

Appendix A

East Leicestershire and Rutland Clinical Commissioning Group

Rutland Locality Plan

18 June 2018

Forward

The local Sustainability and Transformation Partnership (STP)¹ is a collaboration between University Hospitals of Leicester NHS Trust, Leicestershire Partnership Trust, East Midlands Ambulance Service, East Leicestershire and Rutland CCG, Leicester City CCG and West Leicestershire CCG in partnership with Leicester City Council, Leicestershire County Council and Rutland County Council. As such it sets out a strategy to deliver high quality, appropriate and sustainable healthcare across the STP area with healthcare and other services coming together to deliver this collaboratively in new, innovative and sustainable ways. The plan makes a number of recommendations for the future of healthcare delivery within the STP area or Leicester, Leicestershire and Rutland and this paper concentrates on the implications of the STP for the ELR CCG locality of Rutland. As such it examines the current locality, the current healthcare delivery within the locality, the estate from which it is delivered and moves on to describe the options available for changing the method of delivery where that is identified as needing to change. Work is underway between April and September 2018 to identify the best way forward for health related estate in Oakham and, therefore, the options described within this plan are limited until that project reports in October when this plan will be further refined and updated.

This document forms the Rutland Locality Plan, the second of six locality plans that will cover all geographical areas of ELR CCG. Each locality plan is designed to highlight the issues within each locality and the challenges associated with those issues together with potential plans for developing services within the locality through care closer to home, changing use of assets within the locality and changes to service provision. This plan forms the health element of a what is hoped will form a future integrated plan that will be developed jointly with partner organisations, GP practices, patients and service users and other stakeholders. The plan covers physical estate, primary care workforce, availability of services and interactions between all of the above to ensure that healthcare delivery in each locality meets the needs of the registered locality population going forward into the next five to ten years and beyond.

Together with other aspects of service delivery this plan will form part of a coordinated, joined up health and social care plan for delivery of services within Rutland.

¹ "Leicester, Leicestershire and Rutland (Footprint No. 15) Sustainability and Transformation Partnership plan Latest Draft at 21st November 2016"

Contents:

Forward

Introduction

- I. The STP
- II. Paper Executive Summary
- III. The Aims of the Locality Plan in its Present Form

Chapter 1 – Where Are We Now?

- I. CCG and Locality Structure
- II. The Rutland Locality
- III. Current and Future Population
- IV. Clinical Outcomes and Performance
- V. Locality Specific Challenges
- VI. What We Have Learnt So Far

Chapter 2 – Current Locality Services

- I. Acute Services
 - a. Emergency Care
 - b. Planned Care
 - c. Diagnostics
- II. Community Inpatient Services
- III. Community Based Urgent Care
- IV. Community Based Planned Care
- V. Community Based Diagnostics
- VI. Community Services
- VII. General Practice

Chapter 3 – The Vision for Community Services and How We Will Get There

- I. Acute Services
 - a. Emergency Care
 - b. Planned Care
 - c. Diagnostics
- II. Community Inpatient Services
- III. Community Based Planned Care
- IV. Community Based Urgent Care
- V. Community Based Diagnostics
- VI. General Practice
- VII. Community Estates Summary

Conclusion

Rutland County Council Data Protection, Equality Assessment, Community Safety Implications and Health and Wellbeing Implications

Introduction

I. The STP

The local STP sets out the actions that need to be taken across the health and social care system in Leicester, Leicestershire and Rutland (LLR) over the next five years in order to improve health outcomes for patients and ensure services are safe and of high quality within the resources available. The plan builds on the vision of the existing Better Care Together (BCT) programme to:

Support you through every stage of life: helping children and parents so they have the very best start in life, helping you stay well in mind and body caring for the most vulnerable and frail and when life comes to an end.”²

The STP sets out three priorities for “relentless focus” over the coming years. These are:

- Drive improvements in health and social care;
- Deliver core access and quality standards;
- Restore and maintain financial balance.

During a number of system wide discussions between April and October 2016 a shared consensus has developed. This has allowed a focus on five areas:

1. The updating of existing LLR BCT plans;
2. Reflection on the latest national policy directions and context;
3. Identification of key issues leading to the resulting decisions that need to be taken;
4. The addressing of those areas where existing BCT plans do not offer an adequate solution;
5. A focus on upgrading delivery and implementation arrangements.

The result is a plan that demonstrates a set of solutions which, taken together, allow LLR to reach a sustainable position by 2020/21. The STP represents the continuation of the BCT journey rather than its replacement or a change of direction.

The STP sets out what the LLR health economy needs to do to address the triple aim “gaps” of health and wellbeing, care and quality and finance and efficiency.

A new and updated version of the STP, to be now known as Better Care Together (BCT), is due to be published during 2018 and there will be a statement delivered on the 70th anniversary of the NHS in July. Both of these may affect the above and the content of this plan and the plan itself will be re-evaluated and re-written as required as and when revised policy statements are made.

² LLR STP Purpose and Vision p.6

II. Paper Executive Summary

The CCG recognize that there is a need for a clear set of principles and a framework to develop local plans. This will give locality teams the guidance and support to ensure local plans fit with the CCG's narrative, but will also ensure that this is not a top down CCG exercise, but an owned, shared and co-designed future for the patients, providers and stakeholders in ELR.

The provisions within the STP/BCT will not require consultation within Rutland but the revised STP/BCT strategy, and the potential impact of the ROPE project³, mean that consideration needs to be taken of these potential developments on the estate within Rutland.

Considerable effort between the Strategy and Operational teams has already contributed to the development of draft locality plans in the past but they have not provided the clarity required. This is in part due to the complexity of the community service model, a variety of system-wide unknowns and the extent to which new models of care have been developed. The original plan versions were superseded by the decision to appoint Mace Group to undertake a full option appraisal of estate options within Lutterworth and Oakham and by the extensive re-write of the STP/BCT strategy.

This paper sets out the current service provision within Rutland under set headings relating to secondary care, community based care and primary care. The paper identifies locally provided services as well as where local patients access services both within and outside the locality and which services they access. An examination of healthcare facilities within the locality is also provided and the estate is examined for fit for purpose and suitability.

III. The Aims of the Locality Plan in its Present Form

This paper seeks to identify the healthcare and physical challenges faced by the locality in delivering healthcare in a collaborative way. Chapter 1 defines the locality and its place within the CCG looking at the registered patient population within their respective practices. Healthcare issues which will influence current and future planning are identified and Public Health England data utilised to define which healthcare issues require attention. The current and future population of the locality is examined along with the clinical outcomes and what we have learnt from consultation and engagement so far.

Chapter 2 provides a stocktake of service delivery at the present time and covers acute and community care provision. The chapter seeks to identify in detail what services the registered patients of the locality access, where and from whom. It identifies differing patterns of access between acute providers and examines the current state of the GP practices that make up the locality including the services offered, staff within the practice, current registered population and practice premises. The use of the local

³ ROPE – Rutland One Public Estate

community hospital, Rutland Memorial Hospital, is examined in detail for both outpatient and inpatient services.

Chapter 3 brings the analysis together and discusses the options for the future provision of healthcare within the locality. Having already identified that Oakham requires a significant level of work to be undertaken on estate and service provision, a combined project covering Oakham and Lutterworth has now been commissioned by the CCG from Mace Group and this project will report in September 2018. The chapter describes the potential options at a high level.

In essence, this paper provides the health building block for future work on planning collaborative health and social care delivery in Rutland. The paper seeks to recognise the contribution that the health, social care and voluntary sector have made to this delivery and the ultimate intention is to provide a joint plan that can be developed jointly and signed up to by all concerned.

