NHS Proposals LLR (Leicester, Leicestershire & Rutland) Sustainability & Transformation Plan (STP)
Notes on Engagement Events by East Leicestershire & Rutland CCG (Clinical Commissioning Group)

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The CCG held it's first two public events on 24th & 26th January in Oakham & Uppingham respectively. A summary was presented of the STP proposals for health & social care in LLR over the next 5 years and opened for discussion with the audience. Without action by 2020 our CCG will face a deficit of between £350m to £400m. Nationally our population is growing & aging, more people are living longer with complex health needs and there are more demands on the NHS, e.g. demand for GP services has risen by 48% since 1998. The CCG has to find services to meet patient needs, but there is not enough money. For the last 2 years work has been done in LLR on 'Better Care Together'. Main areas under review are health & well being (including prevention); quality of care & services, & finance & efficiencies. The CCG assured the audiences views of the public will be listened to carefully before formal consultation begins, probably in the summer as the STP is currently only at draft stage. The plans rely on a bid for £300m capital requirement being signed off by Government, that may not be for a further 3 months. Without this money the plans cannot be implemented. Consideration is also being given to the pooling of health & social care budgets.

Home First Community hospital beds to be replaced where possible by Home First, patients remain at home with support from a multi disciplinary community team, family & friends & the voluntary sector. GPs would be allowed more time with complex patients, coordinate patient services & decide a named professional for patients with care needs.
Acute & Community Hospital Beds Acute beds across LLR cut by 243. Leicester General Hospital beds close & move to LRI (Leicester Royal Infirmary) & Glenfield Hospital. The General would retain some services but have no theatres or intensive care beds. Oakham Hospital's 16 sub-acute/rehabilitation beds to close and 10 beds at Lutterworth, but there would be 4 additional beds at Melton Hospital.
Maternity Leicester General Hospital & Melton Mowbray Hospital maternity beds close. Dependent on capital investment a women's & children's hospital would be built at LRI to centralize all maternity services.
Out Patients (OP) Services Out of a total of 42,000 OP appointments for Rutland, only 5,000 a year take place in Oakham Hospital, that would rise to 12,000 with Oakham as the hub for Rutland. With some minor investment this would make better use of Oakham Hospital, where currently 1 ward is closed and the 2 theatres are being used for storage. Clinics would expand to include Trauma & Orthopaedics, General Medicine & Surgery, Ophthalmology & Urology with consultants attending from both Leicester & Peterborough hospitals. Glaucoma was cited as an example of local OP appointments working well, it has changed the patient pathway & increased capacity. Next step to put in a local Optometrist.
Urgent & Emergency Care The aim is for urgent health care to be available 7 days a week 24 hours a day with more local diagnostic facilities (e.g. X-ray & scans). Currently funding follows patients across county boundaries if you are seen outside Rutland (e.g. Corby), this should continue. The key is the 111 service, which needs to improve. At present only 13% of callers speak to a clinician, this needs to increase to 60%. 111 can be very useful reducing pressure on 999 calls & they can book patients appointments at an Urgent Care Centre, but the service is not consistent or well understood by the public.

Summary of Audience Comments/Concerns
Both meetings were well attended & discussions were lively at both events.
Home First The theory of Home first was felt to be good as most people would like to stay in their own home, but in practical terms it was felt unlikely to work in the way described. Members of the public with experience of care, including a retired local GP, felt the cost of keeping community hospital beds open would be no more expensive than care at home & safer for patients. As Oakham Hospital building would remain in use as a hub for community services & out patient clinics, & current community services in Rutland are stretched to the limit, it did not seem logical to close the beds. Requests for a detailed breakdown of costs of care at home versus hospital were made. A strong case for keeping Oakham Hospital beds open was also made by a Consultant Geriatrician who currently attends the hospital & uses the beds. Also the national shortage of GPs was a concern, as GPs would coordinate this service. Providing enough care in rural areas with patients scattered over a wide area would require a massive investment in staff. The audience felt

