

Nottingham and Nottinghamshire CCG

Tomorrow's NUH/Reshaping Health Service in Nottinghamshire **Briefing for Health Scrutiny Committee**

May 2022

1 Introduction

The purpose of this document is to provide an update to the Health Scrutiny Committee on the progress made on Reshaping Health Services in Nottinghamshire (RHSN) and Tomorrow's NUH (TNUH). Specifically, this paper describes the second phase of pre-consultation engagement with the public regarding the Tomorrow's NUH proposals, undertaken as part of the CCG's statutory duties for involvement.

2 Context

Nottingham and Nottinghamshire ICS have a number of ambitious plans for service and system change to improve the health and wellbeing of our local people through the provision of high quality health care delivered in a sustainable way. 'Reshaping Health Services in Nottinghamshire' (RHSN) is the overarching programme which brings together all the plans that are transforming health services, and Tomorrow's NUH is the single biggest component part of this programme of change. The Health Scrutiny Committees have previously been briefed on the progress of Tomorrow's NUH in November 2020, January 2021, July 2021 and March 2022.

The Tomorrow's NUH (TNUH) programme is working to national timelines for the Government's New Hospital Programme (NHP). The NHP is a recent national development and supersedes the Health Infrastructure Plan programme (HIP). TNUH was in the wave 2 (HIP2) pipeline, and remains as a similar priority for the NHP. The investment available through NHP is considerable and must be spent on improvements to the NUH estate; however the impact and benefits of this investment will be experienced by the system as a whole.

The CCG's statutory duty is to develop a Pre-Consultation Business Case (PCBC) which describes the proposed major service change and ensure that the public are engaged and involved in the process. In November and December 2020, a programme of patient and public engagement commenced as part of discharging the CCG's statutory duties for involvement. At this time, we set out a clear steer for our aspirations for how services might look in the future across the service areas of emergency care, family care, elective (planned) care and cancer care services.

Since then, identify a set of proposals for each of those areas, and this is what we have tested with stakeholders and the public through a second phase of pre-consultation engagement, which took place between 7 March and 5 April 2022.

3 Phase 2 pre-consultation engagement

3.1 Aims

The overarching aim of the second phase of pre-consultation engagement was to continue the conversation with the public. This can be broken down into the following objectives:

- To “test” the latest iteration of the proposed clinical model, seeking the views of the public about what future hospital services and facilities could look like;
- To engage with groups and communities across Nottingham and Nottinghamshire, strengthening existing relationships and developing new ones;
- To support the delivery of a successful public consultation in the future.

3.2 Methods

To ensure consistent messaging across all methods utilised, a narrative describing the proposals was developed. This formed the basis for all content in the engagement materials, including the public engagement document, stakeholder presentations, events and media briefings¹.

- Virtual/in person briefings to MPs and councillors were attended by CCG representatives, providing information about the proposals, methods of engagement and requesting any support in dissemination to constituents;
- Public engagement events were hosted for members of the public to give feedback about the proposals and to ask any questions they had, to CCG and NUH representatives. These were conducted online via Microsoft Teams;
- Individuals were given the opportunity to discuss their thoughts about the proposals for three clinical areas (cancer, family care and outpatients) through tailored sessions. These sessions were led by CCG and NUH representatives;
- Where individuals were unable to complete a digital or paper survey and were unable to attend one of the sessions, the Engagement Team were available to undertake interviews, over the telephone or face-to-face;
- Members of the public, NHS staff and stakeholders were invited to complete an online survey about the proposals.

A range of different methods were used to engage with patients and the public to understand their views. In total, 1948 individuals participated by either completing an online survey, attending an engagement event/focus group, or providing a response to the promotion of the engagement on social media.

4 Key findings

78% strongly/somewhat support the overall proposals. 39% felt the proposals would have a positive impact, 27% felt there would be a negative impact and 34% felt there would be no impact.

The proposals within Tomorrow’s NUH were considered as five clinical areas:

¹ [11153-Reshape-Nottingham-2022-Final-1.pdf \(nottscg.nhs.uk\)](#)

- 72% strongly/somewhat support the proposals for emergency care;
- 64% strongly/somewhat support the proposals for family care;
- 80% strongly/somewhat support the proposals for elective care;
- 75% strongly/somewhat supported the proposals for cancer care;
- 69% strongly/somewhat supported the proposals for outpatient care.

The majority felt that it would be beneficial to have similar services in one location as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensure continuity of care.

There were positive comments around increase in confidence that the care needed would be available sooner with specialised services in one place. Positive comments were also received around having major benefits to maternity and neonatal services being on one site. Some concerns raised about the potential negative impact on patient choice and the co-location of specific services.

Positive comments were received from respondents that they would be willing to travel to other sites to receive the right care, first time and in the right setting. The negative impact on patients regarding public transport issues, car parking and travel times was also raised and identified as a key theme throughout this phase of engagement.

There were also concerns raised around how the proposals would impact staff: with specific reference to training, skills and retention to meet the capacity and demands of patients.

There were positive and negative comments around the use of remote consultations and virtual appointments. The negative comments related to equity of access and digital exclusion, and the potential negative impact this could have on particular groups and communities. Positive comments related to faster access in a setting appropriate to the patient, alleviating travel times and costs.

5 Next steps

The findings of this phase of engagement will:

- Be shared with all key stakeholders for the programme and directly to those groups and communities that took part in the engagement;
- Inform the further development of the proposed service offer and the PCBC document;
- Will be crucial to the formulation of the key questions that will be asked in the formal consultation.

The programme team will continue the dialogue with the Health Scrutiny Committees as the proposals and the plan for full consultation develops.

Tomorrow's NUH will be returning to the East Midlands Clinical Senate for further clinical assurance of the proposed models; the Senate will receive the engagement report and clear information about how the findings have influenced the developing proposals. The date for the Clinical Senate meeting is being confirmed, taking into account the preference for an in-person visit to an NUH clinical location and the current pressures on the NHS.

The indicative timelines for the programme are shown below:

Programme Milestone	Indicative Timeline
Clinical Senate Review	June/July 2022
Finalise PCBC and Readiness Assessment	July – September 2022
Draft PCBC undergoes national NHS Stage 2 Assurance	September/October 2022
Formal Consultation	December – March 2022
Decision making business case	From April 2023