

# Building Better Hospitals

For the future

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by completing  
the pull-out  
questionnaire

## University Hospitals of Leicester NHS Trust

Public consultation about proposed  
**£450 million improvements**  
to transform acute and  
maternity services at  
Leicester's hospitals

Summary  
Document





“ We want to spend £450 million to transform acute hospital and maternity services in Leicester, Leicestershire and Rutland. ”

# Building Better Hospitals for the Future

## What this publication is about

This is a summary of the full consultation document about the proposed £450 million improvements to transform acute and maternity services at Leicester’s hospitals. The full consultation document and the Pre-consultation Business Case, which is a document describing in a lot of detail the proposals for improving services is available by emailing [beinvolved@LeicesterCityCCG.nhs.uk](mailto:beinvolved@LeicesterCityCCG.nhs.uk). When we say ‘acute services’ we are talking about care for severe injury or illness, urgent medical conditions, or during recovery from surgery.

## Introducing our 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 regional and national health service organisations.

It is vital we hear your views to enable us to take a final decision on the proposals to improve Leicester’s hospitals. We would be grateful if you could read this document and complete and return the questionnaire to the address shown in the questionnaire. It may be more convenient for you to complete the questionnaire online, where you will find additional supporting information. All surveys must be received by the closing date of Monday 21 December 2020.

## What this consultation covers

This public consultation is about the services delivered at the three acute hospitals in Leicester, run by University Hospitals of Leicester NHS Trust (UHL). These hospitals are:

- Leicester Royal Infirmary (LRI)
- Glenfield Hospital (GH)
- Leicester General Hospital (LGH)

The consultation is also about services delivered at the midwifery-led unit at St Mary’s Hospital in Melton Mowbray.

## Are we speaking your language?

Versions of the full consultation document can be made available in other languages, and are in easy read, video and large print. These versions can be accessed on our website: [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)

अगर आपको इस दस्तावेज में शामिल जानकारी समझने में सहायता चाहिए तो कृपया 0116 295 2110 पर फोन कीजिए।

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਵਿਸ਼ਾ ਵਸਤੂ ਸਮਝਣ ਲਈ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ 0116 295 2110.

ਜੇ ନମନେ ଆ દસ્તાવેજમાં આપેલ માહિતી સમજવા માટે મદદ જોઈતી હોય તો મહેરબાની કરીને 0116 295 2110 પર ફોન કરો.

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Hadii aad u baahantahay in lagaa caawiyo fahmida qoraalka ku qoran documintigaan fadlan nagala soo xiriir telefoonkaan 0116 295 2110.

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Jei norétumète, kad kas nors padėtų suprasti šį dokumentą, skambinkite tel. 0116 295 2110.

Ja jums nepieciešama palīdzība, lai saprastu šī dokumenta saturu, lūdzam zvanīt uz 0116 295 2110.

This consultation does NOT include community hospitals, GP practices, mental health and other services provided in the community or in people’s homes, which have been discussed with the public through the Community Services Review. We will be continuing to engage with people about these services in the future. Irrespective of what proposals are developed to move peoples’ care closer to home, we believe that this proposal will deliver safe, high quality care to our patients.

## What changes are being proposed?

The £450 million investment proposal includes:

- The first dedicated single-site children’s hospital in the East Midlands based in Kensington Building, Leicester Royal Infirmary.
- A new maternity hospital at the Leicester Royal Infirmary.
- Two ‘super’ intensive care units with 100 beds in total, almost double the current number.
- A major planned care treatment centre at Glenfield Hospital.
- Modernised wards, operating theatres and imaging facilities.
- Additional car parking.

The proposal is to re-shape acute and maternity services by moving all acute care to the Leicester Royal Infirmary (in the city centre) and to Glenfield Hospital (on the outskirts of Leicester on Groby Road).

We propose to retain some non-acute services on the site of Leicester General Hospital, in Evington (three miles east of Leicester city centre on Gwendolen Road). The services that we propose to have at Leicester General include a diabetes centre of excellence, imaging facilities to help with diagnosing conditions, and stroke recovery services including inpatient beds.

A midwifery-led 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.

We are also asking people for their views on other services that might be located at the Leicester General Hospital site in the future. This could include a primary care urgent treatment centre, observation beds (keeping an eye on people who might be poorly enough to be admitted into hospital), community outpatient services and potentially a new GP practice or increased primary care services.

Overall our plans will enhance the care we provide to our patients, including those needing planned care and emergency care, and those who are critically unwell.

