Virtual Healthwatch Rutland Annual Meeting

Notes from Question and Answer session following the presentation on '*Restarting NHS services for Rutland people with an integrated and place-based approach*'

The presentation was delivered by guest speaker Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups and colleague Sarah Prema,

Questions were asked by: Bart Hellyer (BH), Sarah Furness (SF), Sam Harvey (SH), Jacqui Darlington (JD), Janet Underwood (JU), Kathy Reynolds (KR), Tracey Allan-Jones (TA-J).

Answers were given by Andy Williams (AW) and Sarah Prema (SP)

1. The Chair opened the Q&A, referring to the questions sent to AW prior to the meeting from the Rutland Health and Social Care Policy Consortium and asked about the reconfiguration of hospital services. AW acknowledged there are still concerns with transport and integrated care, saying that the reconfiguration of acute services is important for offering effective secondary care and has ramifications for Rutland. He assured the meeting that the point of the consultation is to understand all impacts on people and to use that information to develop plans going forward.

2. KR referred to the questions, saying how important it is to know the answers before consultation starts in two weeks' time. AW said that the questions will form part of the consultation and will be addressed in the process. He also said that these are issues within a wider context and within this consultation there is an opportunity to develop a primary care offer. The Better Care Together partnership (BCT) is keen to understand why people travel for care so that they can develop as many services locally to meet the need for people in Rutland. The issues raised are acknowledged and he is happy to work with the consortium going forward.

3. TA-J asked what sort of feedback had been received from the public on the '10 system expectations' mentioned in the presentation. AW responded that they have engaged in partnerships with Leicester, Leicestershire and Rutland looking at people's experiences during COVID-19 and they have worked with patient panels and design groups to gather feedback. He reported the following responses from the public:
   - Concern/nervousness about virtual appointments, although many others supported the idea
   - Positive response regarding 'more care closer to home'
   - Support with restarting services
   - Concerns about access to technology

   AW acknowledged that there is more work to do around what the future system would look like.

4. KR again highlighted the need for answers to previous questions as it is unclear how services 'will feel' in Rutland, emphasising a need to stay in LLR to receive care. AW said a structured response to the four questions would be given as part of the consultation process.

5. BH asked about 'more care in local settings' and to define what this means. AW responded that feedback from the public and clinicians in Rutland has highlighted that over time the NHS has not paid enough attention to primary care and preventative strategies. 'More care in local settings' means more work with family doctors, community services and developing opportunities in outpatients for example. He said it is simply the 'services that people need more of more often' and 'more care in Rutland for Rutland'.

6. SF asked if Rutland Memorial Hospital will stay open and be expanded to offer other services. AW informed the group that they are still understanding what the role of the hospital will be and that many options are being explored in alignment with relevant data. He said that it is not easy to modernise existing/older hospitals, so the options need to be looked at carefully.

7. SF asked if it has been considered that Rutland Memorial Hospital was a useful resource for taking patients from acute hospitals to free up beds there? AW clarified there will always be a need for inpatient care, however recent evidence shows that care recovery 'at home' creates a better outcome and this needs to be considered.

8. SF asked about the St Mary's Maternity Unit in Melton being closed as this opposes the idea of 'local care'. AW said that some aspects of maternity will be delivered locally but, in this instance, it is not ideal to deliver these services locally in a 'standalone' facility.

9. BH asked about diagnostics moving to a local setting and suggested whether sending people for scans to Glenfield is an efficient option. AW said this is the kind of pattern they are looking at for local services.

10. KR referred to the £450 million capital investment in Leicester hospitals and asked how other work in the community will be funded. AW responded that there are specific pots of money for specific things. He explained that there is regular revenue funding every year that it is being skewed slightly to help move money into delivering local services better; £60-65 million is being released in secondary care and will therefore help deliver other plans. SP added that alongside normal allocation of money from NHSE there are other pots of money to help deliver local services such as specific funding for mental health and primary care networks to employ into new staff roles, which are aligned to the long term plan.

11. JU made suggestions that she felt may help to mitigate travel and parking issues that are encountered by Rutland residents:
    - A park and ride system at Leicester General that had been previously discussed
    - Could expectant mothers access the diagnostic imaging centre planned for the Leicester General rather than having to travel to Leicester Royal Infirmary?
    - That dialysis be delivered at more local units, including in Rutland, to save people from travelling

    AW said that he would feed these ideas back into the relevant conversations.

12. SH asked if the parking situation at the Glenfield could be reviewed urgently especially as NHS services have reopened and while building work is still ongoing. AW responded that he will take these points back to conversations with colleagues in UHL.

13. JD asked about carers and vulnerable people who cannot manage change especially those moving from children to adult services. AW said that one of the things they are trying to do differently is not to plan things in parts and look at a 'whole place plan' so that more things like this can be made available locally to reduce changes that force people to travel.

14. JU noted that the Pre-Consultation Business Case for Leicester hospitals reconfiguration is based on more care in the community, including procedures and outpatients' clinics at Rutland Memorial Hospital (RMH). As future usage of RMH has not been determined what will happen if it no longer remains? AW said that services will still be available to Rutland people closer to home.

The Chair thanked Andy Williams and Sarah Prema for attending the meeting and all attendees for an interesting and varied discussion.