Chapter 1 – Where Are We Now?

I. CCG and Locality Structure

NHS East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) serves a registered population of 330,301 patients⁴ across the east of the Leicestershire County Council and Rutland County Council unitary authority areas. The CCG is structured as six sub-localities as listed below with registered patient populations as at 31 December 2017:

- North Blaby – 61,581 registered patients;
- South Blaby and Lutterworth – 46,470 registered patients;
- Oadby and Wigston – 58,097 registered patients;
- Syston, Melton and Long Clawson (SLAM) – 65,614 registered patients;
- Harborough – 60,725 registered patients;
- Rutland – 37,814 registered patients.

This locality plan specifically relates to the Rutland locality and the care services provided within the locality and externally for the registered patients of that locality.

II. The Rutland Locality

The locality measures 24 miles by 26 and is approximately coterminous with the Rutland unitary authority area. Major areas of population within the locality are Oakham and Uppingham with numerous smaller villages located around these centres. Major contributors to the local economy are agriculture, industry and the service sector⁵. In addition, the county acts as a commuter dormitory area for Leicester, Peterborough and other large towns and cities. Rutland has a substantial military presence within the locality with St George's Barracks at North Luffenham and Kendrew Barracks at Cottesmore both housing operational units of the Ministry of Defence although St George's Barracks is proposed to close in 2021⁶.

The locality is made up of four GP practices covering a registered patient population of 37,814⁷ as follows:

- Empingham Medical Centre – 6,508;
- Market Overton Surgery⁸ – 4,192;
- Oakham Medical Practice – 15,995;
- The Uppingham Surgery – 11,119.

⁴ GMS PMS Core Contract Data Collection accurate on 31 December 2017.

⁵ National Accounts Co-ordination Division (21 December 2005). "[Regional Gross Value Added](#)" (PDF). [Office for National Statistics](#). pp. 240–253. [Archived](#) (PDF) from the original on 1 December 2007. Retrieved 24 April 2010.

⁶ Rutland County Council News, 11 May 2018 - <https://www.rutland.gov.uk/my-council/council-news/st-georges-barracks-proposals-go-on-show/>

⁷ July 2017 reported patients registered with the practice.

⁸ Oakham Medical Practice and Market Overton and Somerby Surgery are part of the same GP group with separate GMS contracts.

There is consistent but low level growth in patient numbers within the locality with an overall increase of 2,001 patients (5.59%) between April 2014 and December 2017. All four practices have patient profiles broadly in line with the locality and CCG averages for both male and female population groups.

Distances from local acute providers are given in the table below with Oakham, Empingham and Uppingham being used as datum points for distance and time calculations.

Acute Site	Miles From Oakham	Minutes From Oakham	Miles From Empingham	Minutes From Empingham	Miles From Uppingham	Minutes From Uppingham
Leicester General Hospital	17.6	33	23.4	40	17.5	28
The Leicester Royal Infirmary	20.4	47	28.9	54	20.2	42
Glenfield Hospital	23.1	43	31.6	52	22.9	42
Peterborough City Hospital	23.3	31	17.6	23	21.6	31
Stamford and Rutland Hospital	11.6	21	5.9	13	13.2	26

The locality has, compared to the Leicestershire and England population statistics⁹, a higher than average proportion of older people and a lower than average proportion of younger people. The numbers of people within the 65-84 and 85+ age groups is 23.9% of the Rutland population against an England figure of 17.7%. In the under 16 age group the Rutland proportion is 17.1% against an England figure of 19. The age profile of the locality will influence healthcare planning and is evident in some of the reported QOF data.

All practices demonstrate QOF prevalence which reflects the age profile of the population. In four of the five QOF chronic disease areas (hypertension, stroke, diabetes, chronic kidney disease and heart failure) the Rutland Locality average is above that for the CCG and England with the exception being diabetes. Higher than CCG and national prevalence reflects clinical practice within the locality rather than a higher incidence of the identified chronic diseases as the data relates to identified patients within practices. This, therefore, can be seen in a positive light if it is argued that practices are successful in identifying patients with chronic diseases and managing them appropriately. Where separate measures are available that reflect the management of these patients, particularly in hypertension and heart failure, then Rutland practices demonstrate a strong position against the CCG average and against the peer CCG group.

Smoking prevalence within the locality is 12.4% with a spread between 11.5% at Market Overton and Somerby Surgeries and 13.3% at Oakham Medical Practice. The

⁹ Rutland Local Health Report, 2015 data, Public Health England (Jan 2018)

locality average of 12.4% compares to the ELR CCG figure of 13.9% and the peer CCG average of 14.6%. The England figure for smoking prevalence is 17.4%.

	Hypertension Prevalence	Stroke prevalence	Diabetes prevalence	Chronic Kidney Disease prevalence	Heart Failure prevalence
Empingham Medical Centre	17.6%	2.1%	6.1%	5.6%	1.4%
Market Overton and Somerby Surgeries	16.2%	2.2%	6.4%	4.1%	0.9%
Oakham Medical Practice	16.8%	2.5%	7.4%	5.9%	1.2%
The Uppingham Surgery	16.4%	2.2%	5.8%	3.7%	1.3%
Rutland Locality	16.8%	2.3%	6.6%	5%	1.2%
East Leicestershire & Rutland CCG	15.5%	1.9%	6.7%	4.1%	0.9%
England	13.8%	1.7%	6.5%	4.1%	0.9%

Public Health England studies of the local population cover the unitary authority area of Rutland County Council. These analyses, based on health information and census data, give a comprehensive picture of the local population including population, ethnicity and child and adult health indicators.

The locality cannot be described as ethnically diverse. The proportion of the population that is of a black and ethnic minority is 2.9% against an England figure of 14.1% whilst those whose first language is not English is 0.1% against an England figure of 1.7%. Whilst the issues related to ethnicity (e.g. high type II diabetes prevalence, sickle cell anaemia) are not of particular concern within this locality, other related issues such as patient engagement and equality of access remain a priority.

Indices of deprivation within Rutland are significantly better than the England average. The index of multiple deprivation for Rutland is 9.6 as at 2015 compared to the England position of 21.8. In three significant areas, income deprivation, child poverty and older people in deprivation, the Rutland positions are 6.4, 7.6 and 7.9 respectively compared to England at 14.6, 19.9 and 16.2. However, this is not to say that deprivation and poverty are not present in Rutland just that the incidence is lower than for England as a whole.

The Public Health England analysis categorise healthcare indicators as “significantly better than England”, “not significantly different” or “significantly worse than England”. Within the locality there are two areas where indicators are showing a position that is not significantly different from England but where the reported position remains higher than England as a whole. These are:

- An adult behavioural risk associated with healthy eating where the percentage identified as not eating healthily is 36.2% against an England position of 28.7%.
- Incidence of breast, colorectal and prostate cancers. With an England Standardised Incidence Ratio (SIR) of 100, incidence of cancer within Rutland is reported as 110.4 for breast cancer, 106.9 for colorectal cancer and 107.1 for prostate cancer.

Neither of these can be classed as significant issues and mortality statistics reinforce this with death from all causes significantly better than England and deaths from circulatory disease, coronary heart disease, stroke and respiratory disease all better than England, significantly better in the case of circulatory and respiratory diseases.

The reported positions for health conditions, excepting the above, all show rates significantly better than England or, in a few cases, not significantly different. Life expectancy data shows that boys and girls born to Rutland parents can expect to live just under two years longer than the England average at 81.3 and 85.1 years respectively.