## Why we need to make changes

### 1. Our population’s health and care needs are changing

Overall, people living in Leicester, Leicestershire and Rutland are living longer and there are fewer people dying from conditions such as cancer and heart disease. However, the number of people ageing with more than one health condition has increased and this puts pressure on health and social care services. People’s health varies greatly owing to the large differences in income and deprivation levels. We believe our plans to improve services will address some of the frustrations that people have told us about, respond to the health challenges and help improve the overall health and wellbeing of local people.

### 2. The need for services is set to increase

Leicester’s hospitals often struggle with the level of demand and do not have the capacity in the way services are currently set up to cope with the future predicted increase in the need for services. This increase in need is for both emergency and urgent care services as well as planned care.

In addition, the need for maternity facilities has increased. The maternity facilities at Leicester’s hospitals were designed for approximately 8,500 births a year, but the number of births is now about 10,500 per year.



### 3. We need to integrate health and care services

Health and social care organisations in Leicester, Leicestershire and Rutland are working hard to bring services closer together. Services will be focused around patients and their GP practice, with more care and support delivered in the community through teams of health and social care staff working together.

The aim is to reduce the need for people to travel into hospital for much of their care. The new way of providing care is designed to improve people's health and wellbeing, improve patient, carer and staff satisfaction, and improve access to services, while making sure the NHS is making the best use of its money.

### 4. The standard of care patients receive is not as good as we want it to be

There are many examples of excellent quality care and patient safety, such as specialist heart services and children's surgery. Leicester's hospitals want to achieve the highest possible standards and quality of care across all of their services. Investment in buildings that are well designed for their purpose helps to ensure that services are provided more efficiently and effectively. This will help improve services such as emergency care and care for people living with cancer or other long-term conditions.

### 5. We need the right number of hospital beds

We have a growing local population and there will be more beds provided in Leicester's hospitals in future with this investment. Leicester's hospitals say there is a need for 139 more acute beds by 2023-24 - an increase of 7% on the current number. However, we know making

patients better and keeping them healthy is not just about having beds in hospitals. We will work to establish a better way of providing care which means we will see more services located closer to where people live, at home or in the community.

### 6. Medical and nursing resources are spread too thinly

The current way that the hospitals are set up in Leicester means services are sometimes duplicated or triplicated. We have three intensive care units, one at each site but none big enough in their own right. Our doctors and nurses are spread too thinly. Employing more staff is not a feasible solution - there are staff shortages locally and nationally. Patients are regularly moved between the three hospital sites.

Many planned and outpatient services currently run alongside emergency services. When emergency pressures increase, the planned cases and outpatient appointments suffer delays and cancellations. We need to develop a different way of working that is affordable and improves patient experiences.

At present, mothers in labour are routinely transferred from one hospital site to another if there are too many births taking place in one of the units, or not enough staff are available on a unit to provide adequate care. Care provided for babies born prematurely or ill is currently split across two sites. St Mary's midwifery-led unit in Melton Mowbray is under-used despite efforts to promote services, with less than three births per week on average. By building a new £88 million maternity hospital we will improve the safety, efficiency and effectiveness of the service and provide better care for mothers and their babies.

### 7. We have tired buildings and a significant maintenance backlog

Some of the hospital buildings are old, tired and beyond their useful life. Over the last two decades there has been no significant investment into Leicester's hospitals apart from the recent development of the new emergency department.

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 being no longer being 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 2020-21 the NHS in Leicester, Leicestershire and Rutland is forecast to spend around £2.2 billion on running local health services. The impact of Covid-19 could make this figure even higher.

This includes paying staff, running our buildings, providing equipment and information technology, and funding treatments and drugs.

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. We believe that changing how we reconfigure our services will help us to use our money in a much better way to support local people.

## Has coronavirus changed our thinking?

The experience of managing health and care during Covid-19 has only strengthened the case for these proposals. The Covid-19 pandemic meant that non-urgent operations and procedures had to be cancelled in large numbers. This affected all services and all types of patients, even some with cancer. In our plans we propose to build a dedicated treatment centre at the Glenfield Hospital. This would help us separate emergency and planned procedures. This means that when we are busy with high numbers of emergencies, our patients needing planned care would still be able to receive it.

Our proposals would also help us more effectively staff our services. For example, had we had two super intensive care units rather than the current three smaller ones we would have been able to consolidate our staffing, making it easier to cover absences. From our experience during the pandemic, it is clear that our hospitals would have been better able to cope with Covid-19 in their reconfigured state.

