

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP
BOARD MEETING**

10 July 2018

Title of the report:	Hinckley and Bosworth Community Health Services: Business Case for Planned Care Activity
Section:	Setting the Strategic Direction
Report by:	Caroline Trevithick, Chief Nurse & Quality Lead Dominic Leadbetter
Presented by:	Caroline Trevithick, Chief Nurse & Quality Lead

Report supports the following West Leicestershire CCG's goal(s):			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

Equality Act 2010 – positive general duties:
<ol style="list-style-type: none"> 1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. 2. The CCG will work with providers, service users and communities of interest to ensure any issues relating to equality of service within this report are identified and addressed.

Additional Paper details:	
Please state relevant Constitution provision	5. Functions and general duties – 5.1.1 a) Commissioning certain Health Services that meet the reasonable needs 5.1.2 a) ii. ... developing commissioning strategies and operating plans ...
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	
Discussed by	WLCCG Governing Body March 2018
Alignment with other strategies	LLR Sustainability and Transformation Plan
Environmental Implications	Closure of Community Hospital

Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	Paper indicates wide range of public and stakeholder engagement
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EXECUTIVE SUMMARY

1. The following paper is the pre consultation business case (PCBC) for West Leicestershire Clinical Commissioning Group (WLCCG) relating to Community Services in Hinckley and Bosworth. An earlier version of the PCBC was discussed in the confidential board meeting in March 2018 and this final version addresses the comments made by board members regarding the costs of both options and the value for money case. Since the March meeting, NHSE have issued further guidance regarding the content of the PCBC and the recommendations have been reflected in the paper.
2. Since 2014 WLCCG has been working with stakeholders and the local community to develop a proposal for the future of planned care services currently delivered from Hinckley and District Hospital. Hinckley and District Hospital is a Victorian Building and has been subject to numerous reviews over time and, due to the increasing concerns regarding the viability of the hospital environment, its current service provision is not sustainable. Most recently in 2008, inpatient beds were closed in the hospital and relocated to Hinckley and Bosworth Community Hospital, a new building on the site of the old Hinckley Sunnyside Hospital. At that time, phase 2 of the plans was to relocate the planned care services to Hinckley and Bosworth Hospital alongside the inpatient beds. This however did not happen; as a result of this day case surgery, endoscopy, X-ray and ultrasound have continued to be provided at Hinckley and District Hospital.
3. The site currently undertakes the largest amount of activity of all of the Community Hospital planned care sites in Leicester, Leicestershire and Rutland (LLR). The paper demonstrates that the hospital is no longer fit for purpose and that without capital investment in the locality services cannot continue to be safely delivered at the site. The paper identifies how other NHS Estate in Hinckley and Bosworth could be utilised to provide services currently located in Hinckley and District Hospital. In addition to Hinckley and Bosworth Hospital on the outskirts of Hinckley town, Hinckley Health Centre is situated in the town centre, adjacent to Hinckley and District Hospital.
4. There is currently a back log of maintenance in the estate at the value of £1.024m, this in itself is presenting clinical concerns for the current provider, the LLR Alliance, and staff within the hospital have instigated many risk mitigation measures to ensure that patient safety is maintained. The paper describes the clinical drivers for change including:
 - Inability to provide bowels cancer screening due to lack of JAG accreditation as the environment is unable to be changed to provide the required standards
 - Lack of availability of piped anaesthetic gases, resulting in a reduction in the availability of anaesthetists willing to work at the hospital

- Outdated X-ray machine and an environment unable to accommodate a new machine
 - Cross information risks
 - Privacy and dignity issues
5. This proposal is in line with separate proposals to reconfigure acute services, provided by University Hospitals of Leicester NHS Trust, onto two sites by utilising the community hospitals to deliver care closer to home improving the efficiency, quality and value for money of planned care services.
 6. In order to accommodate the increases in activity, capital investment is required to relocate planned care services elsewhere in Hinckley and Bosworth. The business case demonstrates how there could be a 35% increase in activity purely by relocating the services into a suitable modern environment.
 7. Extensive pre-consultation engagement has been undertaken to ensure that the proposals have taken account of the local community and key stakeholders, including local GPs and Hinckley and Bosworth Borough Council and the views are congruent with the wider Sustainability and Partnership Plans in LLR. The proposals for capital investment have been identified as a priority in the LLR Estates Plan. In addition support has been identified from local providers (The Alliance and Leicestershire Partnership Trust), the GP locality and federation, NHS Property Services and NHS England.
 8. WLCCG has undertaken an extensive options appraisal process to develop the options for Hinckley and Bosworth Community Services. In order to identify options that were feasible and enable the CCG to estimate costs, we worked closely through regular meetings and correspondence with senior management and estates managers from the LLR Alliance, Leicestershire Partnership Trust and NHS Property Services. Additional expertise was utilised as and when required, such as Design Buro (an organisation that specialises in design of health buildings) and Arden & GEM CSU (for additional project management and financial analysis capacity). The options provided to WLCCG are to invest in local services (option 1) and a 'do minimum option' (option 2).
 9. West Leicestershire CCG is committed to delivering planned care in local communities, where it is safe and viable to do so and therefore the preferred option is to invest in local services. To enable this option we need to:
 - Make better use of all available existing space in Hinckley Health Centre (Mount Road) and at Hinckley and Bosworth Community Hospital and
 - Invest money and time into the local health infrastructure in Hinckley by:
 - Refurbishing Hinckley Health Centre, Mount Road to accommodate X-Ray/Ultrasound, physiotherapy and increase the number of consulting rooms from 37 to 48 rooms. This will contribute to a 40% reduction in the activity that is currently having to be provided at the hospital in Leicester and take away the need for patients to travel
 - Reducing the number of inpatient (overnight) wards at Hinckley and Bosworth Community Hospital from two to one by using more community based services to enable patients to be discharged to the place they call home for rehabilitation, rather than them having to go to a community

hospital. The space created can then be converted into a combined day case surgery and endoscopy unit with day-case beds, which will provide an increased range of day case procedures and cancer screening services for local patients.

- Relocating the out-of-hours primary care service from Hinckley and Bosworth Community Hospital into the new developed Urgent Care Hub (accessible via referral) in Hinckley Health Centre providing out-of-hours urgent care for local patients which are close to other facilities for example x-ray.
- Changing the use of 18 of the 39 beds at Hinckley and Bosworth Community Hospital from inpatient beds to day-case beds.
- Increasing the number of beds elsewhere in the LPT Community Hospital Estate to enable access for patients to community beds
- Ensuring facilities are fit for modern day health care
- Ensuring that community services in Hinckley are financially sustainable
- Removing services from buildings like Hinckley and District Hospital and the Physiotherapy Portacabin that are unfortunately not fit for purpose and relocate physiotherapy services into Hinckley Health Centre.

10. When undertaking service redesign NHSE require CCGs to demonstrate that they meet some of the key considerations for commissioners and their partners in designing service change and CCGs have a statutory duty to have regard to the guidance.

11. All service change should be assured against the government's four tests:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base.
- Support for proposals from clinical commissioners.

12. The paper demonstrates compliance with all of the tests and the requirement to demonstrate compliance with bed closure impacts as the LLR estate is able to accommodate the removal of inpatient beds as there are empty wards elsewhere in the community hospital estate.

13. The business case demonstrates how a value for money case has been developed to submit to NHSE for capital investment, which demonstrates that after all additional estates and financing revenue costs are factored in the unit cost of delivery for outpatients and day case is both lower, and delivered from better quality estate. Thus releasing Hinckley and District Hospital for disposal, removing over £1m from backlog maintenance, and generating a disposal receipt of up to £1m, and making available land for re-development.

14. The do minimum option would result in services from Hinckley & District Hospital being repatriated to other planned care sites. This is due to the fact that the NHS cannot continue to manage and mitigate the increasing numbers of risks to provide safe services; as a result Hinckley and District Hospital will close, likely during 2018/19.

15. Due to the requirements of modern healthcare services and equipment it is not possible to re-invigorate the building. The issues highlighted as part of the backlog of maintenance (£1.024m) will not address the root issues identified in

the clinical case for change as a result; Hinckley & District Hospital would be withdrawn from NHS service and sold.

16. This option would result in the relocation of activity (endoscopy, daycase surgery and radiology) across UHL, Market Harborough/ Loughborough (endoscopy, daycase surgery), Coalville/Market Harborough (radiology). It is likely that residents on the borders of Warwickshire will choose to go to services outside of Leicestershire; this would move the LLR pound outside of LLR.
17. Throughout the lifetime of this project it has been important to emphasise the distinction between services and buildings. The CCG is committed to maintaining services in Hinckley – indeed the wider strategy for Leicestershire, Leicester City and Rutland (LLR) is based upon a ‘left shift’ of activity delivered closer to home and away from acute hospitals. However, services must be delivered from buildings fit for modern day healthcare.
18. Continuing to deliver services from Hinckley & District Hospital is not sustainable. The clinical risks of cross-infection, inherent in the design of the existing building, are being managed by staff operating rigidly to additional, time-consuming working policies and procedures not required in modern healthcare buildings. This risk will only increase with time with increased activity and staff turnover. Estate managers and architects consulted as part of this project are of one mind – the existing building cannot be adapted to meet requirements. A new build, or the adaptation of a modern building, is required.
19. It is anticipated that without capital investment, in order to continue providing a safe standard of daycase surgery and endoscopy activity at Hinckley and District Hospital, there will need to be a further strengthening of the mitigating actions already in place. This is likely to further reduce operational efficiency, effectively reducing the capacity of the services. LLR Alliance will continue to operate to staffing procedures to ensure the safety of patients in Hinckley & District Hospital and infection control will be closely monitored. The services will be withdrawn from the facility if at any point it proves impossible to mitigate the safety risk to patients.
20. The options available to the CCG are as follows:

Option 1 – Investment in local service

- Re locate the endoscopy and daycase surgical suite within Hinckley and Bosworth Community Hospital
- Relocate x-ray, ultrasound and to Hinckley Health Centre and expand outpatients currently provided from the health centre.
- Hinckley & District Hospital to be sold.
- Re-provision of some inpatient beds from Hinckley and Bosworth Community Hospital.

Option 2 – ‘Do minimum’

- No change to current facilities. This is time limited and inefficient. As the Hinckley & District Hospital cannot sustainably provide services it will close, likely during 2018/19. Due to the requirements of modern healthcare services and equipment it is not possible to re-invigorate the

building. The issues highlighted as part of the backlog maintenance (£1.024m) will not address the root issues identified in the clinical case for change.

- Hinckley & District Hospital to be re-purposed.
- Relocate activity (endoscopy, daycase surgery and radiology) across UHL, Market Harborough/ Loughborough (endoscopy, daycase surgery), Coalville/Market Harborough (radiology). It is likely that residents on the borders of Warwickshire will choose to go to services outside of Leicestershire; this would move the LLR pound outside of LLR.

21. Using the benefits criteria developed with patients, Healthwatch, local GPs and other stakeholders, the Hinckley Hospitals Project Board has identified a preferred option for endoscopy, daycase activity, X-ray and outpatients that will meet future demand and improve patient experience.

22. Both options result in the closure of Hinckley and District Hospital as future provision of clinical services is not sustainable from a clinical or financial perspective.

23. Subject to approval of the Business Case by the NHS England Assurance Panel in August 2018, the CCG will consult on the proposed option. The full consultation plan is included as Appendix 1 (Draft consultation HBCHS v0.7 050618).

RECOMMENDATION:

It is recommended that CCG Governing Body:

- 1.1 Identify the investment in local services as the preferred option (Option 2); to accommodate these services through part conversion of the existing premises and part new build.**
- 1.2 Present proposals described in Option 1 for delivering daycase and endoscopy services in Hinckley from Hinckley & Bosworth Community Hospital in the Better Care Together public consultation; subject to NHSE approval of the business case and consultation plan.**
- 1.3 Agree the conversion of part of Hinckley Health Centre (X-ray and consulting rooms) as the preferred location for diagnostic services**
- 1.4 Declare Hinckley & District Hospital surplus to requirements irrespective of which option is progressed.**

Hinckley & Bosworth Community Health Services: Business case for Planned Care Activity

Authors: Caroline Trevithick and Dominic Leadbetter
Date: July 2018
Version: Final

Version control			
Version number	Date	Changes	Author
3.0	November 2017	Initial reworked document	D. Leadbetter
4.0	January 2018	Document produced for the January Project Board meeting. Contained a list of Appendices but no actual appendices.	D. Leadbetter
5.0	1 February 2018	Reworked document incorporating a number of suggestions made at the Project Board meeting. The order of the document has changed (Clinical case for change moved up to 3 from 5)	D. Leadbetter
5.1	5 February 2018	A number of graphical elements have been added to the document. Two in Background, one in Clinical case for change.	D. Leadbetter
5.2	6 February 2018	Graphical elements added to Options and some corrections to facility names. Reformatted tables.	D. Leadbetter H. Cullinan
6.0	12 February 2018	Incorporating reworked inpatients section, Clinical Senate assurance findings.	D. Leadbetter C. Trevithick
6.1	23 February 2018	Incorporates finalised financials	D. Leadbetter S. Ferrin
6.2	23 February 2018	Further NHSe requests.	D. Leadbetter
6.3	5 March 2018	Incorporates Finance and Planning comments	D. Leadbetter
6.4	7 March 2018	Finalising plans	C Trevithick
6.5	26 March 2018	Post-Board including waiting times and Board comments	D Leadbetter
Final	10 July 2018	Incorporating NHSE comments	Caroline Trevithick

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1. EXECUTIVE SUMMARY

The following paper is the pre consultation business case for West Leicestershire Clinical Commissioning Group (WLCCG) relating to Community Services in Hinckley and Bosworth.

