

Health Scrutiny Committee

Tuesday, 26 July 2022 at 10:30

County Hall, West Bridgford, Nottingham, NG2 7QP

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of last meeting held on 14 June 2022 | 3 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Work Programme | 9 - 16 |
| 5 | Nottingham and Nottinghamshire Integrated Care System and the Implications of the Health and Care Act | 17 - 22 |
| 6 | Proposed Transfer of Elective Services at Nottingham University Hospitals | 23 - 30 |

Notes

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Councillors or Officers requiring clarification on whether to make a declaration of interest are invited to contact Noel McMenamin (Tel. 0115 993 2670) or a colleague in Democratic Services prior to the meeting.

- (4) Councillors are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

- (5) This agenda and its associated reports are available to view online via an online calendar - <http://www.nottinghamshire.gov.uk/dms/Meetings.aspx>

COUNCILLORS

Sue Saddington (Chairman)
Bethan Eddy (Vice-Chairman)

Mike Adams
Sinead Anderson
Callum Bailey
Steve Carr – **Apologies**
Eddie Cubley

David Martin
John 'Maggie' McGrath
Michelle Welsh
John Wilmott

SUBSTITUTE MEMBERS

Councillor Francis Purdue-Horan for Councillor Steve Carr

Officers

Martin Elliott	Nottinghamshire County Council
Noel McMenamin	Nottinghamshire County Council
Jo Toomey	Nottinghamshire County Council

Also in attendance

Alex Ball	-	Nottinghamshire and Nottingham CCG
Sarah Collis	-	Healthwatch Nottingham and Nottinghamshire
Mark Wightman	-	Nottinghamshire and Nottingham CCG

Before the business of the meeting began, the Chairman of the Committee announced she would be adjourning the meeting at 10:50am to enable members to attend the flag raising event to commemorate the end of the conflict in the Falklands. She also stated she would be varying the order of the agenda to consider item 8, 'Temporary Services Changes – Extension' first, which could be dealt with in advance of the adjournment.

1. **TO NOTE THE APPOINTMENT AT FULL COUNCIL ON 12 MAY 2022 OF COUNCILLOR SUE SADDINGTON AS CHAIRMAN AND COUNCILLOR BETHAN EDDY AS VICE-CHAIRMAN OF HEALTH SCRUTINY COMMITTEE**

The appointment of Councillor Sue Saddington as Chairman and Councillor Bethan Eddy as Vice-Chairman of the Committee by Council on 12 May 2022 was noted.

2. MEMBERSHIP AND TERMS OF REFERENCE

The membership of the Committee was noted, together with its Terms of Reference, which were agreed by Council at its meeting on 31 March 2022.

3. MINUTES OF THE LAST MEETING HELD ON 29 MARCH 2022

The minutes of the last meeting held on 29 March 2022, having been circulated to all members, were taken as read and signed by the Chairman.

4. APOLOGIES

Councillor Steve Carr (other reasons)

5. DECLARATIONS OF INTEREST

Councillor McGrath declared a personal interest in agenda item 6, '*Review of maternity services, update and implications*' and agenda item 7, '*Tomorrow's NUH*', as a family member was training under the NUH Trust, which did not preclude him from speaking or voting.

Councillor Welsh declared a personal interest in agenda item 6, '*Review of maternity services – update and implications*' as consideration of her case formed part of the Thematic Review of Maternity Services at NUH, which did not preclude her from speaking or voting.

Councillor Saddington declared a personal interest declared a personal interest in agenda item 6, '*Review of maternity services, update and implications*', and agenda item 7 '*Tomorrow's NUH*', as a family member worked for the NUH Trust, which did not preclude her from speaking or voting.

6. TEMPORARY SERVICE CHANGES – EXTENSION

The report informed the Committee about the extension of the interim arrangements for NHS services at Newark Hospital. The Chief Commissioning Officer of the Nottingham and Nottinghamshire Clinical Commissioning Group had written to the Chairman of the Committee to advise that the temporary closure of Newark Hospital's Urgent Treatment Centre for overnight admissions would be extended for a further 12-months, to end in June 2023. The reason given for this was that it was not possible to safely staff the Urgent Treatment Centre overnight.