## Services we are consulting on

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
Maternity unit and neonatal unit	Leicester General Hospital and Leicester Royal Infirmary	Leicester Royal Infirmary
Midwife-led unit, Melton Mowbray	St Mary's, Melton Mowbray	Leicester General Hospital (an option for consultation which will be informed by views expressed during the consultation)
Hydrotherapy pool	Leicester General Hospital	Alternative hydrotherapy pools currently in schools, community centres and other community sites
Kidney dialysis	Leicester General Hospital	Glenfield Hospital (in line with the re-location of the renal service to Glenfield Hospital) and a unit in the south of Leicester
Non acute services – GP-led primary care urgent treatment centre, observation beds, community outpatients services, possible GP practice and imaging facilities	Proposed new services	Leicester General Hospital



# The proposed changes - at a glance

The proposed reconfiguration of services would mean new buildings built, existing buildings refurbished, services being retained and new services created.



## Leicester Royal Infirmary

- Build a new maternity hospital with a doctor-led inpatient maternity service. A shared care unit with midwives and doctors and a midwifery centre provided alongside the obstetric (pregnancy) unit
- Refurbish the Kensington building to create a new children's hospital including a consolidated children's intensive care unit
- Create a new gynaecology (female reproductive health) inpatient day case and outpatient service through refurbishment
- Build a new expanded intensive care unit to create a 'super' intensive care unit
- Refurbish wards to relocate adult inpatient services
- Expand car parking facilities, for example, additional levels on the multi-storey car park
- Create a new welcome centre



## Glenfield Hospital

- Build new premises to house a major new treatment centre for planned care, inpatient wards and theatres
- Expand the intensive care unit to create a 'super' intensive care unit
- Create a new surgical admissions unit
- Build a new car park
- Create a new welcome centre



## Leicester General Hospital Campus

- Create a small campus that focuses on community health with some beds
- Retain the diabetes centre of excellence and stroke recovery service with inpatient beds
- Potentially relocate a midwifery-led unit from Melton Mowbray to Leicester General Hospital.
- Potentially retain Brandon Unit for administrative, education and training services
- Retain sufficient car parking
- Potentially create:
  - new GP access imaging facilities (to help with diagnosis)
  - Non acute services – GP-led primary care urgent treatment centre
  - observation facilities
  - a diagnostic service
  - community outpatient service
  - new or additional GP capacity

# Building Better Hospitals For the future

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 [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)

Completed questionnaires will be independently analysed. Feedback will be completely anonymous. All completed questionnaires whether online or via other means should arrive by Monday 21 December 2020.

Scan here for a digital version of the questionnaire!



## Consultation Questionnaire

### Data Protection statement

NHS Leicester City Clinical Commissioning Group (CCG), NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG would like to understand your views on the services delivered at the three acute hospitals in Leicester, run by University Hospitals of Leicester NHS Trust (UHL). These hospitals are: Leicester Royal Infirmary (LRI), Glenfield Hospital (GH) and Leicester General Hospital (LGH). The consultation is also about services delivered at the midwifery-led unit at St Mary's Hospital in Melton Mowbray. For further information please see the rest of this document.

NHS Leicester City CCG, NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG has commissioned NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) to collect, handle and process the responses gathered for this consultation. MLCSU uses a survey tool called Snap which is owned by Snap Surveys Ltd, an organisation specialising in the delivery and management of surveys. Any information you provide will be added to Snap for analysis and handled in accordance with GDPR and the Data Protection Act 2018.

The survey also asks respondents to provide their full postcode and demographic profiling data (age, gender, ethnicity etc.). This information is used to ensure the responses are representative of the demographics of the whole local population. The postcode data will also be used to profile and segment those participating in this engagement by geography, CCG area and the Index of Multiple Deprivation. Participants' health, wellbeing and lifestyle will also be compared with the local population using the Acorn Profiler tool. The data will be available in its entirety to MLCSU, and NHS Leicester City CCG, NHS West Leicestershire CCG and NHS East Leicestershire and Rutland CCG will be in receipt of some of the responses which will then be inputted into Snap. You do not have to provide this information to take part in the survey.

Any reports published using the insights from the questionnaire will not contain any personal identifiable information and only show feedback in anonymous format. These anonymised results may be shared publicly, for example on NHS public facing websites or printed and distributed.

Your involvement is voluntary, and you are free to stop completing the questionnaire at any time and if you are completing this online you can do so by closing this webpage. Only submitted responses will be included in the analysis. You can also refuse to answer questions in this survey, should you wish. All information collected via the survey will be held for a period of five years from the date of survey closure, in line with the Records Management Code of Practice for Health and Social Care 2016, which all NHS organisations work under.

If you have any queries about your involvement with this questionnaire please email: [mlcsu.involvement@nhs.net](mailto:mlcsu.involvement@nhs.net).

Please tick to confirm you agree with the Data Protection statement. If you do not provide your consent then we will not be able to include your feedback in this consultation.

## About you

Before starting the questionnaire please tell us about you.

