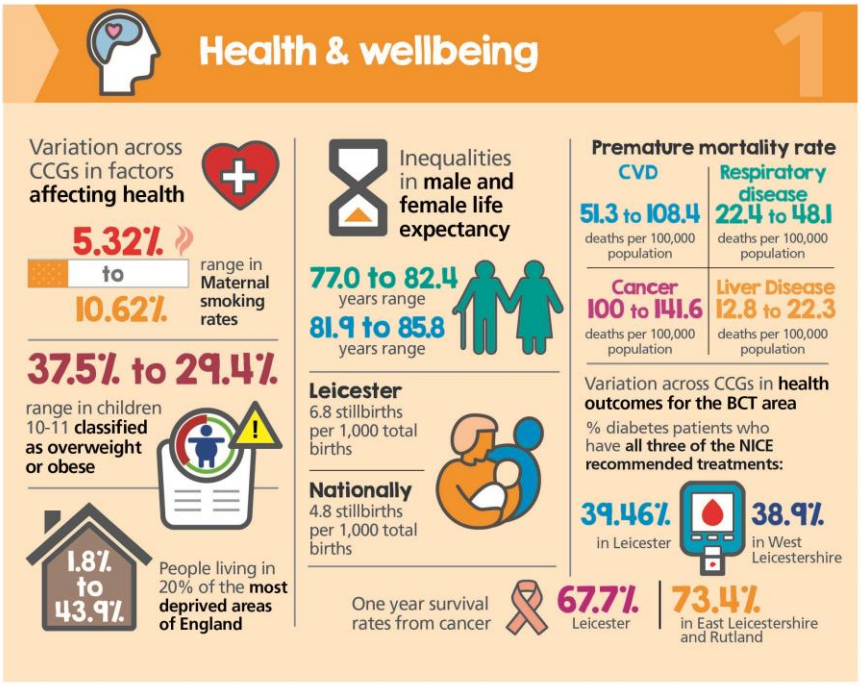
Partners in health and care in Leicester, Leicestershire and Rutland are working together to integrate services. Services will be wrapped around patients and their GP practice, extending the care and support that can be delivered in the community through groups of clinical and social care staff working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

The aim is to reduce the amount of care and support delivered in hospitals, so that only care that should and must be delivered in hospital will take place there in the future. 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, whilst achieving financial sustainability.

The CCGs and UHL have jointly agreed to transform outpatient services to reduce face-to-face follow up visits by at least 30% of patients over the next 5 years. A summary of the work can be found [insert link to BCT website to planned care model].

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

Overall, people living in Leicester, Leicestershire and Rutland in recent decades have an improved life expectancy 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 the 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.



We believe our plans to improve services will respond to these challenges and make a significant contribution towards the improved health and wellbeing of local people.

3. 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. One of the main reasons for the reconfiguration of acute and maternity services is the need to better manage this predicted trend.

UHL are already struggling with current levels of activity and are not equipped 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. By separating planned and emergency/urgent care services, it will mean that patients who attend hospital for a planned operation, such as hernia repairs, gall bladder surgery or hip replacements, will not have their care affected by the need to prioritise seriously ill or injured emergency patients.

This will reduce the number of patients who are inconvenienced 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 deliveries per year, but the number of births now totals approximately 10,500 per year. This need for maternity and children's services is expected to increase even further. In 2018-19 approximately 3,373 mothers who live in Leicester, Leicestershire and Rutland had their babies in other places such as Peterborough, Kettering, Nottingham, Nuneaton and Burton.

In addition to the increasing number of births, it is also anticipated that future needs will be driven by women having their babies at a later stage in life and more complex births.

4. The standard of care patients receive is not as good as it should be

There is evidence that UHL provides excellent quality care and patient safety. For example Glenfield Hospital is nationally renowned for the quality of its specialist extra corporeal membrane oxygenation (ECMO)[4] services as well as specialist cardiac, respiratory and vascular services. ECMO is used for babies and children 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.

However, UHL want to achieve the highest possible standards of care across all of their services, better supporting patients in areas that can be improved.

They want 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 treatment and to achieve their targets and provide better support to people with cancer.

It is felt that services would be safer with the clinical teams for individual specialities being consolidated on to one site wherever possible, rather than spread across two or three sites as is currently the case. For example a review of 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.

5. Clinical services are challenged

The current way in which the hospitals are configured creates clinical challenges experienced across most services. These fall into a number of areas. It is hard to maintain the quality and safety of services and manage the potential issues that arise from having services on more than one site. The ability to staff wards is made more difficult when staff have to be moved between sites in order to avoid care being compromised. This problem is highlighted when there is an increased need for services, particularly in the winter. The flow or movement of people through the hospitals is not ideal for patients and their families, at what is often a difficult time for them.

[4] 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.

We believe these challenges can only be resolved by reconfiguring the services that are provided on each site.

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. 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. It is also not affordable. Therefore we need to develop a different way of working.

Many planned, elective and outpatient services currently run alongside emergency services, and as a result, when emergency pressures increase, it is elective patients who suffer delays and last minute cancellations.

At present, the maternity care of women is transferred from one hospital site to another if there are too many births taking place at one time in one of the units, or not enough staff are available on one of the units to provide adequate care for women and their babies.

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

Medically we also 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 standalone Midwifery Led Unit at St Mary's Hospital need to be transferred to an acute hospital in Leicester, a distance of 18 miles.

By focusing staff resources onto one site, we will improve the safety, efficiency and effectiveness of the service and the outcome of care for mums and babies. The number of consultants present on one site will increase. This will 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.

7. We have tired buildings and a significant maintenance backlog

Some of the hospital buildings are old, tired and not fit-for-purpose. 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 (A&E). 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.

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

In 2019/20 the NHS in Leicester, Leicestershire and Rutland is forecast to spend around £2.2 billion on running local health services. 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 financial situation.

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 will help us to use our money in a much better way to support our population and taxpayers.

Our proposals will deliver significant savings primarily as a result of providing most acute service from two sites instead of three. In addition, the creation of a dedicated treatment centre at the Glenfield Hospital site will protect the amount of planned (elective) work we are able to do. These savings will be partially offset by the additional costs of re-providing services on the Leicester Royal Infirmary and Glenfield Hospital sites. Further information about finance is available by visiting [insert link to financial plan on website].

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

The proposal is to reconfigure acute and maternity services by moving all acute care (where a patient receives treatment for a severe injury or illness, an urgent medical condition, or during recovery from surgery) to the Leicester Royal Infirmary (LRI) Hospital which is located in Leicester city centre and to Glenfield Hospital, located on the outskirts of Leicester on Groby Road.

We propose to retain some non-acute services on the site of Leicester General Hospital, which is located 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 provided in the Evington Centre

A Midwifery-led Birth 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 process.