Since 2014 WLCCG has been working with stakeholders and the local community to develop a proposal for the future of planned care services currently delivered from Hinckley and District Hospital. Hinckley and District Hospital is a Victorian Building and has been subject to numerous reviews over time and, due to the increasing concerns regarding the viability of the hospital environment, is current service provision is not sustainable. Most recently in 2008, inpatient beds were closed in the hospital and relocated to Hinckley and Bosworth Community Hospital, a new building on the site of the old Hinckley Sunnyside Hospital. At that time, phase 2 of the plans was to relocate the planned care services to Hinckley and Bosworth Hospital alongside the inpatient beds. This however did not happen; as a result of this day case surgery, endoscopy, X-ray and ultrasound have continued to be provided at Hinckley and District Hospital.

The site currently undertakes the largest amount of activity of all of the Community Hospital planned care sites in Leicester, Leicestershire and Rutland (LLR). The paper demonstrates that the hospital is no longer fit for purpose and that without capital investment in the locality services cannot continue to be safely delivered at the site. The paper identifies how other NHS Estate in Hinckley and Bosworth could be utilised to provide services currently located in Hinckley and District Hospital. In addition to Hinckley and Bosworth Hospital on the outskirts of Hinckley town, Hinckley Health Centre is situated in the town centre, adjacent to Hinckley and District Hospital.

There is currently a back log of maintenance in the estate at the value of £1.024m, this in itself is presenting clinical concerns for the current provider, the LLR Alliance, and staff within the hospital have instigated many risk mitigation measures to ensure that patient safety is maintained. The paper describes the clinical drivers for change including:

- Inability to provide bowels cancer screening due to lack of JAG accreditation as the environment is unable to be changed to provide the required standards
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This proposal is in line with separate proposals to reconfigure acute services, provided by University Hospitals of Leicester NHS Trust, onto two sites by utilising the community hospitals to deliver care closer to home improving the efficiency, quality and value for money of planned care services.

In order to accommodate the increases in activity, capital investment is required to relocate planned care services elsewhere in Hinckley and Bosworth. The business case demonstrates how there could be a 35% increase in activity purely by relocating the services into a suitable modern environment.

Extensive pre-consultation engagement has been undertaken to ensure that the proposals have taken account of the local community and key stakeholders, including local GPs and Hinckley and Bosworth Borough Council and the views are congruent with the wider Sustainability and Partnership Plans in LLR. The proposals for capital investment have been identified as a priority in the LLR Estates Plan. In addition support has been identified from local providers (The Alliance and Leicestershire Partnership Trust), the GP locality and federation, NHS Property Services and NHS England.

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West Leicestershire CCG is committed to delivering planned care in local communities, where it is safe and viable to do so and therefore the preferred option is to invest in local services. To enable this option we need to:

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 - Reducing the number of inpatient (overnight) wards at Hinckley and Bosworth Community Hospital from two to one by using more community based services to enable patients to be discharged to the place they call home for rehabilitation, rather than them having to go to a community hospital. The space created can then be converted into a combined day case surgery and endoscopy unit with day-case beds, which will provide an increased range of day case procedures and cancer screening services for local patients.
 - Relocating the out-of-hours primary care service from Hinckley and Bosworth Community Hospital into the new developed Urgent Care

- Hub (accessible via referral) in Hinckley Health Centre providing out-of-hours urgent care for local patients which are close to other facilities for example x-ray.
- Changing the use of 18 of the 39 beds at Hinckley and Bosworth Community Hospital from inpatient beds to day-case beds.
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The business case demonstrates how a value for money case has been developed to submit to NHSE for capital investment, which demonstrates that after all additional estates and financing revenue costs are factored in the unit cost of delivery for outpatients and day case is both lower, and delivered from better quality estate. Thus releasing Hinckley and District Hospital for disposal, removing over £1m from backlog maintenance, and generating a disposal receipt of up to £1m, and making available land for re-development.

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case for change as a result; Hinckley & District Hospital would be withdrawn from NHS service and sold.

This option would result in the relocation of activity (endoscopy, daycase surgery and radiology) across UHL, Market Harborough/ Loughborough (endoscopy, daycase surgery), Coalville/Market Harborough (radiology). It is likely that residents on the borders of Warwickshire will choose to go to services outside of Leicestershire; this would move the LLR pound outside of LLR.

Throughout the lifetime of this project it has been important to emphasise the distinction between services and buildings. The CCG is committed to maintaining services in Hinckley – indeed the wider strategy for Leicestershire, Leicester City and Rutland (LLR) is based upon a ‘left shift’ of activity delivered closer to home and away from acute hospitals. However, services must be delivered from buildings fit for modern day healthcare.

Continuing to deliver services from Hinckley & District Hospital is not sustainable. The clinical risks of cross-infection, inherent in the design of the existing building, are being managed by staff operating rigidly to additional, time-consuming working policies and procedures not required in modern healthcare buildings. This risk will only increase with time with increased activity and staff turnover. Estate managers and architects consulted as part of this project are of one mind – the existing building cannot be adapted to meet requirements. A new build, or the adaptation of a modern building, is required.

It is anticipated that without capital investment, in order to continue providing a safe standard of daycase surgery and endoscopy activity at Hinckley and District Hospital, there will need to be a further strengthening of the mitigating actions already in place. This is likely to further reduce operational efficiency, effectively reducing the capacity of the services. LLR Alliance will continue to operate to staffing procedures to ensure the safety of patients in Hinckley & District Hospital and infection control will be closely monitored. The services will be withdrawn from the facility if at any point it proves impossible to mitigate the safety risk to patients.

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will close, likely during 2018/19. Due to the requirements of modern healthcare services and equipment it is not possible to re-invigorate the building. The issues highlighted as part of the backlog maintenance (£1.024m) will not address the root issues identified in the clinical case for change.

- Hinckley & District Hospital to be re-purposed.
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Using the benefits criteria developed with patients, Healthwatch, local GPs and other stakeholders, the Hinckley Hospitals Project Board has identified a preferred option for endoscopy, daycase activity, X-ray and outpatients that will meet future demand and improve patient experience.

Both options result in the closure of Hinckley and District Hospital as future provision of clinical services is not sustainable from a clinical or financial perspective.

Subject to approval of the Business Case by the NHS England Assurance Panel in August 2018, the CCG will consult on the proposed option. The full consultation plan is included as Appendix 1 (Draft consultation HBCHS v0.7 050618).

It is recommended that CCG Governing Body:

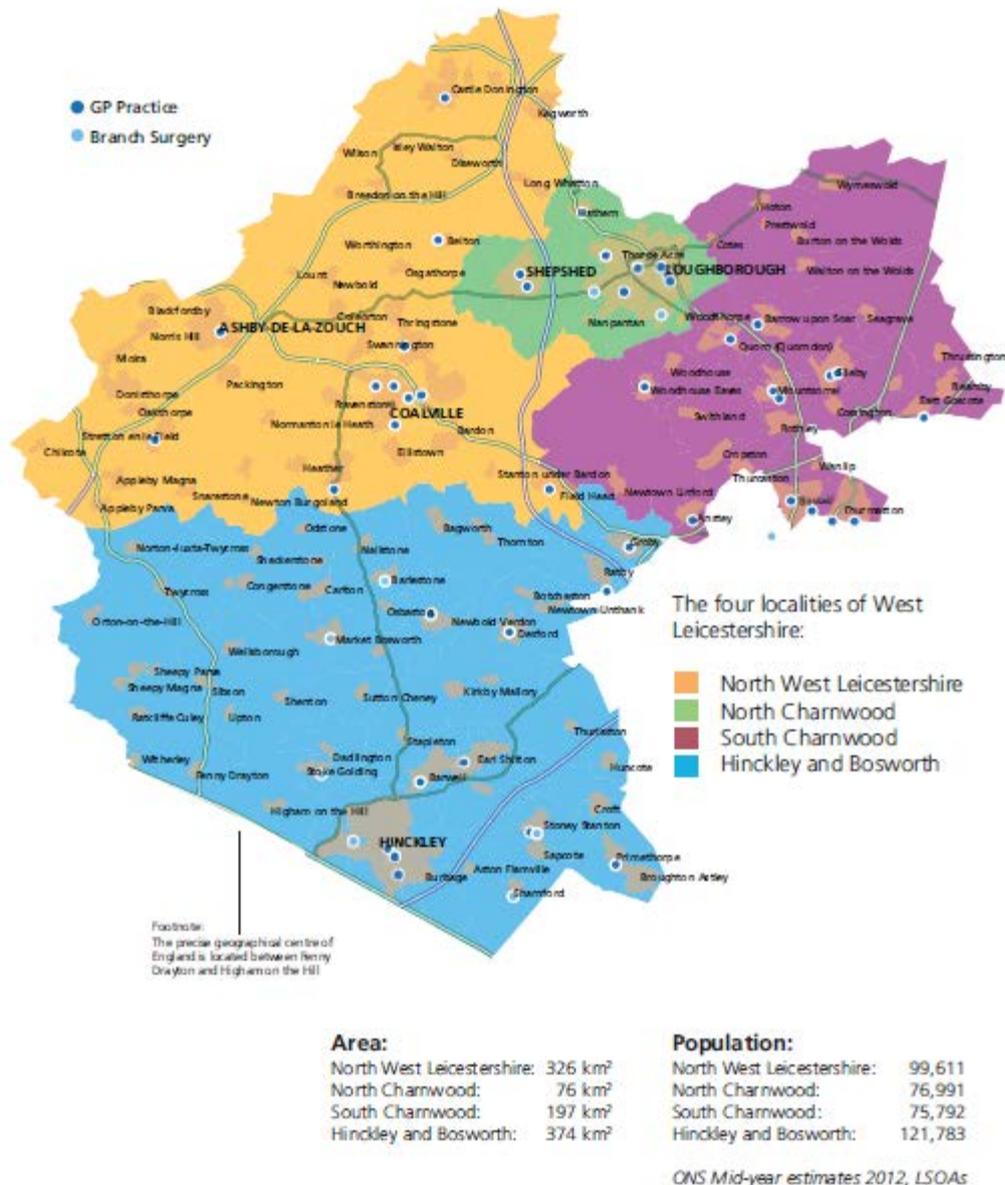
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- 1.3 Agree the conversion of part of Hinckley Health Centre (X-ray and consulting rooms) as the preferred location for diagnostic services**
- 1.4 Declare Hinckley & District Hospital surplus to requirements irrespective of which option is progressed.**



2. BACKGROUND

The following information forms the pre-consultation business case (PCBC) for Hinckley and Bosworth Community Services in order to meet the NHS England (NHSE) requirements for Service Change and Reconfiguration. The proposal is subject to a Strategic Transformation Partnership (STP) bid for capital investment and, if successful, the funding would be passed to Leicestershire Partnership Trust for them to develop the scheme.

NHS West Leicestershire Clinical Commissioning Group (WLCCG) commissions health services for people who live in the geographical area of Hinckley and Bosworth. Hinckley & Bosworth is one of the four GP localities which make up the WLCCG, the locality is the southernmost within the CCG and lies in the South West of Leicestershire County. The locality largely consists of Hinckley & Bosworth Borough Council (107,000 population) but it does overlap into Blaby and Harborough Council areas, giving a total registered population of almost 122,000 people.



Picture 1: Map of West Leicestershire CCG by four localities

Hinckley town is in the south of the locality and is the second largest in Leicestershire after Loughborough. There are 13 practices (with 6 of those practices having 1 or more branch surgeries) within the locality which, apart from Hinckley itself, is a largely rural area.

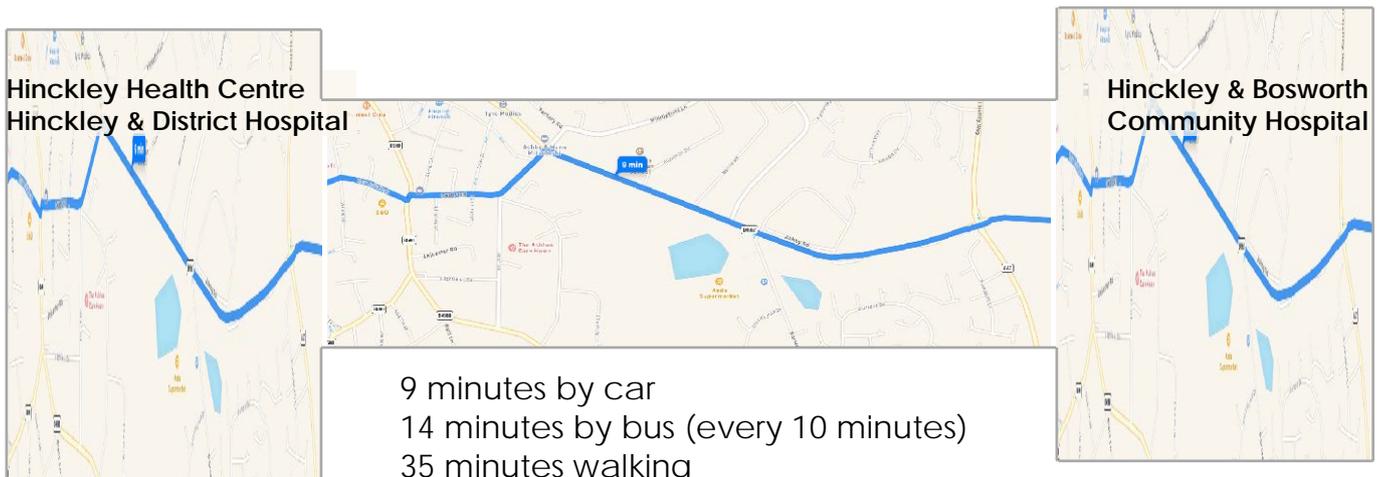
Hinckley is close to the Leicestershire/Warwickshire border, being within 7 miles of George Eliot Hospital in Nuneaton. It is positioned equidistant between Leicester city and Coventry city.

National challenges of an ageing demographic, increasing numbers of frail older people and those living longer with complex Long Term Conditions are reflected locally alongside issues of fragmentation of care. This sits within the context of changes in workforce and financial challenges so potentially reducing resources against a higher demand for services.

