

Nottingham and Nottinghamshire CCG

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

March 2022

1 Background and Summary

Nottingham and Nottinghamshire ICS has 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 Committee have previously been briefed on the progress of Tomorrow's NUH in November 2020, January 2021 and July 2021.

The Tomorrow's NUH (TNUH) programme is working to national timelines for the Government's New Hospital Programme (NHP) which commits the Government to delivering 48 new hospitals by 2030. The NHP 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 health and care 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 was undertaken.

A detailed options appraisal process on the location of clinical services, including taking into account the feedback from the November/December 2020 engagement, was conducted in early 2021. This options appraisal work generated a preferred way forward which included a number of revised proposals when compared with the original proposals. This was presented to the East Midlands Clinical Senate who recommended that further work be undertaken on the proposed configuration for cancer care. As this further work on cancer was delivered throughout 2021, the requirements of the New Hospital Programme became clearer. There is now clarity around the stipulations for clinical buildings e.g. at least 70% of rooms must now be single occupancy, and all backlog maintenance must also be addressed through the capital funding available through the NHP. These changing parameters have also generated further changes to the proposed model. A further round of engagement is therefore taking place during March and April 2022 on this revised model.

2 Developing the service offer

Since our last period of public engagement we have been working with clinicians and staff from across the health and care system to further develop our thinking about how services might be potentially be organised in the future. 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 can achieve the best value for the money available
- The options we have for sites, buildings and equipment, considering the locations we are already occupying and land owned by the NHS.

In addition to this, there has been considerable learning from the last two years of the pandemic, and changes to the way in which care has been delivered. This has informed the requirements of the programme at a national level, and has informed how the programme has developed locally. 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 against number of criteria, to provide the best fit with our service offer and the best value for money. This is still very much in development and the views of stakeholders, patients and the public are crucial to helping us to finalise the proposals that will be considered as part of a public consultation later in the year.

3 Our current thinking

In 2020 when we talked to the public 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. The process we have been through has helped us to identify a set of proposals for each of those areas, and this is what we now need to test with stakeholders and the public. The details of these proposals can be viewed in the engagement materials, along with a set of questions to help inform how they develop further.

In summary, the developing proposals would mean some changes to where some services are currently delivered across the QMC and City Hospital sites. A very high level overview of how services might be organised is as follows:

- A and E would continue to be based at the Queen's Medical Centre site, and some emergency care service currently delivered from the City would move to the QMC.

- Most planned operations (sometimes called ‘elective’ surgery) like hip replacements and cataract surgery would be delivered at the City Hospital.
- Cancer treatment would continue to be delivered across both sites, as well as in the community
- The majority of maternity care would take place at the QMC, in a new Women’s and Children’s hospital.
- In addition, we are also exploring the possibility of increasing capacity in our mental health services by having dedicated spaces in both the A&E department and in the Women’s and Children’s hospital.

Alongside this potential significant movement of services to the QMC, we have major ambitions for the City Hospital. Our vision is to transform this site into a centre of excellence for elective (planned) care. This would enable us to protect capacity for our planned operations and also help us to maintain high quality emergency services at QMC, even at our busiest times.

4 Public Engagement

4.1. Statutory duties

Nottingham and Nottinghamshire Clinical Commissioning Group have a statutory duty to involve the public in proposals for changes to services and a statutory duty to consult the Local Authority on any proposals for substantial variation to services:

“The CCG must make arrangements to secure that individuals ... are involved (whether by being consulted or provided with information or in other ways) —

(a) in the planning of the commissioning arrangements

(b) in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them

(c) in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact”¹

The scale of the TNUH programme will inevitably mean substantial changes to services to ensure that they are set up in the best possible way to improve people’s health and wellbeing. This therefore means we should expect to conduct a full public consultation before any final decisions are made.

