FIT FOR THE FUTURE
Improving Community Health Services for patients in Ashby
A Public Consultation and Questionnaire - Thursday 6 February 2014 to Sunday 6 April 2014

Published by:
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The NHS matters to us all. We rely on it to help us stay well and to make us better when we’re not. We want the NHS in Ashby to be the best it can be – fit for the 21st century, something in which local people can continue to take pride.

This document describes why we are considering making changes to community health services in Ashby including the future use of Ashby and District Hospital (ADH).

There are several reasons why changes to community health services in Ashby are necessary. They are about meeting demand for healthcare now and in the future, meeting the needs of the community, improving health and wellbeing, and providing good quality care.

Because of an increasing older population, with more complex needs, the way in which we provide some community health services will need to be adapted so they continue to remain safe, effective and caring.

‘Community health services’ is the name given to a wide range of healthcare available in community hospitals like Ashby’s. This includes clinics and the work of staff like school nurses, district nurses and health visitors. It is also about healthcare provided in people’s homes. In Ashby, the majority of community health services are currently provided by Leicestershire Partnership NHS Trust.

NHS West Leicestershire Clinical Commissioning Group plans many aspects of local NHS healthcare and pays for them – including the community health services in Ashby. We also examine the needs of the communities we serve and identify opportunities where we can make things better.

Public health figures estimate that the population aged 65 and over will increase from 62,000 (in 2011) to 82,000 by 2021. Older people generally need more healthcare. Therefore we have to anticipate a significant demand for NHS services. At the same time more people want to be treated closer to home and in their own homes.

We know how important community hospitals are to local people, and we know talking about change to such historic buildings can be difficult. We have worked with GPs and the local public since 2011 to understand their use of our community hospital services. The CCG published the outcome of this work* in August 2012, and our review of ADH is the next step in taking all these views forward.

We’d like to tell you about the community health services delivered at Ashby and District Hospital and then ask for your views about an important decision that needs to be made about the future of those services. This paper presents two options for you to think about before you give your views. We will use your views to help us make a final decision about how these services should be provided in future. Doing nothing is not a viable option. We believe we can make community health services in Ashby fit the future.

* Community Hospitals Review Summary: http://www.westleicestershireccg.nhs.uk/sites/default/files/CommunityHospitalsReview_ExecSummary_Final.pdf
We hope that you will engage with us in this public consultation and consider the options. This is your opportunity to make a real difference to the care of your family, your neighbours and your community and we hope that you will help us do the right thing for the people of Ashby and the surrounding villages, including Boundary, Calke, Smisby, Worthington, Appleby Magna, Linton, Measham, Overseal, Rosliston and Walton-on-Trent.

Finally and importantly, we believe the proposals reflect local people’s views. That is, they want good quality care, which needs to be within a reasonable distance and must be good value for money.

This is a public consultation so we’d like to hear from you by the closing date which is 6 April 2014. The questions we would like you to bear in mind during this consultation are set out at the end of this document, along with details of how to provide feedback. We can assure you that no decisions have been made, and neither will they be until you have had your say.

We look forward to hearing from you.

Dr Nick Wilmott
West Leicestershire Clinical Commissioning Group (WL CCG) Board Member and Clinical Lead

Dr Peter Miller
Chief Executive
Leicestershire Partnership NHS Trust (LPT)

For the Ashby Community Health Services Review

Additional information regarding the clinical case for change can be found in the ‘Fit for the Future – Clinical Case for Change’ document located at:

http://www.westleicestershireccg.nhs.uk/consultation-hub

and

http://www.leicspart.nhs.uk/_InvolvingYou-Consultations.aspx
Clinical commissioning

West Leicestershire Clinical Commissioning Group (WL CCG) was established in 2011 under what became the Health and Social Care Act. CCGs replaced primary care trusts so that healthcare commissioning can be led by GPs and other clinicians.

WL CCG is now fully authorised to plan and purchase many NHS services for a population of 366,000 with a commissioning budget of £362 million. It covers three district council areas, North West Leicestershire, Charnwood, and Hinckley and Bosworth, and 50 GP practices. The GPs and practice teams play a key role in making clinically led commissioning a reality.

Current services

Leicestershire Partnership NHS Trust (LPT) provides the majority of community health services in Ashby. Derbyshire Healthcare NHS Foundation Trust provides some of the outpatient services in the hospital. Staff are very passionate about providing patients with the best possible accessible care, keeping them comfortable and safe. The scope of this review relates to services delivered from Ashby and District Hospital (ADH), and this section explains the current services within the hospital.

Community health services

Ashby and District Hospital is a small Victorian building and a range of community services are based there. Community health services are about non-emergency, non-critical care, including those delivered in people’s homes by healthcare staff. The scope of services currently under review includes those provided as community services within Ashby, including those delivered at ADH.

Outpatient services

There is a small outpatient department at ADH with two clinic rooms, where visiting consultants, nurses and therapists see about 1,300 patients a year. In addition, there is a teenage health clinic where young people are able to discuss any aspect of their health with a member of the school nurse team.

The two clinic rooms are used by a number of different outpatient clinics. Diagnostic testing, such as taking x-rays, does not take place on the site as there is insufficient space. Patients are sent for diagnostic tests outside Ashby. Outpatient services cover a variety of health matters and take place from weekly to monthly.