3. CURRENT LOCAL PROVISION

Community health services are currently delivered from a number of locations in Hinckley including GP surgeries and patients own homes. Supporting the delivery of these services are three principle sites:-

- Hinckley and District Hospital site, which includes Hinckley Health Centre, and offers outpatients and day case services and has an operating theatre, X-ray, ultrasound and endoscopy available on site. There are no overnight beds.
- Hinckley and Bosworth Community hospital provides non-elective care currently with 39 inpatient beds. There are no diagnostic facilities at the hospital.
- Hinckley Health Centre (adjacent to Hinckley and District Hospital), includes a GP practice, outpatient suite and diagnostics.



Picture 2: Distance from Hinckley and District Hospital to Hinckley and Bosworth Community Hospital (1.8 miles)

Hinckley and District Hospital

The Hinckley and District Hospital originally built in 1899 and expanded since and provides elective care services and diagnostics:

- Outpatients
- Day case procedures
- Diagnostics – including x-ray, endoscopy and ultrasound.

Services on this site are provided through a contract with the Alliance which is a partnership between University Hospital Leicester (UHL), Leicester Partnership Trust (LPT), WLCCG, NHS East Leicestershire and Rutland CCG, NHS Leicester City CCG and Leicester and Leicestershire and Rutland GP Provider Company Ltd (PCL).



GPs across Hinckley and Bosworth have direct access to the plain X-ray and ultrasound diagnostic services within the hospital and use them extensively. The day case unit uses two wards with a total bed capacity of 16; there are no overnight stays at the hospital. The building is owned by NHS Property Services.

In 2008 a review was conducted into the community hospitals in Hinckley and Bosworth. At this time there was a proposal to re locate all hospital services provided at Hinckley and District Hospital to the newly commissioned Hinckley and Bosworth Community Hospital site. The recommendations of which were never fully implemented due to a lack of capital funding which resulted in services being spread across the two hospital sites in Hinckley.

Hinckley and Bosworth Community Hospital

Hinckley and Bosworth Community hospital consists of two wings with a total of 39 beds providing rehabilitation and reablement care for inpatients. Services are provided by Leicestershire Partnership Trust which also owns the building.

Hinckley Health Centre

The Hinckley Health Centre is located adjacent to the Hinckley and District Hospital and is connected to the main hospital building via a corridor. The health centre houses the reception for day case and diagnostics, outpatient consulting and treatment rooms. Located within the health centre is a GP surgery, - Centre Surgery and a specialist dental surgery. Leicestershire Partnership Trust delivers a range of community services from the building. There is a separate “Portacabin” type temporary building on the hospital site from which LPT delivers physiotherapy services.

4. LOCAL DEMOGRAPHICS

By 2035 the total population in Hinckley and Bosworth is estimated to increase from 109,900 (in 2016) to 123,900 (in 2035); i.e. an increase of 14,000 (or 12.7%). It is expected that there is a small increase in the number of children in most age groups except the very youngest children age 0-4 years. The numbers of young adults are projected to remain relatively constant. There is to be a decrease in numbers of adults in their late 40s and 50s and increase in numbers of adults in all age groups from 60 years and over. The largest percentage increases are in the 75+ age groups – (numbers estimated to double in 90+ age group and more than double in 85-89 age group) (Public Health June 2018).

Projected population change

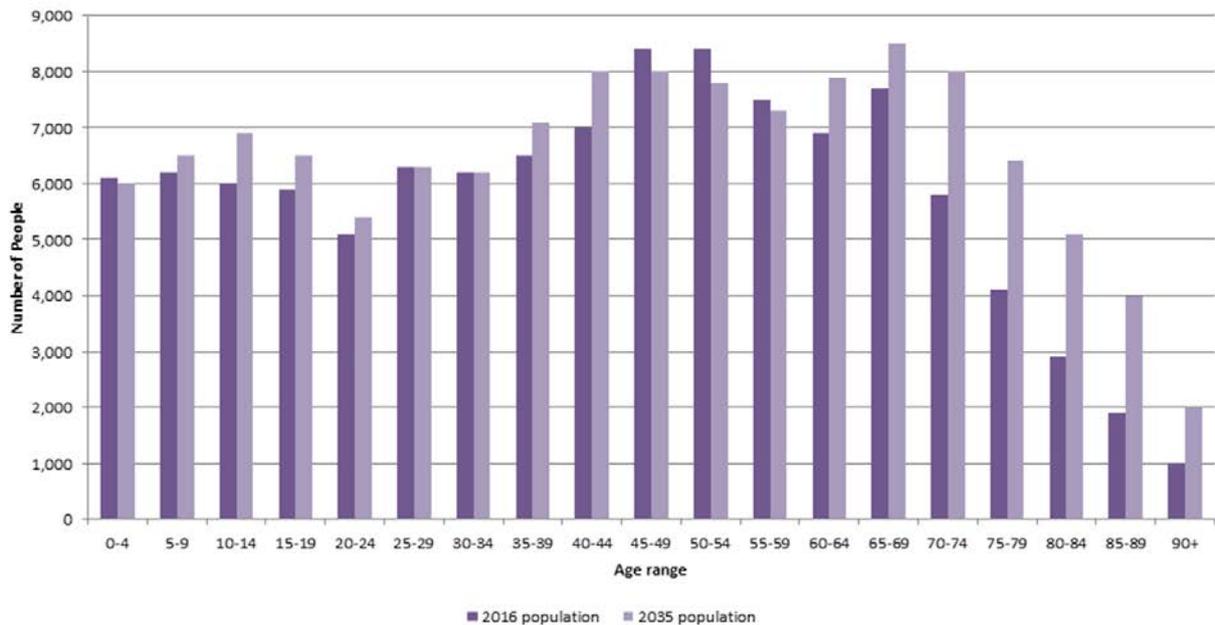


Figure 1: Projected population change in Hinckley and Bosworth from 2016 to 2035 by age group

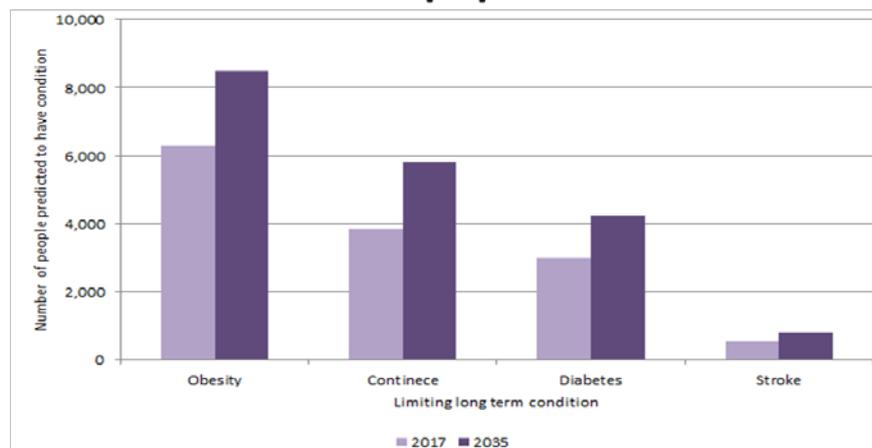
Data Source: ONS Mid-2016 Population Projections

In addition, it is expected that a further 5,472 dwellings will be built between 2015 and 2026. Hinckley and Bosworth Borough Council has estimated a current annual need of 471 dwellings per annum as of January 2017, based on the current Objectively Assessed Need (OAN) figure from the latest Housing and Economic Development Needs Assessment (HEDNA).

There will be an increase of 77% in number of people aged 75 and over likely to be living alone from 2017 to 2035 (4,973 to 8,793). There is a smaller increase in those aged 65-74 who will live alone (from 3,470 (in 2017) to 4,050 (in 2035)).

Domestic tasks: increase in those unable to manage at least one domestic task. Tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities

Projected increase in specific long term conditions in the 65+ population



- Increases in the number of people with these conditions may reflect the increasing numbers of people aged 65 years and over in the next 25 years
- Provision will need to be made for the increased requirement for health and social care services

Data Source: Projecting Older People Population Information System (POPPI)

Mental Health

- Number of people with dementia (age 65 and over) predicted to increase from 1,558 (2017) to 2,831 (2035); increase of 82%
- The number of people with depression (age 65 and over) in Hinckley and Bosworth is predicted to increase from 2,049 (2017) to 2,925 (2035), an increase of 43%

Further demographic detail is included in Appendix 2 (Public health Demographic information).

5. SCOPE OF CURRENT SERVICE

The following table shows all activity at Hinckley and District Hospital, regardless of the location of the patient's GP Practice. As can be seen, activity is split 80/20 between local patients and those from further away. Hinckley and District Hospital is currently the busiest of all the Alliance provided planned care sites in Leicester, Leicestershire and Rutland (LLR).

Hinckley & District Hospital	Activity and Cost			
	2017/18		2018/19 (forecast)	
Hinckley and Bosworth patients	Activity	£	Activity	£
Endoscopy, Colonoscopy, Sigmoidoscopy and Cystoscopy	783	£284,301	1031	£374,497
Other Daycases	1060	£774,921	1218	£890,256
Total daycases	1,767	£1,059,222	2249	£1,264,753
Outpatients	16,421	£1,656,268	15703	£1,583,802.25
Diagnostics (radiology & ultrasound)				
Total	20,031	£2,715,490	17,952	£2,848,555
Patients from outside Hinckley and Bosworth	Activity	£	Activity	£
Endoscopy, Colonoscopy, Sigmoidoscopy and Cystoscopy	834	£310,870	1099	£409,495
Other Daycases	613	£570,906	704	£655,876
Total daycases	1,447	£502,757	1803	£1,065,371
Outpatients	6,732	£726,748	6437	£694,951.01
Diagnostics (radiology & ultrasound)				
Total	8,179	£1,229,505	8,240	£1,760,322
All patients	Activity	£	Activity	£
Endoscopy, Colonoscopy, Sigmoidoscopy and Cystoscopy	1617	£595,171	2130	£783,991
Other Daycases	1673	£1,345,827	1922	£1,546,132
Total daycases	3,290	£1,940,998	4052	£2,330,124
Outpatients	23,153	£2,383,016	22140	£2,278,753.26
Diagnostics (radiology & ultrasound)				
Grand Total	28,210	£3,944,995	26,192	£4,608,877

Table 1: Activity & cost of planned care at Hinckley and District Hospital.

Other than endoscopy, most daycases are for ophthalmology (cataracts), trauma and orthopaedics and urology. Most outpatient appointments are for dermatology, ophthalmology and trauma, and orthopaedics.

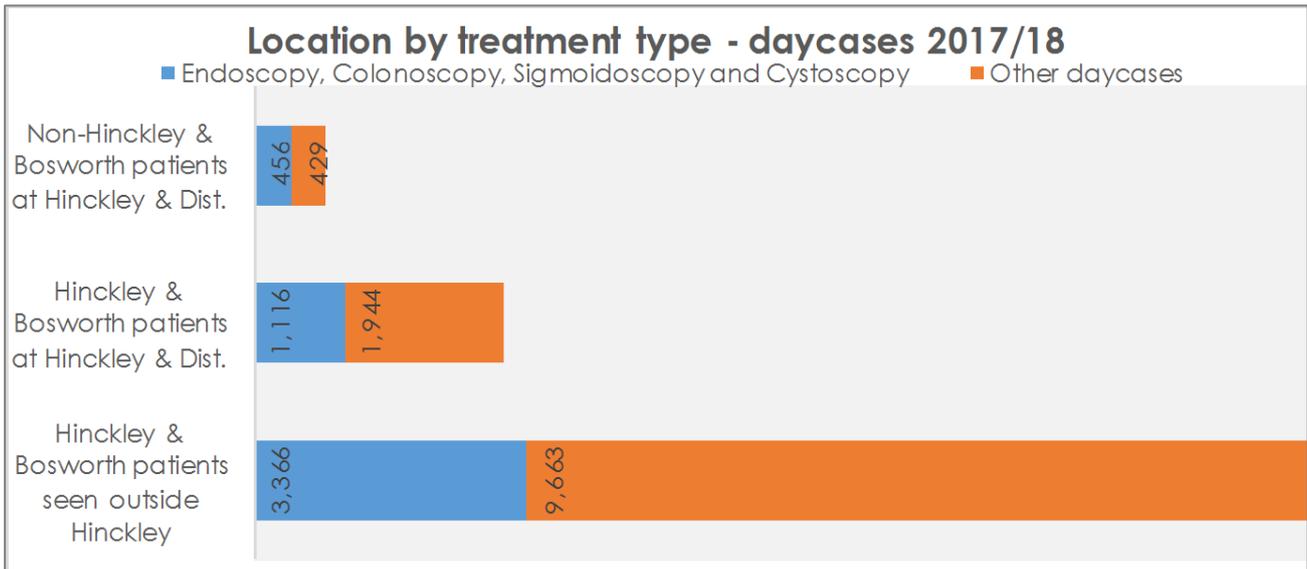


Chart 1: Place of registered GP, treatment location by type of treatment.

