

Questions and Answers: Leicester's Hospitals reconfiguration proposals

Intensive Care Unit

If you're moving Intensive Care off the General site isn't this the thin edge of the wedge to close the General?

No. Once we've consolidated intensive care unit and solved the on-going clinical risk, the other services at the General (e.g. elective orthopaedics) could stay as they are indefinitely. We don't want them to because it doesn't make clinical / operational or financial sense, but they could. In any event the long term plans for the General will be subject to full, formal public consultation just as soon as we are allowed to do that.

Why haven't you consulted on the intensive care unit moves?

When our clinicians first raised the issue about the sustainability of the intensive care unit at the General Hospital, we wanted to act quickly, such was the level of concern, and so we consulted the City and County HOSC and asked them to support our stance of not entering into formal public consultation on the plan. They did support that, recognising the clinical urgency. Then of course the money dried up and we were left with a plan, a big clinical risk but no way of addressing it until now. The irony is that now we're in a position to finally address the intensive care unit sustainability issue we're being asked to formally consult which will further delay the scheme and increase the costs.

Why has there been a delay in moving your intensive care unit off the General Hospital?

Disappointingly Leicester's Hospitals were unable to progress these plans until national capital funding became available again in spring 2017 and an outline business case was approved by Clinical Commissioning Group Boards in November 2017, with subsequent FBC approval in July 2018.

The Clinical Commissioning Groups and Leicester's Hospitals have been planning to close down Intensive Care and other services at Leicester General and to move them elsewhere. This is an obvious threat to the General Hospital. Why was it that Public Opinion not sought earlier and initiating the so called Public Consultation now, when it is too late to influence what is happening?

Leicester's Hospitals first presented plans to consolidate Level 3 intensive care unit - currently provided at all three sites, on to Glenfield Hospital and Royal Infirmary in 2014/15 - on the basis that maintaining the service on all three sites was unsustainable and inefficient.

Plans at this time were supported both by Commissioners and Leicester and Leicestershire HOSCs and the Trust started to progress plans for the scheme without public consultation further to outcome of discussions with HOSCs and Clinical Commissioning Groups. Disappointingly Leicester's Hospitals were unable to progress these plans until national capital funding became available again in spring 2017 and an outline business case was approved by Clinical Commissioning Group Boards in November 2017, with subsequent FBC approval in July 2018.

Leicester's Hospitals and the Clinical Commissioning Groups have apologised for having missed opportunities to have kept the public and other stakeholders more informed about the progress of the scheme since decisions were taken in 2015, 2017 and 2018; however have stated that to consult at this very late stage would not be appropriate.

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.

Why don't the proposed new intensive care units meet current guidelines on space and number of private rooms?

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The HBN 04-02 you refer to gives "best practice" guidance and the new units will provide better space and facilities than we currently have.

Why haven't you consulted on the big reconfiguration plan?

We're not allowed to go to formal consultation until the government have agreed to the funding in principle.

It's frustrating because as we've said this isn't a secret, but on one level you can understand the logic, i.e. if we go out to promote the new hospitals and then the money doesn't materialise, the government will take the rap for it. So, instead we're upping the level of engagement (which is different to formal consultation), as a way of trying to keep the public and staff enthusiastic about the vision for our hospitals.

Why are you cutting the number of beds when everyone knows you never have enough?

We're not. The plan is from this winter onwards we increase the number of beds by about 50 as well as eventually doubling intensive care unit capacity. (The original plan 2016 saw us cutting beds but we pretty soon realised that this was unrealistic).

How certain are you that you'll get the cash?

We're confident but it's not guaranteed. We think we're on the list of schemes nationally that could be backed and so what we're focusing all our efforts on is making the case as watertight and compelling as possible... ultimately the decision is with Department of Health/ Treasury... we've just got to make sure that there's strong support for the vision.