It does not include primary medical services delivered by GPs in Ashby or secondary care services delivered to Ashby residents in hospitals outside Ashby.
These services are used by a small number of people, with the majority of patients attending clinics for urine problems and physiotherapy. Clinics available include those for:

- nurse-led dermatology (for those with skin problems)
- ear, nose and throat
- general surgical
- gynaecology
- audiology
- enuresis (for children with bed-wetting problems)
- heart failure (specialist nurse)
- respiratory (specialist nurse)
- dietetics
- home oxygen (for those with breathing problems)
- leg ulcers

**Therapy services**
We provide a range of therapy services at ADH including physiotherapy for inpatient and outpatients, occupational therapy and speech and language therapy.

**Inpatient services**
Inpatient beds provide rehabilitation services for people who are recovering from a serious illness but no longer need to be cared for in an acute hospital or for people who are too unwell to remain in their own home but do not need acute hospital services.

There are currently 16 inpatient beds at ADH, the average length of stay for patients is just under 20 days. A geriatrician (a doctor who specialises in the care of older people) visits the hospital twice each week and works closely with an advanced nurse practitioner to provide medical services to inpatients.

**End of life care**
Patients from Ashby who require end of life care use community hospital beds anywhere in Leicestershire. Patients are also cared for at home or in nursing homes.

**Health staff base**
School nurses, district nurses, health visitors, therapy staff, special needs children’s services and the falls team. This is approximately 50 staff who provide a range of services to the Ashby community and are based at the hospital.

**The hospital building**
ADH was built more than 115 years ago. It is a small building with limited parking spaces. It is on a small plot without the space to expand. The Victorian hospital has been adapted to support privacy and dignity and meet infection control standards. Despite ongoing and comprehensive maintenance, the hospital is currently in need of significant repairs. The most essential work is estimated to cost between £500,000 and £900,000 in the next two years. This would bring the hospital up to an acceptable building standard. Suitable temporary accommodation for staff and patients would need to be sought while essential repairs at the hospital take place.
Due to the age and design of the building, maintenance will continue to be a significant ongoing challenge and cost factor.

Here is some of the major maintenance the hospital requires:
- structural work to tackle damp and flaking in the main building walls
- extensive joinery repairs
- resurfacing work to car park areas
- boiler plant work, pipe work and electrical systems work, external decoration work
- internal decoration.

Other lower risk items include joinery repairs and works to windows, electrical and car park resurfacing, which are longer term requirements. The cost of this work would be up to £900,000. The majority of that would be taken up with the major maintenance work.

**Why is change needed?**

With an expected rise of about 10,000 in those aged 65 and above by 2021, it is accepted that in future more and more people will need community health services in Ashby. Spending money on hospitals does not allow us the flexibility to meet the needs of this growing number of older people, whereas providing care to more people at home would help meet their needs.

Ashby is expected to need at least 1,400 new homes between 2006 and 2031. Of these, 356 dwellings have already been completed, four are under construction and there is outstanding planning permission for a further 434 (as at 31 March 2012). These include the development of land east of Leicester Road and at Smisby Road, which together will provide for 383 new homes. Assuming these are all completed, the district council will need to find land for at least 605 more homes to be built by 2031. There is also additional land east of Leicester Road which is an outstanding housing allocation area, but does not have planning permission.

Community health services therefore need to adapt as people live longer and require different care for more complex needs.

It is really important we begin to make changes to how we deliver our services now, so we can continue to keep pace with the anticipated levels of care needed in future.
Modernising healthcare

Modern healthcare allows many more patients to receive care at home, or closer to home, rather than travelling to a large hospital. It not only means that many hospital admissions can be avoided, but when they do occur patients can shorten their hospital stay, or go directly home to rehabilitate, knowing that future care or community health support is in place for them.

WL CCG, working in partnership with LPT have already started to modernise and change the way we provide community health services. For example, we have started a new virtual ward system - a service which aims to stop people having to go into hospital.

Between January and November 2013 a total of 565 patients made use of the virtual ward in North West Leicestershire.

We have also developed home based intensive community support services that aim to look after people at home following discharge from hospital at an earlier stage.

Both these new services provide a range of hospital-style support to patients in their own home or in a care/nursing home, with a ward manager or care co-ordinator overseeing care arrangements.

This is an effective way to enable more people to be cared for at home without the need for a hospital stay, or to help people leave hospital earlier.

Together the virtual care, intensive community support and the night sitting service, could mean approximately 24 patients a month leaving hospital sooner.

In addition to this we will invest £540,000 in a new night sitting service designed to avoid unnecessary emergency admissions to hospital.

The service, which is initially a pilot scheme, operates through the night in undertaking patient assessment to establish night care needs and support individuals who otherwise would have been admitted as emergencies.

All of these services could contribute to 20 fewer patients being admitted to hospital each month.

Combined with the intensive community support service and additional investment in other home care services, could mean approximately 24 patients a month leaving hospital sooner.
If we continue to invest more in the virtual ward service in Ashby, expand the intensive community support service further, and invest in other care services at home, we could employ up to 18 clinical staff. This would mean that we could reduce the number of inpatient beds required and care for more people in their own homes.

The old way of working

Emma is 89 and had to move to a care home. Before that she lived alone in her own home. She had been struggling to heat her home, get out and about and didn’t always have the food she wanted. Her home was not adapted, the carpets were worn and she had a lot of furniture packed into tight spaces. These things were precious to her, and because she didn’t get out much, were becoming increasingly important, but meant her home was becoming progressively less habitable and safe for her to live in.

Emma became ill and had a fall. She was treated in Loughborough Community Hospital. She stayed there for 36 days because she had to wait over a week before a community physiotherapist could see her at home, and there were also delays in arranging care for her after she left hospital.

