

Meeting report

Healthwatch Rutland public meeting to discuss the proposed reconfiguration of Leicester hospitals and maternity services, held on 28th October 2020

Introduction

Healthwatch Rutland held a virtual public meeting on 28th October 2020. This was to both inform the public and hear their opinions about the University Hospitals of Leicester NHS Trust's (UHL) proposals to reconfigure the three Leicester hospitals and maternity services. The Government has awarded the Trust £450m for this purpose. The Clinical Commissioning Groups (CCG) of Leicester, Leicestershire and Rutland (LLR) are legally responsible for carrying out public consultation about these plans. The public consultation is running from 28/9/2020 to 21/12/2020.

The meeting was recorded and comments and questions were transcribed verbatim. The attendees were also asked to put their comments into the 'chat' facility incorporated in the virtual meeting software. All comments have been organised thematically and will be shared with stakeholders and the public.

Travel and Transport

There are approximately 1.1 million residents in the LLR region, with Rutland having a population of approximately 40,000. All acute services will be moved from Leicester General Hospital (LGH) to either Leicester Royal Infirmary (LRI) or Glenfield Hospital (GH). This means that 70% of LLR residents will enjoy the same or reduced journey times to access acute hospital care. 30% (330,000 people) will have longer journey times. The whole of the Rutland population will be included in this 30%. Rutland residents have consistently highlighted the transport difficulties they already face in accessing health care and, as the following transcript extracts reveal, the prospect of even greater difficulties raised concerns:

Rutland has a lot of elderly residents who, possibly can't or don't drive or have restricted mobility. Public transport in Rutland is infrequent and difficult. To get to any of the city hospitals from the Rutland villages will often involve a bus journey, a train journey and a further bus journey or several buses. The same has to be done in reverse to get home. Taxis and voluntary car schemes are there but they are often financially or in other ways beyond the reach of the sick, disabled and elderly. We have been complaining about this for years and yet the situation gets worse and not better. Is anything being done to help us other than telling us to go to different hospitals?

I love the line that says 'improvement to car parking facilities'. You probably haven't got the answers but how? where? when? It's one of those things that's been going on for years.

[T]he only thing this seems to be is moving care further from home. Certainly, further away from where one can get to it. Anybody who thinks you can get to Leicester Royal

with its non-existent signing and its non-existent car parking in 11 minutes more than to Leicester General has obviously not tried it at rush hour.

if you've got sort of day to day things that you just need looking at for half an hour, it's a long way to travel to all these different hospitals.

I class myself as a confident driver but I wouldn't contemplate driving to Leicester Royal Infirmary. I'd go on the train. But the train runs only every two hours rather than every hour. And I would use the Hopper bus to go out to Glenfield. I would drive to the General but use the train for the other two hospitals. I live in Oakham and can walk to the railway station. People out in the villages have got an extra cost and the trains are not cheap.

[We've] got the transport issue, yes, we've got struggles in getting to where we've got to get. But we've also got young families. And if they've got a disabled child and a child at school, how can they manage to get to these appointments in whichever hospital as well as get the other child to school on time and then get back to pick that child up?

I was just thinking that Rutland is 40,000 out of 300,000 who are negatively affected for transport. The others must be places like Melton, Harborough and places like Zouch and maybe some places further into the north-west of the county. If this is a general concern and the CCG is addressed by the representatives of some 300,000 people it could have more traction than what they would see as just 40,000 people.

The thing about transport, getting back to it, is expecting everybody to get into Leicester and the hospitals by car. And if you are elderly you have to ask somebody to take you in, so that adds to more frustration.

Totally agree with all that's been said about elderly and travel issues. However, there are also issues for younger people. I have an appointment for a mammogram (half an hour on the letter), but I will have to take a day off work to get there and back, so I shall not be attending as I cannot afford the day off work.

The Royal Infirmary site is small. The reconfiguration of the hospital is a major construction project. Has the impact on parking during the construction period been properly considered?

This is a very long way to travel [to Glenfield Hospital for ophthalmology] would people be referred to Peterborough?

You don't mind asking somebody to take you from Wing to Oakham or Wymondham to Oakham. Whereas to ask someone to take you to Leicester is a whole different ball game, I think.

In summary, the public are concerned about:

- Increased travel times, costs and distances.

- Increased health inequities, for example, not being able to take time off work to travel further for routine screening and difficulties in accessing health care for the elderly, sick and disabled.
- The need to juggle competing needs of other family members, for example, Leicester hospital appointments and school drop-off or pick-up.
- The high dependency on cars and infrequent public transport.
- Dependence on others for transport to Leicester.
- The seeming previous lack of action to address transport difficulties experienced by Rutland residents over many years in accessing health care.
- Car parking difficulties at the hospitals.

