

**REPRESENTATION TO LEICESTERSHIRE, LEICESTER AND RUTLAND
HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

15th OCTOBER 2020

We are concerned that the proposals for hospital reconfiguration, upon which the public are currently being consulted, omit information which is needed to make an adequately informed assessment. We mention some examples here.

There is no analysis as to how the proposals need to be revised in order to be future proofed to cope with a pandemic. Local NHS leaders tell us we would be better off in handling the pandemic had reconfiguration already taken place but some of their claims need further scrutiny. For example, we are told that 79 intensive care beds were required during the spring 2020 pandemic and that the new proposals will provide 100 intensive care beds. However, 300 intensive care beds were initially thought to be required and well above 100 may be required in the future. But more generally, we expect that a pandemic-informed design will include larger rooms and greater flexibility of space than has been costed for in these proposals. Will there be a review of the design with pandemic readiness in mind and will the government increase the funding for the scheme if the revised design costs more?

Another omission relates to the lack of detail regarding community services. The hospital scheme relies on adequate services being present in community and primary care settings but insufficient information is provided about this and the public are being asked to take on trust that community services will be sufficient to fill the gap left by reducing the number of beds per head of population in the coming years. Discussion of the proposed closure of Rutland Memorial Hospital and Feilding Palmer Community Hospital in Lutterworth, as set out in the 2016 Draft Sustainability and Transformation Plan, has been ruled by local NHS leaders as irrelevant at this stage despite its relevance to an assessment of the adequacy of acute hospital provision given the inter-dependence of services. The PCBC states that these proposals are not about community services and yet asks the public to give views on a 'potential' future community hub with beds on the site of the Leicester General Hospital.

There is also some confusion as to what precisely is being covered by the £450m funding. The PCBC makes a distinction between services UHL proposes to retain on the site of the General Hospital which are part of the funded scheme (on p189) and services which 'could' 'potentially' exist at some point in the future and appear not to be part of the £450m funded scheme (p190). However, the consultation questions are asking about both categories of service. Clarity is needed regarding what is actually being funded through the £450m pledged by government and what might be considered at some point in the future through a different scheme, should funding ever become available. We also need clarity as to whether the building on the site of the Leicester General Hospital, being shown as an artist's impression in the

documentation (called 'The Leicester General Hospital Community Hub'), is going to be built as part of the £450m scheme and, if so, how much it costs. This cost does not appear in Table 8.1 on p326 of the PCBC.

We are asking for these omissions and apparent contradictions to be examined in the scrutiny of the Building Better Hospitals consultation.

SIGNED:

NAME	ADDRESS	EMAIL
Robert Ball		
Tom Barker		
Michael Barker		
Jean Burbridge		
Barbara Ann Cairns		
David Cross		
Jill Friedmann		
David Fish		
Giuliana Foster		
Elisabeth Johnson		
Helen Lentell		
Paul Martin		
Indira Nath		
Kathy Reynolds		
Lorraine Shilcock		
Shirley Siriwardena		
John Wallace		
Carol Vincent		
Brenda Worrall		
Dee Yorke		