After two days at home Emma became ill again and was admitted to a city hospital. After an extended stay Emma was transferred to a nursing home where she remains now.
The new way of working
Emma is 89 and lives in her own home. She had been struggling to heat her home, get out and about and didn't always have the food she wanted. Her home was not adapted, the carpets were worn and she had a lot of furniture packed into tight spaces. These things were precious to her, and because she didn't get out much, were becoming increasingly important, but meant her home was becoming progressively less habitable and safe for her to live in.

Emma’s GP was concerned about Emma, and through the regular multi-disciplinary meetings held in the practice, asked a clinical co-ordinator (a highly experienced community nurse) to visit Emma to proactively assess her health and social care needs. Emma was visited the following day and admitted to the virtual ward so that a comprehensive assessment could be undertaken in her home and a plan of care developed. The clinical co-ordinator worked with social services who arranged for home adaptations and equipment to support day-to-day living.

Despite her care, six months later Emma developed a chest infection and had a fall. She was admitted to Loughborough Community Hospital. During her stay at the hospital her chest infection was treated and she commenced a programme of rehabilitation. After five days the advanced nurse practitioner, who was looking after Emma, decided that she was medically fit for discharge. Emma went home the next day, supported by the intensive community support service, which meant she was seen by the physiotherapy team twice a day until she fully recovered two weeks later. The same advanced nurse practitioner, who saw Emma in the hospital, remained in charge of her care at home during her recovery. For the first two nights at home, an overnight nurse stayed with Emma to assess her night-time needs to ensure she was safe.

Using the Better Care Fund to invest in more integrated health and social care, a package of care was arranged for Emma on the day she was discharged. She was initially visited three times a day to help her regain her independence. By the end of her rehabilitation, her visits were reduced to once a day and Emma was safely able to get to her kitchen and bathroom on her own. After her rehabilitation, Emma’s advanced nurse practitioner returned her to the care of her GP. Emma’s carer had her clinical co-ordinator’s phone number, in case she became concerned about Emma’s condition in future.

WLCCG ‘care settings’ approach clearly shows how using the new community focused early support approach, Emma would have benefitted from this new way of managing her care needs. The CCG and LPT have been working jointly to develop and implement these innovative models of care which mean that patients such as Emma can safely remain in their own homes for as long as is safely possible, and return home in a timely way after admission to a main hospital.
Better Care Fund
Local authorities’ public health, social care and housing departments are working with us on ways to join up care for people, so there are fewer delays in providing assessment and support. People rarely need just one service, and a programme called the Better Care Fund plan will look at how public services can join forces to make sure the right community health support is in place when people need it.

As part of the Better Care Fund we are planning to invest about £20 million in ways to closely combine health and social care services, so that they can jointly respond to a crisis situation within patients’ own homes.

From April 2014 we are also planning to invest £490,000 to continue the intensive community support service in North West Leicestershire. We will also invest £122,000 in clinical co-ordinators. This money pays for highly experienced community nurses who are in charge of our virtual wards in North West Leicestershire.

We will further develop these services with an extra £540,000 for a night sitting service across West Leicestershire.

The right surroundings for care
LPT has an experienced, caring and highly skilled workforce. However, while our community staff have continually developed, the buildings in which they provide care have remained largely unchanged. This means, unless we begin to make changes to the models of care we deliver, our staff could be impeded in providing you, your family and your community, with the best possible care in the future.

Because of the age, size and design of Ashby and District Hospital there will always be a limited number of patients we can treat there.

A recent community hospital review indicated that approximately 24 patients per month in community hospital beds in West Leicestershire could have had their needs met elsewhere, if the right services had been available. We therefore need to invest in virtual wards and intensive community support to ensure that people’s needs are met in a range of different settings. There is currently availability to care for 174 patients using the virtual ward and the intensive community support service.

Local GPs, other clinical experts and healthcare managers have examined current services, their quality, effectiveness and costs, as well as how they are used. The result was that, although it is acknowledged ADH is currently fit for purpose, there are limitations and issues at the hospital which impact on the ability to provide community healthcare that is fit for the future. We explain these issues overleaf.

It is important we look at how we use both the hospital building and the skills of our staff to best support all the patients in our care.
Outpatient services
The space in the outpatient department at ADH is limited and due to its position it is not possible to build additional facilities. While services are sufficient now, it is likely that we will need to develop our outpatient clinics to meet the increasingly complex needs of our patients.

The two clinic rooms are used by a number of different outpatient clinics, and the rota does not allow for a large increase. Due to the design of the hospital there is no room to build additional clinics.

The lack of diagnostics, such as x-rays, will limit what specialties can be provided. This restricts the work of the outpatient clinics and means patients have to travel outside of Ashby for any diagnostic tests, resulting in multiple journeys.

In 2012-13, a total of 3,539 people living in the Ashby district attended other hospitals for their community healthcare, which is 95% of all attendees. For example, 2,555 attended Queen’s Hospital in Burton.

Certain specialties could never be provided at ADH, due to a number of reasons, ie, the lack of diagnostics, payment procedures which restrict referral to ADH, lack of room, and no minor surgery. However, there is an unused treatment room which had been used for minor injuries, but is too small to meet modern healthcare building standards. There is no room to provide x-ray equipment at ADH.

Therapy services
As the population increases and ages, the need for therapy services will increase, and we will outgrow the clinical space we currently use. There is no room at ADH to build additional clinics for extra therapy services. Providing additional therapy clinics at a new location would require additional funding.

Inpatient beds
ADH beds are not restricted to Ashby residents, and this open-access policy prevents delays in patients’ admission, no matter where they live. In 2012-13 only 25% of the 158 ADH inpatients were from Ashby and the surrounding villages. On average, more than half the inpatients treated at ADH are not from Ashby.

There is no room on site to add extra beds. However, we estimate that there will be sufficient inpatient beds in neighbouring community hospitals to meet inpatient demand.

