

Reshaping Health Services in Nottinghamshire: Tomorrow's NUH

What is this survey all about?

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) want to hear from you again on proposals to transform hospitals health and care services in our area.

Previously in 2020, we discussed with the public the work called *Reshaping Health Services in Nottinghamshire* and *Tomorrow's NUH*. Since then, we have been developing our plans and identifying what we think we could do to make the best use of the funding available to us. Furthermore, we have worked with nurses, doctors and health professionals across our area to start to identify in more detail the things we think need to change.

We are now looking to share our plans again and hear feedback from the public. We still have some work to do to develop the plans and we will put our proposals to the public in a full consultation process in due course.

Over the last year a lot of work has been undertaken to explore these proposals in more detail, to ensure any proposed changes will deliver the outstanding care we aspire to. The progress of this work is outlined in the relevant sections.

Invitation

Before you decide to take part in this survey, it is important for you to understand why it is being done and what it will involve. Please take the time to read the information contained carefully and discuss it with others if you wish. A member of the team can be contacted if there is anything that is not clear or if you would like more information.

As part of the engagement work we are also inviting people to public events, attending community groups and would welcome any telephone interviews or conversations with you to obtain your feedback. If you would like to hear more about this and would like to request attendance at groups or to provide feedback please contact the Engagement Team at ncccg.engagement.team@nhs.net or call or text Katie Swinburn on 07385 360071. This survey is also available in alternative formats and languages upon request, so please do contact us.

This survey has been set out into different sections: -

1. Emergency Care
2. Family Care
3. Planned Care
4. Cancer Care
5. Outpatient Care

Please complete all sections of the survey that you feel are relevant to you. You do not need to answer all of the questions. The survey will take around 25 minutes for you to complete.

Why have I been asked to complete the survey?

This survey is for anyone who wants to have their say on local services (Queens Medical Centre, Ropewalk and Nottingham City Hospital in Nottingham/Nottinghamshire). You can answer these questions whether you have previously accessed these services or whether you would do in the future. Your feedback is really important to us as we plan for the future.

This survey is open to patients, members of the public, staff, carers and organisations.

Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses may be recorded but the data you provide will be anonymised, so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit www.nottscqg.nhs.uk/privacy-policy/

This survey will close on Friday 1 April 2022. All information from the engagement activity will be collated and produced in a final report which will be available on our website here: <https://nottscqg.nhs.uk/RHSN/>. Should you require a copy of the report to be sent to you please contact nccg.engagement.team@nhs.net, or call 07385 360071 to request a copy, which we can send to you either via email or post.

Section 1: Your response

How are you responding to this survey? (Please tick all that apply)

As a member of the public	1
As a member of NHS staff	2
On behalf of someone else (e.g. I am a carer)	3
As a representative of an organisation (please specify in the box below)	5
Other - Please Specify:	6
Rather not say	7

Section 2: Our plans for Emergency Care

Proposal: We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible.

Our overall ambition for emergency services is to ensure that people are seen by the right staff at the right time, first time. We have also learnt a lot about how services like the NHS 111 have become more popular and responsive during the Covid-19 pandemic, which means that our thinking about where care can be delivered has changed.

This means that we will be considering how our current ways of accessing urgent care i.e. through the QMC's emergency department, the Urgent Treatment Centre at London Road or through GP surgeries, can work together. This, we feel, would enable us to future-proof our services and offer flexibility for future demand.

When we last talked to the public, we asked about the option of having hospital emergency care all on one site. There was a great degree of support for this concept, though at that time this was still in its early stages of development. It was clear people wanted more information and to understand what this really meant for these services.

Since then, a considerable amount of work has been undertaken to explore this proposal in more detail, to ensure we are offering the best solutions for patient care, as well as for our staff. Our latest thinking is that some urgent and emergency care currently based at the City Hospital would be relocated to the QMC, where the main site for Accident and Emergency and the major Trauma Centre are based. This would include acute respiratory (care for people with flu and pneumonia for instance) and burns and emergency plastic surgery services.