Care closer to home

The hospital reconfiguration plans depend on care ‘closer to home’ rather than in the Leicester hospitals. This is understood to embrace: step-down care for people discharged from the acute hospitals; care provision to prevent inappropriate admissions to the acute hospitals; helping people to stay well and self-manage long term conditions; community care; outpatients’ consultations; and day-case procedures. Phase 1 of the community service redesign has been introduced, bringing a focused ‘Home First’ service. Further work, looking at LLR community hospitals (including Rutland Memorial Hospital) and community beds, has not been finalised. The consultation does not include community hospitals¹ and details of future health care facilities in Rutland are not described in the business case. Comments and questions are shown below:

But I think again that Rutland is different. You said something about more care closer to home and about doing more outpatient and day case care at Rutland Memorial Hospital. What about the Karen Ball Suite and the palliative care that offers, will that continue?

I don’t see how one can sensibly comment on the acute bit in an Integrated Care System without seeing what’s meant to happen in the community. There are all sorts of good words. I don’t mind whether it’s RMH [Rutland Memorial Hospital] or somewhere else.

And I certainly don’t like the rather cavalier comment that was picked up about going elsewhere².

This flies in the face of ‘closer to home’. It would be an opportunity to make a genuine community hospital at RMH, not unlike the one in Corby, to include step-down from acute, things like dialysis and chemotherapy. We have a vibrant hospital in Rutland which, of course, is growing with St George’s and Woolfox in the offing. The population is predicted to grow so we are going to have more than 40,000 people. We need a genuine community

¹ University Hospitals of Leicester NHS Trust *Building better hospitals for the future*. Retrieved from <https://www.betterhospitalsleicester.nhs.uk/what-are-we-consulting-on/about-this-consultation/>

² The pre-consultation business case suggests that those people faced with longer journeys have the choice of going to other acute hospitals. The nearest for Rutland residents would be Peterborough and Stamford Hospitals, Kettering, Nottingham or Grantham.

hospital. I'm worried, and I know that a lot of other people are worried that this will be used as an opportunity ultimately to close RMH.

I think we need to have care closer to home. Rutland Memorial must stay open and we must have care closer to home.

But what I think we need to do here in Rutland is to demonstrate that it is cost-effective and improves the quality of lives, not just for the people in Rutland but also the people in Leicestershire if the Rutland Memorial Hospital stays open.

If Rutland Memorial can do a lot more things, like outpatients and everything, I mean, they do some now - which is pretty good - it saves all that hassle.

I think we need to have care closer to home. Rutland Memorial must stay open and we must have care closer to home.

I was grateful that, as he [my son] got older, he moved into adult services and he was able to get it from Rutland Memorial and I would love that service to continue because driving backwards and forwards to Leicester If it's more local then it would work.

But the general concern across the county is that you're doing the centralisation, it is wonderful but the total community impact is not being considered correctly.

But, if Rutland Memorial is to stay, will they get an uplift as well?

The increase in the older population needs serious consideration. Care at home needs to be discussed and what plans there are to fulfil this need. I am very concerned that older people will be forgotten and the level of their care not addressed.

The Karen Ball Suite at RMH [Rutland Memorial Hospital] is used for end of life care in Rutland. Many people who pass at RMH do not have contacts with Rutland and come from Leicester/Loughborough/Stamford due to the fact that there has not been beds for these people at the time they need it. LOROS will take people for end of Life Care but I understand that they will only take people who have a very limited life left - a few days.

Yes RCC [Rutland County Council] mentioned this [The Rutland One-Estate plan] a year or so ago. Sell RMH and get health and social care and hub on by-pass

Can you say where you heard about RCC possibly selling RMH? Not really as it was privileged info from when I worked for RCC. It was just relevant to conversation as Healthwatch Rutland has also heard some rumour.

In summary:

- People want to retain a community hospital and are uncertain about the future of Rutland Memorial Hospital.

- There is a desire for the range of services to be expanded at Rutland Memorial Hospital or in an alternative building in Rutland.
- There is a desire to understand the cost effectiveness of ‘care closer to home’ and the expansion of services at Rutland Memorial Hospital.
- There are concerns that ‘care closer to home’ might not meet demand and ‘the total impact [of the reconfiguration plans] should be considered correctly’.
- The palliative care offered in the Karen Ball Suite at Rutland Memorial Hospital is valued in Rutland and beyond.

