



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
WEDNESDAY 14 JANUARY 2026**

QUESTIONS SUBMITTED UNDER STANDING ORDER 35

The following questions are to be put to the Chairman of the Health Overview and Scrutiny Committee.

1. **Question from Cllr. Helen Cliff:**

Given the stakeholder's briefing dated 5th January 2026, it now appears that the six-month "temporary pause" in services at St. Mary's Birth Centre in Melton Mowbray was a rather disingenuous step towards a decision that had clearly already been taken. So, can the Chair confirm the continued support of this committee to retain birthing and postnatal services at St. Mary's Birth Centre and the desire to apply scrutiny to the ICB and UHL Trust over the decisions they have arrived at to reduce service provision across the Trust, and how they have gone about making these decisions – particularly with reference to equitable access for rural communities and maintaining choice for women?

Reply by the Chairman:

I can confirm that the Committee is aware of the public concerns regarding St Mary's Birth Centre and will scrutinise the ICB and UHL on the topic. We have been liaising with the ICB regarding which would be a suitable Committee meeting for the ICB to present a report regarding this issue and answer questions from Committee members. The date has not yet been confirmed but discussions on the date are ongoing.

At the present time, the Committee is not yet in a position to set out its views and state what it supports in relation to St Mary's Birth Centre. A more detailed understanding of the facts and options will be required before the Committee can come to a view. We will let you know at which Committee meeting the topic will be discussed. In addition, the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee is also intending to consider a report on this topic in the coming months. The next meeting of that Committee is on Monday 23 February 2026.

2. Question from Mr. P. Allnatt CC:

I am a resident of Melton, a patient at the Latham House Medical Practice (LHMP), where I attend the patient panel, and also the Leader of Melton Borough Council (MBC). Thank you for the opportunity to table a question.

LHMP, established in 1931 now has circa 36,000 registered patients, covering Melton Town and 66 parishes and villages is one of the largest group GP practises in the country. In 2022 the ICB identified our area as a "high priority in the Primary Care Estate Strategy (PCES) due to housing growth".

County Councillor Joe Orson, my predecessor at MBC, can attest to the fact that he initiated direct working with the ICB to create a second GP practice for the town of Melton Mowbray in 2022.

In fact, MBC support health and wellbeing generally. For example, funding mental health advice to the farming community, facilitating specialist equipment for those with physical and other disabilities at our swimming pool, and movement and recreation sessions for older residents. We have provided additional car parking for LHMP to create greater capacity and safety for female clinicians; we are planning similar in Bottesford.

We are increasingly frustrated by Melton being sidelined. An ill-disguised permanent closure of St Mary's Birthing Centre on spurious criteria, on support for dementia care, the late reopening of our hospital Giles pie ward and now the abrupt halt to progressing a second GP practice.

I strongly dispute two statements in the ICB report.

- "Published data from NHS Digital (from 2020 to August 2025) showed only a 3.19% increase in patient registrations at the current Melton practice", and
- "There is no evidence, according to local and nationally published appointment data, that Melton should be prioritised above other areas across LLR for investment in additional Primary Care service provision."

Registrations are modest because of high turnover of medical staff, a declining reputation of LHMP and residents going elsewhere, privately or less local. "Appointment data" is very soft statistically because, as many patients will confirm, it is just so difficult to get an appointment, so they visit a hospital or just give up.

During 2024 and 2025 the ICB was content to work with MBC to successfully establish the technical feasibility of a second GP practise at one of two buildings owned by MBC and only withdrew because of financial viability. Now

they choose to use partly historic data on registrations to suggest that there is now no need for a second surgery at this time.

I respectfully suggest they are not just moving the goal posts but changing the game.

I attach further analysis to demonstrate that housing growth will continue to support the ICB's policy from 2022 when Melton was considered a "high priority in the Primary Care Estate Strategy (PCES) due to housing growth".

So, my question to you today focuses on the second GP practice and through you to the ICB.

Do you agree that.