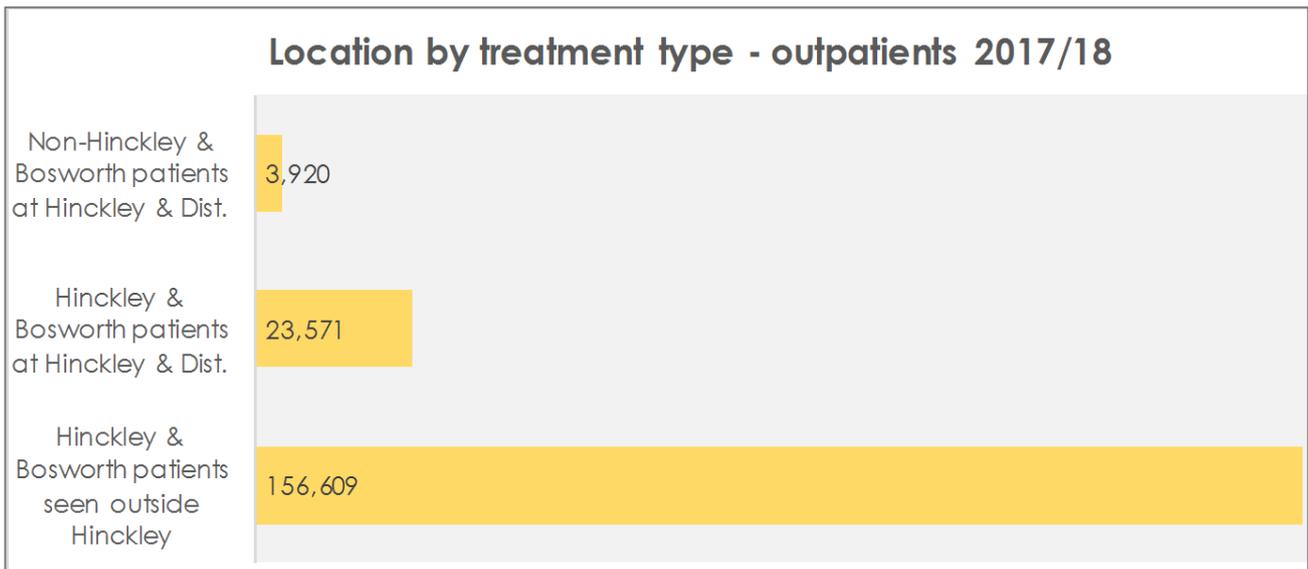


Chart 2: Place of registered GP, outpatients by treatment location.

Community hospital inpatient activity

Across LLR there are nine community hospitals providing a mixture of inpatient beds, therapy services, outpatient appointments, diagnostic investigations and elective care treatments. Some of them also act as the team bases for the local community nursing teams. These facilities are variable in terms of the quality of the estate condition and some are not fit for the provision of 21st century healthcare. Some also have smaller single wards which are isolated and cause sustainability issues, but their proximity to the community makes them a popular choice for patients.



Inpatient beds (39) are only available at Hinckley and Bosworth Community Hospital, distributed across two wards on which LPT provide general rehabilitation and palliative and end of life care.

The following table identifies the usage of inpatient beds in Hinckley and Bosworth Community Hospital by locality:

Bed utilisation: Hinckley & Bosworth Community Hospital – 2016/17		
Patient Location	Beddays	
	Number	Percentage*
Leicester	7606	59%
Hinckley & Bosworth	1628	13%
Coalville, Ibstock and Markfield	938	7%
Loughborough	899	7%
Wigston, Blaby	799	6%
Lutterworth	185	1%
Nuneaton	174	1%
Ashby-De-La-Zouch	157	1%
Melton Mowbray	143	1%
Derby	83	1%
Total Occupied Beddays	12820	100%
Unoccupied beddays	1,457	
Total available beddays	14277	

*Percentage calculated as proportion of used beddays NOT available beddays

6. DRIVERS FOR CHANGE

Clinical care offered for Hinckley and Bosworth residents is safe and in general meets national requirements regarding patient respect and dignity. Providing this care within Hinckley's current facilities has, however, come with significant costs. These costs cover staffing, patient experience and health and safety issues as well as an ongoing financial cost and impact on optimum activity.

CLINICAL DRIVERS

Provision of bowel cancer screening

The endoscopy suite isn't suitable for Royal College of Physicians Joint Advisory Group (JAG) accreditation, which prevents the unit from delivering any bowel cancer screening or upper and lower GI examinations and also leads to a 5% reduction in tariff. The expectation is that in the future non-JAG accreditation will prevent delivery of endoscopy services altogether. To become JAG accredited the layout of the suite would require altering to improve the workflow of clean and dirty endoscopes. This would cost approx. £1m; however, the building utilities infrastructure makes any changes to enable JAG accreditation impossible. This includes the requirement for the utilities to support a new unit on the Hinckley and District Hospital site.



JAG accreditation

This is a formal recognition that an endoscopy service has demonstrated that it has the competence to deliver against the measures in the endoscopy GRS (Global Rating Scale) Standards. It is associated with a best practice tariff and is required for an endoscopy unit to undertake national screening programmes like Bowelscope and Bowel Cancer Screening.

The accreditation scheme is centred on the patient and focuses on the workforce delivering the endoscopy service. The intention of the JAG Accreditation is to stimulate continual improvement in the way the endoscopy service works as well as in outcomes for patients. The scheme uses independent assessment to continually compare performance against evolving best practice models. In doing this the scheme supports improvements in management and efficiency, workforce improvement, retention and satisfaction, increases the chances to add to and grow services and increases patient confidence in the service.

The JAG Accreditation scheme is a key tool for future proofing services and ensuring that they can change to deliver new screening procedures as they're developed.

NHSE have identified that they are looking to increase the number of sites able to provide Cancer screening locally; achieving JAG accreditation will ensure Hinckley and Bosworth can provide such screening in the future.

Availability of piped anaesthetic gases

All anaesthetic gases used in the operating theatre are provided as bottled gas, which more recently qualified anaesthetists are not trained to use and therefore only more experienced anaesthetists are prepared to work in Hinckley and as these retire a skills gap is ensuing. This makes it difficult to sustain or increase the number of procedures carried out in the hospital.

Patient Safety

The provider at Hinckley and District Hospital (Alliance) has flagged a potential risk of cross infection in the endoscopy decontamination department due to the lack of flow between dirty and clean scopes. The fabric of the building does not allow for the necessary alterations to address this and as a result there is a risk to patients and the hospital being able to meet JAG compliance. The risk is being managed by the provider, but WLCCG must consider whether it wants to continue carrying this risk. There are also other health and safety issues due to the estates which are being managed by the provider.

Other Clinical challenges

- The current x-ray and endoscopy equipment is outdated and beyond its envisaged service life, while replacement within the existing building is uneconomic due to the lack of plant capacity. This results in increased downtime (at time of writing a portable x-ray machine is in use while parts for the main machine are sourced globally) and the unavailability of some services (modern x-ray equipment could enable direct GP Practice access for instance).

- The physical design of the building greatly increases the clinical risk of cross-infection. This is only managed by requiring staff to rigidly work to additional, time-consuming policies and procedures that are not required in modern healthcare buildings. The risk increases with increased activity and staff turnover. This in turn impacts upon any flexible deployment of staff out of or into the facility.
- The Hinckley and District Hospital does not meet current standards on space and ward size.
- The building presents issues to patient privacy and dignity due to the lack of single sex wards and toilets as well as the access routes to toilets and theatre. Undertaking the backlog of maintenance will have no affect on current standards (space and ward size) or on the cross-infection risk.
- Endoscopy machine challenges – the current machines require replacement and the Alliance has confirmed that the hospital infrastructure prevents their replacement due to impact on the current electrical system.

Patient care and experience

Hinckley & District Hospital patients routinely report that they feel that they are well looked after and treated with respect and dignity. This is testament, not to the fabric of the hospital but to the dedication and professionalism of the staff. It perhaps also reflects a lack of experience with modern hospital facilities on the part of patients.

Insufficiently sized rooms, asbestos in the basement, a fire risk void under the ward and issues around the risk of cross infection may not be immediately obvious to patients but they certainly impact upon patient care. The lack of en-suite bathrooms in a facility where many endoscopy patients may be having bowel preparation for endoscopy is clearly less than ideal.

Estates

There is a threefold pressure on NHS estates:

- Significant capital investment is required to maintain current provision at Hinckley and District Hospital the current estimate for the work is £1.5m. A further £1.3m is required to make the necessary changes to make the building fit for the current purpose. (i.e. piped gas supply to theatres).
- Community and acute providers (LPT & UHL) are seeking to reduce overheads, and minimise rents by reducing their existing estates.
- Space in primary care settings is limited, with a number of practices seeking additional capital funds to expand existing premise

NHS Property Services own the Hinckley and District hospital and health centre building freehold; and lease space to the LLR Alliance, LPT and a GP Practice. The hospital building offers a total of 3,072 m² of floor space with a further 2,380 m² of space in the health centre. The separate physiotherapy temporary building provides 618m² of additional space.



There is outstanding building maintenance work required to both the hospital and the health centre however there aren't any significant structural problems with either building. The current estimate for backlog maintenance work for the hospital building is £1.5M with a further £370k estimated required for the health centre. These costs are indicative only.

Financial case for change

The financial pressures upon NHS commissioners and providers are well rehearsed. WL CCG is currently managing within the resources it receives, however looking to the future this is likely to become more challenging as growth in funding is not likely to keep up with growth in demand for services. As such it is likely that savings of approximately 2% of the CCGs budget will be required each year in order for the CCG to maintain its current financial position.

There is a need to ensure that services are financially sustainable, that services are accessible to the local population and that taxpayers receive value for money from their health services. Therefore, as the financial envelope for planned and urgent care is expected to remain the same for the foreseeable future, whilst the health system is required to cope with an increase in demand for services; the CCG expects the financial envelope for planned and urgent care to remain the same whilst the system will be required to manage increasing demand, therefore it is essential to seek increased efficiency and effectiveness of the use of resources across both planned and urgent care to enable the CCG to continue to deliver financial balance.

Workforce

Whilst there is pressure on recruitment across the NHS, to date there has been little difficulty finding medical cover to fill the number of current sessions in Hinckley & Bosworth. However we do know that there is a potential loss of future anaesthetic cover with more recently qualified anaesthetists not trained to work with bottled anaesthetic gases.

There is no separation of clean and used materials at Hinckley & District Hospital which presents a risk of cross infection. This is managed by a strict adherence to processes and protocols unique to the Hospital. This means an extra investment in staff training as well as an inability to flexibly move staff between facilities.

Hinckley & District Hospital is an old Victorian hospital that still retains much of the feel of an historic building. Its wards and other rooms are too small and its presentation is tired. Put together with the issues above it fails to offer existing and potential future clinical staff a modern workplace with the resulting negative affect on retention and recruitment.

Efficiency

The extra work involved in providing safe endoscopy services at Hinckley & District Hospital adds to the time spent per procedure and results in a "facility inefficiency". The provider estimates that without this extra work, 25% more procedures could be completed with the same staffing. This inefficiency

obviously impacts upon patients, either longer waits for a procedure or the need to travel elsewhere, but it also has a financial impact.

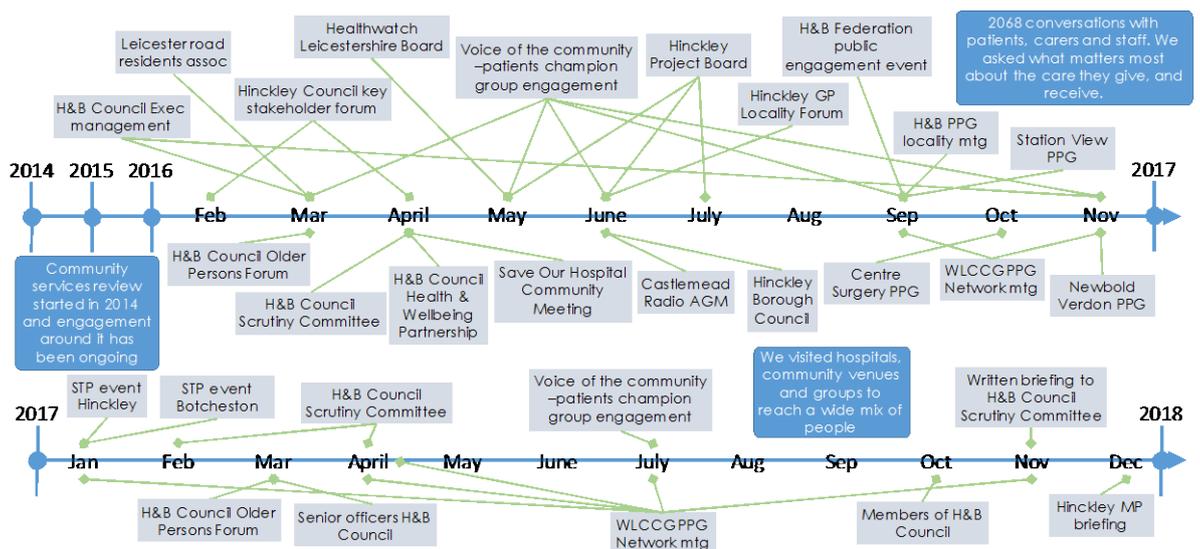
Integration and support

The clinical considerations of the proposal set out in this business case are focussed on planned care activity within Hinckley and Bosworth, but consideration must also be given to the wider picture for health and social care both regionally and locally. The proposal is reflective of broader regional plans and also is affected by changes to the local provision of care in Hinckley and Bosworth.

WLCCG and the Alliance are working closely to ensure that risks in the hospital are managed whilst the plans for capital investment work their way through the NHSE system. Should the capital investment not identified, the issues listed above will mean that a decision about the viability of the hospital will have to be taken by the Alliance as long term risk mitigation is not an option.

7. PRE CONSULTATION ENGAGEMENT, INCLUDING STAKEHOLDER ENGAGEMENT

West Leicestershire CCG has been regularly engaging with patients in Hinckley and Bosworth since 2014 regarding the delivery of healthcare services in the town. To date, over 2,000 people and professionals have been involved in discussions regarding the future of healthcare provision in the town and co-designed options. This has included a number of public engagement events including local meetings which have taken place quarterly with Patient Participation Groups (PPG) and other patient groups in the locality. (See Appendix 3 – Community Engagement Log)



Public and stakeholder events have been undertaken using Experience Led Commissioning (ELC) methodology to inform the review of community services in Hinckley and Bosworth locality. The review gave us a shared vision for



improving community health services in Hinckley and Bosworth. It also led us to develop, with patients, carers, staff and stakeholders, ten guiding principles to consider when implementing change. Those principles are:

- A happy workforce, working in new ways and realising their full potential
- Citizen or person-centred outcomes
- Equal focus on mental and physical wellbeing
- Positive care experience (relationship centred)
- Focus on prevention
- Fit for purpose, safe, inspiring buildings
- Integrated, co-ordinated support (health and social care; voluntary sector)
- Family, carers and patients as equal partners in care, wellbeing and change (holding providers to account)
- Community-based services wherever possible
- Financially sustainable (even if it means difficult decisions)

The CCG began the conversation about the future of health services with local people in 2014 and have continued to engage regularly since. To date, well over 2,000 people including patients, service users, health service staff and clinicians and local politicians and community and voluntary groups have been involved in the detailed discussions, but many more have been communicated with and made aware of the our work to review health services.