Splitting emergency and planned care

The proposals include using the Leicester Royal Infirmary site for emergency care whilst planned care will be offered at Glenfield Hospital. A new treatment centre, increasing the Glenfield Hospital by one third, is proposed. This separation is intended to ensure that emergency care does not overwhelm planned care as has previously happened during the winter ‘flu season and during the first Covid-19 lockdown.

This seems to be a popular move as the comments below demonstrate:

I think the separating out of planned and emergency services is the right way to go to make sure there are less cancellations.

I think the idea of segmenting out planned care from acute [emergency] care is absolutely the right way to go.

I agree that you have to have the things like the acute separating from the planned care.

It makes sense to separate acute [emergency] and LRI and all the rest of it.

The Consultation Process

Many participants made comment about the consultation process and quality of information available:

There should be, in the proposals, [details of] compensatory measures for Rutland and some people feel the detail is lacking on this point. The chat said that prior to any decision on the reconfiguration, people should have some certainty about what is going to happen for health provision in Rutland prior to these reconfigurations.

March 2012, I attended my first meeting on the reconfiguration of Leicester hospitals. Then, an integrated part of that was looking at services that could be moved around the community and into the community spaces. So, there’s no reason whatsoever why we cannot be looking at community services in parallel. Indeed, if you look at some of the appendices that go with the PCBC [pre-consultation business case], it’s stated that the community services review should have been completed by now and we should be looking

at a complete package. It's been made clear, time and time again, that community services will be dependent on community taking up its share of the package. So, without that, we actually cannot give a considered response to the consultation.

We have to be incredibly careful that we don't find ourselves in the same position as Ashby de la Zouch. Six years ago, the community hospital in Ashby was closed. They were promised all of the things that we're now being promised would be available in their communities. Have a look at the Leicestershire Health Overview and Scrutiny meeting in January 2020. There people of Ashby were saying, 'We're still waiting, we don't have anything.' So, I think it really is important that the two fit together.

The question is what can be done to bring us back on to a level playing field? And nothing I've heard tonight has suggested that will be done. If anything, it may get worse with Rutland Memorial Hospital being closed. One other question... these questionnaires that are being sent out. We haven't received one.

They're just waiting for it [the consultation document and survey] to arrive.

Coming back to the document we are supposed to be getting, I phoned the Better Hospitals NHS in Leicester today because [somebody] had sent me the link to that place. I phoned them and they told me we weren't going to automatically get this information and I said I would like a copy. She said I could ring up and request one. Anyway, she's going to send me 12 copies of the document and the survey. Then I noticed, going through 'Next Door' [online community chat], some people, I think it's in Uppingham mainly, have filled in the survey. I presume it's on line, you see. But that's all very well if people know about it. If they don't know about it, if they don't get to fill it in, [do] they? That's my observation.

But the general population probably aren't even aware of what's going on at the moment. You know, people don't look and see what hospital things are going on in this area, do they, automatically?

I think it's not just a case of telling everybody to complete the questionnaire because the questionnaire gives quite a nuanced view of the proposals. I think it's really important that the people understand for example that the document that you have put onto your website recently, with a lot of questions, and highlighting some of the concerns and questions that need to be answered for Rutland before we just merrily respond to the questionnaire.

There is a need for a specific time to be given for the provision of information on the future healthcare provision for Rutland PRIOR to any decision on the reconfiguration of the Leicester Hospitals.

When the population of Rutland is stated, can it include the breakdown of age/disability etc. Also, there is increasing numbers of older person accommodation being built in Rutland and this information needs to be included.

Excellent point confirming the case for a joined-up understanding of what we are being offered.

To what extent do we co-ordinate our concerns with other similarly affected areas?

It is great to have CCG reps here, but please also put all your points in the consultation survey, this is our chance to put all our points forward.

If we're going to make sensible answers to this consultation, we need to know the answers to these questions [raised by Healthwatch Rutland with the CCG]. Andy Williams is on this Zoom thing. Can he tell us when we will get these answers or will this only be after the consultation period has finished?

It is important that those in the know in the local area are involved in discussions about what community services should look like and how they could support the changes being proposed. Creative answers are out there and serious consultation would bring all these possibilities to the fore to be considered.

If anything, it may get worse with Rutland Memorial Hospital being closed.

How come they can talk about a community hub at LGH as part of the consultation?