We are also asking people for their views on other services that might also 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 will enhance the care provided to critically ill patients and will also see the doubling of intensive care capacity for the most unwell patients. This addresses a long shortfall in this area.

[Insert map of hospital locations]

Assessing the number of beds required in hospital

We have a growing population in LLR and there will be more beds provided in Leicester's hospitals in future under this proposal to meet people's needs.

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. Medical practices have dramatically changed. 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 also used to prescribe bed rest for people, but we now know in a lot of cases this does not help people to get better so it is not routinely prescribed.

In addition to these advancements, there has been significant work by all NHS partners in LLR to develop and introduce a better model of care which means we will see more services provided closer to where people live, at home or in the community in future.

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 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 2,333 beds would be needed by winter 2023/4 based on local population growth alone – that's 300 more than there are now. However, the introduction of the new models of care we've highlighted, means that in the future there would be less reliance on beds in our hospitals so this has also been factored in to the planning too.

We anticipate that by 2023/4 UHL will increase physical beds by 139 (approximately four wards) whilst decreasing the overall need for beds by implementation of new models of care (which reduces the predicted number of beds needed by 161).

These calculations are based on a number of considerations and assumptions including population and activity growth (3%) and use a recognised national approach to bed modelling.

There are many variables that could affect the need for beds in future so UHL has been deliberately conservative in modelling to ensure there is contingency in the plans.

Further information on the bed modelling can be found [insert appropriate link to PCBC]

At a glance - services we are consulting on *design infographic and include pictures to illustrate improvements*

Service we are consulting on	Where services are now	Where we propose they will 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	Leicester General Hospital	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 will also move to the Glenfield Hospital. There will also be a unit located to the south of Leicester
Non-acute services – primary care urgent treatment centre, observation beds, community outpatients services, GP practice	Proposed new services	Leicester General Hospital

The proposed reconfiguration of services will mean new buildings built, existing buildings refurbished, services retained and new services created: *design infographic and include pictures to illustrate improvements*

Leicester Royal Infirmary (acute and emergency care)	Glenfield Hospital (tertiary and planned care)	Leicester General Hospital
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, in-patient wards and theatres	Retain the diabetes centre of excellence
Midwifery birth centre provided alongside the	Expand the intensive care unit to create a 'super''	Create new GP access imaging facilities

obstetric unit	intensive care unit	
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
Refurbish four wards to relocate adult in-patient services	Build a new car park	Relocate a midwifery-led birth unit
Create a new gynaecology in-patient day case and out-patient service through a refurbishment	Create a new welcome centre	Retain Brandon unit for administrative, education and training services
Build a new car park		Create a primary care urgent treatment centre
Create a new welcome centre		Create observation facilities
		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

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

A 'super Intensive Care Unit' will be developed to support the growth in demand generated from all services. Planned (elective) orthopaedics, hepatobiliary, renal (medicine) and urology services will relocate from the Leicester General Hospital to create a specialised surgical hub with a supporting admissions unit. It will 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 most significant development of the entire programme is delivered from Glenfield Hospital. It will comprise of a new Treatment Centre which will cater for all outpatients, providing care 23 hours a day. It would have 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 is an important development as it would create the necessary separation of planned from emergency care, providing a dedicated environment designed around the needs of patients. It would also reduce the number of cancelled appointments that we are currently experiencing, particularly in the winter.

By moving planned care from Leicester Royal Infirmary - which currently has 100,000 patients having day case procedures and approximately 600,000 having follow-up appointments a year - people will receive a better quality of service in a more timely way, improving their clinical outcomes and reducing the time they need to stay in hospital. It will also free up capacity at Leicester Royal Infirmary.

The 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, which will significantly reduce the number of both day case procedures and follow-ups undertaken on this site. As a result the size of the development will be proportionate to the overall long-term need, working to a principle of being big enough to meet demand but no bigger than is necessary.

As such, activity forecast to be undertaken within the Treatment Centre already anticipates 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 they will either not be needed as a result of improved preventative work, or because they will be delivered in a different way. This could include more appointments being delivered from a setting closer to the patient's home, such as at a community hospital or GP practice,or undertaken using digital technologies.

For example, technology will help us 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 helps to reduce the spread of infection in hospital, which can help protect the most vulnerable and seriously ill, whilst it also helps the local NHS to reduce its carbon footprint and associated environmental impact.

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

The patient environment at Glenfield will be enhanced to be welcoming for patients, their visitors, and for staff. More car parking will be created and staff in the welcome centre will help people navigate the building safely and easily.

Leicester Royal Infirmary

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

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

This will 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 will 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.

Hospital can be a daunting place for children as they are away from their friends and family in an environment they are not used to. The creation of a new single hospital for children and young people would 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.

One of two 'super Intensive Care Units' are planned for this site, which will 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.

The brain injury and neurological rehabilitation unit will 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.

Leicester General Hospital

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

Many different scenarios were considered before the current proposal was put together. Different options were looked at and evaluated against many factors including whether they were going to improve health outcomes for patients and if they were going to improve the quality of care. Further details on the options can be viewed [insert web link]. They were also considered against the cost of the improvements, transport links and the impact of changes on local people.

Creating a community campus at Leicester General Hospital, which would serve people living in the east side of the city and county and beyond, proposes to 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 are relocating with the exception of stroke rehabilitation, which would move to the Evington Centre
- **Brandon Unit** – this is a large, currently unoccupied building which is intended to provide administrative and education and training 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** – dependant on the outcome of public consultation, this would be provided within the existing Coleman Centre.

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 is GP-led, open at least 12 hours a day, every day, offering appointments that can 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 will 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.

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 two days.

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

We would ensure that there is support for home births, antenatal and postnatal care in the local community, close to 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 the Leicester Royal Infirmary or in remote or virtual clinics.

These proposals do not reduce choice of birth setting for the majority of women in Leicester, Leicestershire and Rutland. Instead, it increases choice by providing expectant mothers with options of:

- A home birth
- A birth in obstetrics and neonatal services in the proposed new Maternity Hospital
- A birth at a midwifery birth centre based at 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 will be informed by the views expressed during the consultation and the level of support for the proposal.

Antenatal care will 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 will 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. We would look to enhance this service further by providing postnatal breastfeeding drop-in sessions alongside our peer supporters.

Option of midwifery birth centre in Leicester General Hospital

If the consultation shows support for a standalone midwifery led unit run entirely by midwives, with no medical support and no access to doctors on site, 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 the centre would be located at Leicester General Hospital. It would be run for one year and would be closely monitored to see whether it is a service that the public would use and should continue after a year reaching the viable number of births, which is at least 500 births per year. If it does not continue beyond the first year then a plan will be made for those women expected to deliver at the birth unit in a matter of weeks. Those women delivering later will be referred to the Midwifery Birth Centre at Leicester Royal Infirmary.

If this was to be the case 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 will be implemented taking into account the principles of *Better Births* (a review of maternity undertaken by NHS England) and available to view at www.nhsengland.nhs.uk.