Members of the Committee were given the opportunity to make comment and ask questions, which covered the following:

- Some concern was expressed about the impact of the extended closure on the capacity of King's Mill Hospital and the potential detrimental impact on residents of both Newark and Mansfield
- Any future proposals for permanent change would be brought before the Committee for consideration and subject to consultation; once an

indication was given of any such proposal becoming available, it would be added to the Committee's work programme

- Members discussed the balance between getting a patient treatment as swiftly as possible against benefits of consolidating acute services on larger sites
- Assurance was sought that during the year's extension, work would be undertaken to improve the staffing situation and get to a final position where a further extension would not be required, or alternative plans brought forwards
- Any new proposals coming forward would be based on data that had been collected and reflect the demographics and epidemiology of local communities; Members also highlighted levels of planned development for the Newark area
- Questions were raised about ambulance response times and Members were advised that EMAS was listed on the work programme to come to a future meeting

The Committee noted the extension of the temporary service changes.

10:50am to 11:13am – the meeting adjourned

As there were no visitors attending the meeting for agenda item 6, 'Review of maternity services – update and implications', the Chairman stated she would deal with agenda item agenda item 7, 'Tomorrow's NUH' first.

7. TOMORROW'S NUH

Members of the Committee were given a presentation by the Director of Communications for the Nottingham and Nottinghamshire Clinical Commissioning Group and the Director of Reconfiguration for Reshaping Services in Nottinghamshire. The presentation covered the following points:

- The Government's intention to build 40 new hospitals by 2030 to address failing infrastructure across the country both in terms of the NHS acute estate and optimising clinical configuration in hospitals
- Nottingham University Hospital was identified amongst that cohort to benefit from the programme
- The plan for reconfiguration included the separation of emergency care, which would be consolidated at the Queen's Medical Centre (QMC) site, and elective care, which would be housed in an Elective Centre of Excellence on the City Hospital campus
- Almost 2,000 people had participated in a recent consultation exercise, with 78% of respondents either strongly supporting or somewhat supporting the proposals overall; it was noted that the level of support varied between each proposal

The proposals were highlighted, together with a summary of the consultation findings in respect of each:

Proposal – New Family Care Hospital at QMC

- This proposal, which was supported by 64% of respondents, would consolidate maternity services at QMC in a new Family Care Hospital
- Concerns raised included loss of choice, transport and parking and the need for more detailed information on the proposals
- More work would be undertaken to ensure the unit was tailored for all women accessing maternity services as well as those accessing associated services included gynaecology and fertility services

Urgent and emergency care

- 72% supported the consolidation of emergency services around the main emergency department at QMC
- Concerns concentrated around parking and staffing
- Further work was required to develop a travel plan to make sure people could access services

Cancer patients have access to specialist care where needed

- The proposals, which were supported by 75% of respondents, would bring together diagnosis, planned surgery and outpatient services at City Hospital, whilst providing access to other services, for example palliative care, at QMC
- It was taken as an indication that there was an understanding that for patients who were going through the cancer pathway, getting expert care in one place was more important than whether it was at the City or QMC site

Create a Centre of Excellence for Elective (Planned) Care at City Hospital

- Under the proposals, a majority of elective operations would take place at the City campus away from emergency and urgent care, which received support of 80% of respondents
- Travel, parking and access were again raised as concerns
- Options being explored included using different ways of interacting with the care pathway by creating a blended digital and in-person option

Transform outpatient services

- 69% respondents supported the consolidation of outpatient services on one site
- Concerns raised included transport and parking, and how elements outside the hospital would interact with one another

The Committee was given the opportunity to make comment and ask questions.

Several members raised concerns about car parking, suggesting it should be considered ahead of the development of final plans, to ensure the transport infrastructure was sufficient to support them. Specific comments were made about the number of accessible parking spaces and family spaces. Some Councillors advocated 'park and ride' solutions, and the Medilink service was highlighted; a suggestion was made that more should be done to promote the service to outpatients who were able to travel, together with visitors. Comment was made about the potential impacts of the proposals on staff, including transport access to their workplace.

A further comment was made about tackling health inequality and the need to consider transport in the round because of the proportion of patients who needed to attend one of the hospital sites and did not have their own transport, including staff members.

Members of the Committee made specific reference to the early proposals for the new Family Care Hospital. Some concerns were raised about sensitivities around locating fertility and gynaecological services with maternity. Concern was also expressed about considering the needs of the trans community who would also need to access services on site.

Whilst members recognised that there were links between them, they suggested consideration should be given to the layout of any such facility. Feedback on this area was welcomed by representatives from the Clinical Commissioning Group. There was also a concern that combining services on a single site could be perceived as removing the choice of mothers about the kind of birth they wanted.

Members also wanted reassurance that the creation of the new Family Care Hospital would take account of findings in the Ockenden Review of maternity services, which was beginning. A suggestion was made that the development of any final plans should be suspended until the review was complete. The Committee was advised that the timescale for the project would allow for outcomes from the review to feed into the development of any solutions.