III. Current and Future Population

The Rutland locality is, as mentioned above, roughly coterminous with the Rutland County Council area. Rutland County Council is classed as an Upper Tier Authority and is a unitary authority responsible for nearly all services within Rutland excepting Fire and Rescue and Police which are both administered through joint bodies that include Leicestershire County Council and Leicester City Council. Rutland County Council, therefore, is the principle planning authority for the locality. According to the current Local Plan¹⁰ an additional 1,070 dwellings are planned for Rutland by 2026. Of these 600 will be in Oakham, 150 in Uppingham and the residual 320 spread across the villages of Rutland. There are two significant caveats to this information in that Rutland County Council have just concluded a period of consultation to extend the Local Plan to 2036 and only brief mention is made of current Ministry of Defence sites within the County with public consultation now commenced on plans for the development of St George's Barracks following its expected vacation by the Ministry of Defence in 2021¹¹.

IV. Clinical Outcomes and Performance

Quarterly returns into the CCG on key areas allow determination of clinical outcomes and performance within the Rutland locality. The CCG is currently developing Locality Information Packs for each locality to include data on the following areas:

- Smoking;
- Hypertension;
- Stroke;
- Diabetes;

¹⁰ Rutland Local Development Framework: Core Strategy Development Document, Rutland CC, 2011

¹¹ Details of the consultation can be found at <https://northluffenham.com/2018/05/11/st-georges-barracks-masterplan-consultation/>

- Chronic Kidney Disease (CKD);
- Heart Failure.

Comprehensive graphical illustrations are available and are starting to form part of localities working together to address actual and perceived health inequalities and differential performance. These are not included here as a summary of that information is available above within the table on Page 8.

On the whole Rutland is seen as having higher identified prevalence within these areas and it is likely that there are two significant contributing factors to these positions within the locality. Firstly, the data reflects the practice registers and, therefore, can be seen in a positive light as demonstrating that Rutland practices are identifying at risk patients. Secondly, as identified in the Public Health England data, Rutland has a higher than average age profile which could contribute to the observed data.

V. Locality Specific Challenges

Challenges specific to the locality can be divided into health challenges and physical challenges.

a. Health Challenges:

As identified above these fall into two main categories.

- Higher than average levels of unhealthy eating.
- Incidence of breast, colorectal and prostate cancers is reported than higher than the England standardised incidence ratio¹².

These health issues will need to be incorporated into any proposals for service change within the locality.

b. Physical Challenges:

Both the GP practice estate and the community hospital estate in Oakham is falling short of requirements for effective and efficient healthcare delivery. The GP practice in Oakham is significantly over subscribed for the accommodation occupied and relies on Portakabin accommodation and overspill rooms within RMH. Practice accommodation in Empingham requires review particularly in light of potential development within the practice catchment area at St George's Barracks.

The community hospital is discussed at length elsewhere. Providing high quality healthcare estate that meets the health and social care needs of the locality registered population, and the issues that require addressing to achieve this, are discussed within Chapter 4.

VI. What Have We Learnt So Far?

During late 2016 and early 2017 public consultation was undertaken within the CCG footprint linked to the Sustainability and Transformation Plan draft published in

¹² Rutland Local Health Report, 2015 data, Public Health England (Jan 2018)

November 2016¹³. ELR CCG has undertaken a review of the consultation and engagement carried out¹⁴ and has identified the following points:

- More detail is needed during engagement and consultation particularly on plans and the evidence behind the choice of model;
- The need to address concerns about the ability of the health and social care sectors to deliver the Integrated Teams and 'Home First' models within the resources available;
- The need to address concerns, particularly within the more isolated rural communities, of moving from a hospital based model to one based on home care. This was described as a 'step into the dark';
- The need to address concerns about the ability of the health and social care sectors to manage demand whilst implementing reductions in funding available;
- There is a belief in some areas that NHS111 advice is not helpful and that it can be slow to use;
- There is an understanding of the need to go from three to two acute sites but questions have been raised about the impact on services within the City. The ELR CCG consultation will need to address similar concerns about accessing acute services if the acute site rationalisation takes place as the Leicester General Hospital is the site most closely located to most ELR CCG patients;
- Concerns were expressed relating to access to GPs with additional concerns over out of hours access. The consultation will need to include the benefits of the binary acute access and extended out of hours proposals to ensure these concerns are addressed;
- Community services and care close to home is seen as important provided adequate access is available including via public transport. Proposals will need to demonstrate accessibility;
- Voluntary sector colleagues want greater input into the direction of the STP and want further clarity on the role they can play in delivering the plan. The locality strategies will need to address voluntary sector concerns and provide an inclusive strategy.

With specific relation to the Rutland locality there is a clear focus on the future of Rutland Memorial Hospital. Locality themes emerging were:

- Rutland stakeholders feel that their area is bearing the brunt of changes to services without a clear sense of what alternative provision would look like;
- Reduction in bed numbers in community hospitals, specifically in Rutland, would affect the ability of acute trusts to cope;
- Concerns relating to the "Home First" model being viable;
- Suggested that the finance identified as being required to develop the Rutland Hub at RMH could be better used to maintain the current facilities and expand;
- Concerns relating to a lack of "assessment beds" and the plan to reduce "step down" beds;
- Concerns relating to Rutland's "unique" circumstances and growing population.

¹³ Better Care Together (2016) *Sustainability and Transformation Plan Latest Draft at 21 November 2016*

¹⁴ Better Care Together (2017) *STP Engagement – November 2016 to May 2017*

More general themes of better patient education around the services that are on offer and can be accessed and less use of 'NHS jargon' were also noted.

It should be noted again that a new version of the STP is due to be published during 2018 which may address some or all of the issues above.

Chapter 2 – Current Locality Services

I. Acute Services (Emergency, Planned Care and Diagnostics)

a. Emergency Care:

Emergency care for the locality is predominantly provided by two acute trusts; North West Anglia Foundation Trust (NWAFT) and University Hospitals of Leicester NHS Trust (UHL). The main non-elective sites for NWAFT are the Emergency Departments (ED) at Peterborough City Hospital and Hinchinbrook Hospital in Huntingdon. The latter is some distance from Rutland (40 miles and 45 minutes distant) and during 2017 received only 13 patients registered in Rutland. In addition to the two main sites there is a weekday only, in hours minor injuries unit at Stamford and Rutland Hospital. UHL sites are the main ED at The Leicester Royal Infirmary and the Clinical Decisions Unit at Glenfield Hospital. In addition, the Walk-In Centre in Oakham provides Type 3 A&E services and there is a GP based at Rutland Memorial Hospital as part of the Out Of Hours Service. The locality is covered by the Urgent Care Visiting Service commissioned by the CCG for patients who are physically unable to attend an UCC in person and have an on the day healthcare issue.

In 2017 Rutland registered patients were admitted non-electively 4,035 times¹⁵. Of those, 1,330 episodes (33%) were within the LLR boundaries and a further 2,233 episodes, 55.3%, were in North West Anglia Foundation Trust sites.

Overall, Rutland registered patients used Emergency Care services 9,906 times. 63.3% of these attendances were during the out of hours period. 3,852 attendances (38.9%) were at NWAFT sites.

Patients within the Rutland locality, being geographically removed from major centres of population, exercise their ability to travel out of county for their emergency healthcare needs with the majority seeking emergency care in Peterborough. 3,223 residents (32.5%) accessed the UCC services at Rutland memorial Hospital in Oakham.

b. Planned care:

Elective admissions relating to Rutland registered patients amounted to 5,063 episodes in 2017¹⁶; 2,045 (40.4%) of these were provided within LLR boundaries. NWAFT sites admitted 1,664 patients (32.9%) electively. A variety of providers (60) were accessed. The majority provider is NWAFT as shown by the table below although the proportion accessing UHL and NWAFT services is very similar.