UHL services proposed as a result of reconfiguration

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
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

Day case speciality	Current location	Future location
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

Inpatient speciality	Current location	Future location
Colorectal surgery	LGH	LRI
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

Inpatient speciality	Current location	Future location
Rheumatology	LGH	LRI
Sleep	LGH	GH / Treatment Centre
Spinal surgery	LGH	GH
Sports medicine	LGH	GH
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
Endocrinology	LGH and LRI	GH – Treatment Centre
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

Inpatient speciality	Current location	Future location
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
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

Inpatient speciality	Current location	Future location
Thoracic medicine	LGH	GH – Treatment Centre
Transplant	LGH	GH – Treatment Centre
Urology	LGH	GH – Treatment Centre
Vascular surgery	LRI	GH

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 will be reviewed to ensure the right services are in the right location, and the buildings are used efficiently.

Transport and travel

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

The accessibility of public transport links, ambulances and emergency drop-off is also a key area that we have discussed with the public and will continue to understand further during consultation. Work is already underway to develop a travel plan looking at options for travel to support the proposal and includes consideration of improved public transport and use of park and ride facilities.

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. 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 will have the additional benefit of helping to reduce the NHS' carbon footprint. (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 the Leicester Royal Infirmary.

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 travel impact assessment can be viewed at: insert website address

[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 will 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 buildings at the Leicester General Hospital site 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. 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

How we arrived at the proposal we are asking for your views on

The NHS has been talking to people about changes to the three hospitals in Leicester for many years.

Reaching the current proposal has been a long and active journey. We have engaged with stakeholders and incorporated their feedback into shaping this proposal.

- **A key priority of *Better Care Together***

Organisations that commission and provide health services in Leicester, Leicestershire and Rutland are working in partnership with local authorities on *Better Care Together*, our name for the local Sustainability and Transformation Partnership (STP).

The *Better Care Together* 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 people.

This proposal is a key part of *Better Care Together* and will help to achieve the programme's 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
- 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 priorities in the five-year strategic plan for Leicester, Leicestershire and Rutland responding to the 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 the 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 *Better Care Together* in Leicester, Leicestershire and Rutland, have developed and are beginning to implement their own response. Our five-year strategic plan outlines what we will do at a local level to deliver the commitments set out in the NHS Long Term Plan.

This proposal is a key aspect of the five-year strategic plan to deliver 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 *Better Care Together*, UHL have had their own five-year plan since 2014 which made their ambitions clear on reconfiguring their sites.

The plan, which aligns with *Better Care Together*, 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.

- **Reducing a long list to a short list of options**

To develop the current proposal we started with a much longer list of options that were considered. These options were refined into a short list of options for more detailed evaluation. For more information on the detailed Pre-Consultation Business Case, which included the evaluation of the options [visit insert link to website].

This evaluation looked at how the proposals:

- Improved people's health and reduced health inequalities
- Improved the quality of the patient experience
- Improved the way services are delivered
- Improved staff experiences, and motivation, recruitment and retention
- Satisfied a whole range of stakeholders and supported the principles of *Better Care Together*
- Fitted 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.

- **The conversation with nurses, doctors, other 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 will 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.

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 of these events 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, the 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 fifteen 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. Also with local councillors at Joint Overview and Scrutiny Committees and at all member and executive briefings.

In August 2019 we published online a 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 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 for an appointment
- 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 and the one you see here is strongly influenced by what people have told us mattered to them since 2014.

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

- **The clinical assurance**

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.

Better Care Together has a local Clinical Leadership Group and regionally we have an East Midlands Clinical Senate, both of which have scrutinised the plans. These are local and regional groups respectively, comprising of clinical professionals and subject specialists, who have advised on the quality and appropriateness of the plans.

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

The East Midlands Clinical Senate 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.

- **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 *Better Care Together* Public and Patient Involvement Group comprising of patients and voluntary sector representatives, as well as local Healthwatch organisations. They were 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 will play a key role in providing assurance that we have consulted extensively and the feedback informs our decision-making.

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

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

Engagement has also 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 [5]equality impact assessment was undertaken to ensure that there will 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 [6]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. This feedback is described previously in this document.

[5] 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

[6] 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

The consultation

In summary

- Certain services will be located together on one site to improve patient safety and deliver better outcomes
- Centralising certain services on certain sites will reduce confusion for patients as they will have all their appointments in the same location and environment
- For some patients, the new location of services will be more accessible
- Providing more day-case surgery in a dedicated Treatment Centre will mean more patients will be able to have a procedure and go home the same day. This will 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 will reduce the likelihood of planned care procedures being cancelled due to emergency pressures
- The reconfiguration of services will 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 a additional GP capacity will improve access for patients particularly those living in the east of the city and county.

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:

- Coming along to 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.

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 a company for independent 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. We undertake a review half way through the consultation to ensure that we are reaching out to all our population appropriately. If the review shows gaps then we 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 the people who use services provided by UHL. This work will include communicating the decision via local newspapers, broadcast media, online and offline newsletters, publications, social media and outreach work.

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

Improving acute and maternity hospital services for people

We believe that the way the three hospitals in Leicester are configured reflect the history of how the hospitals have evolved over time. 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. This inconveniences our patients at a time when they are feeling anxious and unwell. It is no longer right to provide health services in this way in the 21st Century. We have proposals that we feel will achieve the best patient outcomes, modernise our facilities and make services more efficient.

We want to improve services by moving all our acute clinical services onto two of our three hospitals sites, Leicester Royal Infirmary and Glenfield Hospital.

Q1. *To what extent do you think that this is a good solution for people in Leicester, Leicestershire and Rutland? (Please rate on a scale of 1-10)*

Very poor solution  Very good solution

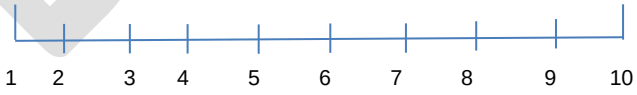
Q2. What would be the impact of this change on you, your family or the group you represent?

Q3. It is important that the size of the Treatment Centre planned for Glenfield Hospital is appropriate to meet the needs of people and also takes into consideration the additional number of services that we plan to provide in local communities closer to the homes of residents. What would be the impact on you, your family or group you represent of having outpatient services delivered at Glenfield Hospital, as well as providing them closer to where you live?

Q4. We believe that new technology will help to provide certain aspects of pre-planned care in a different way. Telephone conversations, Skype calls and virtual appointments could reduce the stress of attending a consultation, reduce travel, reduce the spread of infection and support people to self-care. What would be the impact on you, your family or the group you represent in relation to using technology to reduce the need for attending appointments?