### A. Which of the following best applies to you?

Please tick one only. If you wish to respond as an individual and an organisation please complete the questionnaire on behalf of the organisation and then again as yourself.

- |  |   |
|--|---|
| <input type="checkbox"/> As a patient or member of the public<br>(go to question D)  | <input type="checkbox"/> On behalf of another public sector organisation<br>(Move to next question)               |
| <input type="checkbox"/> As an NHS employee<br>(Move to next question)               | <input type="checkbox"/> On behalf of a patient representative organisation<br>(Move to next question)            |
| <input type="checkbox"/> On behalf of an NHS organisation<br>(Move to next question) | <input type="checkbox"/> On behalf of another voluntary group, charity or<br>organisation (Move to next question) |

### B. If you are replying on behalf of an organisation or as an NHS employee, if you are happy to do so, please state the name of the organisation below:

### C. Please confirm if this is an official response from the organisation?

- Yes  No

### D. If you are responding as an individual, please provide your full postcode. If you are responding as an organisation, please provide your organisation's full postcode - this should be the building you are registered at.

### E. How did you hear about this consultation?

- |                                    |   |  |  |
|------------------------------------|---|--|--|
| <input type="checkbox"/> Facebook  | <input type="checkbox"/> YouTube                      | <input type="checkbox"/> Leaflet picked up | <input type="checkbox"/> Newspaper                     |
| <input type="checkbox"/> Twitter   | <input type="checkbox"/> Poster                       | <input type="checkbox"/> Radio             | <input type="checkbox"/> Email                         |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Leaflet through your<br>door | <input type="checkbox"/> TV                | <input type="checkbox"/> Other (please state<br>below) |

## IMPROVING ACUTE AND MATERNITY HOSPITAL SERVICES FOR PEOPLE

The configuration of the three hospitals in Leicester reflects how they have evolved over time rather than as the result of a central plan. Many 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. Many patients are inconvenienced at a time when they are feeling most anxious and unwell. We believe our proposals would achieve the best patient outcomes, modernise our facilities and make services more efficient and financially sustainable to meet future need.

## Our proposal for acute services

We are proposing moving our acute services on to two of our three hospital sites. We are proposing that acute services are provided at Leicester Royal Infirmary and Glenfield Hospital.

### 1. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?

1. Strongly disagree  2. Disagree  3. Neither agree or disagree/  
Don't know  4. Agree  5. Strongly agree

### 2. Please explain why you agree or disagree with this proposal.

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

## Our proposal for a new treatment centre

We are proposing that outpatient services would move from Leicester Royal Infirmary to a new purpose-built treatment centre at Glenfield Hospital.

### 3. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?

1. Strongly disagree  2. Disagree  3. Neither agree or disagree/  
Don't know  4. Agree  5. Strongly agree

### 4. Please explain why you agree or disagree with this proposal.

It would be helpful if you could explain the impact of these proposals on you, your family, or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.



We need to understand what size the new treatment centre should be and what services should be included. It is important that the size of the treatment centre is appropriate to meet the needs of people and takes into consideration the additional number of services we plan to provide to local communities closer to home.

**5. Please tell us your views on this including how we can avoid negative impacts or disadvantages on you, your family or any groups and how we can ensure the new treatment centre is right to meet the needs of people.**

## Our proposal to use new technologies to deliver patient consultations

We believe that new technology would help to provide certain aspects of pre-planned care in a different way. Where it is appropriate for the patient, appointments by telephone or video call could reduce the stress of attending a consultation in person due to - reduced travel, reducing possible spread of infection and supporting people to self-care.

**6. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?**

1. Strongly disagree    2. Disagree    3. Neither agree or disagree/  
Don't know    4. Agree    5. Strongly agree

**7. Please tell us your views on using technology to reduce the need for attending appointments - including how we can avoid negative impacts or disadvantages on you, your family or any groups.**

## Our proposal for Leicester General Hospital

We would like to create the following services at Leicester General Hospital in a GP led-primary care urgent treatment centre:

- Observation area with beds where patients can be observed when they are not well enough to go home, but don't meet the criteria to be admitted to hospital.
- Diagnostic service - this provides appointments for people to have a test or simple procedure
- Community outpatients service – this is treatment for people with health problems requiring a diagnosis or treatment, but do not require a bed or to be admitted for overnight care
- Potentially extra primary care capacity - to provide family health care to people living in the east of the city.