Home First would not have the funds needed & struggle to have enough care staff. The lack of end of life beds in Rutland if plans go ahead was also raised.
Acute Beds Cutting the overall number of acute beds was questioned, especially as nationally the NHS is short of beds. If the STP is adopted it was felt many more Rutland residents will opt for treatment in Peterborough as it is a lot closer for many than LRI or Glenfield. Concern was raised as to whether Peterborough could cope with additional demand. The hospital Trust is in debt due to the build of the City Hospital, a Privately Funded Initiative (PFI) & is often on 'black alert' due to shortage of beds.
Maternity Services Moving all maternity beds to LRI was not a good idea & could put mothers & babies at risk. LRI is not easy to get to, especially in rush hour, & parking is difficult.
Out Patient Services More out patients appointments locally was welcomed but again the practicalities of providing this with enough consultants & diagnostic services (x-ray, scans etc.) was questioned. Parking at Oakham Hospital is also an issue.
Urgent & Emergency Care Providing 7 days a week 24 hour urgent care a good idea, but a lot needs to be done to improve the 111 service & increase local facilities . Public education would be needed so people know who to ring, where to go & when services are open.
Transport for patients without cars or anyone available to take them to hospital is already an issue. More transport services would need to be available.

See Appendix attached for lists of the main questions raised & in some cases the responses.

Susan Pickwoad
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Barrowden Parish Councillor

Appendix - Audience Reaction/Comments re East Leicestershire & Rutland Proposed STP

A) Home First & Hospital Beds

1) The NHS is already short of beds & the population (& demand) is growing. Reducing capacity with current demand is not right.
2) Cross border care (outside Leicestershire & Rutland) needs to be planned for.
3) Many more people in Rutland will opt for treatment at Peterborough as much closer than LRI or Glenfield. Can Peterborough cope with this increased demand?
4) LRI is not easy to access especially in rush hour, parking is a problem & Glenfield is a long way to go.
5) More transport services needed for patients who don't drive or have someone to take them to hospital.
6) Need better use of technology for care at home e.g. modern communications. Audience advised there will be growth in assisted technology e.g. video conferencing, equipment for memory loss patients etc.
7) There are not enough care beds in Rutland so badly need the community beds in Oakham Hospital.
8) More step down beds from acute hospital (like the Van Geest unit in Stamford) are needed for safe rehabilitation with doctors on hand, not less beds.
9) Hospital discharges already a problem even with community beds, as no support (social care) at home. LPT (Leicestershire Partnership Trust) advised on admission a social worker & nurse go in to hospital to plan patient's discharge.
10) Oakham Hospital is greatly valued, good treatment, homely atmosphere & not far for most people to travel. High standards of care are met e.g. very good infection control, and patients are safe. The hospital is underused with a closed second 8 bed ward that could easily reopen. A request was made for GGC & LPT to spent a day on Oakham's ward to see the work being done & the quality of care given.
11) Oakham Hospital sometimes hold beds for patients from Leicester who do not arrive for 2 or 3 days, so beds are left empty suggesting lower occupancy/lack of demand, which is not the case.
12) Why increase Melton Hospital community beds as only has 1 ward? Healthwatch Rutland asked to see the information producing the decision to close beds in Oakham rather than Melton.
13) Oakham proposed as the Rutland Hub for community services & OP appointments, so the building will remain open with associated running costs so why close beds?
14) A consultant geriatrician with 34 years of experience gave a powerful plea for Oakham beds to remain open. To close them would be "pure insanity". The beds are of great value to his elderly, confused patients who would not respond well to care in large city hospitals & are difficult for friends & relatives to visit.
15) Suggestion that Oakham Hospital building is not fit for purpose (for community beds) disputed.
16) Family & neighbourhood support the plan anticipates being available for Home First not there in reality.
17) Request for evidence, to run trials, to see how care at home works versus a community hospital bed & provide detailed costings for both. Not convinced care at home any cheaper (patients may need 2 carers 3 or 4 times a day & a night service, home help, physio, district nurse etc.). Audience told LPT (Leicestershire Partnership Trust) have done some pilot studies on home care. Currently have 250 community beds worth of nurses, physios, occupational therapists etc. doing 4 to 5 visits a day + social care for up to 10 days, like a hospital community bed service. As this grows less community hospital beds would be needed.
18) A retired local GP said currently community services are stretched to the limit & can't meet patient needs, especially in rural areas. Massive investment in staff is needed, can't do this with the budget available.
19) Equipment an issue in hospital, as often delays providing it, how will that work at home?
20) No provision for end of life care in Rutland. 30 deaths took place in Oakham Hospital last year. Also the loss of the Karen Ball suite, money for which was raised in Rutland.
21) Concerns over funding for GPs, community care & urgent & emergency care. Already a national shortage of GPs so hard to get appointments.
22) Problems with current GP services include the telephone triage system, can lead to inappropriate advice if patient not seen by their normal GP. Proper reviews & advice following blood tests etc. very important but GPs already under pressure. Drugs & repeat prescriptions not always ready on time so return visit to GP practice needed (hard for elderly & those without a car). These problems could worsen with Home First.
23) Where does the 'buck stop' with the Home First model? This would be the GP.
24) Who contacts the team if patient is unwell & how easy would this be out of hours (evenings or overnight)? What is response time of home care especially in the middle of the night? Ideally the service needs to be planned for the next day or a 2 days later service, but can react in 2 hours.