After NWAFT, UHL are the next biggest provider with the LLR Alliance providing 7.6% of activity for a variety of specialties. Alliance sites providing planned day case procedures for locality registered patients were Hinckley & District Hospital (8), Loughborough Hospital (62), Melton Mowbray Hospital (301) and St Luke's Hospital in Market Harborough (17). No activity was delivered at RMH although the volume of

¹⁵ All activity data in this Chapter is derived from SUS (Secondary Uses Service) data submissions.

¹⁶ Measured through Admission Methods of 11 (Waiting List), 12 (Booked) and 13 (Planned).

elective admissions at Melton suggests there is an appetite for healthcare delivered locally.

Provider	Elective Admissions	%
UHL	1622	32.04%
LLR Alliance	388	7.66%
Nuffield Leicester	14	0.28%
Spire Leicester	13	0.26%
NWAFT	1664	32.87%
Fitzwilliam Hospital ¹⁷	377	7.45%
Other	985	19.45%

As with access to emergency care, patients within the Rutland locality, being close to major roads, exercise their ability to travel out of county for their elective healthcare needs. The fairly even split between NWAFT and UHL reflects the central location of Rutland between the two providers. When accessing NHS care within the independent sector the preference is clearly towards Peterborough.

Specialty	First Appointments	Tariff	Cost
ENT	710	£120.00	£85,200.00
Dermatology	697	£133.00	£92,701.00
T&O	613	£151.00	£92,563.00
General Surgery	589	£163.00	£96,007.00
Ophthalmology	546	£139.00	£75,894.00
Gynaecology	506	£159.00	£80,454.00
Urology	435	£142.00	£61,770.00
Cardiology	416	£157.00	£65,312.00
General Medicine	415	£190.00	£78,850.00
Rheumatology	359	£246.00	£88,314.00
Breast Surgery	341	£175.00	£59,675.00
Plastic Surgery	265	£128.00	£33,920.00
Other	4254	£158.58	£240,412.33
			£1,151,072.33

Rutland patients attended 10,146 first face to face outpatient appointments during 2017 within 77 different specialties and a number of different providers. 301 (2.96%) of these appointments were for various paediatric specialties, 210 (2.07%) were for maternity or neonatology services and 321 (3.16%) were for various mental health specialties and these have been excluded from the following calculations leaving

¹⁷ Fitzwilliam Hospital is a Ramsey Healthcare hospital situated within Peterborough.

9,315 appointments in 2017. The top 12 specialties and associated first outpatient tariff (without addition of MFF¹⁸) are shown in the table above.

Assuming the remaining 4,254 appointments are delivered at an average of the above 12 then the total financial impact of first outpatient appointments for patients registered with Rutland GPs is around £1.6m for 2017 excluding MFF.

The total 10,146 appointments were delivered across 81 separate providers. Actual numbers are below.

Provider	First Appointments	%
UHL	2555	25.18%
LLR Alliance ¹⁹	1846	18.19%
Nuffield Leicester	20	0.20%
Spire Leicester	25	0.25%
Fitzwilliam Hospital	575	5.67%
NWAFT	3762	37.08%
KGH	264	2.60%
ULH	21	0.21%
LPT	320	3.15%
Other	758	7.47%

There is a wide spread of providers chosen by Rutland patients with only 25.2% choosing UHL, 37.1% choosing NWAFT and 37.7% choosing a variety of other providers some of which are identified in the table. Most patients travel east to Peterborough or west to Leicester whilst 18.2% of patients are seen in LLR Alliance premises which include Rutland Memorial Hospital. 108 new patient appointments were delivered at RMH with this rising to 172 if Melton Mowbray Hospital is taken into account²⁰.

The patients attending the three private providers examined (Spire and Nuffield in Leicester and Fitzwilliam in Peterborough) did so for a variety of surgical specialties including General Surgery, ENT, Orthopaedics and Ophthalmology.

¹⁸ MFF – Market Forces Factor is an adjustment made to the standard national tariff to take into account regional variations in process and costs. The UHL MFF requires all tariffs to be multiplied by 1.0434.

¹⁹ The Leicester, Leicestershire and Rutland Alliance is an organisation which was set up by UHL, LPT, and the CCGs to manage the delivery of planned care within the community, predominantly within community hospitals. The “LLR Alliance” figure quoted will include the outpatient appointments delivered at Rutland Memorial Hospital, amongst others. (see also footnote 20 below).

²⁰ Difficulties in identifying outpatient activity delivered in individual LLR Alliance premises should be noted here and is described further on Page 19 below. In summary, SUS data does not differentiate Alliance outpatient activity by site and the activity identified here is for Clinical Physiology only.

Overall, 49.2% of first outpatient activity for Rutland locality registered patients is delivered within the boundaries of Leicester, Leicestershire and Rutland. Roughly half, therefore, seek their first outpatient appointment out of county.

c. Diagnostics:

There are currently only limited diagnostics within the Rutland locality, these predominantly being restricted to tests that can be carried out with minimal infrastructure. There is a plain film x-ray room at RMH and a hard-standing area which is used to park the mobile mammography unit. In addition there is an ultrasound facility within the hospital but this does not run on a full working week basis. Residents of the Rutland locality who require blood based diagnostic tests within an acute environment have to attend either a UHL or NWAFT phlebotomy centre which are located within the acute sites in Leicester and Peterborough. Those that can have their blood taken within the practice need to have this done prior to lunchtime as there is only a single collection daily in common with all practices within ELR. Residents who require imaging over and above that provided at RMH or other forms of diagnostic tests have to attend an acute trust imaging department and both UHL and NWAFT sites are accessed by locality patients. There is access to non-obstetric ultrasound testing within the locality. Patients accessing two separate trusts for imaging raise questions of imaging compatibility which will need to be addressed if the service is to be enhanced.

II. Community Inpatient Services

The only community hospital bed provision within the Rutland locality are the community hospital beds currently open at Rutland Memorial Hospital in Oakham. RMH opened in 1924 as the Rutland County Hospital and was built in memory of those that lost their lives in the Great War. It contains a carved oak plaque to that effect²¹. The building has been extended over the years and now covers a footprint 104m by 65m and sits adjacent to the Oakham Medical practice building on Cold Overton Road. The hospital is well loved by the local population who feel a great deal of attachment to the site and its facilities.

The sixteen beds currently open are on a single, mixed sex ward. There is a Palliative Care Suite contained within the inpatient accommodation. There is a very positive local public view of the Palliative Care Suite particularly given the distance between Oakham and neighbouring centres of population with inpatient beds such as Leicester, Nottingham and Peterborough. There is a further ward within RMH but this has been mothballed for a number of years and would need remedial attention in order to reopen the beds. The inpatient beds have little supporting infrastructure to allow anything other than sub-acute step-up, step-down, rehabilitation and pre-discharge placement (Discharge to Assess) facilities. There are facilities for planned care day cases but the operating theatre does not meet current regulations relating to air exchanges so can only be used as a clean room. It is understood this facility is currently used as a storage area.

²¹ Rutland Local History and Records Society Newsletter April 2015

Current thinking within LLR and wider is that inpatient beds work best in multiples of at least 21. The provision of sixteen beds at RMH has been subject to analyses in the past year and there is evidence to suggest that the current provision is not as sustainable as it could be in the future without investment or expansion.

The RMH site on Cold Overton Road is landlocked but occupies a substantial area of 14,670m². The building fronts onto Cold Overton Road via tree lined driveways and backs onto the Rutland Care Village on Huntsman's Drive. There are residential dwellings to the east of the site with Oakham Medical Practice to the west. The site has ample car parking spaces and is a ten minute walk from the centre of Oakham. The site is owned by Leicestershire Partnership Trust and the land on which the GP surgery and pharmacy are built is owned by the practice although this is subject to negotiation at present with a prospective third party landlord.

