Tomorrow's NUH

Briefing for Health Overview and Scrutiny Committee

June 2021

1 Purpose

1.1 This briefing provides an update to the Committee on the work of the Tomorrow's NUH programme, which aims to access capital funding from the Government's New Hospitals Programme to invest in the hospital services and facilities of Nottingham University Hospitals NHS Trust (NUH). Tomorrow's NUH is part of a programme of work we are calling Reshaping Health Services in Nottinghamshire, which draws together projects that aim to transform local health services.

2 Background

2.1 Tomorrow's NUH is a long term programme that will see us draw down significant Government funding to improve our hospital services, facilities and estate. This will involve making some changes to how and where services are delivered. This means that we need to develop a case for change and a clinical model that describe how the changes we want to make will improve people's health and wellbeing. This also means that we will need to put our proposals for change to the public in a full consultation. We are in the process of refining our proposals for that consultation, which we expect to take place next year. We have already undertaken a period of public engagement on our early ideas for the changes we think will improve services and we plan to involve the public again in further shaping our proposals.

2.2 Nottingham and Nottinghamshire Clinical Commissioning Group have a statutory duty to involve the public in proposals for changes to services. We also have a statutory duty to consult the Local Authority on any proposals for substantial variation to services. The scale of the Tomorrow's NUH programme will inevitably mean we want to make substantial changes to services, as we know they aren't currently set up in the best possible way to improve people's health and wellbeing.

2.3 The CCG will develop a Pre Consultation Business Case that describes the proposed service changes in detail. This business case will be approved by our Governing Body and NHS England/Improvement (NHSE/I). It will be supported by a Consultation Document, which will set out our proposals to the public and seek their feedback. We anticipate the consultation will be launched next year.

3 Work to date

3.1 We began working on our proposals last year. At our previous updates to the Committee in November 2020 and January 2021 we described the work we had done to date. This is summarised below and includes an update on the work we have done since January 2021.

Case for change

3.2 The first stage of the programme involved developing a case for change. This sets out why we need to change how we deliver our hospital services. Our case for change is summarised below:

a) Our population is changing and their healthcare needs are changing. Put simply, to meet those needs we need to change the way care is delivered.
b) As our population grows and as we deal with more complex and long term conditions, we need to focus on preventing ill health. The way we set up all of our services, including hospital services, needs to be with prevention in mind.
c) Some of our services are not located in the best place and their location can affect our capacity and the experience of our patients, for example where we have staff regularly travelling between sites or when we need to transfer patients across sites.
d) To deliver the quality of care we aspire to across Nottingham and Nottinghamshire we need to make sure that our services are set up and located in a way that maximises their performance.
e) We know that we can provide care more efficiently so that our resources are put to their best use providing care for our patients – addressing this requires investment and changes to how and where services are delivered.
f) We want to grow our research and innovation programmes in Nottingham and Nottinghamshire – this will mean we can attract the best staff and develop the best treatments available.

Outline clinical model

3.3 In November 2020 we launched a programme of patient and public engagement to inform the development of our proposals. Within this engagement, we set out our outline clinical model. Our clinical model will provide the foundations for improvements to our hospital services and are based on what would enable us to provide the best possible care and make the most impact on people's health and well-being.

3.4 Our clinical model is based on a number of core principles. These are:

a) We want all our services to be integrated across primary, community and acute care.
b) We want to provide all our emergency care on one site. At the moment, patients arriving at A&E who need specialist care sometimes need to be transferred by ambulance to the City Hospital. This causes delays to patients getting the care they need.

c) We want to provide all care for children and all hospital maternity services in the same location. This would mean people have access to the specialist and emergency care they sometimes need when they give birth, without having to be transferred by ambulance to another hospital site.
d) We want to separate our elective care services from our emergency care. This will, we believe, result in fewer operations being cancelled and better care for patients in a dedicated elective care centre. There are examples of where this is working well in other areas.
e) And we want to provide our cancer care in a way that provides patients with access to the emergency and specialist care they may need.

3.5 During November and December 2020 we sought feedback from patients and members of the public on this model. Through a series of events, focus groups, surveys and through targeted engagement delivered by Healthwatch we heard from over 650 people. The feedback we received is summarised below:

- Most people were supportive of our proposals.
- Access to buildings and services was important to people, in particular parking.
- People wanted to know how services would work together, inside and outside the hospital
- People were concerned about the affordability of the model and whether we would have the right staff in the right places.
- People were supportive of plans to split emergency and elective care, but concerned about accessibility of centralised emergency care services.
- People were supportive of plans to co-locate maternity services on one site, but concerned about accessibility of centralised services and reducing choices on location of care and birthing services and potentially longer travel times for some people.

<u>Identifying a preferred way forward</u>

3.6 Since our last period of public engagement we have been working with clinicians and staff from across the health and care system to refine our model and explore how it could potentially be implemented. This has involved looking at options for how and where services could be delivered. To do this, we have applied a rigorous options appraisal process that takes into account:

- The best clinical model for services, particularly where services need to be located together.
- The impact on our patients, and their views and preferences.
- Designing services so that they have the best possible impact on reducing health inequalities.
- Financial considerations to ensure we achieve the best value from the money available.
- The options we have for sites, buildings and equipment, considering the locations we are already using and land owned by the NHS.

3.7 Because of the large number of specialities that exist across our hospital sites there are many options for configuring which services go where. Our options appraisal process has helped us identify what we believe would be the best possible configuration of services across our sites, to provide the best fit with our clinical model and the best value for money. We are calling this configuration our preferred way forward. We are currently refining our preferred way forward and will share details with our stakeholders, patients and the public to get their views prior to finalising our proposals. While we have not yet confirmed the exact configuration of services we feel would best deliver our clinical model, we are clear we want to separate emergency and elective services as much as we can and to centralise maternity and women and children's services.

Engagement and assurance

3.8 As well as the patient and public engagement we have carried out to date, and the further engagement we are planning, we have had input from our staff; clinicians; Health Scrutiny Committees; Governing Body; NHSE/I and our regional Clinical Senate.

3.9 An Integrated Impact Assessment (IIA) is also being carried out on the programme, which assesses the impact of our proposals on equality, health inequalities, travel and the environment. The IIA is a live document and is refreshed and updated as the programme develops.

3.10 A Strategic Oversight Group has been established for the programme which has the overview of all the potential impacts on other providers and also neighbouring CCGs whose patients may access some services delivered at NUH. This group oversees the work around understanding and managing the impact of the proposals across the system.

3.11 A Stakeholder Reference Group, chaired by Healthwatch, has supported and steered our public engagement work. The group is comprised of patient representatives and colleagues from voluntary and community sector organisations.

4 Next steps

4.1 We are continuing to refine and develop our preferred way forward. We are planning to engage with patients and the public to get their input into our thinking thus far and to help us finalise a set of proposals for a public consultation. Over the coming months we will be finalising our Pre Consultation Business Case and developing a Consultation Document that will set out to the public how we want to change our hospital services, and seek their feedback. We will consult the Local Authority, via the Health Scrutiny Committee before finalising our proposals and will formally notify of our intention to consult the public once we have done this.