We asked people them “What needs to happen so that community health services in Hinckley support people to keep well and recover as fully as possible.” We shared the challenges facing health care locally; such as the population changes and the impact on health care needs, financial and workforce resources, and facilities needed to provide the care patients needed.

People told us that health issues were affecting how they lived and worked. People wanted to feel more in control and independent. Also maintaining emotional wellbeing and exercising keeps people well; some struggle with it - especially those who work. People living with long term health conditions rely heavily on hospital teams to support them.

People wanted closer relationships and more continuity of care with hospitals teams and in general practice. Health staff working in the area wanted closer working relationships between colleagues working in hospitals, community and general practice. Some staff told us reliable building services, old equipment and the existing environment made the job of providing high quality services to patients increasingly difficult.

Many people told us they would actually change very little about the quality of the healthcare they received in Hinckley.



We have committed to using these principles in the development of the options for consultation and when implementing change in Hinckley and Bosworth.

In 2016, the Hinckley and Bosworth 'Voice of the Community' Group was established comprising local councillors and patient representatives. This group has provided regular challenge and guidance to the CCG on plans for the locality.

The Hinckley Hospital Project Board has included representation from local providers, including GPs, the Borough Council, Healthwatch and PPG reps. Members were heavily involved with the options for relocating services.

The development of the plan has been done in conjunction with the LLR Alliance who provide planned care services, Derbyshire Health United who provide urgent care services, Leicestershire Partnership Trust providers of inpatient beds in the Community hospitals and physiotherapy and NHS Property Services who own Hinckley Health Centre and Hinckley & District Hospital.

Extensive engagement has been undertaken with Hinckley Borough Council through their scrutiny committee and with their executive team who have expressed their support for the developments. Local GPs are also supportive of the proposed plans.

Regular communication has taken place with the local MP who has not raised any concerns about the developments.

A 'Save our Hospital' group has been established who are campaigning to keep services in Hinckley and wish to retain services at Hinckley and District Hospital. Regular and ongoing discussion have taken place with this group to assure them that we intend to keep providing services in Hinckley and our aim is to increase those services already provided. They remain concerned about the future of the building.

8. STRATEGIC CONTEXT

The delivery of this project is set within the context of the national priorities for services and the Strategic Transformation Partnership (STP); Better Care Together (BCT) work, which is a collaborative project across LLR.

Developing new care models: Five Year Forward View

The NHS Five Year Forward View is seeking to address 3 core challenges the NHS faces:

- Health and well being
- Care and quality
- Funding and efficiency

Better Care Together

Better Care Together is a partnership of NHS organisations, local authorities across the LLR area. The programme is focused on ensuring that local health



and social care services are capable of meeting the future needs of the local population in line with the Five Year Forward View.

The six strategic objectives of BCT are to:-

- deliver high quality citizen centred, integrated care pathways.
- reduce inequalities in care (both physical and mental)
- increase the number of people reporting a positive experience of care
- optimise the opportunities for integration and the use of physical assets
- achieve financial sustainability.
- improve the utilisation of the workforce and the development of new capacity and capabilities.

The plan is to better utilise health resources by shifting elective care activity out of the acute and towards community and primary care services, including an increase in supported home care for appropriate patients. To enable this shift to take place it will be necessary to ensure that non-acute services are well designed, robust and future-proofed. This project is an essential part of this larger plan.

The ambition of WLCCG is to deliver high quality, citizen-centred care pathways close to people's homes and in their communities. In pursuing this, we are looking for the safest, most effective care which gives patients the best experience of care, based on what they have told us.

West Leicestershire CCG is committed to delivering planned care in local communities, where it is safe and viable to do so. Our aims for planned care in Hinckley are to:

- Increase range of endoscopy to include cancer screening (current services are not JAG accredited)
- Expand services to meet the needs of a growing and ageing population in Hinckley and Bosworth by increasing the number of day case activity with patients (including endoscopy) by 58% and increase the number of outpatient activity by 47%.
- Extend range of consultant outpatient services to support the 40% reduction from UHL (acute services)
- Support the development of an urgent care hub within Hinckley and Bosworth
- Implement new models of care to support patients to be discharged home first with improved rehabilitation and reablement services in the community
- Replace the x-ray facilities which are coming to the end of their life with new, modern facilities and expand to support community diagnostics for planned and urgent care
- Do all of this in buildings which are sustainable and fit for providing modern healthcare

Planned Care

A separate PCBC is being prepared for University Hospitals of Leicester covering the acute elements of the programme demonstrating how the move to deliver planned care services at a more local community hospital this in turn will contribute to the reconfiguration of acute services to concentrate activity onto two sites, improving the efficiency, quality and value for money of planned care services. Although these PCBCs stand independently they present a coherent vision for the future provision of healthcare in LLR as described in the STP plan.

Home First

We believe that being at home with support is the best place for many people to stay well and manage their conditions or illnesses. In practical terms this means everyone should ask: “Why is this patient not at home?” or “How best can we keep them at home?” We call this principle “Home First” and it is being developed across LLR.

Keeping patients at home for longer, when clinically safe and discharging them from hospital with community rehabilitation/reablement services will improve outcomes for patients when there is no longer any need to remain in hospital. The first step in the journey is to help patients to manage their own conditions and prevent illness through healthier living. By increasing self-care and prevention services patients will have more control over their long term conditions. More people will also be encouraged to lead healthy lifestyles to prevent the onset of long term conditions by giving them the skills and confidence to take on more responsibility for their own care.

Required Outcomes

It is intended that these outcomes, as well as representing requirements for the proposed new arrangements, should also be consistently measurable. They should form at least in part, the Key Performance Indicators of the system as a whole and therefore be part of any contracts prepared for service delivery.

Operational outcomes	<p>Ability to meet Referral to Treat constitutional requirements</p> <p>Increase the number of daycase operations and the range of outpatient clinics</p> <p>Increase the range of endoscopy to include bowel cancer screening</p>
Strategic outcomes	<p>Health facilities within the Hinckley and Bosworth area will be able to support a flexible and forward looking health services delivery model. Fully capable of adapting to increasing demand and variations in local and national priorities and strategies.</p> <p>The proposal will meet and complement the Better Care Together / Sustainability and Transformation Partnership plan specifics and strategy.</p> <p>Stakeholders (specifically including patients) will be generally</p>

	<p>supportive.</p> <p>Improve the utilisation of the workforce and the development of new capacity and capabilities</p>
Quality outcomes	<p>All health facilities within the Hinckley and Bosworth area will meet current requirements for the safe delivery of health services.</p> <p>Care pathways will be designed to deliver high quality, patient-centred care close to people's homes and in their communities specifically to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reduce inequalities in care (both physical and mental) <input type="checkbox"/> Reduce the number of patients needing to travel out of the area to have appropriate care <input type="checkbox"/> Increase the number of people reporting a positive experience of care based on what they have told us
Financial outcomes	<p>Achieve financial sustainability</p> <p>Optimise the opportunities for integration and the use of physical assets</p> <p>Replace the x-ray facilities which are coming to the end of their life with new, modern facilities</p>

Estates Strategy

LLR has prepared a joint NHS Estates Strategy to support Wave 4 capital bids in July 2018.

Within this strategy the system describes how each of the bids contributions to the LLR share of the national Naylor targets, for both disposals and the making available of land for housing development. Hinckley could potentially contribute to both of these targets, however in the current local authority growth plan the site is classified as one for providing community facilities. Further discussion regarding this classification will be required.

The strategy also prioritises the projects in order of importance to the delivery of the overall LLR clinical strategy.

This project was subject to an assessment undertaken by a range of officers representing organisations across LLR, covering strategy, estates and finance specialties. Hinckley was given the 2nd highest priority to deliver the LLR plan.

9. FINANCE AND ACTIVITY

Capital costs

This scheme is costed on the basis of three smaller capital schemes, these are;

- Refurbishment of Hinckley Health Centre



- Alterations to Hinckley and Bosworth Hospital
- Ward refurbishment at Loughborough Hospital
- New equipment

It is a relatively small scheme, but made complex by involving two providers, UHL (Alliance) and LPT, and two asset owners, LPT and NHS property services.

Capital costs have increased by £500k against the original assumptions, to include funding the refurbishment of a mothballed inpatient ward at Loughborough hospital.

This brings the total project capital cost to £7,035k, the breakdown is shown below.

Capital Item	Option 1	Option 2
Conversion of Hinckley & Bosworth Community Hospital for endoscopy		£704k
Conversion of Hinckley & Bosworth Community Hospital for DC Suite		£2,366k
Outpatients Conversion at Hinckley Health Centre to create capacity for Physio and activity growth		£2,669k
X-ray/Ultrasound Room Conversion and Equipment		£796k
Endoscopy		£235k
Other daycases		£765k
Refurbishment of Loughborough ward for inpatients		£500K
Backlog of maintenance of plant and other infrastructure at Hinckley & District Hospital	£1,024k	
Sale of Hinckley & District Hospital building		-£1,000k
Total Additional Costs	£1,024k	£7,035k

Capital funding options for a development of this size are limited. Private sector funding is generally available for new build projects between £10m and £100m. This project requires alterations and refurbishment to three buildings, and the disposal of one Victorian building. The respective organisations have no internally generated capital available to fund these changes, and therefore this project will bid for STP funding in the wave 4 bidding round of July 2018. The payback for the capital funding is in year 6.

Revenue Impact

The overall position shown in the tables below is that reconfiguring services has a positive impact on the cost per patient for outpatient and daycase services delivered in Hinckley.

The financial modelling for the Hinckley project has been undertaken on a 'cost to LLR Health Services' basis. Costs included in the model are drawn from the Alliance provider (outpatient and daycase costs), LPT (estates and inpatient costs) and NHS Property Services (Hinckley & District Hospital and Hinckley Health Centre landlord)

The summary level costs are shown below; full details are given in Appendix 4.

Total Service Delivery Cost								
Revenue Impact	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000	£000	£000	£000
Do Minimum Option 2	5,296	6,207	6,359	6,006	6,116	6,227	6,340	6,456
Preferred Option 1	5,296	5,748	5,850	5,231	5,013	5,096	5,180	5,266
Additional Cost/(Saving)	0	(458)	(509)	(776)	(1,103)	(1,131)	(1,161)	(1,190)
Cumulative Cost/(Saving)		(458)	(967)	(1,743)	(2,846)	(3,977)	(5,138)	(6,328)

The main assumptions in this model are;

- All activity coming to Hinckley is already taking place in an alternative setting
- activity coming into Hinckley is 50% from UHL and 50% from out of county
- Build takes place 19-20, and it takes two years from exit to dispose of the building
- New facilities ready April 2020
- Estates running costs at Hinckley and Bosworth Hospital are LLR cost neutral as there is no additional space
- Assume estates running costs at HHC are unaffected as funding from centre is in the form of a grant, and no increase in overall size
- Service running costs at Loughborough increase
- Building depreciation is as per current building life
- Equipment depreciation 10 years
- Cost of capital at 3.5%
- The financial modelling does not include the impact of the shift on costs per patient at UHL, or the resulting size of the planned care hub.

Value for money

This model reduces the cost per outpatient and day case as follows;

Average Cost per patient	Outpatient	Daycase
	£	£
Do Minimum Option 2	79	668
Preferred Option 1	57	474

This reduction is driven by two main elements;

1. productivity gains in patient flow
2. the removal of the second most expensive estate per m² in LLR.

Option 1 - the preferred option, also offers a number of qualitative benefits: Improvement on Cancer performance and A&E targets via expansion of cancer screening services and expansion of the diagnostic hub to support the Urgent Care Hub.

- Contributes to the improvement of the efficiency of STP planned care by facilitating the left shift of services from the acute sector to community



settings. Taking no action will adversely impact on the ability to accommodate the shift of planned care activity in University Hospitals of Leicester

- Increases the number of day case operations and range of outpatient clinics – moving activity out of University Hospitals of Leicester into community hospital settings in line with STP ambition
- Improves the quality of the patient environment and supports care closer to home
- Utilise all available existing space, ensuring facilities are fit for modern day health care whilst reducing the overall NHS estates footprint
- Releases of Hinckley and District Hospital site for disposal, and subsequent redevelopment.

Comparison

Cost

Although Option 1 has a capital cost of £7,035, NOT undertaking Option 1 also has an inherent capital cost. More reasonably we can say that Option 1 will cost an **additional** £6,010 over Option 2. As both options see the release of Hinckley and District Hospital and the value released to the NHS.

Services

Option 1 offers facilities that are largely future-proofed and meet current health care facility requirements. The facilities will utilise modern, reliable equipment and be able to offer bowel cancer screening.

Option 2 is time limited but will provide services within Hinckley for Hinckley and Bosworth residents. They won't offer bowel cancer screening and will mean that in the near future there will be a significant decrease in capacity. Already the x-ray machine has failed and is currently out of action while a spare part is sourced. This is proving difficult as it appears to be the last working model of its type in Europe. The department is making do with a portable machine incapable of x-raying spines. The endoscopy machines are outmoded and slow but cannot be replaced due to the need for expensive estate upgrades.

Accepting Option 2 would mean that a facility that fails to satisfy modern health care facility requirements will continue in operation.

Efficiencies

Upon implementation the endoscopy suite, with the same staffing level, will be able to see 1/3 more patients than currently. Looking to the future, the use of modern equipment in a modern environment will mean that staff retention and recruitment will be less pressured (particularly around anaesthesiology) which lends itself to a more flexible and efficient workforce.

The co-location of diagnostic services in the Hinckley Health Centre will bring synergies to outpatients, OOH and the clinical hub.