The age and condition of the community hospital estate across LLR varies and this impacts on the ability to provide appropriate care for patients. PLACE is an annual assessment of the non-clinical aspects of the patient environment and covers domains such as:-

- **Privacy and Dignity:** this domain includes infrastructure and organisational aspects such as the provision of outdoor and recreational areas, changing and waiting facilities and access to television, radio and telephones. It also includes the practicality of male and female services and ensuring patients are appropriately dressed to protect their dignity.
- **Condition, Maintenance and Appearance:** this domain includes various aspects of the general environment including décor, condition of fixtures and fittings, tidiness, signage, lighting (including access to natural light), linen, access to car parking, waste management and the external appearance of the buildings and the maintenance of the grounds.

Community Hospital	Privacy & Dignity	Condition
Coalville	78%	89%
Loughborough	79%	84%
Hinckley	82%	94%
Leicester	82%	93%
Melton Mowbray	71%	86%
Oakham	75%	89%
Market Harborough	80%	89%
Lutterworth	64%	87%
National Average	84%	91%

The scores for the community hospitals in LLR are shown in the table above putting the current score for RMH in relation to the other community hospitals. This shows that the condition of the majority of the estate is below the national average and privacy and dignity scores in some hospitals, including RMH, are considerably below the national average. This demonstrates that the physical layout of RMH significantly compromises privacy and dignity standards.

Another issue relating to RMH, in common with other community hospital sites, is the physical isolation of the site from other hospital type premises with the nearest LPT inpatient facilities being in Melton Mowbray (10.2 miles) and Market Harborough (19.9 miles). Smaller and isolated wards require a higher planned staffing rate to ensure safety should there be unplanned staffing issues on the wards. In 2016/17, the smaller community hospital wards (less than 21 beds), of which RMH is one, had a running cost of £121-162,000 per bed per annum, compared to the larger community hospital wards (21 beds or more) with running costs of £102-117,000 per bed per annum. On average, therefore, the running cost of a bed on a smaller ward is 29% higher than a similar bed on a larger ward²².

The building itself costs £120,742 per year to run but this figure represents non-clinical running costs alone and works out at £7,546.38 per bed per year excluding staff costs. In December 2015 NICE estimated the daily bed costs for patients of the type in RMH to be £222 per day for all costs associated with a patient's stay²³. Assuming the LPT stated aim of achieving 85% bed occupancy within community hospitals, potential expenditure at RMH is £1,102,008 per year. Admitting and discharging approximately 410 patients per year (85% of estimated full capacity) at an average tariff of £1,541 equates to an income of £631,810²⁴. Current average length of stay at Rutland Memorial Hospital is 14.2 days.

The building itself was identified in late 2016 as having a maintenance backlog of £236,068 to bring the site up to full statutory and regulatory compliance. Averaging this backlog over a five year programme, and assuming no further issues arise, gives a requirement to spend £47,213.60 every year not allowing for inflation or changes to costs.

Admissions to RMH are derived from the wider health economy with 76% of admissions coming from UHL. The proportion of admissions who are normally resident within Rutland (LE15) is only 28.4% indicating that the majority of admissions are from outside the locality. In fact 25% of the admissions to RMH are from Leicester City postcodes.

It can be seen that, assuming 410 admissions per year, every admission costs the health economy £1,261.98 more than the income received via PBR National Tariff. As

²² Leicestershire Partnership Trust data

²³ National Institute for Health and Care Excellence (Dec 2015) *Costing Statement: implementing the NICE guidelines on transition between hospital settings and community or care home settings for adults with social care needs (NG27)*

²⁴ It should be noted that the average tariff is calculated on the 159 ELR patients admitted and discharged from RMH during 2017. Total admissions for ELR totalled 230 meaning that 71 ELR patients have no costing or income information available.

operators of Rutland Memorial, Leicestershire Partnership Trust (LPT) incurs a significant operating deficit on the hospital for inpatient services.

III. Community Based Urgent Care

Community based urgent care is predominantly provided within the Minor Injury Unit/Urgent Care Centres located within RMH. This service is provided by Oakham Medical Practice (OMP) within hours and by Vocare (nursing) and DHU (medical) out of hours including weekends and bank holidays. The unit has access to plain film x-ray in hours only and basic near patient testing including ECG at all times. During 2017/18 3,547 new patients were seen and treated within the Oakham MIU/UCC, 823 of these in hours²⁵.

Use of alternative ELR urgent care centres by Rutland registered patients is relatively low with 33 using St Luke's in Market Harborough, 154 using Melton Mowbray and 117 using Oadby & Wigston Walk-In Centre.

The locality is covered by the Urgent Care Visiting Service and a GP is located within RMH in the evening and at weekends with access via on the day booking through the NHS111 service.

IV. Community Based Planned Care

Rutland Memorial Hospital has a large outpatient department of nine rooms with capacity for around 22,000 appointments annually²⁶. These are for visiting consultants and clinicians with supporting therapists and specialist nurses. Stand-alone specialist nurse and therapist clinics are also part of the timetable. The clinic pattern is broadly monthly with some weekly clinics. In 2017 only 119 new patient appointments were delivered at RMH and these were exclusively for Clinical Physiology²⁷. The majority of outpatient appointments were delivered by secondary care clinicians under the LLR Alliance banner. Data available does not differentiate by site of delivery but LLR Alliance appointments delivered for Rutland registered patients during 2017 amounted to 985 and this is a reasonable proxy for delivery of service at RMH. Follow up appointments for the same cohort amount to 2,274 giving a new to follow up ratio of 1:2.3.

Given the calculated potential capacity of the RMH outpatient department the figures above suggest underutilisation of facilities within RMH.

An analysis of the current outpatient timetable at RMH reveals the following services provided by UHL using rooms at RMH:

Cardiology;
Dermatology;
ENT;

Children's and Adolescent Services;
Diabetic Medicine;
Endocrinology and Metabolic Medicine;

²⁵ Information derived from SUS returns. It should be noted that OMP "Big Return" submissions suggest 2,146 new patients seen and treated in hours by OMP during 2017/18.

²⁶ Calculated based on 253 working days with 5 patients per room per session. This is most likely a conservative estimate.

²⁷ Derived from SUS data.

Gastroenterology and Liver Services; General Medicine;
General Surgery; Geriatric Medicine;
Gynaecology; Ophthalmology;
Plastic Surgery; Rheumatology;
Urology.

As mentioned above, specialist nurse and therapy clinics are also held at RMH and are both complimentary to the consultant led clinics and are run and managed in their own right by the nursing and therapy services. In particular, delivery of planned therapy, including physiotherapy, is a significant part of the the RMH outpatient timetable.

V. Community Based Diagnostics

Fixed diagnostics facilities within the locality of Rutland consist of plain film x-ray at Rutland Memorial Hospital. RMH also has hard-standing for a mobile unit which is used for the mobile mammography unit. There is some portable ultrasound provision within GP surgeries. GP practices provide blood sampling for analysis centrally with regular lunchtime sample collection van runs into the laboratories within UHL meaning most diagnostic tests involving blood or body fluids must be undertaken in the morning.