About 24 patients a month experience delays in being discharged from a community hospital in West Leicestershire. Often this is due to community care support not being available when they arrive home. Diverting funds currently used to support inpatient beds at ADH to improve community-based services would address this issue. Developing community care packages to help prevent 20 unnecessary hospital admissions per month, and aid recovery at home.

We will develop our staff so that they will be able to provide care in people’s own homes.
What you told us

Before we started considering our options, we wanted to understand what was important to people who use community health services in Ashby. Last summer, we gathered views from patients, the public, and local health advocacy and voluntary sector groups via questionnaires and at public and community meetings. We also met with our staff and talked in detail with local GPs and other clinical experts.

When asked about community health services, you told us that the following issues were very important, in the following order. To see a summary of the feedback from this engagement, please use this link.

1. Quality of care
2. Public transport links
3. Car parking for patients, carers and relatives
4. Value for money – effective use of buildings, equipment and healthcare services
What are the proposed options?

We have taken into account what you told us, along with the views of local GPs, other clinical experts, healthcare managers and other stakeholders, and developed two possible options for providing future community health care in Ashby.

From April 2014 we are planning to invest £490,000 to continue to fund the intensive community support service in North West Leicestershire. We will also continue to invest £122,000 to provide clinical co-ordinators. This money pays for highly experienced community nurses who are in charge of our virtual wards in North West Leicestershire. We will further develop these services by investing an additional £540,000 to provide a night sitting service across West Leicestershire.

These changes will assist us in providing £1.1 million for future investment as part of the Better Care Fund aimed at better combining health and social care services. This will mean we can together respond to a crisis situation within patient’s own homes, while meeting the needs of more patients by employing 18 clinical staff to provide care in people’s own homes.

What are the benefits of changing?

We can prevent 20 hospital admissions a month and help 24 people a month leave hospital sooner. The changes we are proposing are designed to offer an improved quality of service and a generally better experience for people using community health services in Ashby, whether in the community or in hospital.

The buildings and surroundings in which care is provided would be improved.

There will be more services available for people to use in their existing area.

The proposed changes mean we will be able to treat more people as the demand for services increases.

We estimate that 24 more people each month will be treated in their own homes.

We will work more closely with GPs and local authority services, such as social care and housing.

We will keep people out of hospital, when appropriate, and alternative services can be used to care for patients in their own homes, because people tell us they prefer to be cared for at home, if possible.
Doing things differently will help us make more effective use of the resources available to us.

If we didn’t have to spend up to £900,000 on repairs to the building and could use £1.1 million from closing the beds in ADH, we could fund 18 clinical staff to provide care for patients, over seven days, in their own homes. Closing beds across all of the community hospitals, rather than in ADH, would not release the same resources to allow us to increase services to care for people in their own homes.

Outpatient services could be provided at other venues. Where it would be useful to have diagnostics on site, we would look at Coalville or Loughborough Hospitals. For services that do not require on-site diagnostics we could look at developing outpatient services locally in Ashby.

This consultation is not about making cuts and saving money. It is about providing the right care, in the right place, when people need it, while making sure the money available does all of those things as effectively as possible.

The option we finally choose will not be because it is the cheapest, but because it is the best one for our patients. Whatever option is chosen, it must remain in the £1.8 million budget allocation for 2014-15. The estimated costs/savings of each option are included in the information that follows.

Option 1:
Make better use of the services in Ashby and District Hospital
This option would mean ADH would remain open and the essential maintenance work would be done to make the hospital fit for purpose for the next few years. There would be no additional funding apart from the money to cover the building maintenance.

Inpatients
We would continue to provide rehabilitation – there would be no change to how this is managed. We would make better use of the current 16 inpatient beds by reducing patients’ length of stay.

We would do this by ensuring the quicker transfer of patients who could be cared for at home, at a care home or elsewhere.

End of life care
This care would remain unchanged. Patients would be cared for in any Leicestershire community hospital, as are they are now, or by the hospice charity LOROS, or in local nursing homes, or at home.

Outpatients
We would add more outpatient clinics and make greater use of current resources. However, we would only be adding clinics that do not need diagnostic services like x-rays. This could include consultant geriatrician outpatient services. NHS financial procedures that restrict patients being referred to ADH will be changed.
Strengths of Option 1
- no change or disruption to local inpatient and rehabilitation services
- a few additional clinics could be added to any vacant slots
- Ashby patients are already familiar with which services are available
- we will develop our staff so they are able to provide care in people’s homes
- clinics remain in Ashby and their range would be extended (within building limitations)
- in line with national and local policies for end of life care.

Weaknesses of Option 1
- there is no room to build extensions to accommodate the increased services needed
- duplication of services would not be deemed good use of public money
- no x-ray or other diagnostic services, limiting care services
- high repair costs to ensure building is fit for purpose
- building has limited life-span even with repairs
- lack of room on site to enable an increase in inpatient beds to meet growing local need
- limited car parking on-site or in adjoining streets
- fragmented services often mean multiple journeys for patients to different hospitals
- disruptions of services during essential building work
- the building is costly to maintain, and does not offer good or modern accommodation by current standards even when fully maintained
- it is not clinically effective or efficient to run inpatient services across multiple sites
- loss of opportunity for investment in providing more care at home to reduce hospital stays
- we need to spend between £500,000 and £900,000 on maintaining the building, money which could be used to fund 18 nurses per year, providing care for patients in their own homes.