A concern was raised about the risk of digital exclusion, but members were reassured that patients would not be excluded from accessing services; they would be able to choose an option that suited them.

Questions explored whether the 2,000 respondents constituted a sufficient sample size that was representative of Nottinghamshire's communities. Reference was also made to slippage in the consultation timetable. Whilst the slippage was acknowledged, representatives from the CCG explained the additional time had been spent working with regional bodies to ensure the proposals were right. They also stated that they would always like to see more respondents but highlighted that the initial consultation may have been affected by COVID restrictions that were in place at the time, which affected how people could engage. Those who responded were generally considered to be a representative sample however there was a keenness to work with the

committee during future phases of consultation to boost numbers as much as possible.

The Chairman thanked Mr Ball and Mr Wightman for their attendance.

8. REVIEW OF MATERNITY SERVICES

The report, which gave an update on the review of maternity services at Nottingham University Hospitals NHS Trust and the implications arising from that, was introduced by the Chairman. The Committee was informed of the decision made by NHS England and NHS Improvement to draw the current Independent Thematic Review of maternity services at Nottingham University Hospitals NHS Trust (NUH) to a close and to undertake a new national review, which would be led by Donna Ockenden. On that basis, it was appropriate for the Committee to step back whilst the review was undertaken. It was also appropriate that the Committee no longer considered the Care Quality Commissioner's latest report on its re-inspection of maternity services, which would now inform the national review.

A majority of members who spoke supported stepping back from work on maternity services to allow the national review to progress unfettered, however members were keen to retain some flexibility to bring an item forward if there were any concerns about the status or progress of the review. Several speakers made comments about the pressure that the Committee had created around the issue and the way it had made affected families feel listened to and supported.

An area highlighted as key to the review was the welfare of families and some concern was expressed that trauma support was not readily available to affected families. Reassurance around this was needed from the review and it was a matter about which Healthwatch was giving due regard.

9. WORK PROGRAMME

The Committee work programme was approved, subject to required information being available for scheduled meetings.

The meeting closed at 12.50pm.

CHAIRMAN

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

WORK PROGRAMME

Purpose of the Report

1. To consider the Health Scrutiny Committee's work programme.

Information

2. The Health Scrutiny Committee is responsible for scrutinising substantial variations and developments of service made by NHS organisations, and reviewing other issues impacting on services provided by trusts which are accessed by County residents.
3. The Council's recent adoption of the Leader and Cabinet/Executive system means that there is now an Overview and Scrutiny function, with Select Committees covering areas including Children and Young People and Adult Social Care and Public Health. While the statutory health scrutiny function sits outside the new Overview and Scrutiny structure, it is appropriate to revisit this Committee's work programme to determine whether topics identified for consideration might sit better elsewhere. We also want to ensure that work is not duplicated, and that we don't dedicate Committee time unduly to receiving updates on topics.
4. The work programme has been revisited and is attached at Appendix 1 for the Committee to consider, amend if necessary, and agree. The work programme will continue to develop, responding to emerging health service changes and issues (such as substantial variations and developments of service), and to member requests, and these will be included as they arise.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Considers and agrees the content of the draft work programme.
- 2) Suggests and considers possible subjects for review.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

For any enquiries about this report please contact: Noel McMenamin – 0115 993 2670

Background Papers

Nil

Electoral Division(s) and Member(s) Affected

All

HEALTH SCRUTINY COMMITTEE DRAFT WORK PROGRAMME 2022/23

Subject Title	Brief Summary of agenda item	Scrutiny/Briefing /Update	External Contact/Organisation	Follow-up/Next Steps
14 June 2022				
Review of Maternity Services at NUH – Update and Implications		Scrutiny	None	
Tomorrow’s NUH		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
Temporary Service Changes - Extension		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire CCG	
26 July 2022				
Integrated Care System and Implications of Health and Care Act	Further update on the Health and Care Act and its implications for services and residents	Briefing	Dr Amanda Sullivan, ICB	
Proposed Transfer of Elective Services at Nottingham University Hospitals	Endorsement of proposals to move colorectal and hepatobiliary services from QMC to City Hospital	Scrutiny	Lucy Dadge and Alex Ball, Nottingham and Nottinghamshire ICB Ayan Banerjea, Colorectal Surgeon	
20 September 2022				
East Midlands Ambulance Service Performance	The latest information on key performance indicators from EMAS.	Scrutiny	Richard Henderson, Chief Executive, Greg Cox, Operations Manager (Nottinghamshire)	