Capital investment

West Leicestershire Clinical Commissioning Group (WLCCG) has previously submitted this proposal to NHS England on behalf of the Leicester, Leicestershire and Rutland STP as part of a group of submissions looking at capital investment in the region. Previously this has been modelled on commissioner impact, in this version the overall cost to the health economy has been used, and on this basis a further submission will be made in July 2018 alongside the STP Estates Strategy.

10. WORKFORCE

The Alliance Strategic Workforce plan is closely aligned to the 5 year Forward View and the emerging LLR STP and it builds upon the strategy outlined in the Better Care together programme. The Alliance has developed its workforce plan principally based on demand and capacity assumptions and has developed an overarching workforce plan which has six pillars of delivery:

1. Increasing community provision and supporting the 'left shift'
2. Creating a sustainable workforce
3. Seven day service delivery
4. Increased role for Primary Care services
5. Grow our contracted Workforce and reduce our dependency on the non-contracted workforce
6. Developing new ways of working via the OD plan

It is recognised that workforce plans need to align to evolving left shift business cases linked to service transformation and the LLR Better Care Together Planned Care work-stream programmes. In addition, plans have needed to consider supply and demand challenges as this has an impact on the ability to create capacity for the delivery of services. The Alliance workforce plan highlights key workforce challenges and the Alliance's response with specifics reference to:

- The Medical Workforce
- The Nursing Workforce
- The Administrative Workforce
- Non-Medical /Other Clinical Roles
- New Roles
- CIP/Pay bill
- There will be a collaborative approach between Alliance, UHL and the Planned Ambulatory Care Hub (PACH) including workforce planning

In addition to the five year workforce plan, the Alliance has a number of workforce strategies which will support the six key strands of delivery, examples include:

Shift of activity from acute to community and from community to primary care:

The Alliance has agreed with UHL to drive forward the activity shift of a number of speciality areas through the successful development and implementation of business cases. Current priority left shift business cases include Gastroenterology, Dermatology, Urology and lumps and bumps.



New Roles, up-skilling and re-skilling of existing staff:

Development of Assistant Practitioners using a competency framework to support career progression for the non-qualified staff has commenced with two band three staff appointed within endoscopy, the training and use of nurse endoscopists, ODPs and ESPs.

Specific issues in relation to the Alliance workforce e.g. Age profile, flexibility:

Creating a workforce which allows room for the Alliance to grow and develop its care pathways. Up skilling our workforce, enabling our workforce to gain experience from our partners on a rotational basis, ensuring staff have access to training and development opportunities and a review of our staffing structures.

Recruitment and Retention-addressing occupational shortages:

In support of the reform programme set out in the Future of Apprenticeships in England; Implementation programme (published in October 2013). In order to positively attract a younger workforce the Alliance can provide opportunities of traineeship and apprenticeships in administrative services, healthcare support workers, sonographers and optometrists.

Workforce Redesign:

The Nursing structure has been redesigned in order to strengthen its leadership and to provide capacity for activity shifting out into the Alliance. Future plans include developing nurse leadership, providing more flexible shift options, aligning patient mix and staffing, providing mentorship and professional development and developing staff engagement activities. The Alliance is currently in the process of reviewing and restructuring its administration service to support both day case and outpatient activity.

Reducing the reliance on off payroll arrangements to support sustainable services:

The Alliance has significantly reduced its number of Medical staff on /off payroll arrangements converting them to be paid and employed by UHL strengthening the substantive workforce.

Culture – new ways of working and working across boundaries:

Joint appointments with GP Practices looking at developing GPs with a Specialist Interest (GPSI) through education and training.

Education and training:

This will include up skilling our GPSI"s in their specialist interests to enable them to offer a wide breadth of advice and treatments to patients supporting Primary Care. This will be linked to relevant Consultant mentorship and support.

Each of these strategies support delivery of the workforce plan and ensures that innovative approaches to supply and demand are adopted.



Workforce Transformation, New Care Pathways, Specific Staff Group Issues

The Alliance will be working collaboratively across LLR on a range of workforce development initiatives including:

- ODPs - developing Operating Department Practitioners in conjunction with UHL.
- Clinical placements - offering the opportunity to all learners across LLR including students and apprenticeships. Collaborative work on placement capacity and the development of mentors is already established and utilising the Alliance's dedicated practice learning lead to find new and innovative placements in order to attract and retain learners.
- Trainee Assistant Practitioner (TAP) roles and Nurse Associate roles - working with partners to develop the best workforce solutions at all levels but the development of the band 4 role, with a pilot likely in UHL from January 2017. The approach to TAP roles and
- Advanced Clinical Practice has been developed collaboratively with LPT to ensure a consistency of standard across the STP footprint.
- Medical workforce and training - work is already underway in establishing medical training programmes. The Alliance is currently establishing a postgraduate medical training programme in its Rheumatology and Dermatology services in collaboration with HEEM and LLR and is looking towards expanding JAG accreditation to include training status for endoscopy in the three units with current JAG accreditation..
- Apprenticeships - using apprenticeships to employ more young people within UHL, to address our future ageing workforce challenges and to help reshape our workforce.

This approach helps mitigate the ongoing challenges faced by the Alliance in the supply of staffing across a number of staff groups and specialties. The Alliance Workforce Strategy 2016 – 2021 is included as Appendix 5.

11. OPTIONS

WLCCG has undertaken an extensive options appraisal process to develop the options for Hinckley and Bosworth Community Services. In order to identify options that were feasible and enable the CCG to estimate costs, we worked closely through regular meetings and correspondence with senior management and estates managers from the LLR Alliance, Leicestershire Partnership Trust and NHS Property Services. Additional expertise was utilised as and when required, such as Design Buro (an organisation that specialises in design of health buildings) and Arden & GEM CSU (for additional project management and financial analysis capacity).

Identifying best practice for community daycase and endoscopy

Visits have been made to examine buildings fit for modern healthcare such as St. Luke's Endoscopy Suite in Market Harborough and the Stoneygate Eye Hospital in Leicester. There have also been tours of the existing premises in Hinckley with patient groups. Patient representatives have had the opportunity to compare existing premises with new purpose-built premises to see how this can impact positively on patient experience.

Options appraisal

Following deliberation by the Hinckley & Bosworth Community Services Review Project Team eleven scenarios were identified for further consideration. The eleven scenarios were considered and scored in a non-financial appraisal by the Hinckley Co-Design Project Board on 22nd September 2015 against the following criteria:

1. Increasing services delivered in the community and closer to home
2. Increasing the number of people reporting a positive experience of care
3. Creating a positive environment for the delivery of healthcare for patients and an inspiring working environment for staff
4. Ensuring that buildings are fit for purpose
5. Optimising the opportunities for integration and the use of physical assets
6. Ease of implementation

The eleven scenarios were also subject to a financial appraisal by the Chief Finance Officer. Financial modelling was undertaken in each scenario and then scored against criteria of affordability and viability.

The non-financial and financial appraisals have been analysed using a combined scoring matrix. The highest scoring scenarios were worked through at two public engagement events on 5th October 2015. The full process and methodology is at Appendix 6.

Benefits Criteria

The benefits criteria are set out below. These were developed by the CCG Board, the Hinckley & Bosworth Community Services Review Project Board and the Voice of the Community Group. Four domains were used defining benefits as shown below. These were mapped to the six domains of quality health care identified by the Institute of Medicine (shown in brackets). The weightings for each domain are listed in the right column.

CRITERIA	WEIGHTING %
Clinical quality and clinical adjacencies (Safe & Timely)	30%
Quality of patient environment (Patient-centred & Equitable)	25%
Efficiency and service effectiveness (Efficient & Effective)	30%
Flexibility and risk management (Efficient)	15%
Total	100%

Table 2: Benefits criteria and weighting

Table 3: Non-financial appraisal scoring

CRITERIA	WEIGHTING	DO NOTHING	DO NOTHING X WEIGHTING	OPTION 1a	OPTION 1a X WEIGHTING	OPTION 1b	OPTION 1b X WEIGHTING	OPTION 1c	OPTION 1c X WEIGHTING	OPTION 2a	OPTION 2a X WEIGHTING	OPTION 2b	OPTION 2b X WEIGHTING	OPTION 2c	OPTION 2c X WEIGHTING
Clinical quality and clinical adjacencies (Safe & Timely)	30	1	30	4	120	4	120	4	120	4	120	4	120	4	120
Quality of patient environment (Patient-centred & Equitable)	25	2	50	4	100	4	100	4	100	3	75	3	75	2	50
Efficiency and service effectiveness (Efficient & Effective)	30	2	60	3	90	3	90	4	120	2	60	2	60	4	120
Flexibility and risk management (Efficient)	15	1	15	3	45	3	45	3	45	2	30	3	45	2	30
Total	100		155		355		355		385		285		300		320
%			39		89		89		96		71		75		80

Option 1: Investment in local services

Over the last 4 years, WLCCG has worked with the local community and stakeholders to co-develop the preferred option for planned care services in Hinckley and Bosworth to transform service delivery within the locality which requires capital investment: The ambition of WLCCG is to deliver high quality, citizen-centred care pathways close to people's homes and in their communities. In pursuing this, we are looking for the safest, most effective care which gives patients the best experience of care, based on what they have told us.

West Leicestershire CCG is committed to delivering planned care in local communities, where it is safe and viable to do so. To achieve this we need to:

- Make better use of all available existing space in Hinckley Health Centre (Mount Road) and at Hinckley and Bosworth Community Hospital and
- Invest money and time into the local health infrastructure in Hinckley by:
 - Refurbishing Hinckley Health Centre, Mount Road to accommodate X-Ray/Ultrasound, physiotherapy and increase the number of consulting rooms from 37 to 48 rooms. This will contribute to a 40% reduction in the activity that is currently having to be provided at the hospital in Leicester and take away the need for patients to travel
 - Reducing the number of inpatient (overnight) wards at Hinckley and Bosworth Community Hospital from two to one by using more community based services to enable patients to be discharged to the place they call home for rehabilitation, rather than them having to go to a community hospital. The space created can then be converted into a combined day case surgery and endoscopy unit with day-case beds, which will provide an increased range of day case procedures and cancer screening services for local patients.
 - Relocating the out-of-hours primary care service from Hinckley and Bosworth Community Hospital into the new developed Urgent Care Hub (accessible via referral) in Hinckley Health Centre providing out-of-hours urgent care for local patients which are close to other facilities for example x-ray.
 - Changing the use of 18 of the 39 beds at Hinckley and Bosworth Community Hospital from inpatient beds to day-case beds.
 - Increasing the number of beds elsewhere in the LPT Community Hospital Estate to enable access for patients to community beds
 - Ensuring facilities are fit for modern day health care
 - Ensuring that community services in Hinckley are financially sustainable
 - Removing services from buildings like Hinckley and District Hospital and the Physiotherapy Portacabin that are unfortunately not fit for purpose and relocate physiotherapy services into Hinckley Health Centre.

Development of the preferred option

Using the benefits criteria developed with patients and local GPs, the Hinckley Hospitals Project Board has identified a preferred option for endoscopy, daycase activity, radiology and outpatients that will meet future demand and improve patient experience.

With suitable investment, Hinckley & District Hospital would be withdrawn and work would be undertaken at Hinckley Health Centre and Hinckley & Bosworth Community Hospital to allow re-locating of services.

By re-basing services, bowel cancer screening could be offered locally as the proposed new Endoscopy Suite could be suitably JAG accredited; something not possible at the service's current site.

Following discussions with the WLCCG Governing Body and subsequent feedback, the options below were identified as possible options for consideration in October 2016, based on two locations, to avoid confusion the Mount Road site is the current location of Hinckley & District Hospital and Hinckley Health Centre.

Option description	Hinckley and Bosworth Hospital	Mount Road
Combined endoscopy and day case theatre room (GA) (Stand alone)	✓ (Option 1a)	✓ (Option 2a) (Option 2b)
Combined endoscopy and day case procedure room (GA) (convert & new build)	✓ (Option 1b)	✓ (Option 2c)
Combined endoscopy and day case procedure room (GA) (convert)	✓ (Option 1c)	✓
Combined endoscopy and day case clean room (no GA) (Stand alone)	✓	✓

In October 2016 the WLCCG Governing Body reviewed the available options, including the feasibility and cost issues:

Feasibility

Working with estates leads from NHS Property Services and Leicestershire Partnership Trust, as well as Design Buro, the feasibility of the different options was considered on each site. As a result the option to convert existing space within Hinckley Health Centre (Mount Road) to a day case suite was discounted, due to existing utilisation, the proposed move of x-ray facilities into Hinckley Health Centre and plans for increasing outpatient activity.

At the Hinckley and Bosworth Community Hospital site, it was concluded that it was not feasible to convert existing space within Hinckley & Bosworth Community Hospital, either part conversion or full conversion into to a combined endoscopy and day case suite due to existing utilisation for 39 inpatient beds; therefore future options would need to review the option for relocating inpatient beds.

Cost

Capital costs for all feasible options for the combined endoscopy and day case theatre room were estimated, ranging from £4.070m to £6.272m. A financial appraisal was then completed against each option to assess viability (based on capital outlay) and affordability (based on profitability for a provider – ensuring that services are sustainable).

As a result the options for stand-alone units at Mount Road were discounted as the capital outlay was above £6m. In addition, options for units without piped gas to the buildings (required for procedures using general anaesthetic) were also discounted as not being affordable for ongoing provision (due to estimated 20% less activity). The inclusion of piped gas is also considered as a way of future proofing for any further 'left shift' in day case activity to Hinckley & Bosworth locality.