Estimated costs of Option 1
The annual building costs would continue. It would be possible to increase the throughput of patients, so increasing value for money. However, there is the need to invest £500,000 to £900,000 in repairs to bring ADH up to an acceptable building standard. The costs would be met from LPT’s capital fund which is generated through the disposal of assets, capital charges and internal trust efficiencies, some of which may impact directly on frontline services.
Option 2:

Move services out of Ashby and District Hospital to other local places, increase the range of community health services, and provide more care in people’s homes

Inpatients

There would no longer be inpatient beds at ADH. For inpatients this would mean continued choice of where you receive your care. Currently, out of the 158 patients who used ADH in 2012-13 only 40 (25%) were from Ashby and surrounding villages. As explained previously in this document and at public engagement events over the past two years, we would also provide more healthcare in or nearer patient’s homes. Our intensive community support service would be extended. This service offers quality care at the patients’ own home instead of in hospital allowing patients to be discharged home sooner. A night sitting service would be provided for suitable patients at home, further preventing hospital admission.

We will provide care in nursing home and care home beds, when appropriate, as well as using wards in Loughborough Community Hospital or Coalville Community Hospital for both inpatient and end of life care.

End of life care

Apart from inpatient care no longer being available at ADH, the end of life care options remain unchanged. Patients will be cared for in any Leicestershire community hospital bed, or by the hospice charity LOROS, or in local nursing homes, or at home, where appropriate. We will work with local nursing homes to provide additional end of life care beds.

Outpatient and therapy services

We would provide better equipped clinics in a more modern, local setting, able to deal with more patients. This would put an end to going to one place for diagnosis and another for treatment.

We would move outpatients, the teenage health clinic and therapy clinics out of ADH to a more modern building in Ashby. The location would need to be decided. This building would have the scope to deal with increasing numbers of patients, with space for diagnostic testing, but not x-rays. These will continue to be provided at other community hospitals, as now.

The range of outpatient and therapy services could be increased - including occupational therapy and physiotherapy. We would also extend services at both Loughborough and Coalville Community Hospitals. We would increase the range of qualified organisations offering therapy services. We would also make better use of the extensive therapeutic gym facilities at Coalville Hospital.

Only 147 of the 1,294 (11%) people who attended outpatients at ADH in 2012-13 come from Ashby and the surrounding villages. We aim to increase the number of people who will be able to access outpatients services locally.
Travel impact
By providing services locally and close to patient’s homes, for most patients their journey time would be significantly reduced. In addition to this, for those who use public transport there are a number of free services that are available.

Staff
Once the outcome of the consultation is known, LPT will consider what, if any, impact this will have on staff who are based at the hospital. The trust is committed to ensuring that community teams currently based at Ashby and District Hospital will continue to be based locally. LPT will do this by training their staff to work in different settings, and we do not anticipate any redundancies.

Strengths of Option 2:
- meets the needs of a greater number of patients
- meets many more patients’ wishes for care close to home or at home
- allows the introduction of local diagnostic services in the same place as treatment, but not x-rays
- clinics remain in the Ashby area and their range would be extended offering a wider range of services, eg, consultant geriatrician clinics
- allows more integration of health and social care services
- allows services to expand in line with the growing population’s needs
- makes better use of already available rehabilitation resources
- cuts duplication of appointments and prevents patients’ and clinicians’ time being wasted
- in line with national and local policies for end of life care
- provides opportunities to reduce many patients’ travel times
- means building maintenance funds can be used to improve frontline healthcare
- provides opportunities to gain better value for money
- releases savings for re-investment in services
- no anticipated redundancies
- savings could be used to support the Better Care Fund to provide care for a greater number of patients, offering services closer to home to prevent deterioration or admission to hospital.

Weaknesses of Option 2:
- requires carefully phased relocation of services to prevent disruption
- unacceptable to people campaigning to retain health services at ADH
- requires significant communications to inform patients of new care arrangements
- it may involve extra travel for some patients, families and carers, depending on care needs.
For the building it would mean …
If community health services were moved out of ADH, LPT would close the building as a community hospital. LPT is the owner of ADH. The feedback from the public consultation and a resulting recommendation will be considered by both organisations’ Boards in May 2014. If there are implications for the hospital building as a result of the decision made by Boards, LPT will commission an appraisal of service delivery options and LPT will ensure the public are kept informed and involved.

Estimated costs of option 2:
£1.1 million will be saved from the release of 16 inpatient beds at ADH. This will be used to support the additional investments described on page 7 (Modernising healthcare).

This is our preferred option, as we feel that it is the better option for providing clinical services that are fit for the future for the greatest number of Ashby and district residents.
**Have your say**

We would like you to think about these two options, and then let us know which one you prefer and any other comments you may have on why you chose it. Please complete this questionnaire, and return it to us by midnight on Monday 4 April, 2014. You can either fill it in by hand, or complete it online at:


or

[http://www.leicspart.nhs.uk/_InvolvingYou-Consultations.aspx](http://www.leicspart.nhs.uk/_InvolvingYou-Consultations.aspx)

The Freepost reply address for hard copy responses is at the end of this document.

We value all your feedback. Any responses, which are not within the scope of this consultation, will be collated and brought to the attention of the Board as potential matters for their further consideration.

Copies of this document are available at GP surgeries, health centres, dentists, schools, colleges, leisure centres, Healthwatch Leicestershire, libraries and county and district council offices.

You are also welcome to come to one of the following public events to have your say and hear what others are saying.

**5 March 2014, 2.30pm – 4pm**, The Royal Hotel, Station Road, Ashby de la Zouch, LE65 2GP (registration from 2pm)

**5 March 2014, 6.30pm – 8pm**, The Royal Hotel, Station Road, Ashby de la Zouch, LE65 2GP (registration from 6pm)

The consultation plan details how questionnaires will be circulated and the engagement with key stakeholders as well as at public meetings. The questionnaire will be available online and in hard copy and will be distributed to all stakeholders. An ‘easy read’ version of the questionnaire will also be available. The outreach work delivered via the listening booth also means that hard copy questionnaires will be made widely available at a range of venues including leisure centres, doctors’ surgeries and libraries.