- (a) The decision by the ICB to suspend work on a second GP practice until 2027 is unsatisfactory given its "high priority" of 2022?
- (b) While increasing primary care capacity at LHMP is welcome a new second GP practice will support the established principle that patients should have an element of choice within the NHS?
- (c) The ICB is incorrect to pray in aid "uncertainty about funding from s106 agreements" because.
 - 1. Section 106 revenue is only ever a "contribution".
 - 2. Section 106 allocations obviously compete with other essential infrastructure priorities.
 - 3. Section 106 revenue is paid gradually as new homes are built and sold.
 - 4. Any new GP practise will have a gradual take up of new registrations and therefore its NHS revenue funding is gradual.

Therefore, wherever and whenever a new GP Practise is created it is for the NHS to front load the capital required.

- (d) The reasons given by the ICB, quoted above, to de-prioritise Melton are unsound?

Thank you for your consideration.

Reply by the Chairman:

I thank Cllr Allnatt for all the information he has provided.

Cllr Allnatt will be aware that later on the agenda for this meeting the Committee will be considering a report relating to GP Practices (agenda item 8). It was requested by the Committee that the report provide detailed information regarding access to GP Practices in Leicestershire and particularly the Melton area. I am disappointed that the report does not contain the depth of information that I was hoping for. Nevertheless, the Committee intends to thoroughly question the ICB regarding GP access in Melton during agenda item 8. Until that discussion has taken place with the whole Committee, I am not able to answer all of Cllr Allnatt's questions. I can however offer the following brief comments:

I agree that a new second GP practice in Melton would support the established principle that patients should have an element of choice within the NHS.

It appears from the report the ICB provided for the meeting on 14 January 2026 that there is some confusion amongst the NHS regarding how Section 106 contributions for health matters are agreed and collected. The Committee may wish to discuss this in detail during agenda item 8 and ensure all parties have clarity regarding the process.

I cannot comment on the decision by the ICB to suspend work on a second GP Practice in Melton until I understand how the ICB made that decision and what factors they took into account.

I do not have enough information to give a view on whether the decision to de-prioritise Melton was unsound.

Please be assured that I will be seeking answers to all these questions from the ICB.

Supplementary document from Cllr. Pip Allnatt - Melton

Total homes built in last 5 years from 2020/21 to 2024/25 = 1,831 (across the Borough).

Average number of people living in a UK household is 2.35, so potentially, since 2020, the population of MBC has increased by 4,302

There are approx 23,500 households, and approx 52,000 population in Melton, so this represents an 8-9% increase in both households and population since 2020.

Clearly these figures are for the whole borough, but it is interesting to compare, particularly given the increase in population compared to new registrations for LHMP (at only 3.19%).

There may be a lag but also the lower number of registrations up to now may be masking a latent demand rise which is to come. This is because more of the early growth in the local plan was projected in the rural areas recognising that these would be easier to develop than the major sustainable neighbourhoods which were dependent on the relief road. Presumably one reason for the modest increase in new registrations so far is because those in rural communities have gone to other practises. It may be worth asking for registration change data for all practices which serve Melton residents, not just Latham House.

It was always envisaged that much of the growth in the second half of the local plan period would be delivered through the north and south neighbourhoods around the town, the occupants of which will much more likely use Latham House or town centre facilities. As these start to build out, which they are now, it is likely that the pendulum will swing back and demand and registrations on Latham House will rise much more significantly over the next few years. It would be naive to assume that the current modest level of new registrations for Latham House will continue at their current levels.

From 2025/26 the total number of dwellings to be delivered before the end of the local plan period (i.e. 2036) is a further 3,445.

Against current levels this would represent a further 15% uplift in households/population by 2036, on top of the 8-9% already mentioned, and whilst this remains a borough figure, for the reasons mentioned earlier, growth is likely to be more focussed in the town, so proportionately this could mean 20-25% uplift for the town itself.

It is also worth noting that in the last 5 years we have outperformed housing delivery expectations in the Local Plan - delivering 1,831 homes against a requirement of 1,150 (representing delivery of 159%).

If delivery continues to outperform the Local plan at the current rate, then this borough-wide population growth would actually be closer to 23% and therefore town growth could be in the region of 30-40%.

