

From the office of: Andy Williams  
Telephone: 0116 295 3405  
Email: [Andy.Williams12@nhs.net](mailto:Andy.Williams12@nhs.net)  
Based At: County Hall, Leicester  
Our ref:

**CCG Headquarters**  
Leicestershire County  
Council  
Room G30, Pen Lloyd  
Building  
County Hall, Glenfield  
Leicester LE3 8TB  
Web: [eastleicestershireandrutlandccg.nhs.uk](http://eastleicestershireandrutlandccg.nhs.uk)

Dr Janet Underwood  
Chair  
Healthwatch Rutland

By Email:c/o  
[tracey.allanjones@healthwatchrutland.co.uk](mailto:tracey.allanjones@healthwatchrutland.co.uk)

Dear Janet

Thank you for your letter, dated 13<sup>th</sup> may, in relation to the approval of the decision making business case (DMBC) and any impact on Rutland and its communities.

Clearly the majority issues have been overtaken by last week's events, including the approval of the DMBC at the meeting of which you were part. However, for completeness and to reiterate, the DMBC is a technical document that is based on the evidence set out in the Pre-Consultation Business Case (PCBC), feedback from the consultation (contained with the recently published Report of Findings) and any other evidence compiled post-consultation.

The Governing Bodies of the CCGs are required to consider the DMBC including how feedback from the consultation process, which gathered more than 5,500 responses, has informed our thinking and final plans. It is the obligation of the CCGs to set out the information in this way, with a decision taken on the DMBC by the Governing Bodies themselves.

Publishing the Report of Findings, which is a factual account of the consultation process and its responses, receiving the DMBC, and the decisions made by the CCG Governing Bodies, is not a reopening of the consultation process. Clearly it is not possible for any proposal to satisfy everyone and it is the legal duty of the Governing Bodies to consider the consultation responses and the revised proposals to ensure that they are appropriate and in the best interests of the populations that the CCGs serve as a whole, having due regard to our equality duties. This is normal NHS procedure and protocol in situations such as this and is in no way unique to LLR.

On this occasion, and after much careful thought, the CCGs took the decision to publish the DMBC on the day of the Governing Body meeting as permitted by the CCG constitutions. This

**Chief Executive:** Andy Williams

**Leicester office:** St John's House, 30 East Street, Leicester, LE1 6NB. Tel: 0116 295 0750.  
[www.leicestercityccg.nhs.uk](http://www.leicestercityccg.nhs.uk)

**Loughborough office:** 55 Woodgate, Loughborough, LE11 2TZ. Tel: 01509 567700.  
[www.westleicestershireccg.nhs.uk](http://www.westleicestershireccg.nhs.uk)

**Glenfield office:** Leicestershire County Council, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB. Tel: 0116 295 7572. [www.eastleicestershireandrutlandccg.nhs.uk](http://www.eastleicestershireandrutlandccg.nhs.uk)

is to ensure that the integrity of the decision-making process was in no way compromised or prejudiced by a partial rehearsal of issues prior to the Governing Body discussions taking place.

Now the Governing Bodies have made a decision on the proposals the CCG the CCG is in the process of putting this information in writing to key stakeholders as well as publishing and promoting the decisions more widely. The CCGs also gave an undertaking during the consultation to hold a public event on the Report of Findings and how it informed our final decisions once those decisions are made. The CCGs, supported by University Hospitals of Leicester NHS Trust, remain committed to doing this – but this could only be done once the Governing Body had made a decision on those final proposals. To do otherwise would effectively be a continuation of the prior consultation, or a new consultation on the consultation process itself – neither of which is appropriate and would effectively see comments being made on other comments received during the consultation rather than on the proposals themselves.

As explained throughout the public consultation, the acute Reconfiguration plans stand alone irrespective of any plans to improve or develop community provision. This is because they represent the right plans for our hospitals now and for the future. The plans are clear on the impact of travel and access for patients across LLR, though it should be noted that already, due to the Coronavirus pandemic, steps have been taken to improve accessibility for patients. For example, around 60% of all follow up outpatient activity is already being done remotely – either online or in the community – for whom this may be appropriate. This is already helping to improve patient experience for many, reducing travel times and reducing footfall at Leicester's hospitals.

It is also important to recognise that the relatively small number of Rutlanders who do use, and will continue to use, Leicester's hospitals each year are in the majority of cases already using specialist services such as cancer, cardiology and emergency services, among others, which are based at either the Leicester Royal Infirmary or the Glenfield Hospital.

Notwithstanding this, we have a stated ambition for improving community services and delivering more care closer to where patients live wherever possible. Work is already underway to develop these local plans in partnership with local authorities and their communities, including in Rutland, and we're grateful for Healthwatch's continued support in this regard. Any capital implications arising this work will be subject to separate capital allocation applications and business case approvals.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A Williams', with a horizontal line underneath.

**Mr Andy Williams**  
**Chief Executive, LLR CCGs**