The listening booth, a portable kiosk to record people’s feedback, will visit a range of places, including Gypsies/Travellers. Members of the project team will also be attending community meetings such as tenant and resident associations, those for the disabled and older people.

Full details of other events and other consultation opportunities are available on the CCG’s and LPT’s websites (please see links opposite).

Details will also be publicised in the local media during the consultation period.

Please see Appendix 1 for details of the locations of our listening booth, and the dates of meetings of public sector and community organisations, who have asked us to provide a presentation for their members. Please note that these are not public events.

If your organisation would like us to attend to discuss this consultation, please contact our Engagement Team on 0116 295 4183.
What are the next steps?
This consultation closes at midnight on Sunday 6 April 2014. Your answers to this consultation and questionnaire, along with all your feedback, will be independently analysed by an organisation called Community Research*, and the results and comments will be combined into a report by 28 April 2014. The findings will be thoroughly examined and discussed by doctors, healthcare professionals and managers. They will produce a recommendation, which will go before WLCCG’s Board and LPT’s Board during May 2014 for approval. Any new arrangements will be phased in during 2014-15.

* Please use this link to their website: http://www.communityresearch.co.uk/

About this consultation
Cabinet Office Code of Practice on Consultation: This consultation is being carried out in accordance with the guidelines published by the Cabinet Office published 17 July 2012, and available at https://www.gov.uk/government/publications/consultation-principles-guidance

Making sure we consider equalities
A ‘due regard’ assessment in line with the Equality Act 2010, has been completed, which indicates that the options are unlikely to have a negative impact on people from the groups protected by this legislation. This means that the assessment covered issues such as age, race, gender, maternity, disability, marital or civil partnership status, sexual orientation, and religion or belief. This assessment is available upon request.

Would you like to talk to someone about how this consultation has been run?
If you would like to talk to someone about how this consultation has been put together and delivered, please contact Mr Ket Chudasama, Assistant Director of Corporate Affairs on 01509 567 755 or email enquiries@westleicestershireccg.nhs.uk

Thank you...
Thank you for taking the time to read this document. We hope it gives you a clearer understanding of why we are proposing changes to community healthcare in Ashby. We are proud of our community health services and know that you are too. By working together we can help these valuable services evolve, to meet the changing needs of local people and remain a vital part of your NHS.
Questionnaire

You can attach additional sheets if you need more space. Please tick one box only per question unless it says otherwise.

Q1. Have you used community health services in West Leicestershire over the last 12 months?

‘Community health services’ is the name given to a wide range of healthcare available in community hospitals like Ashby’s. This includes a variety of clinics and the work of staff like school nurses, district nurses and health visitors. It’s also about healthcare that is sometimes provided in people’s homes. Please tick the relevant box/boxes

- Hospital inpatient care
- Outpatient clinics
- School nurse
- Health visitor
- District nurses
- Not used

Other □ Please specify ........................................................................

Q2. Where did you go to for these services?

- Ashby and District Hospital
- Care was provided in my home
- Care was provided at my school
- Queen’s Hospital Burton
- Leicester General Hospital
- Another Leicestershire hospital
- Other, please give details

Q3. The two options described in this document highlight how services could be provided in the future. Which of these options do you feel would most meet the future needs of patients in Ashby and surrounding areas? (please tick one)

- Option 1
  □ Make better use of the services in Ashby and District Hospital (ADH)
- Option 2
  □ Move services out of Ashby and District Hospital to other local places, increase the range of community health services, and provide more care in people’s homes
Q4. Why did you choose this option?

Q5. Overall how satisfied or dissatisfied are you with how you have been consulted?

☐ Very satisfied  ☐ Quite satisfied  ☐ Neither satisfied nor dissatisfied
☐ Quite dissatisfied  ☐ Very dissatisfied

Q6. Do you have any further comments about the consultation process itself?

Q7. If you would like to comment further on ways to improve community health services in the Ashby area, please write your comments here.

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……………………………………………………………………………………………………………………………………………………………………
Please tell us something about you

Equalities Monitoring Form (strictly confidential)
WLCCG recognises and actively promotes the benefits of diversity and is committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Data Protection Statement - All information will be kept strictly confidential and in accordance with the Data Protection Act 1998 and associated protocols.

Please (✓) the relevant box

<table>
<thead>
<tr>
<th>Q8. Are you responding to the consultation as ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>A member of the public</td>
</tr>
<tr>
<td>On behalf of a stakeholder organisation</td>
</tr>
<tr>
<td>A healthcare professional</td>
</tr>
<tr>
<td>An elected representative</td>
</tr>
<tr>
<td>Other, please give details</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9. What is your postcode? The first four letters/numbers of your postcode will help us understand where services may need to be directed. (We will not be able to identify your address from this.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First part of postcode eg, LE12</td>
</tr>
</tbody>
</table>
Q10. What is your age group? Please complete your age group:

<table>
<thead>
<tr>
<th></th>
<th>Under 16</th>
<th>16 – 24</th>
<th>25 – 34</th>
<th>35 – 59</th>
<th>60 – 75</th>
<th>76+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I’d prefer not to say</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q11. What is your current relationship status? Please choose one option that best describes your relationship status:

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Single</th>
<th>In a relationship</th>
<th>Living with partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married/Civil Partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widowed/Surviving Civil Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Living with partner</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Separated</th>
<th>Divorced/Dissolved Civil Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married/Civil Partnership</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Other</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Widowed/Surviving Civil Partner</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q12. What is your gender/sex?