Remaining options considered in October 2016 and are shown in the table below. Two options were considered feasible, affordable and viable:

Hinckley & Bosworth Community Hospital: Combined stand-alone endoscopy and day case theatre room with piped gas (Option 1a)

Mount Road: Combined endoscopy and day case theatre room (part new build, part conversion) with piped gas (Option 2c)

Option description	Hinckley & Bosworth Community Hospital	Mount Road (replace portacabins)	Mount Road (behind hospital)
Combined endoscopy and day case theatre room (GA) (Stand-alone)	£5.998m (Option 1a)	£6.272m (Option 2a)	£6.026m (Option 2b)
Combined endoscopy and day case procedure room (GA) (convert & new build)	£4.975m (Option 1b)	NA	£5.728m (2 Tier) (Option 2c)
Combined endoscopy and day case procedure room (GA) (convert)	£4.070m (Option 1c)	NA	

Following further discussions by WLCCG Governing Body Board regarding current context, feasibility and cost resulted in option 1c (a convert existing space to provide a combined endoscopy and day case procedure room) being identified as the preferred option for Hinckley & Bosworth locality.

Impact of preferred option

This option ensures that ambition of the planned care workstream to increase the provision of planned care services in community hospital settings, thus providing:

- A solution to the concerns identified in the clinical case for change (section 6)
- Increased efficiencies – community hospital settings demonstrate greater value for money than the provision in acute settings due to environment and staffing costs
- Increased activity - the Alliance estimates that the proposed Endoscopy suite, for the same level of staffing and equipment as present, will deliver 25 – 30% more capacity than 2017/18.
- Increased provision of bowel cancer screening
 - If Hinckley obtains JAG accreditation there are 5 Leicestershire GP's which would be attached:
 - Station View HC
 - Burbage Surgery
 - Maples Family MP
 - Castle Mead MC
 - Centre Surgery
 - There is also an expectation that some patients living in the Broughton Astley, Stoney Stanton and Cosby areas would opt to travel to Hinckley rather than Glenfield, plus potentially some patients from the Warwickshire side (if their GP's have been activated for Bowel Scope).
 - Based on 2017 data and 46 weeks of operation per year we estimate that 216 patients would be invited for a Bowel Scope in the first year with estimated growth of 5% per year.
- Co-location of the Out of Hours primary care service and Urgent Care Hub to Hinckley & District Hospital with X-ray and diagnostics
- Public sector opportunities
 - WLCCG has indicated that the preferred option is for services from Hinckley & District Hospital to be repatriated to other planned care sites across LLR. This is due to the fact that the NHS cannot continue to manage and mitigate the increasing numbers of risks to provide safe services; as a result Hinckley and District Hospital will close and the building and land sold.
 - The subsequent sale of the building and land, in line with NHS Property Services requirements, could potentially provide redevelopment opportunities for this town centre site although they would need to accord with current adopted planning policy. Hinckley and Bosworth Borough Council has indicated that it will work with the WLCCG to consider suitable redevelopment of the land and buildings should the decision to close be made.

Option 2: Do minimum option (do nothing option)

The do minimum option would result in services from Hinckley & District Hospital being repatriated to other planned care sites. This is due to the fact that the NHS cannot continue to manage and mitigate the increasing numbers of risks to provide safe services; as a result Hinckley and District Hospital will close, likely during 2018/19.

Due to the requirements of modern healthcare services and equipment it is not possible to re-invigorate the building. The issues highlighted as part of the backlog of maintenance (£1.024m) to address statutory compliance, will not address the root issues identified in the clinical case for change as a result; Hinckley & District Hospital would be withdrawn from NHS service and sold.

Relocate activity (endoscopy, daycase surgery and radiology) across UHL, Market Harborough/ Loughborough (endoscopy, daycase surgery), Coalville/Market Harborough (radiology). It is likely that residents on the borders of Warwickshire will choose to go to services outside of Leicestershire; this would move the LLR pound outside of LLR.

This would mean that there would be no change to current facilities. This option is considered to be time limited and inefficient.

The clinical case for change identifies the issues associated with environment and equipment in the Hinckley and District Hospital. Backlog maintenance costs have been identified as £1,024k. This funding would not address the clinical issues identified in the case for change as these cannot be addressed in the current environment.

Without capital investment endoscopy, daycase surgery and radiology services would not be able to be maintained in Hinckley and Bosworth and the activity associated with these services would need to be absorbed into other facilities out of the Hinckley and Bosworth area. The issues highlighted as part of the backlog maintenance (£1.024m) will not address the root issues. Estate managers and architects consulted as part of this project are of one mind – the existing building cannot be adapted to meet requirements. A new build, or the adaptation of a modern building, is required.

If option one is selected it could still incur some costs although the Alliance has indicated they would try to absorb activity within existing facilities. It is difficult to make an assumption on how much activity would leave Leicestershire thereby making any accurate calculation on overall costs difficult though commissioner costs would remain the same whichever decision was made.

Current operational challenges due to the constraints

The decontamination equipment at Hinckley has been failing regularly for a number of months; the purchase of new decontamination machines was



completed in March 2016. The installation process for the decontamination has been delayed due to the following reasons:

- The initial review of the Estate identified a number of issues that required further investigation. This included the poor electricity supply to the building, lack of ventilation and presence of asbestos.
- The project team met at the end of July and reviewed the building options available; the indicative costs identified were in excess of £250K.

Hinckley and District Endoscopy Suite decontamination equipment is failing and this has increased the number of cancellations of procedures on the day and reduced the numbers of units on each list.

The X-ray machine has been out of service, a temporary resolution has been implemented to ensure that the machine is working, but this is likely to be short term.

The number of anaesthetists prepared to undertake surgical procedures using bottled gases is reducing making it difficult to run full lists.

As a result of this the Alliance are currently working up an operational plan to move activity to the alternate locations should the hospital no longer be safe to provide services.

Impact of the do minimum option:

Services would be relocated to alternative sites:

- UHL, Market Harborough/ Loughborough for endoscopy, daycase surgery,
- Coalville/Market Harborough for radiology.

Waiting times in the short term would likely be unaffected as staff would be relocated to the alternate sites thereby effectively increasing their capacity. One possible exception is for people requiring cataract surgery as this would most likely be provided by other providers whose ability to deal with increased demand is not known.

In the longer term there may be issues with keeping relocated staff which may impact upon the effective capacity at alternate sites which would in turn tend to increase waiting times for patients.

The general impact on waiting times of patients choosing to go out of the area, delay or cancel treatment cannot be accurately estimated.

It is likely that residents on the borders of Warwickshire will choose to go to services outside of Leicestershire; this would move the LLR pound outside of LLR with an additional resultant effect on patient travel times, access and general satisfaction. It may also, over time, require investment into those facilities to cater for the increased activity.

Hinckley and District Hospital would need to be withdrawn from NHS service which is likely to result in the sale of the property currently estimated at £1m.

As the Hinckley & District Hospital cannot sustainably provide services it will close and be sold. Due to the requirements of modern healthcare services and equipment it is not possible to re-invigorate the building

Ultimately this option would adversely impact on the wider STP plans to move planned care services out of UHL into the community hospitals resulting in the inability consolidate activity in UHL onto two sites.

12. NHS ENGLAND PLANNING, ASSURING AND DELIVERING CHANGE FOR PATIENTS

NHSE require CCGs to demonstrate that they meet some of the key considerations for commissioners and their partners in designing service change and CCGs have a statutory duty to have regard to the guidance.

All service change should be assured against the government's four tests:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- A clear, clinical evidence base.
- Support for proposals from clinical commissioners.

Where appropriate, service change which proposes plans significantly to reduce hospital bed numbers should meet NHS England's test for proposed bed closures and commissioners should be able to evidence that they can meet one of the following three conditions:

- Demonstrate that sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and the new workforce will be there to deliver it; and/or
- Show that specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Strong public and patient engagement

WL CCG has been regularly engaging with patients in Hinckley & Bosworth since 2014 regarding the delivery of healthcare services in the town. To date, over 2,000 people and professionals have been involved in discussion regarding the future of healthcare provision in the town. This has included a number of public engagement events.



In the initial stages of the engagement process the CCG used ELC methodology to understand the experiences of people using services and what mattered most to them. This work was centred on the key question: 'What needs to happen so that community services in Hinckley support people to keep well and recover as fully as possible?' The research was independently analysed and evaluated and reported to the CCG.

Through these insights and together with patients, carers, staff members and residents in the area a shared vision for community services was created. The vision and principles were tested and discussed with the people of Hinckley and Bosworth.

Since the project commenced a number of public engagement events have been coordinated and numerous groups and forum have been attended by CCG staff to discuss and refine the proposals. These groups represented minority groups and people with one or more of the nine protected characteristics. The last two public events were held in January and March 2017 and were held as part of the Better Care Together/STP roadshow of events. More insights were captured to further inform proposals.

In 2016, the Voice of the Community Group was established comprising of local councillors and patient representatives. This group has provided regular challenge and guidance to the CCG on plans for the locality and continues to meet and advise on the consultation document and plan.

The Hinckley Project Board overseeing the project has included representatives from local providers, including GPs, the Borough Council, Healthwatch and PPG reps. Members were heavily involved with the options for relocating services.

Work has been closely coordinated with the LLR Alliance who provides planned care services, Derbyshire Health United, providers of urgent care services, Leicestershire Partnership Trust provider of inpatient beds in the community hospital and physiotherapy in the District Hospital and NHS Property Services who own Hinckley Health Centre and Hinckley and District Hospital. In addition commissioners and providers over the Hinckley southern border have been liaised with to ensure a strong link established with their STP.

Extensive engagement has been undertaken with Hinckley Borough Council through their scrutiny committee and their executive team. They have also been very supportive in coordinating communications and events through their local community groups.

Regular communications have taken place with the local MP, who has not raised any concerns about the development.

A Save our Hospital group was established who campaigned to keep services in Hinckley and wish to retain services at Hinckley and District Hospital. We



had regular and ongoing discussion with the group to ensure that they were fully apprised of our proposals. We envisage that they will remain a cohort of people who remain concerned about the future of the hospital building.

Assessment of compliance against test 1: compliant

The range of engagement activities that the CCG has undertaken since 2014 demonstrates compliance with this requirement.

Consistency with current and prospective need for patient choice

A central principle underpinning service reconfigurations is that patients should have access to the right treatment at the right place and at the right time. Services should be locally accessible wherever possible and centralised where necessary to improve both quality of services and patient experience.

When asked about community health services during the 2014-2017 engagement exercises, people said that the following issues were very important, in this order:

- The quality of care
- Public transport links
- Car parking for patients, carers and relatives
- Value for money - effective use of buildings, equipment and healthcare services.

The major components of care affected by the Hinckley Community Services Review are:

- Daycase endoscopy and daycase surgery
- X-ray & Ultrasound
- Outpatients
- Physiotherapy
- Inpatient rehabilitation (predominantly step down from acute care)
- Urgent Care services

The choice open to patients currently varies between the above categories of care.

Daycase endoscopy, Daycase surgery and Outpatients

The proposals support patient choice for this service as they will expand the range of procedures offered to patients locally. In addition patients will still be able to access these services through UHL or other locations across LLR and into Warwickshire should they choose to do so.

X-ray and ultrasound

The proposals support patient choice for this service as they will expand the range of procedures offered to patients locally. In addition patients will still be able to access these services through UHL or another acute trust should they choose to do so.

Physiotherapy

The change in location for the physiotherapy department does not impact on the current level of choice for patient.

Inpatient rehabilitation

The range of service options for rehabilitation range from care at home, via one of the community models (Home First or intensive community support) through step down care in one of the community hospitals (depending upon bed availability), to continued stay in an acute hospital bed. The challenge faced by the CCG is how best to meet this rising demand within resources, whilst offering choice to patients. Patients admitted to Hinckley & Bosworth Community Hospital can come from any area of Leicestershire.

Urgent Care Services

The proposals support patient choice for this service as they will expand the range of procedures offered to patients locally. In addition patients will still be able to access these services through other urgent care hubs should they choose to do so.

Assessment of compliance against test 2: compliant

A clear clinical evidence base

In developing its overarching commissioning strategy in 2012, one of the key strategic priorities for West Leicestershire CCG was to “make the most of the five community hospitals” within the area. These are Loughborough Hospital, Coalville community hospital, Ashby Hospital, Hinckley and District Hospital, and Hinckley and Bosworth community hospital.

A decision was taken to review these five hospitals and a set of objectives to be achieved was agreed as:

- Meeting changing health needs of the population and responding to concerns about the growing elderly population
- Ensuring future services secure continuous improvements in the quality of care provided
- Maximising appropriate care provided from community hospitals
- Ensuring estates are well utilised and fit for purpose
- Improved value for money
- Harnessing advances in medicine to reduce reliance on secondary care
- Responding to changes in the wider health economy

Within this overarching context, Hinckley and Bosworth community health review was commenced. The ambition of WL CCG is to deliver high quality, citizen-centred care pathways close to people’s homes and in their communities. This is to:



- reduce inequalities in care (both physical and mental)
- increase the number of people reporting a positive experience of care
- optimise the opportunities for integration and the use of physical assets
- achieve financial sustainability
- improve the utilisation of the workforce and the development of new capacity and capabilities.

In pursuing this, the CCG is looking for the safest, most effective care which gives patients the best experience of care, based on what they have told us. WLCCG is committed to delivering planned care in local communities, where it is safe and viable to do so.

The proposal reflects the STP and CCG commitment to delivering and expanding planned and urgent care in local communities, where it is safe and viable to do so. Our aims expanding services in Hinckley are to:

- Increase number of day case operations and range of outpatient clinics – moving activity out of University Hospitals of Leicester into community hospital settings
- Increase range of endoscopy to include cancer screening
- Extend range of consultant outpatient services
- Support the development of an urgent care hub within Hinckley and Bosworth
- Implement new models of care to support patients to be discharged home first with improved rehabilitation and reablement services in the community
- Replace the x-ray facilities which are coming to the end of their life with new, modern facilities
- Consolidate the overall community service estate footprint across Hinckley in order to improve productivity by releasing asset value and increase space utilisation
- Do all of this in buildings which are sustainable and fit for providing modern healthcare

The main constraints regarding expanding services in Hinckley and Bosworth focus on the condition of one of the Community Hospital sites. Continuing to deliver planned care services, provided through the LLR Alliance, from the current location of Hinckley & District Hospital is not sustainable. The clinical risks of cross-infection, caused by the design of the existing building, is being managed by staff operating rigidly to additional working policies and procedures that are not required in modern healthcare buildings. It is the view of the CCG and provider that this risk will only increase with time with increased activity and staff turnover. Estate managers and architects consulted as part of this project are of one mind – the existing building cannot be adapted to meet requirements. A new build, or the adaptation of a modern building, is required.