25) Conflict of interest as GP practices run as a business. Audience assured GPs would be the coordinators of Home First service not employers of the community staff.
26) Healthwatch Rutland asked for assurance (as stated at a previous closed meeting) written into the STP plan that the CCG would test their plans to close acute & maternity beds before making changes. Audience view, not logical to cut beds before an alternative is available. Healthwatch Rutland said the message is mixed, can't close beds until the new system's in place so how will this be done? There will be a national system, a Transformational Fund for double running.
27) How will money transfer from acute & community beds to the community? Better Care Together fund of £2.3m of health money to go into a health & social care fund. Savings made with STP e.g. Leicester General Hospital estimated current running costs £35m p.a.
28) Money/funding is the problem & local MPs need to be involved.
29) Healthwatch Rutland asked how will the Home First model work for mental health? Community services already exist but don't link in together. Audience advised stronger links would be formed between physical & mental health. The Crisis team currently works at LLR level & the integrated service would include a community mental health team linked into community services.

B) Urgent & Emergency Services
1) Public education needed to get 111 used more.
2) To be trusted 111 needs to be less confused. Reduce repetition as patients are asked the same questions by the initial call handler, a nurse then a doctor. Need more clinicians taking calls not someone non-medical asking questions off a protocol (tick list). Call handlers need local knowledge to direct patients to the closest most appropriate place, including cross county.
3) More out of hours local diagnostic services (x ray etc.) are required.
4) Need more doctor led facilities for patients to be directed to.
5) Better technology so patient information is not fragmented & notes follow patients.
6) The current walk in nurse service at Oakham Hospital with a GP on call does not work well.

C) Maternity Services
1) To have to get to LRI to give birth not practical in busy rush hour traffic.
2) Longer distance to maternity services could put Mums & babies at risk.
3) Parking at LRI already difficult & more so for the maternity building.

D) Out Patient Services
1) Would local OP appointments include chemotherapy or dialysis?
2) Need consultants to attend from cross borders e.g. Peterborough.
3) Patients may opt for OP appointments in Oakham but want scans etc. elsewhere e.g. Peterborough.
4) Local OP appointments don't always mean actual treatment close to home, example quoted of cataract operations, if seen as an OP in Melton Mowbray have to go to Loughborough for surgery (may be addressed if more day case surgery done at Melton).
5) More local OP appointments good in theory but not sure of the practicalities.
6) How will shortage of consultants for local OP (Out Patient) appointments be addressed?
7) How will local OP appointments reduce pressure on the NHS if consultants have less time in city hospitals?
8) STP plan allocates money for office modification at Oakham Hospital but not to improve diagnostics facilities.