Preparations for Increased Demand – Winter 2022/23	Lessons learned from experiences of last winter and preparations for the forthcoming winter	Scrutiny/briefing	tbc	
Newark Hospital – Update	Initial discussion on future provision	Briefing	Mark Wightman< Nottingham and Alex Ball Nottinghamshire ICB	
15 November 2022				
Tomorrow’s NUH		Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire ICB	
Proposed Transfer of Elective Services at Nottingham University Hospitals	Update from July 2022 on moving colorectal and hepatobiliary services from QMC to City Hospital	Scrutiny	tbc	
Health Visiting	Briefing on current service and return to face-to-face provision and home visits	Scrutiny	tbc	
10 January 2023				
Newark Hospital – Future Strategy	Update on future provision	Scrutiny	Mark Wightman and Alex Ball Nottingham and Nottinghamshire ICB	
21 February 2023				

28 March 2023				
9 May 2023				
20 June 2023				
25 July 2023				
To be scheduled and potential alternative actions				
Primary Care Strategy	An initial briefing on the development of the Primary Care Strategy	Scrutiny	TBC	
Update on Dementia Services	Further briefing/update of the Dementia Strategy		Proposed Action: Request briefing and liaise ASC/PH Select Committee on next steps	

Mental Health Services Review - Update	From Feb 2022 meeting -		Proposed Action: Request the specific information identified previously and determine next steps	
Diabetes Services Update	Further information on diabetes services	Scrutiny	Senior officers of Nottingham/Nottinghamshire CCG/successor organisation (ICB)	
Non-emergency Transport Services (TBC)	An update on key performance.	Scrutiny	Senior CCG/ICB officers.	
NHS Property Services	Update on NHS property issues in Nottinghamshire	Scrutiny	TBC	
Operation of the Multi-agency Safeguarding Hub	Initial briefing on the MASH	Scrutiny	Proposed Action: Consider whether more appropriate to cover at CYP Select Committee	
Frail Elderly at Home and Isolation	TBC	Scrutiny	Proposed Action: Focus on GP use of Frailty Index. Possible joint working with ASC/PH Select Committee	
Dentistry Provision	Dentistry issues including dentistry access	Scrutiny	Proposed Action: Initial scoping exercise to gauge barriers to access to NHS services, then schedule .	
Long COVID	An initial briefing on the effects of Long Covid, particularly in children (socialisation).	Scrutiny	Proposed Action: Initial scoping exercise, potential joint working with CYP Select Committee	
Also:				
Visit to Bassetlaw Hospital late 2022				

26 July 2022

Agenda Item: 5

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

NOTTINGHAM AND NOTTINGHAMSHIRE INTEGRATED CARE SYSTEM AND IMPLICATIONS OF THE HEALTH AND CARE ACT

Purpose of the Report

1. To provide a further briefing on the Integrated Care System and the implications arising from the Health and Care Act.

Information

2. The Committee received an initial briefing on the Health and Care Bill (as was) at its November 2021 meeting. Now that the Act has received Royal Assent, it is appropriate that the Committee receives an update both on the legislation and on the implications for the Integrated Care System..
3. A briefing from the Nottingham and Nottinghamshire Integrated Care Board (formerly Clinical Commissioning Group) is attached as an appendix to this report.
4. Members are requested to consider and comment on the information provided and schedule further consideration, if necessary.

RECOMMENDATION

That the Health Scrutiny Committee:

- 1) Consider and comment on the information provided.
- 2) Schedules further consideration, if necessary.

**Councillor Sue Saddington
Chairman of Health Scrutiny Committee**

Nottingham and Nottinghamshire Integrated Care System and the Health and Care Act 2022

Briefing for Nottinghamshire Health Scrutiny Committee

July 2022

1. Introduction

The Health and Care Act 2022 has completed the parliamentary process and received Royal Assent. This was an important step on the journey towards establishing Integrated Care Systems on a statutory footing, which took place on 1 July 2022, to enable more collaborative ways of working across the health and care system.

This briefing aims to provide information about the Nottingham and Nottinghamshire Integrated Care System (ICS) and the new NHS Nottingham and Nottinghamshire Integrated Care Board (ICB).

2. Nottingham and Nottinghamshire ICS

ICSs are a collection of organisations which aim to provide better health and care for everyone, whilst using resources more efficiently. Quite simply, it is a way of working that brings together health and care partners across a geographical area, in our case Nottingham and Nottinghamshire, which includes:

- Bassetlaw
- Mid-Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood)
- Nottingham City
- South Nottinghamshire (Broxtowe, Gedling, Rushcliffe and Hucknall)

Bringing these partners together will mean more joined up care for citizens and will enable health and care organisations to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

Partners across Nottingham and Nottinghamshire have been working this way for some time already, especially in response to the COVID-19 pandemic. The passage of the Act provides legislative footing from which to build on this work, ensuring that all decisions made on behalf of the health and care system in the future is done collaboratively, and in response to the needs of the population rather than individual organisations.