What we want to know

We want your views on this more detailed set of proposals. We would like to understand if they seem sensible and what these proposals would mean to you. We are interested in hearing where you would prefer to go for if you need urgent care.

Q1. To what extent do you support the proposals we are starting to develop for Emergency Care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q2. How do you think these proposals would benefit you?

Q3. What concerns do you have about the changes being proposed?

Q4. Have you, or a member of your family, attended A&E (Accident and Emergency department) or been admitted to hospital as an emergency in Nottingham, in the last three years? (Please select only one)

Yes	No	Rather not say
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Q5. Thinking about accessing urgent treatment (something that is not life threatening), where would you prefer to access this?

Urgent Treatment Centre (located separately from Accident and Emergency)	Urgent Treatment Centre (co-located with Accident and Emergency)	Via NHS 111	In my community, E.g. GP or pharmacy	Not sure
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Section 3: Our plans for Family Care

Proposal: Family Care Services to be provided from a Women’s and Children’s Hospital

In 2020, we talked about a single site for all Family Care services, but we didn’t indicate where this could be at that time. We are continuing to explore this option with the QMC being the preferred location for a Women’s and Children’s Hospital, where it would be co-located with emergency care.

We think co-locating all women’s and children’s services with emergency care at the QMC would help us to improve the quality of care and safety for women, babies, children, and their families. It 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.

In addition, one single, larger, maternity unit is easier to staff and manage, when compared with two smaller units and would help create opportunities to improve the recruitment and retention of staff, as well as supporting quality and safety improvements.

We know we need to improve our maternity services and many people in the NHS in Nottingham and Nottinghamshire are currently working hard to respond to the concerns that have been raised by the Care Quality Commission (CQC) about maternity care at NUH through the maternity improvement programme.

NUH is also proposing to redevelop and expand the neonatal facilities at the QMC, including providing an additional 21 cots, refurbishing the two obstetrics theatres to make them both full-sized and increasing the number of maternity beds. This work is set to be completed by Spring 2024. The expansion of the current facilities needs to be carried out now because too many babies and their families are currently having to be sent out of the area for neonatal care due to the lack of space. This can have very serious implications for these pre-term babies.

The work to improve maternity care services, including the establishment of an Independent Thematic Review of Maternity Services at NUH, will continue to be a priority separately to the development of the changes proposed here. However, we believe that these proposed changes will help to support that journey to improving safety and quality.

Our vision across Nottingham and Nottinghamshire is for our maternity services to become safer, more personalised, kinder, professional and more family friendly; where every family has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred around their individual needs and circumstances.

The proposed Women’s and Children’s hospital would be in a brand-new fit for purpose and technologically appropriate building that patients, families and staff could help to design. All facilities that currently support children and young people such as children’s A&E, neonatal and paediatric intensive care units would be in one place and in age and sensory appropriate facilities.

What we want to know

We want to hear your views about where you could give birth. We also want to hear whether you would prefer antenatal and postnatal care at a site potentially closer to home, or at the hospital where you would give birth, which might be further away.

In addition, we would like to know if you would prefer to have gynaecology surgery or fertility treatment in the proposed Women’s and Children’s hospital or at a separate location.

Q6. To what extent do you support the proposals we are starting to develop for Family Care? (Please tick one only)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q7. Would these proposed changes affect where you or your family would like to give birth in the future?

Yes (Go to question 8)	No (Go to question 9)	Not sure (Go to question 9)
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Q8. If yes, how would these proposals affect you or your family?

Q9. Should the proposals be progressed, would you or your family prefer to have antenatal and postnatal care at the QMC (where you would likely give birth) or at the City Hospital?

QMC	City Hospital	Not Sure	Other (please state)
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Q.10. The proposed creation of a single service for midwife-led or obstetric-led births at QMC would mean a much larger unit. What would this mean for you and your family? Would there be any concerns you would have about this?

Q11. Should the proposals be progressed, do you think gynaecological surgery or fertility treatment should be part of the Women's and Children's hospital at the QMC or in a separate location?