We want to continue to provide the following non-acute services at Leicester General Hospital – the diabetes centre of excellence and GP imaging (for example, X-rays), and move stroke rehabilitation to the Evington Centre (an existing centre on the Leicester General Hospital site run by Leicestershire Partnership Trust)

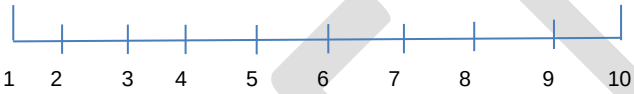
Q5. *To what extent do you think that this is a good solution for people in Leicester, Leicestershire and Rutland? (Please rate on a scale of 1-10)*

Very poor solution  Very good solution

Q6. What would be the impact of this change on you, your family or the group you represent?

We would like to create the following services at Leicester General Hospital – Primary Care Urgent Treatment Centre; observation area; diagnostic service providing appointments for people to have a test or simple procedure; Community Outpatients Service; and potentially extra primary care capacity to provide family health care to people living in the east of the city

Q7. *To what extent do you think that this is a good solution for people in Leicester, Leicestershire and Rutland? (Please rate on a scale of 1-10)*

Very poor solution  Very good solution

Q8. What would be the impact of creating these new services on the Leicester General Hospital site have on you, your family or the group you represent?

a) *Primary Care Urgent Treatment Centre*

b) *Observation area*

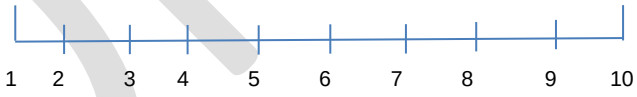
c) *Diagnostic service*

d) Community Outpatients Service

e) Extra GP/primary care capacity

In addition to the current units, we want to provide haemodialysis (the treatment that performs the job of kidneys when they stop working properly) in a unit at Glenfield Hospital as well as in a haemodialysis unit located to the south of Leicester.

Q9. *To what extent do you think that this is a good solution for people in Leicester, Leicestershire and Rutland? (Please rate on a scale of 1-10)*

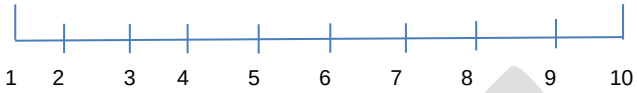
Very poor solution  Very good solution

Q10. What would be the impact of this change on you, your family or the group you represent?

We want to arrange with service users alternative options for the provision of a hydrotherapy pool, currently located at Leicester General Hospital. We propose

to use alternative hydrotherapy pools already located in the community, in schools, community centres and other venues in Leicester, Leicestershire and Rutland, providing more care closer to home.

Q11 To what extent do you think that access to a hydrotherapy pool in a community setting is a good solution for people in Leicester, Leicestershire and Rutland? (Please rate on a scale of 1-10)

Very poor solution  Very good solution

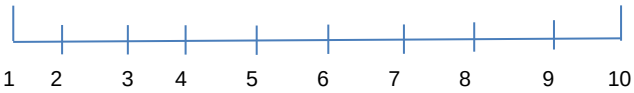
Q12. What would be the impact of this change on you or the group you represent?

We believe that the facilities we provide 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 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 propose creating a new maternity hospital at the Leicester Royal Infirmary. This will require moving all maternity services (services provided in pregnancy, childbirth and post pregnancy) and neonatal services from Leicester General Hospital to Leicester Royal Infirmary. It will also have a Midwifery Led Birth Centre provided alongside the obstetric unit.

Q13. *To what extent do you think that this is a good solution for expectant mothers in Leicester, Leicestershire and Rutland? (Please rate on a scale of 1-10)*

Very poor solution  Very good solution

Q14. What would be the impact of this change on you, your family or the group you represent?

We plan to relocate the standalone maternity unit at St. Mary's in Melton Mowbray. We want to test if a new stand-alone midwifery led unit located at Leicester General Hospital would be used by expectant mothers, if appropriate to individual circumstances. We would test this service for one year to see if it is viable. It would need to be used for a minimum of 500 births per year. After the test period of one year, if it is not viable the unit would close without further consultation. This would mean that all maternity services would be located on one site at Leicester Royal Infirmary.

Q15. If applicable, would you, or the people you represent, use a standalone midwifery unit located at Leicester General Hospital, which would be nurse-led and have no access to specialist obstetric (childbirth) doctors located on site?

Please tick one box only

Yes ☐ No ☐

Don't know ☐

Q16. What would be the impact of this change on you, your family or the group you represent?

Q17. If, after having tested a standalone midwifery unit at Leicester General Hospital it is not used for at least 500 births per year, and therefore not viable and closes, what would be the impact of this on you, your family or the group you represent?

Q18. We would look to enhance breastfeeding services for mothers by providing post-natal breast feeding drop-in sessions alongside peer support. How would this impact on you, your family or the group you represent?

Q19. We believe that the proposals for maternity services do not reduce choice for the majority of women. Instead it increases 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. How do you feel this choice would impact on you, your family or the group you represent?

Other views you may wish to share

Q20. We believe that our proposal takes into consideration travel, transport and access for people. What would be the impact that these changes have on you, your family or the group you represent?

Q22. 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.

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 [to be developed]

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Better care together
Leicester, Leicestershire & Rutland health and social care

DRAFT

Consultation Plan – Communications, Engagement and Involvement

Investing £450 million in Leicester's Hospitals

Content

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DRAFT V9 200120

Better care together
Leicester, Leicestershire & Rutland health and social care

1. Context for this draft consultation plan

This draft consultation plan outlines the steps we intend to take to ensure that we run an appropriate and transparent consultation on proposals to transform acute and maternity services at University Hospitals of Leicester NHS Trust through the investment of £450 million

This draft document does not outline the proposals themselves, as these are outlined in the draft consultation document.

The 'accountable' bodies for the consultation are NHS West Leicestershire Clinical Commissioning Group (CCG), East Leicestershire and Rutland CCG and Leicester City CCG. They are leading the consultation and partnering NHS England Specialised Commissioning, who are responsible for specialised commissioning.

This scheme is part of Better Care Together (BCT), the Sustainability and Transformation Partnership (STP) for Leicester, Leicestershire and Rutland (LLR) and was identified as one of the key areas within the plan that required capital investment, which has now been announced.

The services affected by the proposals are provided by University Hospitals of Leicester NHS Trust (UHL). There are other organisations where there is impact in relation to the proposal e.g. Leicestershire Partnership NHS Trust and The Alliance.

The consultation is being carried out during a period of significant change in the NHS and in the context of continued constraint on public sector finances. The proposal recognise this, and indicate how the improvements to acute and maternity services provided for patients on the three hospital sites in Leicester will meet the needs of the local population in the future in ways that are clinically and financially sustainable and affordable.

After the close of consultation the feedback will be independently analysed and results made available to commissioners. A mid-consultation review will be undertaken to ensure that we are reaching out to our whole population. Depending on the feedback, if gaps are identified then adjustments will be made to this plan.