If health and care partners work together more closely and communicate more effectively, our citizens will be able to see improvements across the delivery of health and care services.

Our vision is that:

“Our neighbourhoods, places and system will seamlessly integrate to provide joined up care. Every citizen will enjoy their best possible health and wellbeing.

Our ambition over the next few years is to make a real difference to citizens’ health and wellbeing, quality of service delivery and use of resources.

Our philosophy is to build on what is working well and to act as one system, rather than a collection of organisations. Whilst we still have considerable work to do, we believe we can enable each and every citizen to enjoy their best possible health and wellbeing.

Our ICS is made up of the following partners, although this is not an exhaustive list:

- Nottingham and Nottinghamshire Integrated Care Board
- Nottingham City Council
- Nottinghamshire County Council
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust
- Nottinghamshire Healthcare NHS Foundation Trust
- East Midlands Ambulance NHS Trust
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Nottingham CityCare Partnership
- Healthwatch Nottingham and Nottinghamshire.

3. Nottingham and Nottinghamshire Integrated Care Board (ICB)

The NHS Nottingham and Nottinghamshire ICB is a new statutory body which takes on responsibility for the delivery of health services within the Nottingham and Nottinghamshire ICS footprint or geographical area. It takes on much of the function of the Clinical Commissioning Groups, which now cease to exist, including commissioning, contracting and assurance. It does this in accordance with the Health and Social Care Act 2022¹.

Our ICB is one of 42 across the country, taking on additional responsibility for:

- Planning to meet local health needs
- Allocating resources to NHS partners
- Making sure that the right services are in place to deliver our ambitions around health
- Overseeing the delivery of improved outcomes for the citizens of Nottingham and Nottinghamshire.

It will also take on elements of specialised commissioning and wider primary care commissioning from NHS England over the coming months, including optometry, dentistry and pharmacy.

4. Place Based Partnerships

Our ICS footprint is divided into four 'places':

- Bassetlaw
- Mid-Nottinghamshire (Mansfield, Ashfield, Newark and Sherwood)
- Nottingham City
- South Nottinghamshire (Broxtowe, Gedling, Rushcliffe and Hucknall)

The partners within these places will make up our Place Based Partnership, including the NHS, local councils, community and voluntary organisations, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. The Place Based Partnerships will look to make key decisions as close as possible to those they impact.

5. Nottingham and Nottinghamshire Integrated Care Partnership

Each ICS has an Integrated Care Partnership (ICP), it is here that partners set the overarching strategy for the system as a whole, addressing the wider health, public health and social care needs as well as supporting economic regeneration. The ICP is a joint committee between the ICB and the City Council and County Council.

¹ [Health and Care Act 2022 \(legislation.gov.uk\)](https://www.legislation.gov.uk) Page 20 of 30

Membership of the Nottingham and Nottinghamshire ICP comprises key representatives of each of the Local Authorities and ICB, together with citizen representatives and senior representatives from each of the four Place Based Partnerships.

6. Provider Collaboratives

Provider Collaboratives will bring NHS providers together to achieve the benefits of working at scale across multiple places to improve quality, efficiency and outcomes and address unwarranted variation and inequalities in access and experience across different providers. They are partnerships of providers which aim to enhance collaboration between them in order to support improved outcomes for patients. We are currently exploring this and a Provider Leadership Board will be formally established in the coming months.

7. Voluntary, Community and Social Enterprise (VCSE) Alliance

The VCSE sector is key to the creation of successful ICSs. Work is currently underway to establish how the VCSE sector will be formally embedded within the ICS. It is envisaged that a VCSE Alliance will be formed - a group of VCSE organisations across Nottingham and Nottinghamshire that can act as a single point of contact to enable the generation of citizen intelligence from the groups and communities that they work with. The VCSE Alliance will be an essential part of how the system operates at all levels. This will include involving the sector in governance structures and system workforce, population health management and service redesign work, leadership and organisational development plans. The VCSE sector is already supporting delivery of the priority objectives through the community engagement work they are commissioned to deliver.

8. Delivery structures within the ICS

Due to the large geographical area that the ICS covers, within the ICS, there are different partnership and delivery structures, which operate on different scales:

- Neighbourhood – served by groups of GP practices working with NHS community services, social care, and other providers to deliver more co-ordinated and proactive services. Primary Care Networks (PCNs) will operate at this level.
- Place – served by a group of health and care providers in a town or district and connecting PCNs to broader services, including those provided by local councils, community hospitals or VCSE alliance organisations.
- System – in which the whole area's health and care partners collaborate together to set strategic direction and to develop economies of scale. Provider collaboratives will operate at this level.