In summary:

- There were concerns that the leaflet explaining the planned changes that should be sent to every household, has not arrived. This means that a lot of Rutland people might not be aware of the proposals and need to complete the questionnaire.
- People want to know more about the 'community offer' before committing to the reconfiguration proposals in order to give a 'considered response'.
- There is mistrust that promised services closer to home will not be delivered.
- What mitigations [for adverse impacts of the proposals] are in place to assist Rutland people?
- There is a need for a demographic breakdown of the 40,000 population of Rutland in documents.
- Should Rutland people be working with people in other negatively impacted areas to mount a co-ordinated campaign?
- The CCG need to be aware of recent and ongoing developments of older people's accommodation in Rutland.
- The presence of CCG members was welcomed by participants but it was felt that comments raised at the meeting need to be considered during the consultation rather than afterwards.
- Similarly, answers to the questions asked in the Healthwatch Rutland paper are needed before people can complete the survey.
- The wording of the survey questions is not felt to be neutral.

- Why is a community hub at Leicester General Hospital being considered but nothing similar in Rutland being mentioned?

Is there an appetite for a CCG led virtual consultation meeting for Rutland?

Following representations from Healthwatch Rutland, the Chief Executive of the LLR Clinical Commissioning Groups has recently offered to hold a Rutland specific engagement meeting as part of the consultation. Healthwatch Rutland asked if there was an appetite for such a meeting:

For a further meeting to have sense, we do need more information on what is proposed for Rutland. So just to have a rerun of what's there at the moment - I don't think will achieve a lot. What we do need, I would ask Mr Williams to try and produce, doesn't need to be in a flashy brochure or anything else but at least some details of what Rutland might reasonably expect.

An agenda should be made before the meeting which includes 'When' and 'How' the consultation on Community services will be carried out. The deadline for the survey/consultation is Dec 21 and it is totally unfair to leave out what the community services will look like from that consultation survey.

I certainly think that a meeting with the CCG is a very good idea. I mean, it's clear from this discussion tonight that Rutland people are going to be disadvantaged.

Yes, we need the CCG to come and talk to us.

Yes, the CCG should come and answer questions. We need answers before we respond.

A CCG meeting would be great. We could then ask specific questions re Rutland and hopefully get specific answers.

Yes, I agree CCG to attend but could we include Melton?

Yes, we need CCG to come and speak to us and to listen.

Four other people also said 'yes' in 'chat' with little explanation.

I can see that there is a view for a local meeting and we will need to make sure that you have responses in line with that (Andy Williams, Chief Executive LLR CCG).

In summary, there is a clear desire for a Rutland specific meeting at which people will want to know more detail about the community offer for Rutland. Mr Williams has acknowledged the need for a Rutland specific CCG public meeting.

UHL Services

Comments were made and questions put about the plans taken as a whole, with some considering the impact of the Covid-19 pandemic:

I think we have to appreciate just how much the services have improved in Leicester, Leicestershire and Rutland over the last 50 years. We are actually in an area where we have very, very, high quality services and we should be enormously grateful for that.

I've already indicated that there are tremendous advantages to be had by the plans that have been put forward for all of us across Leicester, Leicestershire and Rutland. But I think one thing in particular is the dedicated children's hospital which will be the only dedicated children's hospital in the whole of the East Midlands. I think that will be a tremendous asset for our community.

I appreciate Leicester Infirmary is a centre of excellence and that is great for us if you've got that sort of problem.

Rutland's got quite a few people with disability, dementia and things like that. A new hospital would hopefully have the features that will help these people to enter these buildings with less fear.

In a post-COVID world, will the designs of the new hospital take into account perhaps the need for greater space which of course is an increased cost?

There is nothing in the 1500 or 1600 pages of the PCBC [about COVID-19]. There are some comments in the consultation document [saying that] if we had already completed the reconfiguration we would have been better off. It's actually an argument that is being viewed in hindsight because, when the reconfiguration finishes, we will have 100 intensive care beds. Actually, the modelling in the early period of COVID, was that UHL needed 300 intensive care beds. So, actually, they were clearing spaces out, they were using areas that had supplies of oxygen etc and could be converted. With or without the reconfiguration, that would have been the case anyway. It's not fair to look through the other end of the telescope and say, 'We'd have been alright'. Starting off in March the problem would have been exactly the same. It would have been a little reduced but not a lot. Instead of looking for 250 beds they would have been looking for 200.

The NHS Estate's guru said a couple of weeks ago that they are having to look at things like being much more flexible ... to developing larger areas so that they can adapt and change and move much more swiftly without having to go through a major reorganisation. I think an awful lot will have to take place at UHL to make it COVID-ready.