A final report of the evaluation and analysis of the outcome of the consultation will be published by the three CCGs.

2. How was this consultation plan developed?

This consultation plan was developed using the Cabinet Office principles for public consultation (updated January 2016) and NHS England guidance 'Planning, assuring and delivering service change for patients' (published in November 2015).

It also takes account of the range of legislation that relates to CCG decision making including:

- Equality Act 2010
- Public Sector Equality Duty Section 149 of the Equality Act 2010
- Brown and Gunning Principles

- Human Rights Act 1998
- NHS Act 2006
- NHS Constitution
- Health and Social Care Act 2012
- Communities Board Principles for Consultation

The patient and public engagement that has taken place over a period of 4 years has given us a strategic direction for this plan and the activities within it. The engagement/pre-consultation work undertaken has provided business intelligence enabling us to consult. We have considered a variety of options with clinicians, staff and the public since Better Care Together was launched. Along the way a number of proposals that didn't meet the needs of the local population have been disregarded.

On a number of occasions BCT and the acute and maternity reconfiguration have been discussed at the Leicestershire Health Overview and Scrutiny Committee, Rutland Council Adult and Health Scrutiny and Leicester City Health and Wellbeing Scrutiny Commission.

The three CCG Boards will have formal oversight of the consultation and have reviewed the draft public consultation document, summary document and other support materials.

NHS England Specialised Commissioning has been involved in the production of both the consultation plan and this communications and engagement plan.

3. Background

BCT partners collectively and individually have been engaging and involving patients, carers, staff, GP practices and other stakeholders in BCT and the acute and maternity reconfiguration since 2014.

BCT engagement including reconfiguration

There have been three major periods of engagement on BCT in the past four years. The first was in 2015, when thousands of people were reached through a publicity campaign and more than 1,000 respondents completed a detailed questionnaire about the future of healthcare in LLR including acute and maternity reconfiguration. The insights were analysed and informed the development of our STP.

Our early proposals were shared with the public in November 2016 within the draft STP. This was followed by a period of engagement from January to March 2017. 11,000 interactions through publicity, events, targeted meetings, digital and social media were captured.

Feedback from the public identified a number of areas where more work was required including the need to maintain the acute bed capacity and access to maternity service within any proposals to reorganise the acute hospitals in LLR and create a new maternity hospital. We were also asked to consider the better use of technology and in particular the creation of a single patient record and to recognise that local areas are different and there is a migration of LLR residents outside of the counties as well as a migration of residents from other counties into LLR acute services.

The feedback has been documented and is included in the Pre-consultation Business Case.

Since 2016, the BCT Patient and Public Involvement (PPI) Group comprising of patient and voluntary group representatives, as well as the three local Healthwatch organisations (now reduced to two) has been involved in developing our proposals. This included a 'deep dive' into the acute and maternity reconfiguration in March 2018. The group provided regular challenge and guidance to BCT partners, including UHL.

The PPI group has now been replaced with a Public and Patient Involvement Assurance Group. This group will play a significant role leading to and during the consultation period providing assurance of the engagement activities and ensuring that learning and insights impact the final decision made.

Healthwatch organisations have also been engaged through their Boards. They have supported BCT to communicate with patients/service users and their representative groups and have also participated in the engagement process.

The BCT Communications and Engagement Group comprising of the three CCGs, four providers and three local authorities lead and oversee engagement activities. Collectively they help to communicate BCT across their respective stakeholders including patients/service users, carers, staff and the public.

We have many voluntary and community groups in LLR who have been engaged in a number of ways either through our BCT partners or through Voluntary Action Leicestershire.

Regular communication has taken place with the local MPs over the last four years, who have raised various questions about the developments, which have been responded to.

Other mechanisms in place where individuals feed information about services back to commissioners and providers have been utilised to capture experiences. They include NHS Choices, Care Opinion (independent online feedback website), CCG and provider complaints and PALs/PILs services, National Patient Experience Survey results, Contract data, Quality visit reports, CQC reports, Healthwatch enter and view reports/ visit information and Healthwatch engagement report Health trust public memberships and Patient Participation Groups at GP practices (and their existing forums)

Engagement activities in 2018 and 2019

Engagement activities have continued during 2018 and 2019 to engage with communities in Leicester, Leicestershire and Rutland.

The activities provided opportunities for patients, the public and wider stakeholders to discuss changes to the care they receive in ways that suit them. This includes talking through the underpinning detail of the rationale for the proposed changes and what it would mean in practical terms for patients using services currently being provided by the three hospitals in Leicester.

The activities have been a combination of deliberative events and outreach work with patient, voluntary and community sector groups, to give the public the opportunity to raise any questions or

concerns that need to be addressed as we move through the stages of the programme and towards formal public consultation.

- **Public events**

To commence this process, the CCGs and UHL jointly hosted a series of open engagement events during late October and November 2018 to share more widely the plans for acute hospital reconfiguration and maternity services.

People used the nine events as a drop-in to informally discuss NHS plans for improvements and as formal events with presentations and question and answer sessions.

- **Outreach work**

From October 2018 through into August 2019 we have also undertaken a programme of outreach work.

The outreach work took two different approaches. To recognise our duties under the Equality Act 2010 to consider potential impacts of service change on people with protected characteristics we have reached out to these communities attending their existing meetings and events. We have particularly worked through voluntary and community sector agencies and local support networks to involve these communities.

Examples of the type of groups we have engaged are the Learning Disability Partnership Board and Leicestershire Older People Network.

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

- **Other engagement and communications**

Staff: To provide further opportunities for staff to be engaged, face-to-face briefings have been coordinated. We used the existing mechanisms available through organisations to reach staff including newsletters and online briefings.

Online communications: We have raised awareness of the Better Care Together and the acute and maternity reconfiguration through a range of online communication including social media channels (Twitter, Facebook and YouTube) and partner websites. We have produced a regular BCT e-newsletter and video case studies and explored interactive content.

In addition we launched in June 2019 a booklet and video outlining the proposal and promoted this widely using on and offline mechanisms.

Press and Broadcast media: We worked with our local print and broadcast media to coordinate regular articles and updates utilising case studies. Video case studies have been used to communicate the acute reconfiguration proposals.

Existing communication mechanisms: We also used existing established mechanisms to provide information and communicate with a range of stakeholders. These mechanisms capitalised on the engagement process:

- BCT partner websites
- Presentations at Healthwatch (Leicester and Leicestershire, Rutland), Voluntary Action Leicester and other voluntary groups
- Patients groups and members including PPG networks
- GP newsletters and locality/federation meetings

Engagement with councillors: Discussions have been ongoing with individual local authorities.

This included an all members briefing in December 2018 for Leicestershire County Council members Rutland Council members and the Labour Group within Leicester City Council. A second briefing has been held with Rutland in September 2019 and Leicestershire County Council in November 2019.