VI. Community Services

Community services within the Rutland locality are currently delivered by Leicestershire Partnership Trust (LPT). The District Nursing (DN) service coordinates and delivers a variety of services from wound management and leg ulcer care through to rehabilitation, palliative and end of life care. The DN team acts to assess and agree a plan of care delivered either in patients' own homes or within community clinics. Patients with long term conditions with specific needs can be cared for by a specialist nurse or clinical lead nurse and there are specific services for heart failure, respiratory conditions, tissue viability and palliative and end of life care. The team itself is multi-disciplinary being made up of nurses, healthcare assistants, occupational therapists and physiotherapists with administration support. The team includes, and has access to, Macmillan Clinical Nurse Specialists and runs a "hospice at home" service. District nursing utilises some practice premises to provide services linked to general practice that complement the nursing services provided by the practices themselves.

The Health Visiting team consists of health visitors, community nursery nurses, family support workers and administration support. Mothers who are expecting and have children up to school age are supported by the Health Visiting Service both within the home and within healthcare premises. The service can act as a signposting service to facilitate access to specific local services. Health visitors are based within all the practices within the locality and deliver services within and out of these practices.

The School Nursing Service is linked to individual schools and can be accessed via the GP, the school or directly. The service itself is delivered from health centres, schools, community centres, children's centres and within the home and delivers care and advice on healthcare areas as diverse as head lice and drug awareness.

Physiotherapy and Occupational Therapy for adults and children is delivered within the wards of community hospitals (for adult patients), within clinics in GP surgeries and community hospitals, through domiciliary visits providing rehabilitation in the patients' own homes and through the falls rehabilitation service within community hospitals and local authority premises.

Rutland has an active Integrated Locality Team (ILT) consisting of representatives from across health and social care. The ILT is actively looking to involve representatives from the council and voluntary sector. Integrated working is seen as a key initiative for the delivery of care within localities and this initiative is at the heart of developments within the locality.

District Midwifery services, provided by UHL as part of the overall Midwifery Service, are provided out of general practice premises within the locality providing ante-natal services to expectant mothers as well as ante- and post-natal visits for mothers and new babies. The nearest maternity facility to Rutland is the St Mary's Birthing Unit in Melton Mowbray.

VII. General Practice

As set out above, the locality is served by four practices and their branch surgeries as follows:

Main Surgery	Branch Surgeries
Oakham Medical Practice Cold Overton Road Oakham	
Market Overton Surgery Thistleton Road Market Overton	<ul style="list-style-type: none"> • Oakham Road, Somerby • Church Lane, Wymondham
Empingham Medical Centre Main Street Empingham	
The Uppingham Surgery Northgate Uppingham	<ul style="list-style-type: none"> • The Ketton Centre, High St, Ketton • Kings lane, Barrowden • Kirby Road, Gretton, Northants

Patients registered with the locality practices undertake the National Patient Survey. The latest data available paints a mainly positive picture relating to patients' satisfaction with accessing general practice services and their overall satisfaction with their experience²⁸. This is particularly evident when comparing the locality data with the CCG and England positions. Response rates are positive compared to CCG and national averages demonstrating a greater level of engagement than other similar areas.

In the table below, selected results from the National Patients' Survey are shown and include all positive responses received indicating the level of satisfaction with each

²⁸ NHS England (2017) *General Practice National Patient Survey: Practice Data July 2017 Release* covering January to March 2017 data

individual category. Of the four practices, three score very well with their own patients who are prepared to recommend the practice to somebody who has moved into the area. The exception is Oakham Medical Practice which fares less well than the locality mean in every category. The positive responses are broadly higher than the England and CCG averages, again with the exception of Oakham Medical Practice.

Practice	Response Rate	Getting Through to Practice	Helpfulness of Reception	Seeing Preferred GP	Ability to get appointment	Convenience of appointment	Overall Experience	Recommend?
Oakham Medical Practice	54%	35%	80%	39%	83%	88%	69%	58%
Market Overton & Somerby	58%	90%	96%	78%	94%	94%	96%	92%
Empingham Medical Centre	55%	94%	98%	78%	94%	99%	94%	94%
The Uppingham Surgery	58%	83%	89%	77%	100%	95%	91%	95%
Rutland Locality	56%	76%	91%	68%	93%	94%	88%	85%
CCG	48%	66%	88%	54%	87%	92%	95%	79%
England	37%	73%	89%	56%	85%	92%	95%	77%

General Practice for the locality is delivered by four practices as follows:

Oakham Medical Practice:

Oakham Medical Practice is located on Cold Overton Road in Oakham and serves a practice list size of 16,000 patients. The Practice occupies a 1990s style detached building measuring 589.7m², car parking space and extended clinical space comprising a single story porta-cabin, a rented building used as a Pharmacy, and rooms within Rutland Memorial Hospital. The main Practice building is situated over two floors but all clinical space is on the ground floor. The building is owned by three of the Practice Partners but is likely to be sold to a third party investor in the next 9 months (as at May 2018). Oakham has a number of new housing developments either in progress or planned and the Practice are working with RCC, the CCG and other Partners to pursue options for expansion or re-location.

The Practice constantly strives to deliver excellent clinical care in a patient focused manner by offering general NHS services and a wide range of additional services, it is also a member of the East Leicestershire and Rutland GP Federation, Primary Care Home (Rutland) and works closely with the other three Rutland Practices.

Empingham Medical Centre:

Empingham Medical Centre (EMC) is situated in the heart of the village of Empingham,

on the edge of Rutland Water, equidistant between Oakham and Stamford in the picturesque county of Rutland. The practice has a current patient list of circa 6,600 patients across 120 square miles in the villages around Rutland Water and towns of Oakham & Stamford. The practice occupies premises which are owned by the Partners that have, over many years, been extended from a single consulting room to provide for a growing patient list and increased range of services. The practice dispensary has recently been modernized and there are further plans for refurbishment in 2018. Empingham is a GMS practice with 3 GP partners employing two salaried GPs, a Nurse Practitioner and 23 part-time staff. The practice offers a wide range of NHS and Rutland County Council Services providing on site clinics for patients. Empingham Medical Centre works actively to ensure multidisciplinary care for the community served offering a wide range of enhanced services. The practice is a Dispensing Practice offering services to 80%+ of registered patients and are very proud that they receive exceptional patient satisfaction feedback. The practice is actively involved in teaching 3rd and 5th year Medical Students from the University of Leicester and are part of the Jubilee Academy. They are a member of the ELR GP Federation and work across Rutland as part of the Rutland Primary Care Home. The practice is increasing the use of technology to improve the efficiency and effectiveness of the practice. The first scheduled Care Quality Commission inspection in September 2015 saw Empingham Medical Centre achieve a “Good” rating in all domains.

The Uppingham Surgery:

Uppingham Surgery is a dynamic, forward-looking, GP Training GMS practice which aims to provide the highest quality care within the resources available. Uppingham Surgery serves the community in Uppingham and the surrounding countryside. The practice operate a main surgery in Uppingham and three branch surgeries at Barrowden, Ketton and Gretton. Uppingham Surgery provide GP and nursing appointments at all sites and dispense medication at all four sites. With a practice population of over 11,000 patients they dispense to approximately 50% of eligible patients. As a training practice Uppingham Surgery hosts doctors who are undergoing their specialist GP training and placements. In addition, during term time, the practice provides a surgery at Uppingham School for school pupils. The practice is located on the northern edge of Uppingham close to the A47. The building was converted to a GP surgery in 2014 and provides purpose-built modern GP consulting and Nurse Treatment rooms.

Market Overton and Somerby Practice:

Market Overton and Somerby Surgeries, a Branch Surgery of Market Overton, are located on Thistleton Road in Market Overton and Oakham Road in Somerby respectively. Together, they serve a list size of 4,224 patients. The Surgeries both occupy 1990s style detached buildings with Market Overton measuring 181.34m² over two floors with all clinical services on the ground floor and 27 parking spaces; Somerby Surgery is a single story building measuring 231m² and has 17 car parking spaces. Both Surgeries are owned by the Practice Partners and are currently undergoing renovation to their Dispensary Service.