9. Recommendations to Nottinghamshire County Council Health Scrutiny Committee

It is recommended that the Health Scrutiny Committee note the contents of this briefing.

26 July 2022

Agenda Item: 6

REPORT OF THE CHAIRMAN OF HEALTH SCRUTINY COMMITTEE

PROPOSED TRANSFER OF ELECTIVE SERVICES AT NOTTINGHAM UNIVERSITY HOSPITALS

Purpose of the Report

1. To consider proposals to relocate colorectal and hepatobiliary service provision from the QMC to City Hospital by October 2022, and to consider endorsing the proposal to have targeted patient engagement, rather than full open consultation.

Information

2. Nottingham University Hospitals NHS Trust (NUH) has secured access to £15 million of NHS Capital funding to increase dedicated elective surgery provision on its City Hospital site. Current elective provision is co-located with emergency theatre provision, and elective capacity has to date been impacted by emergency demand. This has led to cancellations and longer waits for elective patients.
3. NUH has identified colorectal hepatobiliary services as appropriate for relocation, and wishes to proceed at pace to ensure that ringfenced elective provision is in place by October 2022. To do so within the required timescale, NUH also seeks the Committee's endorsement to conduct targeted patient engagement for the proposals, dispensing with full open consultation on this occasion.
4. A briefing from the Nottingham and Nottinghamshire Integrated Care Board (formerly Clinical Commissioning Group) is attached as an appendix to this report.

RECOMMENDATIONS

That the Health Scrutiny Committee:

- 1) Consider and endorse the proposals to relocate elective services, as detailed at the Appendix to this report;
- 2) Endorse a targeted approach to patient engagement in respect of these proposals;

- 3) Note that the proposals will have a broadly positive impact on patients' different protected characteristics and have a positive impact on people from relevant inclusion health and other disadvantaged groups;
- 4) Note that staff and trade unions have been consulted and endorse the proposals.

Councillor Sue Saddington
Chairman of Health Scrutiny Committee

Proposed Transfer of Elective Services at Nottingham University Hospitals

Briefing for Nottinghamshire Health Scrutiny Committee

July 2022

1 Introduction

This purpose of this document is to inform the Health Scrutiny Committee of an opportunity for Nottingham University Hospitals NHS Trust (NUH) to transfer Colorectal and Hepatobiliary (HPB) services to the City Campus from the Queens Medical Centre. This will enable this capacity to be 'ringfenced' to reduce waiting times for patients and so will support the work to clear the backlog of patients waiting for elective (planned) care.

Currently elective bed and theatre capacity is too often impacted by emergency demand meaning patients have their appointment cancelled. To improve this NUH colleagues have secured access to £15m of NHS capital funds to increase the number of Elective Theatres, ward beds and Enhanced Peri-operative Care Unit on the City hospital site in 2022.

To take full advantage of this opportunity NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is seeking support from the HSC to proceed with the plans, secure the investment and mobilise the services in time for winter 2022; this would require the Committee to support the NHS to enact the plan with timely and targeted public engagement rather than full public consultation. It is felt that the need to act urgently to secure this additional external capital funding and therefore avoid further long waits for citizens and the associated harm this would entail outweighs the benefits from consulting on this proposal.

2 National context

Waiting lists nationally have grown following the Covid-19 pandemic. A challenging winter with increased urgent care demand and Infection Control Procedures requiring segregation of Covid positive patients has meant that elective activity has not yet increased to the levels required to treat current backlogs and manage current demand. Systems are required to develop 'Elective Recovery' plans that deliver activity at 110% of pre-covid levels in 2022/23 increasing to 130% by 2024/25. National planning guidance has a number of key priorities for transformation to inform these plans including the requirement to fully utilise the recommendations of the Getting It Right First Time (GIRFT) programme to increase elective capacity making best use of resources. This includes the creation of ring-fenced elective capacity in 'cold sites' otherwise known as 'Elective Hubs' that separate urgent and elective pathways and patients.

A review by the national GIRFT team has recently been undertaken and our clinical leads have committed to developing plans to:

- Ring fence elective capacity on a site that is away from the main A&E;
- Maximise productivity through better use of theatre and ward areas;
- Focus on six High Volume / Low Complexity procedures in line with national recommendations. This includes general surgery and therefore colorectal and HPB.