**8. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?**

1. Strongly disagree    2. Disagree    3. Neither agree or disagree/  
Don't know    4. Agree    5. Strongly agree

Please explain why you agree or disagree with this proposal to create these services on the Leicester General Hospital site. It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

**9. Primary care urgent treatment centre**

**10. Observation area**

**11. Diagnostic service**

**12. Community outpatients service**

**13. Extra GP/primary care capacity**

## Our proposal for a new standalone maternity unit

We are proposing to relocate the standalone maternity unit at St Mary's in Melton Mowbray. We want to trial a new standalone midwifery unit at Leicester General Hospital. This would be midwife-led and would not have access to specialist obstetric (childbirth) doctors onsite. For this standalone unit to be viable it must have a minimum of 500 births each year. During the trial period we would assess the unit's viability according to the number of births and by understanding the experiences of expectant mothers. After the trial period if it is not viable the unit would close. This would mean all maternity services would be located at Leicester Royal Infirmary.

### 14. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?

1. Strongly disagree    2. Disagree    3. Neither agree or disagree/  
Don't know    4. Agree    5. Strongly agree

### 15. Please explain why you agree or disagree with this proposal.

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

## Our proposal for two new haemodialysis treatment units

In addition to the current units based in Loughborough and Hamilton, we are proposing providing two new haemodialysis treatment units. Haemodialysis is the treatment that performs the job of kidneys when they stop working properly. We are proposing that one is in a unit at Glenfield Hospital, and the second is in a new unit to the south side of Leicester City.

### 16. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?

1. Strongly disagree    2. Disagree    3. Neither agree or disagree/  
Don't know    4. Agree    5. Strongly agree

### 17. Please explain why you agree or disagree with the proposal for one unit to be at Glenfield hospital.

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

### 18. Please explain why you agree or disagree with the proposal for one unit to be in the south of Leicester City.

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

### 19. Please tell us where in the south of Leicester you think that the new unit should be?

## Our proposal for hydrotherapy pools

There is currently one hydrotherapy pool at Leicester General Hospital. We are proposing using hydrotherapy pools already located in community settings so we can provide care closer to home. This would improve access to hydrotherapy pools for our population.

### 20. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?

1. Strongly disagree    2. Disagree    3. Neither agree or disagree/  
Don't know    4. Agree    5. Strongly agree

### 21. Please explain why you agree or disagree with this proposal.

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

## IMPROVING ACUTE AND MATERNITY HOSPITAL SERVICES FOR PEOPLE

We believe that the facilities we provide for expectant mothers require modernising to provide a better experience, to meet the increase in demand and offer patient choice whilst meeting statutory standards. 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 believe our proposals would increase 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-led unit at Leicester Royal Infirmary and Leicester General Hospital.

## Our proposal for a new maternity hospital

We propose building a new maternity hospital on the Leicester Royal Infirmary site. This would include a midwifery-led unit provided alongside the obstetric unit. This would mean that existing maternity services (services provided in pregnancy, childbirth and post-pregnancy) and neonatal services would move from Leicester General Hospital to Leicester Royal Infirmary.

**22. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?**

1. Strongly disagree  2. Disagree  3. Neither agree or disagree/  
Don't know  4. Agree  5. Strongly agree

**23. Please explain why you agree or disagree with this proposal.**

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

## Our proposal on breast feeding services

We are proposing enhancing breastfeeding services for mothers by providing post-natal breastfeeding drop-in sessions alongside peer support.

**24. Please explain why you agree or disagree with this proposal.**

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

## IMPROVING ACUTE AND MATERNITY HOSPITAL SERVICES FOR PEOPLE

We believe that the facilities we provide for children and their families require modernising to provide better and more appropriate experiences. Leicester has the biggest children's hospital in the East Midlands, though it is hard to see as services are dotted around the site.

## Our proposal for a newly established children's hospital

We propose to refurbish the Kensington building at Leicester Royal Infirmary to create a newly established children's hospital including a consolidated children's intensive care unit, co-located with maternity services.

**25. To what extent do you agree or disagree with this proposal where 1 is strongly disagree and 5 is strongly agree?**

1. Strongly disagree  2. Disagree  3. Neither agree or disagree/  
Don't know  4. Agree  5. Strongly agree

**26. Please explain why you agree or disagree with this proposal.**

It would be helpful if you could explain the impact of these proposals on you, your family or any groups and if you, your family or any groups would be disadvantaged and how any concerns could be overcome.

## Access and transport

**27. Do you have any concerns about being able to travel to or access any services and what would need to happen to make this less of a concern?**

**28. 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.**

## Demographic profiling

### 29. What is your age category?

- |                                  |                                  |                                  |  |
|----------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> 16 - 19 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 75 - 79           |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 and over       |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 |  |

### 30. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

- Yes, limited a lot     Yes, limited a little     No

### 31. Do you consider yourself to have a disability?

(The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day to day activities).