The Surgeries constantly strives to deliver excellent clinical care in a patient focused manner by offering general NHS services and a wide range of additional services, they

are also members of the East Leicestershire and Rutland GP Federation, Primary Care Home (Rutland) and works closely with the other three Rutland Practices.

It should be noted that all GP practices within the locality are rated good by the CQC. All four practices are active members of the Rutland locality and Rutland Primary Care Home.

No significant GP staffing issues are reported within the locality. Staffing levels for doctors and nurses plus staff numbers per 1000 registered patients are shown in the table below.

Practice	Registered Patient Population	GPs (Partners and Salaried)	Per 1000	Nursing Staff (Trained and untrained)	Per 1000
Oakham Medical Practice	15995	8+5	0.81	8+3	0.69
Market Overton & Somerby	4192	8+1 ²⁹	2.15	2+1	0.72
Empingham Medical Centre	6508	3+2	0.77	1+3+2	0.92
The Uppingham Surgery	11119	8	0.72	3+2	0.45
Rutland Locality Average	9454	8.75	1.11	6.25	0.70

To date the work undertaken has not attempted to review admission or outpatient data for mental health conditions within Rutland. This will be the focus of future phase of work.

²⁹ It is believed that the service delivered by Market Overton and Somerby is undertaken by two partners and a salaried GP. The information in the table above is derived from the Practice websites. If the calculation for MO&S were undertaken on the revised figure for both the surgery (0.71 per 1,000) and the locality (0.77) are closer to the expected figure and the ELR average.

Chapter 3 – The Vision for Community Services and How We Will Get There?

This chapter identifies the areas of significant change that have been identified as required either through examination of current healthcare needs within the locality or through examination of the current healthcare delivery both in terms of actual service delivery and the physical location of healthcare delivery. However, this still represents a starting point that will provide a base on which to build further detail, allow the design of future provision, facilitate co-design between partners and stakeholders, inform further data analysis and provide a basis for identifying the strategic direction required. Account has been taken, where possible, of current and planned residential developments in the Rutland locality and of strategic plans developed, or in development, by Rutland County Council.

I. Acute Services (Emergency, Planned Care and Diagnostics)

a. Emergency Care:

Emergency care provision within Rutland will continue to be offered by an appropriate choice of providers and sites whilst seeking to enhance the current services to provide equality of access across the locality.

Access to emergency care provision, therefore, will remain focused on the current main providers of UHL (The Leicester Royal Infirmary) and NWAFT (Peterborough City Hospital) with support from the sites in Grantham (United Lincolnshire Hospitals NHS Trust) and Stamford (NWAFT). Major Trauma Centre support is provided by Nottingham University Hospitals NHS Trust from Queen's Medical Centre and Cambridge University Hospitals NHS Trust from Addenbrookes Hospital. Major Emergency Departments will continue to serve Rutland with support from smaller units in the smaller towns as well as at the community based facilities discussed elsewhere, the predominant site for this locality being the Oakham Minor Injuries Unit and Urgent Care Centre located at RMH. This level of provision is expected to continue but the well documented pressure on emergency care delivery means that alternatives to attendance at an acute site are becoming ever more important in maintaining the effectiveness of the emergency care service as a whole. Services within the locality to compliment and support those provided centrally will be developed and provided and are discussed below.

There is no proposal to change acute delivery of emergency care for the Rutland population with continued service provision by UHL and NWAFT to the west and east of the locality respectively. However, proposals elsewhere will bolster and support acute sector emergency care provision for the locality.

b. Planned Care:

The continuation of current provision within the acute sector will allow patients registered within the locality to maintain their ability to choose their provider. Additionally, the CCG is committed to working with these acute providers to facilitate community based secondary care services within the locality to further enhance choice and accessibility.

Access to planned care services within acute providers, therefore, will remain in line with the previously identified locality registered patient preferences of UHL and NWAFT provided services although certain specialist services will be provided by trusts from further afield as happens now. Widening the availability of services provided by the two main acute trusts, both within their own facilities and also through providing care closer to home, will enhance the ability of Rutland registered patients to access their choice of provider.

There is no proposal to change acute delivery of planned care for the Rutland population. Services provided by UHL and NWAFT will continue to play a large role in the delivery of planned care to the population of the locality with specialist provision, as now, provided by Trusts further afield. Proposals elsewhere, discussed below, will bolster and support acute sector planned care provision for the locality.

c. Diagnostics:

Current provision allows registered patients access to appropriate diagnostic tests although many of these tests require the patient to travel either into Leicester or Peterborough. With a focus on the delivery of care closer to home the CCG is committed to the provision of diagnostic tests within the locality where clinically appropriate and where the financial case can be made to justify any investment in new facilities. This could see an increase in secondary care diagnostic provision within the locality.

In line with the above, access to diagnostic services provided by acute care partners will be maintained and developed. Patients registered within the locality already access acute sector diagnostic services within both UHL and NWAFT and their choice is dependent on their choice of provider. It is recognised that certain diagnostic services will always be delivered within the acute sector due to cost, logistics and availability. The provision of robust IT links with both acute providers will increase choice of provision for patients whilst improving access to results by clinicians. The development of locality based diagnostic services will complement the services provided by acute partners. There are, therefore, no proposals to change acute physical delivery of diagnostics for the Rutland population with continued service provision by UHL and NWAFT. Choice of availability of acute diagnostics will be enhanced through greater IT connectivity between Primary Care and acute providers and this will require further work to identify the feasibility and practicality of such improved links.

II. Community Inpatient Services

It is envisaged that community inpatient services will form part of both acute and non-acute pathways and the CCG will continue to commission sub-acute and re-ablement and stroke beds as part of the acute pathway. These will be provided across seven sites within the county; Hinckley, Coalville, Loughborough, Melton Mowbray, Market Harborough, Oakham and within the city of Leicester.

The CCG will commission the right Integrated Community service for local patients which may need to include inpatient facilities. The role and type of community beds will respond to local patient need and align with the locality community service offer

(e.g. End of Life Care, Discharge to Assess, GP Step Down). Non-Acute community beds will be commissioned as part of each locality's community service model.

Community bed usage within Rutland is discussed elsewhere. The current Rutland Memorial Hospital building has a significant maintenance backlog of c£236k³⁰ which potentially restricts options available for development and future provision of inpatient beds. Any future provision of inpatient beds in Oakham will require detailed examination of options, opportunities for capital investment and financial implications on revenue budgets. Given that the current building is in need of refurbishment and modernisation the CCG is keen to explore all available options with key stakeholders and partners. To make capital investment worthwhile facilities would need to be provided that would replace and enhance the current offering with the option to expand provision to meet the requirement for the most efficient 21 bed facility as mentioned above. There is every possibility of realising that on the current site but the CCG is aware that this may not be the best option and alternatives to "classic" hospital inpatient accommodation will be explored.

Working with Oakham Medical Practice (OMP) and Leicestershire Partnership Trust (LPT), ELR have engaged Mace to undertake a full review and appraisal of options relating to health estate in Oakham. This will include linking with the Rutland County Council One Public Estate work on the proposed Rutland Hub.

Identified high level options for inpatient beds in Oakham are:

1. Do nothing.
2. Retain the RMH building but update the inpatient accommodation.
3. Relocate all services into the proposed Rutland Hub development in Oakham.
4. Source the beds required for Rutland through an alternative arrangement.

The above is not considered to be an exhaustive list and other options may come to light during the option appraisal work.