We need to be planning now for these changes and the primary care requirements to support them.

St Mary's Birth Centre

In July 2025, University Hospitals of Leicester (UHL) took the difficult decision to pause births and postnatal inpatient services at St Mary's Birth Centre in Melton Mowbray due to safety concerns arising from staffing challenges and low birth numbers. These services remain paused while work takes place to inform next steps.

Other Maternity Services Continue as Normal

- Antenatal care and scans
- Births at Leicester Royal Infirmary and Leicester General Hospital
- Home birth services
- Postnatal community care

Background

Following the Building Better Hospitals for the Future public consultation in 2021, it was agreed that births at St Mary's should move to a new standalone midwifery-led unit at Leicester General Hospital as part of the national New Hospitals Programme.

That decision still stands, but national changes to the programme have delayed construction of the new maternity hospital planned for Leicester Royal Infirmary. As a result, maternity services have not moved from Leicester General Hospital (LGH) to Leicester Royal Infirmary as originally intended.

Currently:

- There is no capital funding for a new standalone midwifery-led unit.
- National policy emphasises evidence-based, resource-efficient models of care.
- Birth numbers at St Mary's have dropped further, and staffing challenges continue.

Therefore, the plan is to enact the 2021 consultation outcome as far as possible by:

- Relocating births to the existing midwifery-led unit at Leicester General Hospital.
- Maintaining community services in Melton, including antenatal and postnatal clinics, home visits, and infant feeding support.

Listening to Experiences

Before moving forward, the NHS wants to understand what the pause at St Mary's has meant for:

- Women and birthing people
- Their families
- Colleagues who were directly affected

This engagement will ensure that next steps are clear, fair, and informed by those most impacted. The assessment begins in January 2026 and will run until February 2026, allowing time to review the effects of the pause on families and maternity services across the area.

A recommendation will go to the LLR Integrated Care Board (ICB) in March 2026. We appreciate this timeline extends beyond the initial six-month pause, but hearing the voices and experiences of mothers, families, and staff is essential to inform the long-term way forward.

Who We Want to Hear From

- People who were planning or considering giving birth at St Mary's Birth Centre between July 2025 and September 2026 but were (or are) unable to do so because of the pause
- Family members or carers of these individuals
- Staff who worked at St Mary's Birth Centre before the pause

Working with partners and the Leicester, Leicestershire and Rutland Maternity and Neonatal Voices Partnership (MNVP), the ICB will be contacting people directly to attend focus groups over the coming weeks.

Feedback will be independently analysed and evaluated, and a Report of Findings will be published. This will inform the recommendation to the ICB Board in public.

Get Involved

If you have any questions or would like to get in touch about the focus groups, please email:
llricb-llr.beinvolved@nhs.net

Q1: Are there any guidelines on how many GP Practices/GPs there should be per population size/geographical area?

- There is no national guidance on the number of practices per geographical area because settlement patterns vary widely.
- Similarly, there is no set ratio of practices per population size. The key principle is that patients should have choice of GP.
- There is no upper limit on practice size. NHS Digital data shows 63 practices nationally are larger than the Melton provider, with the largest serving over 93,000 patients.
- For the number of patients per GP, there is no formal cap, but workforce planning typically considers factors like:
 - Average contact rate per 1,000 patients.
 - Appointment capacity per GP.
 - This is usually managed by the GMS contract holder, not the ICB. Performance is monitored through CQC inspections and commissioner oversight.

Q2: Does the situation in Melton meet those guidelines or is it failing to meet them?

- Based on available information, Melton is not failing any guidelines, as there are no formal limits on practice size or GP-to-patient ratios.
- Patients have choice within the provider's GP lists.

Q3: Are there other areas in Leicestershire with so few GP Practices for such a large population or geographical area?

- Melton's practice is one of the largest in LLR.
- The next largest non-city practice is Market Harborough Medical Centre, which has about 8,000 fewer patients than Melton.
- There is no concern reported about service quality there.

This page is intentionally left blank