3 The local case for change

Seasonal pressures this winter and the impact of Omicron have meant further delays in routine elective care as clinically urgent and cancer patients have been prioritised for treatment. The impact of the Omicron variant locally has resulted in continuing emergency demand, lack of interim bed capacity to support discharge and staff absence to a level that is outside of seasonal norms. The Nottingham and Nottinghamshire Integrated Care System (ICS) has developed an 'Elective Recovery Plan' to reduce waiting times and to offer patients personalised care with shared decision making at the centre. In addition, the system has been successful in attracting national capital funding of £35m to be invested on the City Campus at NUH as an 'elective hub' in 2023. This is agreed in principle, pending further approval from NHS England and Improvement (NHSEI) and an outline business case in order to proceed. Whilst this is based in Nottingham City it will be of benefit county wide, and we will be working closely with clinicians and the public as we shape the proposals to meet the needs of our wider population.

However, to reduce the existing backlog of patients waiting for treatment, we also need to maximise and make better use of our elective capacity this year. Our waiting lists for elective care have increased across the ICS and in particular the number of patients waiting longer than 104 weeks at NUH. Routine elective care is vulnerable to cancellation when there are increased emergency pressures and discharge delays.

The aim of this proposal is to protect elective capacity year-round and begin to reduce the backlog. NUH have requested the movement of a small number of services from QMC to City in advance of future wider scale proposals related to TNUH and any further potential changes enabled by the national funding to develop an 'Elective Hub' for the system. The proposal will create additional beds, theatre capacity and will segregate routine elective capacity away from urgent care demand.

The specific services affected in 22/23 would be:

- Colorectal;
- HPB.

The majority of these patients are typically not the most clinically urgent and can therefore experience significant delays. However, a number may also require more complex surgery requiring enhanced perioperative care. Whilst the nature of their condition may not always be life threatening it can have a wider social and economic impact for patients. The proposed move would affect around 900 patients a year accessing Colorectal and simple HPB services and potentially an additional 100 – 150 patients requiring more complex intestinal care.

Capital investment of £15m is available this year to provide:

- Additional 20 bedded ward on the City campus. The ward would be designed to reduce the requirement for critical care;
- Additional 3 Modular Theatres to provide extra capacity and to enable phased refurbishment of existing estate;
- 10 bedded Enhanced Peri-operative Care Unit for surgical patients who cannot be optimally cared for in a general ward environment but can safely avoid Critical care admission.

This would have a number of benefits to patients:

- This would enable Colorectal and HPB patients access to 'ring fenced' elective care on the City Campus reducing the risk of cancellations due to increased urgent care demand;
- It would reduce waiting times for these patients;
- This would release additional capacity (theatres, beds and critical care beds) at the QMC for all other elective services based there.

These proposals will be complimented in future by the development of an 'Elective Hub' which would benefit a wider patient group. This is dependent upon final agreement of additional national funding (as referenced above) but plans will be fully aligned and further detail will follow on this proposal.

4 Impact on NUH staff

In late 2021, the trade unions were made aware of the moves, with a formal proposal paper being submitted to the NUH Workforce Change Panel in March 2022. Membership of this Panel includes a number of staff side representatives who approved the plan. The Staff Side Chair has also signed off the formal letter that will be circulated to staff regarding the proposals and continues to work with the Surgery Management team.

Furthermore, staff side health and safety representatives have engaged with the build project to ensure compliance with the relevant workplace guidance for staff.

Staff have been given the option on whether to move with the elective service to City Hospital or remain at QMC. Ward staff including registered and unregistered nurses, therapies and pharmacy are included in this as well as theatre staff. Specialist nurses and medical staff will move with the service.

5 Impact on patients

In considering the needs of the population we note that the Nottingham and Nottinghamshire ICB Quality Strategy (2019-2022)¹ identified Nottingham City as the 8th most deprived district in the country. The relocation of these services is proposed in order to protect elective capacity from urgent care demands and to enable safe segregation of patients from an Infection Control Procedures perspective, preventing bed closures due to Covid-19. However, we also recognise that any movement of services has an impact in terms of travel and access, especially when operating in an area of high deprivation.

The proposed move of colorectal surgery and HPB from QMC to City Hospital would affect around 900 patients a year accessing colorectal and HPB services and potentially an additional 100 – 150 patients requiring more complex intestinal care.

The majority of colorectal and HPB patients are typically not the most clinically urgent and can therefore experience significant delays. However, a number may also require more complex surgery requiring enhanced perioperative care. Whilst the nature of their condition may not always be life threatening it can have a wider social and economic impact for patients.

An Equality and Quality Impact Assessment (EQIA) has been undertaken which aims to assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010, identify any direct or indirect discrimination or negative effect on equality for service users, carers and the general public and consider the impacts on people from relevant inclusion health² and other disadvantaged groups (e.g. carers, homeless people, people experiencing economic or social deprivation). The EQIA panel, led by our Quality Team, has considered the proposal in line with our commissioning process.

