Questions and Answers: Leicester’s Hospitals reconfiguration proposals

**STP/Consultation**

**When is consultation going to start?**
We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved.

This is because one of the tests for consultation is the assurance that what is being consulted on is deliverable; this includes the allocation of funding.

We will only be able to go out to consult once we have had been allocated the funding and our pre consultation business case has been approved, at this time we don’t know when this will be.

**How is it real consultation if you are already bidding for money and have designs?**
We will be consulting on a proposal. We genuinely want to hear people’s views on our proposals. In order to bid for money we have to have proposals so the government can see our ideas are affordable.

We don’t have designs just artists impressions of what the different hospitals sites could look like.

**Why aren’t you allowed to go out to formal consultation until national funding announced?**
We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved.

This is because one of the tests for consultation is the assurance that what is being consulted on is deliverable; this includes the allocation of funding.

We will only be able to go out to consult once we have had been allocated the funding and our pre consultation business case has been approved, at this time we don’t know when this will be.

**We’ve heard all this before and nothing changed, so what is different this time?**
The government has stated that it will invest in a couple if large schemes every year; we are one of a small number of hospital Trusts who are seeking this level of capital money. Nationally, the availability of funding has been very limited due to austerity, but we have done everything possible to ensure we are in the best possible position to get funding.

**What’s plan B if this doesn’t work or happen?**
We will continue to bid for capital whenever it becomes available. We are confident it’s a case of when, not if. In the meantime, we will continue to provide our services as best we can within the buildings that we have.

**Where’s the voice of patients in all this?**
We are actively engaging patients in our projects. We will ensure co-production of appropriate design with patient groups and partners as we progress our plans. We had recent experience of this when Vista and Age Concern were involved in the design to create dementia and visually impaired friendly environments in our Emergency Department.

We have spoken with patient and public involvement groups about our plans and listened to their views, but once we are able to consult we will actively encourage patients to tell us what they think.

**NHS does not belong to a political party or to a party in power. NHS and its assets belong to the people. Therefore, can you please inform the public whether any estates are being sold off - as requested by Naylor Report - and if it is, why is that public are not consulted?**
**Questions and Answers: Leicester’s Hospitals reconfiguration proposals**

We are not allowed to go out to public consultation until we have the funding agreed and the Pre Consultation Business Case is approved. This is because one of the tests for consultation is the assurance that what is being consulted on is deliverable; this includes the allocation of funding. We will only be able to go out to consult once we have had been allocated the funding and our pre consultation business case has been approved, at this time we don’t know when this will be. Land will only be disposed of when it has been declared surplus and is planned through a comprehensive estates strategy.

**What land is being sold off at the Glenfield and why?**

The land at the Glenfield we propose to sell (known as the paddocks) currently services the needs of some horses and there are no healthcare services provided on them. We could use the money from that sale to reinvest in health services for local people.

**If there is a delay in an announcement - would we do the same as now and railroad through changes**

The proposed changes around ITU are because of there is a clinical need for change – we will be consulting in depth around the bigger configuration.

**If the powers at be hold the funding then you will just railroad through changes and you won’t consult - how will it be different than the intensive care unit issue?**

There was a clinical need for the intensive care unit changes. We are committed to consulting once we have been given the approval for the funding.

**Have you consulted MPs on your plans?**

Since 2015 we have shared our long term plans with local MPs. We will continue to do that and hope to gain their full support for the plans we have developed to improve local health services and hospitals for local people.

**What opportunities with the public have to influence your plans if you’ve already done so much work on them?**

Whilst we have done work to inform the pre-consultation business case, once we have an outcome of the consultation process, we will plan to undertake detailed planning on which we will engage with the public.

**Why are you not talking to the public and engaging us in your plans? What plans to you have to improve communications and engagement?**

We recognise we have not done as much engagement with the wider public to date, but we are committed to improving that and will be looking for opportunities to meet with groups, hold events and use social media more in 2019 to engage people in our plans.

**Will you change your plans through consultation if the public share ideas that could improve your plans?**

All views obtained through consultation will be considered within the context of the proposals. At the end of consultation we will be developing a decision making business case which will articulate
Questions and Answers: Leicester’s Hospitals reconfiguration proposals

how we have taken account of the publics’ views. It is really important to us that our plans reflect the needs of the local population, whilst taking account of health economy.

What assurances can the public have that you are going to co-produce your plans with them?
We strongly believe that we get a better outcome if we co-produce plans with the public. This is evidenced in our new emergency floor where we involved interested parties (Vista Blind and Age UK), patients and the public in the design of the new facilities – especially the frailty friendly areas and the new dementia suite.