Prior engagement specific to maternity reconfiguration

Specifically in regard to the reconfiguration of maternity services the BCT maternity work stream has undertaken extensive engagement with a wide range of stakeholders dating back to 2015. This work has been recorded and is included in the Pre-consultation Business Case. The business intelligence captured has impacted on the current proposals.

The maternity work stream has established a group called the Maternity Voices Partnership (MVP). The vision of the group is *"Supporting local commissioners and providers to meet their legal and contractual duties to engage with patients and members of the public to ensure that the services that they commission or provide meet the needs of the local population."*

The membership comprises of maternity service users and their families, women (with an interest in maternity services), charities and advocacy groups, commissioners, providers, statutory partners (such as Healthwatch) and clinical and managerial representation. The group will be integral to the consultation.

Prior engagement specific to acute reconfiguration

The three acute sites have always been part of the bigger picture of delivering better health and social care across LLR. The future of Leicester General Hospital has been discussed implicitly and explicitly over many years across a wide range of stakeholders, patients and service users.

Most notably this has been in:

- Full options appraisal as part of Pathway project (2000) with public engagement.
- Next stage review (2008).
- Options appraisal for acute reconfiguration (2013).
- Better Care Together Strategic Outline Case (November 2014).
- Options appraisal process for maternity reconfiguration (2015).
- Better Care Together - including pre-consultation engagement campaign (2015).
- Delivering Care at its Best 5 Year plan (2015, updated 2016).
- Strategic Transformation Plan (December 2016, with engagement in early 2017)

In addition to acute reconfiguration being part of the desired system wide change, UHL, in the development of their own five-year plan have been clear about their own and the system's ambitions since June 2014 and within subsequent annual reviews.

The plan has been refreshed every year since its publication and explicitly mentioned the move from three to two acute hospitals.

UHL and the CCGs have developed their plans alongside clinicians, service users and staff. Details of the engagement are contained in the Pre-consultation Business Case.

4. Aims and objectives of consultation

The aim of this consultation exercise is:

- To inform people about how the proposals have been developed
- To describe and explain the proposals for reconfiguring acute and maternity services
- To seek people's views, and understand the impact of the proposals on them
- To ensure that a range of voices are heard which reflect the diverse communities involved in the consultation
- To understand the responses made in reply to our proposals and take them into account in decision-making
- To ensure that the consultation process maximises community engagement and complies with our legal requirements and duties

5. Key messages

We will use overarching messages through the duration of the consultation process which convey our vision, values and commitment. In addition specific messages in relation to the proposals for the acute and maternity reconfiguration will be developed and conveyed in relation to:

About this consultation – the context and case for change

- The need to consolidate acute services to improve services for patients
- The need to consolidate maternity services
- Financial and clinical challenges
- Set in context of Better Care Together
- The importance of people having their say on the proposals

The consultation mandate

- Describes the purpose of the consultation
- Describes what the CCGs in LLR wants to achieve through consultation
- Describes what we seeking to understand about the impact of the proposals on local communities
- Describes how the CCGs will use the responses to inform their decision

The proposal(s)

- Description of the proposal
- Perceived benefits of proposals
- Within the proposal highlight the need to understand the impact on patients, carers, staff and public
- Set out clearly what can be influenced
- Set out proposed changes needed to implement the proposals
- Set out funding/financial implications

How the proposals were developed

- Ongoing engagement and involvement since 2014
- How the engagement and involvement has influenced the proposals
- Show how the proposal meets financial, clinical objectives
- What acute and maternity will look like in the future

Details of the ways that people can get involved in the consultation

- Events
- Outreach
- Online and offline

We will endeavour to recognise the motivation of each of our communities in our messaging and tailor it to what matters most to them. We will also acknowledge that some people will need to be encouraged to participate which will involve us using interesting and creative ways to make the consultation relevant to them.

Testing views

A number of questions will be asked through the consultation providing the public with the opportunity to provide views about the proposed changes and to influence the plans.

The questions ask for views and comments from the public on the following, along with opportunities for people to share how they may be impacted by the proposals:

- Moving all acute clinical services onto two of the three hospital sites – Leicester Royal Infirmary and Glenfield Hospital.

- Providing non-acute services at Leicester General Hospital including the diabetes centre of excellence and GP imaging.
- Providing haemodialysis in a unit at Glenfield Hospital as well as in a haemodialysis unit located to the south of Leicester.
- Ensuring that the Treatment Centre is the right size of facility and aligns with plans to move planned care into community settings.
- Tests out views on reducing the number of follow-up appointments moving towards technology based interactions.
- Co-producing with service users alternative options for the provision of a hydrotherapy pool, currently located at Leicester General Hospital.
- Creating a new maternity hospital at Leicester Royal Infirmary.
- Testing out views on the use of a stand-alone midwifery led centre located at Leicester General Hospital for a period of 1 year.
- Testing out if a new standalone midwifery-led centre would be used by expectant mothers, if appropriate to their individual circumstances, whilst also articulating that at least 500 births per year is the number required to make the service sustainable.
- Testing out the impact of the changes on travel, transport and access.

6. Consultation document and materials

We have developed a consultation briefing document which will convey the key messages outlined in section 5.

We have ensured that the main consultation document is relevant to people who currently use and are likely to use services at University Hospitals of Leicester in the future.

The document explains why change is needed, what the proposals are and what benefits they will bring for patients, as well as how the proposals, if agreed, might be implemented.

It also clearly explains how people can participate, feedback comments and ask for further information by post, email, social media and website.

We will produce an online questionnaire and a hard copy questionnaire (including an equalities monitoring form) for use at events including an easy read version.

People involved in the engagement will be from a variety of backgrounds, therefore there will be a need to ensure that the consultation document is made available in different formats. We will also explore the translation of the document into other languages spoken locally. We will also need to produce a summary document to provide people with a quick overview of the proposals which will be circulated to key outlets e.g. libraries, sports centres, GP practices and community venues.

All information produced as part of the consultation will be written in a language that can be easily understood. Technical phrases and acronyms will be avoided, and information will be produced in other formats as required to reflect population needs.

All the consultation documents will be available on a dedicated section of each CCG and BCT partner websites and the BCT website. The sites will be promoted via all media including social media channels such as Facebook, Twitter and YouTube.

We will also produce posters and flyers for distribution, and displays and stands for use at public events and in public places and at roadshows.

We will also offer support to those who may need it to ensure that they are able to understand the information contained within the documents and to ensure that all participants in the consultation have enough information to give informed feedback.

7. How we will consult – summary of planned activities

The experience and learning from the BCT engagement work in LLR and the learning from other consultations shows us that we have to develop and implement a range of activities for different audiences to ensure that we have given everyone equal opportunity to participate in the consultation process and triggered the necessary motivation for communities to wish to participate. Outlined in this section is a summary of the planned activities we will implement. We will monitor and evaluate the process consistently to ensure that all activities are meeting the requirements of a robust consultation. We will undertake a mid-consultation review to assess whether we are reaching all communities. If gaps are found then we adjust this plan to ensure that we are inviting feedback from all communities.