¹ [Quality-Strategy-v0.4.pdf \(nottscg.nhs.uk\)](#)

² <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health/>

The EQIA has determined that the proposals will broadly have a positive impact on patient's different protected characteristics and have a positive impact on people from relevant inclusion health and other disadvantaged groups (see Appendices 1 and 2).

6 Conclusions and recommendations

The proposals are fully aligned to the national direction of travel in order to ring fence elective capacity this year. In addition, these changes will complement the additional opportunity for capital investment in 2023 to develop a system wide Elective Hub which would bring significant benefits to our patients and public.

The work can be completed in Summer 2022, and phased service moves could be completed by the October 2022, meaning the ringfenced capacity would be operational for what will certainly be another difficult winter.

It is recommended that the Health Scrutiny Committee:

- Approve the proposed plans described above;
- Note that staff and trade unions have been appropriately consulted and have endorsed the proposals;
- Note that the proposals will broadly have a positive impact on patient's different protected characteristics and have a positive impact on people from relevant inclusion health and other disadvantaged groups
- Endorse a targeted approach to patient engagement, in order to deliver the maximum early benefit for patients waiting for Colorectal and HPB surgery.

7 Appendices

Appendix 1: Impact of proposals on protected characteristics

Appendix 2: Impact of proposals on people from inclusion health and other disadvantaged groups

Appendix 1: Impact of proposals on protected characteristics

The EQIA has highlighted that the proposed service change will have a positive impact or no impact on a number of protected characteristics:

Age: Patients over 60 years are more likely to need Colorectal/HPB operations than younger age groups and therefore are more likely currently to suffer the consequences of cancellations due to non-elective pressures.

Disability: The new facilities at City Hospital are all being developed on the ground floor which will mean any patients who have a physical disability may find it easier to access than the current facilities at QMC. All of the new facilities will meet the current standards for disabled access. The new facilities will have a greater proportion of side rooms than is currently in place in the inpatient wards at QMC enabling the service to better meet the privacy and dignity needs of patients with learning disabilities.

Gender reassignment: The new facilities will have a greater proportion of side rooms than is currently in place in the inpatient wards at QMC enabling the service to better meet the privacy and dignity needs of any patients.

Sex: NUH provide the services in a manner that ensures that all genders have equal access to them with no one being unfairly disadvantaged.

Pregnancy and maternity: It is very rare for pregnant women to have elective surgery procedures of this nature. Where pregnant women do undergo surgery during this time special arrangements are made by the MDT involved to ensure the procedure can be performed safely to ensure maternal and fetal outcomes are not adversely affected.

Sexual orientation: The service delivery model currently provides appropriate provision for patients of any sexual orientation. The Trust aim to treat lesbian, gay and bisexual and people of other sexualities with dignity and respect and to provide a culturally appropriate service.

Religion and race: The service delivery model currently provides culturally appropriate provision for any patient who has different needs due to their race and/or religion. Service specific information is available in different languages as well as interpreting services being available. This will be maintained in the future.

Appendix 2: Impact of proposals on people from inclusion health and other disadvantaged groups

The EQIA has highlighted that the proposed service change will have a positive impact on people who fall into inclusion health groups. Proportionately the highest levels of deprivation are in areas located closer to City Hospital. Moving the services from QMC to the City hospital will likely provide easier access to more patients from deprived areas. The majority of patients are typically not the most clinically urgent and can therefore experience significant delays. However, a number may also require more complex surgery requiring enhanced perioperative care. Whilst the nature of their condition may not always be life threatening it can have a wider social and economic impact for patients. Protected elective capacity, available year-round will help ensure patients are treated faster reducing the social and economic impact.

Those people experiencing economic or social deprivation will be able to access the relocated service via reasonably priced public transport, and individuals can also get help with health costs if necessary. The proposal will not affect eligibility for patient transport.

Not all patients will have access to technology for virtual appointments however the fact it is available to those that do is a positive development. Traditional outpatient appointments will continue to be provided at the QMC for patients who don't have access to the technology required for virtual appointments and for those who require this for clinical reasons.

Outpatient and pre-operative assessments will not change from the current provision. Colorectal currently deliver 48.2% of their outpatient activity NF2F which is in line with their national benchmarked peers of 52.1%. HPB deliver 52.4% against a rate of 58.7% for national benchmarked peers. Pre-operative assessments will take place virtually or at QMC initially, as it does now, with the longer term plan to move to City Hospital.