Part of the Women's and Children's hospital	In a separate location	Not sure
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Section 4: Our plans for adult elective (planned) care

Proposal: The majority of elective operations will be carried out on a separate site away from emergency and urgent care.

When we see lots of very ill people in our A&E it sometimes impacts on our ability to carry out elective operations. Operations are cancelled because beds and operating theatres are being used to treat patients needing emergency care. We know cancellations are both distressing and inconvenient for patients and their families, and we have an ambition to reduce them as much as possible.

We also want to offer more elective care in community settings, where it is appropriate to do so. This would mean people can have operations without having to come into hospital.

In addition, we want to make more use of remote consultations, through digital technology and phone consultations, where people are able to access care in this way. This may mean that follow up appointments after surgery and other appointments that don't require face-to-face contact could be provided remotely, if appropriate.

In 2020, we said we were exploring the option of delivering elective operations, including cancer surgery and day-case surgery, separate from emergency care - we currently provide these services at both the City Hospital and the QMC (including at the Treatment Centre and at the Eye, Ear, Nose and Throat (EENT) Centre).

Previous feedback showed that people were strongly in favour of splitting emergency and elective care. As a result, we have been developing this proposal in more detail and exploring the possibility of having **most** elective operations in one place, at the City Hospital.

What we want to know

At this stage we want to explore what this more detailed proposal means to you. Whilst most elective operations would be at the City Hospital, we want to know where you would like to receive your care, before and after an operation. This could be closer to where you live - or even virtually, for example via a telephone or video call.

Q12. To what extent do you support the proposals we are starting to develop for adult elective care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
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1	2	3	4	5	6
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Q13. What benefits do you think these changes would bring to you and your family?

Q14. Have you any concerns about the adult elective care model we are starting to develop?

Q15. If proposals were progressed, where would you prefer to receive your care, before and after an operation?

In the hospital where I had my operation	In my home, virtually (telephone or by video)	In the community (i.e. in a GP practice)	Other (please describe)
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Section 5: Our plans for cancer care

Proposal: Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site.

We know that the numbers of people diagnosed and living with cancer continue to grow year-on-year, due to an aging population and increasing survival rates. What we can't predict is what the treatments for cancer will look like in the next 10, 20 or 30 years - we can, however, be ready for them. By co-locating cancer services with other acute hospital services, we want to ensure easy access to emergency specialist care, which will become increasingly important with the development of new and cutting-edge treatments.

Our vision is for us to be at the forefront of cancer research and innovation, developing centres of excellence, so that our patients have access to the best cancer care. To support this we want to empower our workforce to deliver 'Best in Class' cancer care through extensive training and development opportunities. Being closely linked to the University of Nottingham research expertise is really important for this.

Our focus also extends to the early diagnosis of cancer and to provide more cancer services in the community – making treatments and care more accessible and closer to home for people.

We have previously explored the possibilities of bringing our hospital cancer services together, alongside other specialist services that cancer patients sometimes need - we currently provide these cancer care services across the QMC, City Hospital and in some cases, at other hospitals such as Kings Mill. When we discussed this in late 2020, the feedback was very strongly in favour of bringing these services together.

Over the last year we have really explored this proposal in more detail and given a lot of thought as to how we can provide the best care for both acutely unwell patients, as well as those requiring other cancer care.

As a result of this work, we have adjusted our plans and are now exploring a multi-site approach. Through our detailed exploration of the original proposal we have come to realise that it is more important for us to focus on delivering really fast access to the very latest treatments, rather than necessarily bringing everything together in one place. We know that getting your cancer treated, fast, is probably more important than if that treatment happens at the City Hospital or QMC.

What we want to know

We'd like to know what you think about having cancer care managed across the QMC and City Hospital as outlined above, and how you think it would impact you, if you needed to access these services?

Also, if needed, would you prefer your radiotherapy and chemotherapy on the site where you have your main cancer treatment or at a different site potentially closer to home? This includes how cancer care services are provided at King's Mill Hospital and in the community, such as via your GP.

