

Questions and Answers: Leicester's Hospitals reconfiguration proposals

Leicester General Hospital

Why do you have to close the General?

We're not closing it; it stays as a healthcare site just not as an acute hospital.

There are three hospitals in Leicester as a result of history rather than design. For the last decade our clinical teams have been telling us that it's nigh on impossible to run effective services when people and kit are duplicated and triplicated across three hospitals. Staff and patients are bounced between the three, clinical services that ought to be next to one another are separated which hinders team working and it's clearly expensive to run.

To be honest, if money were no object we would ideally like to go from three hospital sites to one, with every service ideally located under one roof but that would be prohibitively expensive and so the next best option is to consolidate on to two sites.

Why is this all being done in secret?

It's not. Our plans were first published in public in 2015, then updated in 2017, and have been covered in the media and presented at stakeholder events around the City and Counties. The overwhelming feedback through all of that was 'you've been talking about this for more than a decade, why don't you just get on with it?'

Councillors in Leicester, Leicestershire and Rutland requested to hold a full public consultation on downgrading of Leicester General Hospital. Why is it not done?

We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved for our entire plan.

Following these service moves the bulk of clinical services currently provided at the General will remain, including the provision of Level 2 intensive care unit. The planned intensive care unit changes have been designed in a way that does not make further changes inevitable or unavoidable; although the scheme is consistent with the overall strategic direction of travel.

What is the future of the General Hospital?

The General will still be a healthcare setting with a number of services still delivered, but it will no longer be an acute hospital. The land that it not used for health care facilities will be sold for housing.

What is a community health hub and what will be provided on the General site?

The Evington centre, run by Leicestershire Partnership NHS Trust will remain on the General site. This will house the city stroke rehab service.

The Leicester Diabetes Centre will stay at the General and we propose to leave the imaging service on the site as a direct access facility for patients referred by their GPs for x-rays. The City Clinical Commissioning Groups is considering the location of urgent access GP care adjacent to the imaging centre; and longer term, the provision of GP services to service the new housing development.

What land are you selling off at the General?

We are proposing to sell off the land on Hospital Close (currently residences) and some of the estate where the existing General Hospital sits. Some of the General site will be retained – for example the Diabetes Centre of Excellence, the imaging hub and some outpatient accommodation for future GP services. The Evington Centre will also remain on the site.

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Where does the income go from the housing development?

The money from the sale of the land will come back to Leicester's Hospitals and this will be used to part fund the new hospital reconfiguration. The housing developer has to pay some money directly to the council to support public needs, this includes the roads surrounding the development, as well as consideration of the needs for schools and health services.

How will you make sure you get value for money for the public purse from the land sale?

Within the NHS there is specific guidance - Health Building Note 00-08 - Estate code, which provides detailed processes for the sale of land and property to ensure the most effective way in which to achieve value for money through disposals, including sharing the sale details with other public sector organisations.

Is it a good idea to sell off the land when the needs are rising for more health services?

Land will only be disposed of when it has been declared surplus and is planned through a comprehensive estates strategy. The Trust has more developable land at the Glenfield Hospital.

Is there going to be affordable housing?

The development opportunity of any surplus land has yet to be confirmed through a master planning exercise. However through the normal planning process with the local authority it is usual that a mixed development is required. These details would be produced by any future developer in conjunction with the planners.

Will there be key-worker housing for staff?

As with the above, the type and style of any development will be made as part of the planning process. However the NHS is keen to support the inclusion of some key worker accommodation.

How will the facilities and environment be better for me as a consequence of the changes?

The services we relocate will be provided from either new build facilities, or from refurbished accommodation. They will be designed to be fit for purpose, bright, airy and provide improved accommodation – more space, en-suites etc.

Do you only get the funding if you sell off the land at the General?

Yes, the funding rules were very clear, that we need to apply the outcome of the Carter review and identify land that isn't being used so it can be considered for housing. This is a national target that every NHS trust has to comply with, even if they don't want funding.