<table>
<thead>
<tr>
<th>Gender/sex</th>
<th>Male</th>
<th>Female</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
</table>

Q13. Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones or having gender reassignment surgery.)

<table>
<thead>
<tr>
<th>Process Description</th>
<th>Yes</th>
<th>No</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q14. What is your sexual identity/orientation? Please choose one option that best describes how you think of yourself:

<table>
<thead>
<tr>
<th>Sexual Identity/Orientation</th>
<th>Heterosexual / Straight</th>
<th>Gay / Lesbian</th>
<th>Bisexual</th>
<th>Other</th>
<th>I’d prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q15. Do you look after, or give any help or support to family members, friends, neighbours or others because of either?

| Long-term physical or mental-ill-health/disability | Problems related to old age | No |
| I’d prefer not to say | Other, please describe: |

Q16. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply.)

| Vision (such as due to blindness or partial sight) | |
| Hearing (such as due to deafness or partial hearing) | |
| Mobility (such as difficulty walking short distances, climbing stairs) | |
| Dexterity (such as lifting and carrying objects, using a keyboard) | |
| Ability to concentrate, learn or understand (learning disability/difficulty) | |
| Memory | |
| Mental ill-health | |
| Stamina or breathing difficulty or fatigue | |
| Social or behavioural issues (for example, due to neuro diverse conditions such as autism, attention deficit disorder or Aspergers’ syndrome) | |
| No | |
| I’d prefer not to say | |

Any other condition or illness, please describe:
**Q17. What is your ethnic group?**
Please choose one option that best describes your ethnic group or background:

<table>
<thead>
<tr>
<th><strong>White</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>English/Welsh/Scottish/Northern Irish/British</td>
</tr>
<tr>
<td>Irish</td>
</tr>
<tr>
<td>Gypsy or Irish Traveller</td>
</tr>
<tr>
<td>Any other White background, please describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Mixed/multiple ethnic groups</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>White and Black Caribbean</td>
</tr>
<tr>
<td>White and Black African</td>
</tr>
<tr>
<td>White and Asian</td>
</tr>
<tr>
<td>Any other mixed/multiple ethnic background, please describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Asian/Asian British</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Indian</td>
</tr>
<tr>
<td>Pakistani</td>
</tr>
<tr>
<td>Bangladeshi</td>
</tr>
<tr>
<td>Any other Asian background, please describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Black/African/Caribbean/Black British</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>African</td>
</tr>
<tr>
<td>Caribbean</td>
</tr>
<tr>
<td>Any other Black/African/Caribbean background, please describe:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Chinese</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other ethnic group</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab</td>
</tr>
<tr>
<td>Any other ethnic group, please describe:</td>
</tr>
<tr>
<td>I’d prefer not to say</td>
</tr>
</tbody>
</table>
**Q18. What is your religion?**
Please choose one option that best describes your religious identity:

<table>
<thead>
<tr>
<th>No religion</th>
<th>Christian (including Church of England, Catholic, Protestant and all other Christian denominations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buddhist</td>
<td>Hindu</td>
</tr>
<tr>
<td>Muslim</td>
<td>Sikh</td>
</tr>
<tr>
<td>Jain</td>
<td>I'd prefer not to say</td>
</tr>
<tr>
<td>Any other religion, please describe:</td>
<td></td>
</tr>
</tbody>
</table>

**Q19. What is your main language?**
Please choose one option used for communicating and interpreting information:

<table>
<thead>
<tr>
<th>English</th>
<th>Arabic</th>
<th>Bengali</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSL (British Sign Language)</td>
<td>Chinese</td>
<td>Farsi</td>
</tr>
<tr>
<td>Gujarati</td>
<td>Hindi</td>
<td>Pashtu</td>
</tr>
<tr>
<td>Polish</td>
<td>Portuguese</td>
<td>Punjabi</td>
</tr>
<tr>
<td>Slovak</td>
<td>Somali</td>
<td>Turkish</td>
</tr>
<tr>
<td>Urdu</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other preferred language, please describe:
If you are responding on behalf of an organisation, please answer the question below.

**Q20. Which of the following best describes your organisation?**

<table>
<thead>
<tr>
<th>Option</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent healthcare provider</td>
<td></td>
</tr>
<tr>
<td>Third sector organisation</td>
<td></td>
</tr>
<tr>
<td>Regulatory body</td>
<td></td>
</tr>
<tr>
<td>Patient representative organisation</td>
<td></td>
</tr>
<tr>
<td>Other, please describe</td>
<td></td>
</tr>
</tbody>
</table>

Thank you for taking part.
Listening booth
Please come to our listening booth, a portable kiosk which goes out into the community to encourage people to leave their comments, which are written down and stored anonymously.