The other thing was about the 300 beds [in the plan]. You have already brought that down to 139. I would like to say it's just 41. Because 28 of the beds are already there, they are just using them for a different purpose and if I take some sweets from you and give them

to [someone else] I can't say that I've created more sweets.... We can take that 28 beds out. The other thing is that the 70 beds, they have told us that they actually haven't got the money or the space to put those in. If they need to put those 70 beds in, they are going to need to find the space and the money for 2 and ½ more wards. So now we are taking 28 away, 70 away and we've got just 41 beds. Even those 40 beds, I can't find in the PCBC where the funding is coming from for those. It is space that is currently not in clinical use but could be converted to clinical use. Even those 41 beds become a little suspect.

The diabetic unit at LGH has been there for years.

Glenfield is a long way to go [for ophthalmology]. Can we go to Peterborough?

In summary:

- There is an acknowledgement that the Leicester hospitals provide good health care services.
- The proposed dedicated children's hospital is welcome.
- It is hoped the new buildings will be appropriate for patients with dementia or learning disabilities.
- There is a concern that there is no information in the pre-consultation business case about extra measures for dealing with COVID-19 and intensive care requirements.
- There is a concern that bed numbers have been 'manipulated' in the plans.
- The diabetes centre of excellence already exists and is not new.
- Glenfield is too distant for ophthalmology appointments.

Haemodialysis

The plans include closure of the Leicester General Hospital outpatients' haemodialysis unit. One new unit will be built at Glenfield Hospital and a second in the south of Leicester. Comments about a haemodialysis facility in Rutland follow:

Providing dialysis on a site like Rutland Memorial is relatively cheap surely? And would save all this terrible travelling to hospital, to Glenfield three times a week. So, it seems to me to be a no brainer that there ought to be dialysis somewhere in the county.

And can I say chemo as well?

It's not difficult to actually make the case for the presence of a dialysis unit in Rutland Memorial Hospital. The costs, as just indicated, are fairly small. The staffing costs have to be taken into account. But I would have thought that's something that we can, or Healthwatch can do - actually look at the costs and present them to the CCG and say, 'look, this is a viable alternative, it's a viable possibility for Rutland.'

Need to know how many dialysis/cancer patients there are as before... cost benefit analysis will be needed to prove cost effectiveness.

It would be an opportunity to make a genuine community hospital at RMH, not unlike the one in Corby, to include step-down from acute, things like dialysis and chemotherapy.

4 other people indicated their approval in the 'chat' facility.

In summary:

- There was unanimous approval of the suggestion to have a local haemodialysis unit.
- There were two suggestions that chemotherapy should also be administered in Oakham.

St Mary's birthing centre

The plan is to close St Mary's birthing centre.

It's very easy to engineer the reduction in births and from a family experience where people have been shipped off to Leicester for being over 30 or something like that, it's engineered in my view.

I heard you say about Melton Hospital which obviously is quite close to us? And the closure of maternity unit, how's that going to be used as well?

We've got these facilities both in Rutland and in Melton that are quite close to us in terms of transport. I'm sure there must be more creative ways to use those facilities.

With maternity moving to LRI probably, there seems to be a left and a right hand about whether there's going to be something at Leicester General, I do think there's going to be quite a lot of babies born in the back of cars on the ring road.

It seems to me to be folly to close St Mary's birthing centre in Melton.

In summary:

- There is a suspicion about the numbers of births at St Mary's and that women are being diverted away from the unit to the Leicester hospitals to demonstrate reducing demand.
- There is a question about the future use of the premises housing St Mary's birthing centre and a suggestion that they should be used creatively.
- There is concern that women in labour might not reach Leicester Royal Infirmary to deliver their babies safely.

Conclusion

Healthwatch Rutland thanks all those who attended the meeting, shared their views and asked some very searching questions.

There is a clear appetite for a CCG-led public meeting for Rutland at which the public want to hear further detail on the issues and questions they have raised here.

There is clear evidence from the meeting that the 8-page leaflet, advising the public about the consultation and opportunity to complete a survey, has not been received by some households in Uppingham and Whissendine postcodes in Rutland.

(Post-meeting note: HWR has asked people attending other recent engagement workshops whether they have received the leaflet and been told that households in Oakham and, again, Uppingham, have not had them. Some people living in Oakham have reported receiving the leaflet whilst their neighbours in the same street have not. Healthwatch Rutland has raised concerns with the CCG and been informed that re-delivery, using GPS tracking, is to take place).

Healthwatch Rutland
5 November 2020