- |  |   |
|--|---|
| <input type="checkbox"/> Physical disability (please describe in box below)      | <input type="checkbox"/> Learning disability or difficulty                |
| <input type="checkbox"/> Sensory disability eg Deaf, hard of hearing,            | <input type="checkbox"/> Long term illness (please describe in box below) |
| <input type="checkbox"/> Blind, visually impaired (please describe in box below) | <input type="checkbox"/> Other (please describe in box below)             |
| <input type="checkbox"/> Mental health need                                      | <input type="checkbox"/> Prefer not to say                                |
- 

### 32. What is your gender identity?

Gender Reassignment: Have you gone through any part of a process or do you intend to (including thoughts and actions) to bring your physical sex appearance and/or your gender role more in line with your gender identity? (This could include changing your name, your appearance and the way you dress, taking hormones or having gender confirming surgery)?

- Yes     No     Prefer not to say

### 33. What is your relationship status?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Married           | <input type="checkbox"/> Divorced           | <input type="checkbox"/> Widowed           |
| <input type="checkbox"/> Civil partnership | <input type="checkbox"/> Lives with partner | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Single            | <input type="checkbox"/> Separated          | <input type="checkbox"/> Prefer not to say |

## Pregnancy and Maternity

(The Equality Act 2010 protects women who are pregnant or have given birth within a 26 week period).

### 34. Are you pregnant at this time?

- Yes     No     Prefer not to say

### 35. Have you recently given birth? (within the last 26 week period)

- Yes     No     Prefer not to say

### 36. What is your religion or belief?

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> No religion   | <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim                                   |
| <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="checkbox"/> Hindu    | <input type="checkbox"/> Sikh                                     |
|  | <input type="checkbox"/> Jewish   | <input type="checkbox"/> Any other (please describe in box below) |
- 

### 37. What is your ethnic group? Choose one option that best describes your ethnic group or background?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Arab  | <input type="checkbox"/> Black/African/Caribbean/Black British: Any other Black/African/Caribbean background, please describe in the box below | <input type="checkbox"/> White: English/Welsh/Scottish/Northern Irish/British                |
| <input type="checkbox"/> Asian/Asian British: Indian   |  | <input type="checkbox"/> White: Irish  |
| <input type="checkbox"/> Asian/Asian British: Pakistani  |  | <input type="checkbox"/> White: Gypsy or Irish Traveller                                     |
| <input type="checkbox"/> Asian/Asian Bangladeshi   | <input type="checkbox"/> Mixed/Multiple ethnic groups: White and Black Caribbean   | <input type="checkbox"/> White: Any other White background, please describe in the box below |
| <input type="checkbox"/> Asian/Asian British: Chinese  | <input type="checkbox"/> Mixed/Multiple ethnic groups: White and Black African   | <input type="checkbox"/> Any other ethnic group, please describe in the box below            |
| <input type="checkbox"/> Asian/Asian British: Any other Asian background, please describe in the box below | <input type="checkbox"/> Mixed/Multiple ethnic groups: White and Asian   |  |
| <input type="checkbox"/> Black/African/Caribbean/Black British: African                                    |  |  |
| <input type="checkbox"/> Black/African/Caribbean/Black British: Caribbean                                  | <input type="checkbox"/> Any other Mixed/Multiple ethnic background, please describe in the box below  |  |
- 

### 38. What is your sex?

- |                                 |                                     |  |
|---------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Intersex   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to say |



39. What is your sexual orientation?

- Heterosexual (people in a relationship with someone of the opposite sex)
- Lesbian (both female)
- Gay (both men)
- Bisexual (people of either sex)
- Other
- Prefer not to say

40. Do you provide care for someone? (Tick as many as appropriate)

- Yes - Care for young person(s) aged younger than 24 years of age
- Yes - Care for adult(s) aged 25 to 49 years of age
- Yes - Care for older person(s) aged over 50 years of age
- No
- Prefer not to say

41. Have you ever served in the armed services?

- Yes
- No
- Prefer not to say

**Thank you for your time.**

Please return this questionnaire to arrive by **21 December 2020** to

**Freepost address:**

Freepost Plus RTAA-XTHA-LGGC,  
Communications,  
Heron House,  
120 Grove Road,  
Stoke-on-Trent,  
ST4 4LX



## Glenfield Hospital

**“ The core of our approach is to separate emergency and planned care so that one does not overwhelm the other. ”**

Under our proposals Glenfield Hospital would expand by almost one-third - as services move over from Leicester General Hospital and Leicester Royal Infirmary.

A ‘super intensive care unit’ would be developed to support the growth in demand generated from all services. Planned orthopaedics (bones and joints), liver medicine, kidney medicine and urology services would relocate from Leicester General Hospital to create a special surgical hub with a supporting admissions unit. It would double the size of the intensive care services, improving the care of our most ill patients with conditions including strokes, heart attacks and breathing problems.