Figure one outlines a stakeholder analysis including specific communities and methods to reach them. In addition it outlines methods of engagement additional to the summary. This section has been informed by the Equality Impact Assessment undertaken on this programme of work.

Existing mechanisms

There are a number of mechanisms that BCT partners already have in place which help us provide information and communicate with a range of stakeholders. These mechanisms will be utilised during the consultation process:

- Staff – through a number of methods including briefings, newsletters etc.
- MPs through face to face and written briefings
- Local councillors are updated through discussions at scrutiny and Health and Wellbeing Boards and through briefings at committee meetings. They also receive a monthly BCT newsletter
- Council political executives
- BCT partner websites
- Presentations at Healthwatch, Voluntary Action Leicester and other voluntary groups
- Local media including TV, radio and newspapers
- Patient groups and members including PPG networks
- GP newsletters and locality/federation meetings
- Twitter, Facebook and Youtube

Other mechanisms

Focus groups

Under the Equality Act 2010, we have a duty to consider potential impacts of service change on people with protected characteristics. We have extended this to include carers. In order to help us understand these potential impacts in detail, we will run focus groups with these populations using existing meetings and events held by other support groups, particularly the voluntary and community sector.

We will also use focus groups to engage with individual practice patient participation groups and other patient groups.

As mentioned earlier we will utilise the support of local organisations, voluntary and community groups and local support networks to reach out and involve these communities.

Deliberative events

We will hold a number of deliberative events across LLR to enable members of the public, voluntary and community sector stakeholders, parish councils and other interested groups to share their views and give us an understanding of the impact of proposals on them and the people they may represent with information given by local providers including clinicians and CCG leaders. Focus groups as well as open forum sessions will allow people to share their views and respond to the consultation questions.

We suggest a range of public events to ensure that the diverse population of LLR and people living across our borders have the opportunity to be involved. To ensure we cater for people who work and those that don't, we should hold the events at differing times, both day-time and evening.

All feedback from the events will be captured and the key themes and points of any discussions recorded along with the attendance in terms of equality and diversity requirements. These records will form part of the evidence to inform the final decision-making process. We will also capture any questions and draw up a question and answer section on our websites, so that answers can be viewed by everyone.

We will ensure that sufficient number of activities are undertake to capture the views of ethnic minority groups particularly in Leicester City. Also in the main areas of deprivations to ensure we assess the impact for people living in poverty or with low incomes.

Road shows on NHS sites

To provide opportunities for staff and existing patients to find out about the consultation and share their views, we will run a road show at the three UHL hospitals and other NHS premises. During

these sessions we will raise awareness of the consultation and signpost people to our consultation website and response form. We will also provide copies of the summary consultation document and response form so they can either take it away to consider or complete it immediately.

Outreach

We will arrange for displays and/or manned or unmanned exhibition stands to be situation in prominent areas where there is a high footfall to engage with the public and signpost them to further information.

Briefings

We will hold briefings with key stakeholders – including Healthwatch, the Public and Patient Involvement Assurance Group (PPIAG), local authorities, Maternity Voices Partnership and any other key interest groups. We aim to hold these briefings early on in the consultation period to enable these stakeholders to cascade information to their membership and contacts.

E- newsletter

In order to keep the consultation at the forefront of discussions we will produce a regular e-newsletter updating people on the opportunities for getting involved. We will use it to publicise our deliberative events and road shows and signpost people to our website and response forms.

Networks and contacts

We will work with our voluntary sector colleagues and those local organisations that have newsletters and magazines both off and online, to publicise the consultation and signpost people to our website and response form. This will include providing on a regular basis throughout the consultation articles and web copy to these organisations asking them to support our communications.

We will also undertake dedicated work with key voluntary sector bodies and commission them to undertake specific outreach with population cohorts to ensure that their voice is heard.

Communications activities

We will raise awareness of the consultation, associated engagement activities and call to action through a range of communication channels including media, social media, websites, consultation newsletter, stakeholder communications channels and by distributing a range of communications materials.

We will work with the local media to coordinate regular features and updates. This will include the Leicester Mercury, weekly newspapers across Leicester, Leicestershire and Rutland, TV and radio stations including commercial stations e.g. Sabras Radio - a local Asian community radio to engage them in the consultation to help us to reach the Asian population in the area.

Advertising

We will use online and offline advertising to reach key areas of the community including niche groups.

Telephone interviews

We will undertake a mid-point review when the consultation commences to assess whether there are any gaps in the communities we are reaching and who are participating. If it identifies communities that are not engaged but could be reached through telephone interviews, then we may integrate this engagement method into our communications plan.

Reaching different communities

In 2019 we have invested time and resources to launch a Citizens' Panel – which will be an online group in the main, providing a systematic approach to gathering insight and feedback from a representative sample of our circa 1.1 million population.

Considerable work has been undertaken to understand the socio-demographics of the LLR population to enable us to understand what a true representative of the population would be. The Panel will be used to contribute to the consultation activities.

In addition to this work we have segmented our target communities and outlined below methods of engagement them. It also considers the format of information e.g. different languages, braille, video, Online Browseaload and easyread.

Figure 1

Who	Methods of engagement
People who live in rural communities	Local display in village hall Through parish councils Outreach work Social media e.g. Spotted
People who live in urban communities	Local display in library Outreach work Social media pertinent to communities social connections
Housebound	Work with district nurses, health visitors to raise awareness
Young people	Video consultations Use of online social networks Youth questionnaire School project Young peoples' forums
Older people	Voluntary sector groups e.g. Age UK Older peoples' forum
Long distance commuters and people living over the LLR boundary	Ensure good online methods are in place via email, website, e-newsletters, online fora, social networks Engage with media over the borders Ensure timing and of some events in evening and close to our borders
People with an agenda/campaign groups	Develop the relationships already established through engagement and visit their community meetings
People without transport	Ensure good online methods are in place via email, website, e-newsletters, online fora, social networks Ensure location of events is on good public transport links
People who work	Ensure good online methods are in place via email, website, e-newsletters, online fora, social networks Ensure timing of some events are in evening
People who don't work	Continue to use social groups and networks online and offline e.g. WI, SureStart, Mumsnet
People with learning disabilities	Through schools and voluntary sector Ensure easyread capability on main website and use of video and illustrations
People with long term mental health problems	Through voluntary sector and NHS providers
People who are pregnant or have babies and young children	Maternity Voices Partnership Women and Toddler groups Surestart Social media e.g. mumsnet
Lesbian, Gay, Bisexual and Transgender	Through Leicestershire LGBT
Migrant workers	Through employers – displays and collatoral
BME	Through voluntary and community sector. Particular consideration should be given to women only sessions to meet the cultural needs of specific groups.
Adult carers	Through carer groups and organisations
Child carers	Through carer groups and organisations

Travelling communities	Through local authorities and GP practices with registered patients
Walking well	Through local organisations and business e.g. local authority and large businesses Social media
Staff	Utilising existing newsletters, staff forums, team and staff briefings Outreach and displays Staff areas of BCT website Staff events and outreach

8. Equalities considerations

As both a legal requirement, but also a moral requirement we will ensure that the consultation process reaches out to all those who have an interest in the proposals and that they are empowered to take part in the consultation.