As a result, we have examined options for the relocation of day case, endoscopy, x-ray, ultrasound and physiotherapy services at other sites in Hinckley.

Moving services out of Hinckley and District Hospital and the physiotherapy portacabin opens up opportunities to expand outpatient services and re-locate and expand diagnostic services and relocate physiotherapy within Hinckley Health Centre. In addition it enables us to co-locate an Urgent Care Hub with the new diagnostic services enhancing the local Urgent Care offer to the local population. This is a significant increase in activity and demonstrates the need to:

- Utilise all available existing space
- Invest in local health infrastructure in Hinckley
- Ensure facilities are fit for modern day health care
- Ensure that community provision in Hinckley is commercially sustainable
- Remove services from buildings that are not fit for purpose

The clinical case for change to implement new models of care to support patients to be discharged home first with improved rehabilitation and reablement services in the community, builds on the changes to the models of care for community services that supported the change in the model of care in Ashby Community Health Services review. These include the Intensive Community support programme, investment in home care services through the Better Care Fund, enhanced end of life care provision and the Home First workstream for the STP.

Assessment of compliance against test 3: compliant

Support from clinical commissioners

The CCG Governing Body discussed the Hinckley Community Services Review in October 2015, August 2016 and March 2018. At each occasion the Governing Body members supported the proposals regarding Hinckley and Bosworth Community Services. In May 2017, following recommendation by the LLR System Leadership Team to submit the Hinckley Community Services proposals to NHSE for capital investment, the Governing Body fully supported the proposed changes.

Regular updates have been given to the Hinckley and Bosworth locality meeting, to which all local GPs are invited, on the progress of the review. Additionally, Hinckley and Bosworth GPs are full members of the project board. The project board for the review is chaired by a Hinckley and Bosworth GP board member who is the designated clinical lead for the project. This ensures consistency between the project board and CCG Governing Body discussions. In addition, other clinicians are represented at both project board and the Governing Body through the Chief Nurse and Quality Lead who is the senior responsible officer (SRO) for the project. All project board meetings



have been chaired either by the clinical lead or SRO. A Hinckley and Bosworth GP representative is required for the project board to be quorate.

Outside formal Governing Body and project board meetings, project team members have held discussions with local GP practices potentially affected by the change, to ensure their full involvement and support for the review. For example, Hinckley and Bosworth locality GPs have participated in the Experience-led Commissioning events to consider the project scope and requirements for services locally.

Assessment of compliance against test 4: compliant

The level of commissioning support for the changes demonstrates compliance with this requirement

Bed closure requirements

The preferred option for Hinckley & Bosworth Community Services identifies that 18 inpatient rehabilitation/reablement beds may require relocation beds to one of the other community hospitals within the LPT Community Hospital Estate.

The following table indicates the availability of wards across the LPT Community Hospital Estate.

Location	Number of beds (including stroke)	Number of wards open	Number of vacant wards
Coalville	24	2*	1*
Loughborough	24	1	2
Hinckley & Bosworth	39	2	-
Leicester	47	2	-
Melton Mowbray	17	1	-
Oakham	16	1	-
Market Harborough	15	1	-
Lutterworth	10	1	-

*In addition there is a CAMHS unit at Coalville which will move from 2020.

This availability ensures that a reduction of beds in Hinckley & Bosworth Community Hospital is unlikely to have an impact on any changes to inpatient bed numbers across LLR.

In addition, the re-provision of community beds to another community hospital is unlikely to have a notable effect on Hinckley and Bosworth patients. In 2016/17 only 13% of the community inpatient bed capacity was used by



patients from the Hinckley and Bosworth locality. The remaining capacity was used by patients outside this area, mainly from Leicester (59%) but also, significantly, 7% from Loughborough.

A key component of this model is the availability of various diagnostic and bed-based services being available in the community. The Hinckley & District Hospital, Hinckley & Bosworth Community Hospital and Hinckley Health Centre currently provide these services which enable the Intensive Community Support service and Integrated Locality Team to function smoothly.

The changes proposed by this business case will maintain and expand diagnostic support and the range of procedures available locally, though from different locations within Hinckley.

It should be clearly noted that, although the STP plan sets out changes in the bigger picture of how and where various services will be delivered, this business case is not dependent on the new models of care being developed in the same timescales.

Assessment of compliance against bed closure test: compliant

13. IMPACT ASSESSMENTS

Quality Impact Assessment

The Quality Impact Assessment is attached as Appendix 7. This is a single page table that sets out 5 standard “Domains” against which the author sets out any concerns. The Domains are: Impact on quality of services; Ability to deliver; Impact on staff; Assessment of unforeseen consequences and Contingency plan for unseen consequences. No adverse consequences are identified.

Equality Impact Assessment

As both a legal requirement, but also as a moral duty we have ensured that engagement since 2014 has reached out to all those who have an interest in the proposals and that they were empowered to get involved.

An Equality Impact Assessment has been undertaken pre-consultation Appendix 8 and will be undertaken post consultation to ensure that the process and decision making is fully compliant with our legal duties under the 2010 Equality Act and the NHS Act and that we are taking account of people’s protect characteristics.

Travel Impact Assessment

The full travel impact analysis is included as Appendix 9, but the following summaries the assessment:

Both sites at Hinckley Health Centre and Hinckley and Bosworth Community Hospital are accessible by car. There is minimal difference in accessibility,



overall Hinckley Health Centre is more accessible by car. However, the availability of car parking at Hinckley and Bosworth Community Hospital could be judged to balance out the slightly closer proximity of Hinckley Health Centre. Hinckley Health Centre is more accessible to those patients using public transport due to its town centre location.

In order to mitigate any travel impacts the consultation process will seek to understand the impact on individuals and further work will be undertaken with Hinckley & Bosworth Borough Council.

14. RISKS AND RISK MITIGATION

The four highest risks to changes in Hinckley are:

- Inability to utilise the Hinckley & District Hospital for clinical care
- Inability to deliver preferred option as external funding cannot be sourced
- Legal challenge to proposals causing delay and additional cost to proposed changes
- Availability of suitable businesses to undertake the required work within the required timelines.

All these risks have actions to mitigate impact to ensure the safety of patients and to ensure that due process is followed:

- LLR Alliance continues to operate staffing procedures to ensure the safety of patients in Hinckley & District Hospital. Infection control is monitored closely as part of the management of this risk.
- Resources for investment in the estates will be sourced externally. This may prove a particular challenge given the economic climate. However, representations are being made at national level that without the required capital investment across the LLR sub-region, new and sustainable models of care cannot be delivered.
- West Leicestershire will continue to engage with stakeholders and patients throughout proposal and implementation phases, most notably through the Hinckley and Bosworth Voice of the Community group.
- Continued engagement and transparency regarding plans for Hinckley and Bosworth, along with ensuring due process, is considered the best way to mitigate the risk of legal challenge to proposals.

The CCG will continue to monitor these risks through future phases of the project and take action where risk increases. As previously stated, the do minimum option would result in services from Hinckley & District Hospital being repatriated to other planned care sites. This is due to the fact that the NHS cannot continue to manage and mitigate the increasing numbers of risks to provide safe services; as a result Hinckley and District Hospital will close, likely during 2018/19.

15. STAKEHOLDER SUPPORT

In June 2018, the LLR STP carried out a prioritisation exercise to inform the STP Estates Strategy; this resulted in the Hinckley and Bosworth Community Services Business Case being identified as one of the top priorities for the STP. In addition the following agencies have indicated that they are supportive of the proposals:

- Hinckley and Bosworth GP locality and Federation
- Coventry and Warwickshire STP
- Warwickshire North CCG
- NHS Property Services

16. CLINICAL SENATE ASSURANCE

In January 2018 the proposals for Hinckley and Bosworth Community Services were presented to the East Midlands Clinical Senate. This was followed up by additional meeting in March 2018 to further understand the changes to inpatient beds and the daycase surgery and endoscopy activity data. The outcome of the senate review is that the reconfiguration of services provided an opportunity to address significant problems around the poor quality of the hospital estate at Hinckley and District Hospital and they supported the plans identified and they identified their support to continue to consultation, the full report is enclosed as Appendix 10.

17. GOVERNANCE, DECISION-MAKING AND TIMELINES

The Hinckley and Bosworth Community Services Project Board which has included representatives of the CCG, GPs, Healthwatch, Patient Participation Groups, University Hospitals of Leicester, Leicestershire Partnership Trust and Hinckley & Bosworth Borough and Leicestershire County Council, has overseen the work of this review.

The CCG Governing Body is responsible for approving recommendations. The board has been updated on the review in previous meetings, and dedicated significant time to health services in Hinckley and Bosworth in its development sessions, visiting the two hospital sites in May and discussing the proposed options in July 2016. A 12-week period of consultation is planned, although the start date for this is not yet confirmed as it is dependent on the outcome of the NHSE Assurance Panel.

Subject to Governing Body approval, this pre-consultation business case will be reviewed by the NHSE England Assurance panel in June 2018. It will also form part of the STP Estates Capital bid submission in July 2018. Following consultation, a governance mechanism will be established to develop the outline business case for approval by WLCCG Governing Body and LPT Trust Board; a project team including representation from WLCCG, LPT, The Alliance and NHS Property Services will be established to develop the Full Business Case.

18. CONCLUSION

Throughout this lifetime of this project it has been important to emphasise the distinction between services and buildings. The CCG is committed to maintaining services in Hinckley and Bosworth – indeed the wider strategy for LLR is based upon a ‘left shift’ of activity delivered closer to home and away from acute hospitals. However, services must be delivered from buildings fit for modern-day healthcare.

Continuing to deliver services from Hinckley & District Hospital is not sustainable. The clinical risks of cross-infection, caused by the design of the existing building, is being managed by staff operating rigidly to additional working policies and procedures that are not required in modern healthcare buildings. This risk will only increase with time with increased activity and staff turnover. The issues highlighted as part of the backlog maintenance (£1.024m) will not address the root issues. Estate managers and architects consulted as part of this project are of one mind; the existing building cannot be adapted to meet requirements, a new build, or the adaptation of a modern building, is required.

The longer the system takes to come to a decision on capital funding impacts on the provider’s ability to continue to deliver safe care in the Hinckley and District Hospital. In order to continue providing a safe standard of daycase surgery and endoscopy activity at Hinckley and District Hospital, there will need to be a further strengthening of the mitigating actions already in place. This is likely to further reduce operational efficiency, effectively reducing the capacity of the services. LLR Alliance will continue to operate staffing procedures to ensure the safety of patients in Hinckley and District Hospital and infection control will be closely monitored. The services will be withdrawn from the facility if at any point it proves impossible to mitigate the safety risk to patients.

As a result, WLCCG has examined options for the relocation of daycase, endoscopy and x-ray services at other sites in Hinckley. We have identified opportunities for existing sites to be developed and reconfigured in order to accommodate these changes and consider this to be the preferred option for sustaining local services in line with the national and local strategic direction.

We have undertaken significant engagement with stakeholders, working with patient and community representatives through the ‘Voice of the Community Group’. Regular meetings have also taken place with local councillors and MPs. Representatives of patients, local GPs, Healthwatch, the CCG and Hinckley and Bosworth Borough Council comprise the membership of the Hinckley Hospitals Project Board. Patients have told us the importance of patient privacy and dignity whilst receiving healthcare and the importance of addressing access issues, such as car parking.

Using our benefits criteria, developed with patients, stakeholders and local GPs, the Hinckley Project Board examined each option and identified the option of



relocating services within Hinckley and Bosworth as the preferred option for delivering services.

The business case demonstrates how a value for money case has been developed to submit to NHSE for capital investment, which demonstrates that after all additional estates and financing revenue costs are factored in the unit cost of delivery for outpatients and day case is both lower, and delivered from better quality estate. Thus releasing Hinckley and District Hospital for disposal, removing over £1m from backlog maintenance, and generating a disposal receipt of up to £1m, and making available land for re-development.

Option 1 has been considered by WLCCG Governing Body in the development of this business case and is identified as the preferred option to enable the CCG to progress to the next steps in the process; the NHSE Assurance Panel followed by Public Consultation.



Hinckley and Bosworth Community Services Review: Business Case for Planned Care Services

APPENDICES

Appendix 1 – Draft consultation_HBCHS_v0.7_dpr 050618

Appendix 2 – Public Health Demographic information

Appendix 3 – Community Engagement Log

Appendix 4 – Full costings

Appendix 5 – Alliance Workforce Strategy 2016-2021

Appendix 6 – Hinckley Option Appraisal

Appendix 7 – Quality Impact Assessment

Appendix 8 – EIA Guidance document for west leicestershire ccg 2017 v1.3

Appendix 9 – Travel Impact Analysis

Appendix 10 – Clinical Senate review team report LLR Community Services

Supporting Information

1. Existing sites potential
2. Options appraisal for endoscopy, daycase x-ray and ultrasound
3. Outpatients at Hinckley Health Centre
4. Project Board membership

Glossary

BCT	Better Care Together
ELC	Experience Led Commissioning
GRS	Global Rating Scale
HEDNA	Housing and Economic Development Needs Assessment
JAG	Joint Accreditation Group
LLR	Leicester, Leicestershire & Rutland
LPT	Leicestershire Partnership Trust
NHSE	NHS England
NHSPS	NHS Property Services
OAN	Objectively Assessed Need
PCBC	Pre-consultation Business Case
PCL	Leicester and Leicestershire and Rutland GP Provider Company Ltd
PPG	Patient Participation Group
STP	Sustainability and Transformation Partnership
UHL	University Hospitals of Leicester NHS Trust
WLCCG	West Leicestershire Clinical Commissioning Group