The renal service (looking after people with kidney disease) and haemodialysis service (cleaning of the blood) would move from Leicester General Hospital to Glenfield Hospital as part of the proposals. There would also be a haemodialysis unit located to the south of Leicester.

The treatment centre at Glenfield Hospital would provide outpatient facilities and day case surgery. The centre would offer 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 longer period of time.

The treatment centre is an important part of our plans and enables the separation of planned care from emergency care. At the moment, our emergency care services and planned care services sit side-by-side. This means that at times of pressure, patients waiting for planned surgery often have their operations cancelled because an emergency patient needs the bed, is in theatre or intensive care is full. Locating the treatment centre at Glenfield Hospital away from emergency care predominantly provided at Leicester Royal Infirmary, would help to protect planned care procedures.

We know that Leicester Royal Infirmary tends to be ‘full’ with traffic and parking is a significant issue for patients, visitors and staff. Moving the majority of planned care from Leicester Royal Infirmary – which currently sees more than 100,000 patients for day-case procedures and approximately 600,000 for follow-up appointments a year – frees up capacity at Leicester Royal Infirmary to manage emergency demand.

This creates space for a dedicated children’s hospital and new maternity hospital and reduces congestion and parking problems.



## Leicester Royal Infirmary

“ Still the primary site for emergency care with significant investment in a new maternity hospital and a newly established children’s hospital. ”

Leicester Royal Infirmary will continue to be the main site for emergency care. To make way for the new hospitals and services on this site, the majority of planned care and outpatient appointments would move to the new Treatment Centre at Glenfield Hospital or to a community hospital or general practice setting. Where more appropriate, they may be delivered as digital appointments rather than face-to-face.

This will help to relieve pressure at the Royal Infirmary site and provide significant space to plan and create new developments.

One of two ‘super intensive care units’ are planned for this site, which will double intensive care capacity, with specially trained staff providing critical care, equipped and designed to closely monitor and treat patients with life-threatening conditions.

The rehabilitation unit for people with a brain injury or problem with their nervous system will relocate to Leicester Royal Infirmary from Leicester General Hospital.

Our proposals include creating 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, alongside a dedicated children’s hospital.

This would allow obstetric-led births (specialist care of women during pregnancy, labour and after birth) and a co-located midwife-led unit to be with neonatal services (care for premature or ill babies) 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 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 newly established children’s hospital in the current Kensington building. 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 standalone 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 newly established hospital environment has been designed for children, giving them a much better experience and easing some of their worries.

The quality of the patient environment within the Leicester Royal Infirmary would be welcoming and suitable for patients, visitors and 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.

An improved patient environment would also benefit staff in their day-to-day work, delivering high quality care, from cleaners to consultants and porters to nurses. It is expected that staff will be retained for longer and more skilled staff will be attracted to work at Leicester’s hospitals.



## Leicester General Hospital

“ No longer an acute hospital - instead Leicester General Hospital would be developed into a smaller campus that focuses on community health with some inpatient beds. ”

We are proposing to create a community campus at Leicester General which would serve people living in the east side of the city and county with:

- A dedicated building for the Leicester diabetes centre of excellence
- A dedicated GP access imaging hub (to help with diagnosis)
- Stroke recovery centre with inpatient beds at the Evington Centre
- A midwifery-led unit - dependent on the outcome of public consultation - within the existing Coleman Centre
- Administrative, education and training services in the Brandon Unit.

In addition, we want to explore through this consultation potentially developing other services at this site, including:

- A GP-led primary care urgent treatment centre, open at least 12 hours a day, every day, offering appointments that could be booked through NHS 111, a GP practice or referred by the ambulance service. There would also be a walk-in access option
- 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
- Community outpatients service providing additional care for people referred for treatment in the community
- Additional primary care capacity to provide family health care to people living in the east of the city.

### Options for maternity and midwifery-led unit

Reviews of maternity services identified that the standalone midwifery led unit at St Mary’s Hospital in Melton Mowbray is not accessible for the majority of women in Leicester, Leicestershire and Rutland. It is also under-used with just one birth taking place every three days. While the proposal is to relocate the midwifery-led unit at St Mary’s to Leicester, we would maintain community maternity services in Melton Mowbray. We would ensure that there is support for home births and care before and after the baby is born in the local community. If someone has a complicated pregnancy, care afterwards would be provided in an outpatient service located at Leicester Royal Infirmary or in remote/virtual clinics.