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age UK Coalville Library</td>
<td>Tue 11 Feb</td>
<td>9.30am-12.30pm</td>
</tr>
<tr>
<td>Ashby Hospital</td>
<td>Thur 13 Feb</td>
<td>9-10.30am</td>
</tr>
<tr>
<td>Ashby Library knit and stitch</td>
<td>Mon 17 Feb</td>
<td>1.30-4.30pm</td>
</tr>
<tr>
<td>Ashby Library Tiny Talk</td>
<td>Fri 21 Feb</td>
<td>9-10.30am</td>
</tr>
<tr>
<td>Ashby Library wriggy readers</td>
<td>Fri 21 Feb</td>
<td>10am-2pm</td>
</tr>
<tr>
<td>Dr Shepherd’s practice</td>
<td>Mon 24 Feb</td>
<td>9-12noon</td>
</tr>
<tr>
<td>Hermitage Leisure Centre</td>
<td>Mon 10 March</td>
<td>11.30am-6pm</td>
</tr>
<tr>
<td>Whitwick</td>
<td>Mon 10 March</td>
<td>11.30am-6pm</td>
</tr>
<tr>
<td>Measham Medical Centre</td>
<td>Thur 13 March</td>
<td>9am-12.30pm</td>
</tr>
<tr>
<td>Ashby Health Centre</td>
<td>Mon 17 March</td>
<td>9am-1pm</td>
</tr>
</tbody>
</table>

Community group meetings
Here are the dates of meetings of community organisations, who have asked us to provide a presentation for their members. At the time of publishing, some need to be confirmed. Please note that these are not public events.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Carers (North West Leics)</td>
<td>10 Feb</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>17 Feb</td>
</tr>
<tr>
<td>Ashby Spa Women’s Institute</td>
<td>20 Feb</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>24 Feb</td>
</tr>
<tr>
<td>Older Persons Working Group</td>
<td>26 Feb</td>
</tr>
<tr>
<td>Willesley Estate Tenants and</td>
<td></td>
</tr>
<tr>
<td>Residents Association</td>
<td>27 Feb</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>3 Mar</td>
</tr>
<tr>
<td>Riverview Tenants &amp; Residents</td>
<td></td>
</tr>
<tr>
<td>Association</td>
<td>4 Mar</td>
</tr>
<tr>
<td>Ashby Castle Women’s Institute</td>
<td>6 Mar</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>10 Mar</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>17 Mar</td>
</tr>
<tr>
<td>Ashby Spa Women’s Institute</td>
<td>19 Mar</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>24 Mar</td>
</tr>
<tr>
<td>Young Carers (North West Leics)</td>
<td>31 Mar</td>
</tr>
<tr>
<td>Linford &amp; Verdon Crescent Tenants</td>
<td></td>
</tr>
<tr>
<td>&amp; Residents Association</td>
<td>31 Mar</td>
</tr>
<tr>
<td>Ashby Castle Women’s Institute</td>
<td>3 Apr</td>
</tr>
</tbody>
</table>

Talking to your councils and elected representatives
We have also arranged meetings with the county and district councils to discuss the consultation with elected members and their officers. A discussion with Andrew Bridgen MP has also been arranged.

If your organisation would like us to attend to discuss this consultation, please contact our Engagement Team on 0116 295 4183.
Other languages and formats
We can provide versions of this leaflet in other languages and formats such as Braille and large print on request. Please contact the Engagement Team, telephone 0116 295 1486.

Somali
Waxaan ku siin karnaa bug-yarahaan oo ku qoran luqado iyo habab kale sida farta indhoolaha Braille iyo daabacad far waa-wayn markii aad soo codsato. Fadlan la soo xiriir qaybta Ka-qaybgalka iyo Dhex-gelidda, lambarka telefoonka waa 0116 295 1486.

Polish
Jeżeli chcieliby Państwo otrzymać kopię niniejszej ulotki w tłumaczeniu na język obcy lub w innym formacie, np. w alfabetie Braille'a lub w powiększonym druku, prosimy skontaktować się telefonicznie z zespołem ds. zaangażowania (Engagement and Involvement) pod numerem telefonu 0116 295 1486.

Cantonese
如有要求，我們可以將本宣傳手冊用其他語言或格式顯示，如盲文或大號字體。請致電我們的“參與部門” (Engagement and Involvement Department) 0116 295 1486.

Gujarati
અમે આ યોજનાનું ભાષાનું ું બીજી ભાષાઓમાં અને ચીલીયોમાં જેમ કે બ્રેઇમાં અને વિનંતી કરવાયી મોટા અક્ષોમાં આપેલ પૂરા પાઠ શકીયે છીએ. ઇમટેજટ અને ઇજોલન્ટમટ વિભાગો ટેલિફાને 0116 295 1486 દ્વારા સંપર્ક કરો.

Hindi
हम आपको यह परचा दूसरी भाषाओं में और ब्रेल एवं बडे अक्षरों जैसी रूपरेखा में निवेदन करने पर प्राप्त कर सकते हैं। कृपया कर इन्ज़ीज़मन्ट और इन्वाल्वम्नट विभाग में टेलिफॉन नं 0116 295 1486 पर संपर्क कीजिए।

Urdu
ہم درخواست کرنے پر لیڈیٹ کی اس ترجمے کو دیگر زبانوں اورصورتون مثل کے طریقے پر بڑھ کر آپ کے لئے لیڈیٹ کی سانھ سے جانتے رہنے کے لئے اس پر پراینگیجمنٹ اینڈ اینوالومنٹ دوبارہ 0116 295 1486 پر رابطہ کریں۔

Arabic
يمكننا تقديم نسخ من هذه النشرة بلغات أخرى صيغ مثل بريل والطباعة الكبيرة في الطلب. يرجى الاتصال انخراط وإشراك وزارة، الهاتف 0116 295 1486.
Please return your completed questionnaire by midnight on Sunday 6 April 2014.

FREEPOST RRUE-JRBR-RG GT  
Ashby Community Health Services Consultation  
St John’s House, 30 East Street  
Leicester LE1 6NB

For more copies of this document, please call our Engagement Team on 0116 295 4183 or email communications@westleicestershireccg.nhs.uk and say what sort of copy you would need and how you would like to receive it, ie, email or post.

A summary of responses to the consultation will be made available publically and you can request it via email at communications@westleicestershireccg.nhs.uk or by post to the above address.