III. Community Based Planned Care

Provision of care closer to home in the form of secondary care outpatient services is already achieved through working with acute providers within the LLR boundary plus those within neighbouring health economies. It is recognised that current provision is below the capacity that could be utilised within the community hospital and that more services could be delivered for the population of Rutland within the RMH building. When considering which services could be delivered within RMH clinical appropriateness and cost effectiveness of moving care closer to home will be considered. Affordability, sustainability and accessibility will be key when determining which services are to be located within the Rutland locality.

Analysis of current preferences within Rutland suggests that residents are more likely to choose to travel out of the area for their outpatient, day case and inpatient care, both elective and non-elective, particularly to Peterborough. The choice exercised by locality registered patients is partly due to a lack of provision within the Rutland area

³⁰ ERIC Return for 2015/16

and the facilities delivered locally are discussed elsewhere. Another reason is the ease with which residents of Rutland can travel with the county being roughly equidistant between Leicester and Peterborough. However, facilities in Peterborough are more easily accessed by both car and public transport than those in Leicester.

Repatriation of outpatient activity into the locality would allow a greater proportion of activity delivered closer to home and, given the local road network, this would benefit residents in all parts of the County. Careful consideration would need to be given to allowing the continuation of current nurse and therapist led clinics facilitating their consolidation and expansion. Continued provision of the consultation/examination rooms currently available within RMH in any redevelopment or new development would provide the ability to maintain the status quo with space for expansion in services. As with inpatient services, provision of community based planned care is subject to the option appraisal work with local stakeholders and Mace. High level options identified are:

1. Do nothing.
2. Retain the RMH building but update the outpatient and day case accommodation.
3. Relocate all services into the proposed Rutland Hub development in Oakham.

As with inpatient services the above is not considered to be an exhaustive list and other options may come to light during the option appraisal work. Actual use of any facility and specialties and services identified to use the facilities will be worked through once the preferred option is ascertained. However, it should be noted that the services accessed by Rutland patients, including specialist services like renal dialysis and chemotherapy, will be assessed for local provision. It should be noted that when planning local service provision clinical safety, operational efficacy and financial considerations will be taken into account and no service will be provided locally where it is not safe to do so.

IV. Community Based Urgent Care

Urgent care provision will be commissioned in an easy to understand and easy to access offering. The CCG strategy for the provision of in and out of hours acute care in the community is already defined and this will affect all four practices within the locality to a lesser or greater extent³¹. The retention of out of hours facilities with an in hours minor injuries service is envisaged for Oakham. The in hours service is currently delivered by OMP under contract to the CCG whilst the out of hours service is delivered by Derbyshire Health United (GP appointments) and Vocare (advanced nurse practitioner services) from the RMH site. The location of future provision is tied in with the options for provision of outpatient services and the high level options identified are as above. Additionally, the location is also dependant on the Rutland Hub project as current proposals include the minor injuries unit/urgent care centre within the Hub.

³¹ See various ELR CCG GB papers on Acute Access and Extended Primary Care provision. Re-procurement of the out of hours service is planned for April 2019.

V. Community Based Diagnostics

The provision of community based diagnostics will be linked into any developments relating to care closer to home in both planned and urgent care as outlined above. Diagnostics are key to the delivery of an efficient and safe service for patients and access to these is important to achieve developments in planned and urgent care within Rutland. Any developments within Rutland, particularly the proposed Rutland Hub, would need to take into account the diagnostic needs of patients using those facilities and the level of diagnostic facilities currently provided. It would be unacceptable to provide a lesser level of diagnostics than that provided at present.

VI. General Practice

General Practice with registered lists will remain at the heart of the locality model and strategy recognising the trend for working at scale. Patients with complex needs will receive continuity of care and be treated by their GP closer to home and on a more proactive basis. Practices working together at scale will deliver improved efficiency and outcomes by reducing bureaucracy through the more effective use of existing resources including the wider dissemination of clinical skills. Practices will actively contribute to place-based care provided around geographically defined local populations. Participation in the Rutland Primary Care Home (PCH) model is seen within the locality as providing an integrated model of care incorporating primary and secondary care, the CCG, social and voluntary sector organisations working toward a common goal. The CCG Transformation Fund bid process has allowed general practice in Rutland to develop joint working initiatives over and above the PCH with long term conditions, acute access, telehealth, care navigation and patient communication and resilience measures for practices forming a successful bid that has now translated into a project with a recognised project plan and outcomes.

VIII. Community Estates Summary

a. Community Hospitals

There is one community hospital in the locality which is the Rutland Memorial Hospital in Oakham comprising sixteen open beds with one of those being dedicated to palliative care. The future provision of community hospital services is the subject of the option appraisal mentioned above. This work involves the CCG and LPT as well as other key stakeholders. This project is due to report in late September and will help both the CCG and LPT determine the future of community hospital services within Oakham. The Rutland County Council led project on the provision of the Rutland Hub in Oakham will potentially affect the delivery of community hospital services in Oakham and is being actively engaged with and will also inform the CCG option appraisal work. It should be noted that both the CCG and LPT are actively involved within the Rutland Hub Project.

b. General Practice Buildings

Within Oakham the premises occupied by Oakham Medical Practice are in need of updating and expanding to provide adequate accommodation for the current list plus known expansion of the population with already identified residential and commercial

developments within and near the town. As with RMH, the OMP estate is the subject of the option appraisal exercise being undertaken with Mace. The potential to house the practice within the Rutland Hub project will be factored into the options appraised within the final report. It should be noted that OMP are actively involved within the Rutland Hub Project.

On the whole General Practice is well provided for within Rutland. However, the facilities owned and occupied by Oakham Medical Practice were designed for a registered population of c12,000 with the current list size being c16,000. The current solution is to utilise rooms within RMH plus temporary buildings on the OMP site. Along with RMH, the future provision of services by OMP is subject to the option appraisal being undertaken with Mace. High level options identified are:

1. Do nothing.
2. Retain the current OMP site but update and expand the building.
3. Move out of the current building into a purpose built replacement on a separate site within Oakham.
4. Relocate all OMP primary care services into the proposed Rutland Hub development in Oakham.

As with inpatient and outpatient services the above is not considered to be an exhaustive list and other options may come to light during the option appraisal work.

As well as issues within Oakham it is recognised that Empingham will be affected assuming the St George's barracks redevelopment goes ahead. As mentioned above, this is still in the consultation phase and it remains unclear as to the availability of funds for any redevelopment of the practice. It is possible that new facilities could be provided within any development at St George's and this needs to be included in any future iterations of this paper.

c. Non-Healthcare Estate Used for Health Purposes

There is no identified need to relocate services utilising this category of premises within the locality. However, should additional facilities be made available use could be made to promote closer multi-disciplinary and inter-agency working.

School Nursing and health promotion and prevention activities are the primary users within this category. School Nursing primarily utilises school premises but could make use of enhanced facilities if they were provided either on the Rutland Memorial Hospital site, within the proposed Rutland Hub or within extended practice premises. Similarly, any of the community based services discussed above could make use of enhanced facilities. Stakeholder engagement within the Rutland Hub project has firmly recommended the inclusion of community space within the Hub which would be of use to the wider health and social care community.

Conclusion

The above seeks to provide a high level outline of current health provision within Rutland and healthcare provision for patients registered in Rutland where that is provided elsewhere. More work is required, particularly in partnership with other agencies within Rutland, to build on what is, at present, a purely health related review. There is a need to develop this further to facilitate the design of a coordinated and integrated system that incorporates the views, needs and wants of patients, the council, principle stakeholders and the public to provide future strategic direction and a detailed plan for Rutland.