As part of the consultation we would want to test if a new standalone midwifery-led centre would be used by expectant mothers, if appropriate to their individual circumstances. If the consultation shows support for a standalone midwifery-led unit run entirely by midwives, it would need to be located in a place that would be chosen by enough women as a preferred place of birth and ensure fair access for all women regardless of where they live in Leicester, Leicestershire and Rutland. It would also need to be sufficiently close to more medical and specialist services should the need arise.

It is proposed that for a trial period the centre would be located at Leicester General Hospital, where it would be much quicker to transfer a patient by ambulance to the maternity hospital in an emergency situation. For a standalone unit to be viable it must have a minimum of 500 births each year.

## Options for hydrotherapy

There is currently one hydrotherapy pool at Leicester General Hospital. We are proposing using hydrotherapy pools already located in community settings in schools and community centre. This would provide care closer to home and improve access to hydrotherapy pools for our population.

## Support services

Support services such as expansion to the mortuaries, pathology and pharmacy form part of the proposals. Also included is an expansion of the 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.

## How do the proposals affect transport, travel and parking?

Our proposal takes into consideration travel times for people to reach hospital and the ease of getting to each site, including parking. The proposal for how services should be provided in the future means that 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 Leicester Royal Infirmary. In addition, the need to transfer patients between three acute sites would reduce considerably with proposals to have two acute sites.

However, the proposal does potentially create an increased travel journey for approximately 30% of patients living in Leicester, Leicestershire and Rutland who need acute hospital care. This 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.

The relocation of significant numbers of planned care services and outpatient clinics to the Glenfield Treatment Centre would also mean that traffic and congestion around the Royal Infirmary would be less of an issue. The creation of new car parks at both the Royal and Glenfield would help ease current parking difficulties.

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.

We recognise that transport is a very important consideration for our patients and staff and we will use feedback from the consultation to help us with our plans.

## How we propose to fund the improvements

Our proposals have received a commitment of £450 million funding from the Government in principle – subject to the outcome of this consultation. Vacated land and buildings at Leicester General Hospital would be freed up and sold for affordable housing developments. Money from the sale of the land and buildings would be reinvested into the hospitals.

## How we arrived at the proposal

The NHS has been listening to people about changes to the three hospitals in Leicester for 20 years. All this feedback has helped shape the proposal. Our engagement in recent years has included hosting nine public events, attending 15 community meetings, running stakeholder meetings, meeting MPs and councillors, and an online video. Engagement on the local strategic plan for health and social care in Leicester, Leicestershire and Rutland, which included consideration of Leicester's hospitals, reached more than 10,000 people.

As both a legal requirement, but also as a moral duty, 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 equality impact assessment was undertaken to ensure that there would be fair access for everyone, avoiding inadvertently excluding any particular groups of people.

## Summary of the key points of our proposals

- These proposals will improve patient care and enable Leicester, Leicestershire and Rutland to have NHS services fit for the 21st Century
- Certain services will be located together on one site to improve patient safety and deliver better results
- Bringing together certain services on certain sites will reduce confusion for patients as they will have all their appointments in the same location and environment
- For the majority of 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.
- Separating emergency patients from planned care patients will reduce the likelihood of planned care procedures being cancelled due to emergency pressures
- The new way of providing 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, with some inpatient beds, including additional GP services will improve access for patients, particularly those living in the east of the city and the county



## Get involved - and have your say

This consultation will run from 28 September to the 21 December 2020. We want to know what you think about our proposals for changing acute and maternity services. You can tell us by:

- Attending one of our public events or workshops. Full details on our website at [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)
- Completing our questionnaire online at [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)
- Filling in and returning the questionnaire in this booklet.
- Emailing us your views at [beinvolved@LeicesterCityCCG.nhs.uk](mailto:beinvolved@LeicesterCityCCG.nhs.uk)
- Phone us on 0116 295 0750 or emailing [beinvolved@LeicesterCityCCG.nhs.uk](mailto:beinvolved@LeicesterCityCCG.nhs.uk) to arrange to complete the questionnaire with a member of staff.

To keep up to date with news of the consultation, follow us on social media:



**Facebook:** @NHSLeicester



**Twitter:** @NHSLeicester #BetterHospitalsLeicester

## ONLINE EVENTS

Two question and answer sessions will be held online on **Monday 12th October 2020** and **Monday 7th December 2020**.

A series of workshop will also be held throughout the consultation. For more information on all our events and workshops please visit [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)

Please be aware that your responses to this consultation will be passed to an independent organisation for analysis so that they can be summarised anonymously as part of our consultation report. After the consultation ends, a final report will be received by the three CCG governing bodies in public meetings. The public consultation will be considered and taken into account in any decisions they make.

Further information supporting the consultation is available on our website at [www.betterhospitalsleicester.nhs.uk](http://www.betterhospitalsleicester.nhs.uk)

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