An equality impact assessment has been undertaken to ensure that the process for consultation and decision making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act and that we are taking account of people's protected characteristics.

We will also undertake an Equality Risk Assessment to highlight key areas of concern or issues and identify mitigating actions.

Consultation information will be made available to all communities in various formats appropriate to the community e.g. Browsealoud, Video, Easy Read. We will also work closely with voluntary and community sector organisations to raise awareness of the consultation and highlight why people should participate and how they can take part.

We will offer to meet with specific groups or representatives to seek feedback on proposals and discuss how people from different communities included those with protected characteristics can be best enabled to participate.

We will ensure that as a result of the Equalities Impact Assessment that we take the necessary steps to ensure that a cross-section of stakeholders in LLR and beyond have been consulted.

We will reach out to a range of voluntary and community organisations to support us to consult with 'seldom heard' groups and those with 'protected characteristics' under the Equality Act and ensure that those experiencing health inequalities are involved.

Public events will be offered at a range of times and locations to appropriate access for both people of working and non-working age. We will also consider the need for interpreters when speaking to minority ethnic groups.

For all methods of feedback whether online or offline we will ensure that we have asked people to provide socio-demographic and equalities information. This information will be aggregated as part of the consultation to enable us to assess the impact and views from groups that differ from the

general population e.g. LGBT, children, people living in deprived area. This will be done half way through the consultation to assess any gaps, which can then be mitigated against. It will also be done at the end of the consultation.

9. Capturing consultation responses

We will secure the services of an independent organisation to handle the consultation data and report the findings to the three CCG Governing Boards.

The consultation responses from the various online and offline responses will be logged and analysed and evaluated and an independent report of the consultation written.

Depending on the timeline of the consultation we would expect the Governing Boards to receive the report within 12 weeks of the closure of the consultation.

We will ask people to answer on a voluntary basis, as part of their consultation response, specific equality questions. This will enable responses to be analysed by segmented communities to ensure that we have been inclusive. This analysis will be done throughout the consultation period enabling us to make modifications to this plan if we find that we are not reaching and providing opportunities to our entire communities. This will be identified through a half-point assessment.

After considering carefully all of the feedback received and a period of reflection, the CCG Governing Boards will make a final decision at their public meeting(s). If the decision is to proceed, the Governing Board will outline the process for developments and the timeline. After a decision has been made this will be widely communicated back to the public to ensure they are well informed of the decision.

10. Assurance and evaluation

The consultation plan and consultation materials have been informed by insights gained through the engagement process and will be discussed and approved by NHS England.

Statutory scrutiny during the consultation will be provided by the Joint Health Overview and Scrutiny Committee, the BCT Clinical Leadership Group, System Leadership Group and the three CCG Boards.

The consultation will comply with the law which requires NHS bodies to engage with members of the public before making decisions on changes to health services. Currently, separate sections of the NHS Act apply to CCGs. CCGs are governed by section 14Z2 of the NHS Act 2006, which states:

a) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by CCG in the exercise of its functions (commissioning arrangements).
b) The CCG must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways – in the planning of the commissioning arrangements by the group; in the development and consideration of proposals by the group for changes in the manner in which the services are delivered to the individuals or the range of health services available to them and in the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The consultation will also comply with the Gunning Principles on fairness; these have been established by case law which describe the principles that should underpin consultation. Under the principles:

1. Consultation must be at a time when proposals are still at a formative stage;
2. The proposer must give sufficient reasons for any proposals to permit of intelligent consideration and response;
3. Adequate time is given for consideration and response; and
4. The product of consultation is conscientiously taken into account when finalising the decision.

The consultation plan has been designed using the Cabinet Office principles for public consultation (updated January 2016) and to comply with the NHS England guidance 'Planning, assuring and delivering service change of patients (published in November 2015).

We are required to show how the proposals meet the five tests for service reconfiguration, four of which were laid down by the Secretary of State for Health in the Mandate, with the fifth one coming into force in April 2017, which is not applicable to this consultation:

1. Strong public and patient engagement
2. Consistency with current and prospective need for patient choice
3. Clear clinical evidence base to support the proposals
4. Support for the proposals from clinical commissioners
5. Local NHS organisations must show that significant hospital bed closures subject to the current formal public consultation tests can meet one of three new conditions before NHS England will approve them to go ahead

The regulatory framework is provided by:

- The NHS Act 2006 (as amended)
- The Equality Act 2010, which requires us to demonstrate how we are meeting our Public Sector Equality Duty and how we take account of the nine protected characteristics of age,

disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

- Secondary legislation

We are required to show how we have taken into account the views and requirements of those who may use our services and their carers, families and advocates how the proposals will bring significant clinical benefits and improve outcomes and accessibility how the proposals take into account people's diverse and individual needs and preferences including people with protected characteristics.

11. Impact of consultation outcomes

After the consultation the feedback and outcome will be used to help commissioners decide on the final outcome.

This decision making process will comply with the NHS England guidance 'Planning and Delivering Service Changes for Patients'. It will use the outcome of the consultation as part of the evidence to be considered, alongside clinical benefits of the options put forward and the sustainability and transformation of service.

At the close of consultation the commissioners will publish a report setting out the major themes emerging from the consultation, a summary of the responses to the proposal, an overview of the process, an explanation of how the final decisions will be taken (including dates of meetings in public) and the timeline for implementing the recommended option, should this be adopted. This report will draw on the independent evaluation report. It will be available in hard copy and online. A detailed communications and media plan will set out the actions for commissioners to communicate the decision to patients, service users, carers, staff, local people, partner organisations, stakeholders and the media.

The Joint Health Overview and Scrutiny Committee will also comment on the outcome.

12. Consultation timetable

The final consultation document and process is subject to approval by the three CCGs and NHS England. This plan assumes that the consultation will start when approval of the Pre-Consultation Business Case is known. The consultation will last at least 12 weeks. There will be a period of deliberation and analysis of findings which will last 12 weeks. The CCG Governing Boards will then meet to make their decision on the outcome.

Prior to launching the consultation there will be a period of pre-consultation where we will start to raise awareness and promote all the activities and opportunities for participation. We will invite feedback from groups who would like us to talk to them and participate as a group. We will also re-engage with the key stakeholders we have established relationships during the engagement phase.