Q16. To what extent do you support the proposals we are starting to develop for cancer care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q17. What impact, if any, would these proposed changes have on you or your family?

Q18. What would be your preferred location to access cancer services?

In the hospital	In the community (i.e. in a GP practice)	Other (please describe below)
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Q19. Have you accessed cancer care in Nottingham in the last three years for either yourself or a family member? (Please select only one)

Yes	No	Rather not say
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Section 6: Our plans for outpatient care

Proposal: We want to look at the way we deliver outpatient care to minimise disruption to patients’ lives, providing that care in accessible locations and making the best use of new technologies.

Our aim for outpatient services is to provide care that is designed with patients at the heart, with high quality services provided at a time and place that is convenient for them, minimising disruption to their lives. We also want these services to embrace new technology so that patients can access this care remotely (via telephone or video consultations), if they are able to do this and when it is clinically safe to do so.

Outpatient care is currently provided at a number of locations including the QMC and City Hospital, the Treatment Centre, Ropewalk House and in some community settings.

If people require an outpatient appointment, we are looking at more of a “one stop shop” type approach, so they wouldn’t have to attend multiple times for diagnosis and treatment.

What we want to know

We want to know how important it would be for you to have your care closer to home, than in a hospital setting. If you have accessed outpatient care, what has your experience been like and what could have been done differently?

In addition, these plans focus on elective services being delivered from the City Hospital and the QMC and not from Ropewalk House, and we want to know what you think about this. Do you think the care currently delivered from Ropewalk House, such as audiology or ophthalmology, should stay where they are, or could they be delivered in other community settings, or would you prefer them to be located at the two hospital sites?

Q20. To what extent do you support the proposals we are starting to develop for outpatient care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q21. What impact, if any, would these proposed changes have on you and your family?

Q22. If we were to move the services at Ropewalk House, where would you prefer them to be?

City Hospital	QMC	In the community (i.e. in a GP practice)
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Q23. Have you accessed outpatient care in Nottingham in the last three years for either yourself or a family member? (Please select only one)

Yes	No	Rather not say
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Thinking about all of the information in this survey

Q24. To what extent do you support the overall proposals that are outlined in above? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q.25. The proposals outlined suggest potential services moving to existing hospital sites. Do you feel this would have any impact on you and if so, what would this be?

Positive Impact	No Impact	Negative Impact
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Q26. Please tell us a little about the impact that these proposals would have on you:

Q27. Are there any additional comments you would like to add that haven't been covered in previous sections?

Section 7: About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q28. How old are you? (Please select only one)

Under 16 –	16 – 18 –	18 – 25 –	25 – 35 –	35 – 45 - 54	45 - 54 55 –	55 – 65 –	65 – 75 or	75 or Prefer
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16	17	24	34	44		64	74	older	not to say
1	2	3	4	5	6	7	8	9	10

Q29. What is your gender? (Please select only one)

Male	Female	Other	I do not identify with a gender	Prefer not to say
1	2	3	4	5

Q30. Does your gender identity match your sex as registered at birth? (Please select only one)

Yes	No	Prefer not to say
1	2	3

Q31. Are you currently pregnant or have you been pregnant in the last year? (Please select only one)

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q32. Are you currently...? (Please select only one)

Single (never married or in a civil partnership)	1
Cohabiting	2
Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q33. Do you have a disability, long-term illness, or health condition? (Please select only one)

Yes	No	Prefer not to say
1	2	3

Q34. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2

Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

Q35. What is your postcode?

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Q36. Which race, or ethnicity best describes you? (Please select only one)

Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	1
White (British, Irish, European, or other)	2
Black / British Black (African, Caribbean, or other)	3
Mixed race (Black & white, Asian & white, or other)	4
Gypsy or traveller	5
Prefer not to say	6
Other	7

Q37. Which of the following terms best describes your sexual orientation? (Please select only one)

Heterosexual or straight	1	Asexual	5
Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q38. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

Thank you completing this survey and for taking the time to contribute to our survey.