We will undertake all engagement activity in line with our statutory duties and with The Gunning Principles², which are:

¹ [National Health Service Act 2006 \(legislation.gov.uk\)](http://legislation.gov.uk)

² [The Gunning Principles.pdf \(local.gov.uk\)](http://local.gov.uk)

- That engagement and consultation must be a time when proposals are still at a formative stage.
- That the proposer must give enough reasons for any proposal to permit intelligent consideration and response.
- That adequate time is given for consideration and response.
- That the product of engagement and consultation is conscientiously taken into account when finalising the decision.

4.2. Phase 1 pre-consultation engagement

In November 2020 a programme of patient and public engagement commenced, to inform the development of the TNUH proposals. Within this engagement, the outline service offer was described, which would provide the foundations for improvements to hospital services, centred around enabling the provision of the best possible care to ensure positive impact on people's health and well-being.

Healthwatch Nottingham and Nottinghamshire (HWNN) and North of England Commissioning Support Unit (NECSU) were commissioned to support this engagement, which included virtual public events, focus groups and engagement with key patient groups.

At the time of this engagement, plans were at a formative stage. People were invited to give their feedback on the outline service offer developed for the programme. Over 650 shared their views, summarised as follows:

- 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.

4.3. Phase 2 pre-consultation engagement

Overview

A second phase of pre-consultation engagement commenced on 7 March 2022. The aim of this is to continue the conversation with patients and the public about the latest iteration of the proposed service offer and what future hospital services and facilities could look like. This phase of engagement will allow the "testing" of the latest service offer iteration. The conversations and the feedback received will be analysed and considered in shaping the final proposals for the

programme. Once these have been developed, the CCG will consider if further engagement is required based on this feedback or whether it is now possible to undertake a formal public consultation prior to implementing any changes.

Our approach

To ensure meaningful engagement with patients and the public, it is imperative we have:

- Tailored our methods and approaches to specific audiences as required.
- Identified and use the best ways of reaching the largest amount of people and provide opportunities for vulnerable and underserved groups to participate.
- Provided accessible documentation suitable for the needs of our audiences.
- Offered accessible formats, including translated versions relevant to the audiences we are seeking to reach.
- Undertaken equality monitoring of participants to review the representativeness of participants and adapt activity as required.
- Used different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any underrepresentation.
- Arranged our engagement activities so that they cover the local geographical areas that make up Nottingham and Nottinghamshire.
- Arranged meetings in accessible venues and offer interpreters, translators and hearing loops where required

Methods

A range of different methods will be used to engage with patients and the public to understand their views.

- a) Engagement Events.** Three public engagement events have been scheduled. These will be run as information sessions with a Q&A and will include breakout rooms for more detailed discussion of work stream areas. The events will:
- Describe the process of moving from an outline service offer to potential options for change
 - Provide answers to the key points raised within phase 1 pre-consultation engagement (e.g. access; accessibility; affordability; link with community and primary care services; service locations)
 - Provide detail on current plans within work stream areas
 - Enable questions from the public, on the programme as a whole and on specific work stream areas.

The events will be led by CCG and NUH and clinical leads. Breakout sessions (for those most impacted by change, identified within the Integrated impact Assessment) will be led by work stream leads with clinical support.

b) Targeted Engagement An Integrated Impact Assessment undertaken during the first phase of engagement identified four specific key areas of populations that may be disproportionality impacted upon around the proposed changes:

- Pregnancy and Maternity
- Deprived Communities
- Black, Asian and Minority Ethnic Communities
- Older People

Key groups and communities who the CCG will target have been identified through an extensive stakeholder mapping database. An invitation has been sent to these stakeholders, offering a member of the Engagement team to attend relevant community/groups to provide presentations and obtain feedback.

Alternative formats and languages of information will be available for our diverse communities.

c) Survey

A draft survey has been produced and will be cascaded to gather feedback from all of our communities/members of the public.

Data analysis and reporting

All written notes taken during the public events, community group meetings, and qualitative responses from the survey will be thematically analysed. Quantitative data will be analysed to produce descriptive statistic. The report produced will be based on these analyses, outlining the findings for each of the four specified groups along with findings for those engaged who did not fall into any of these groups. A summary of the key findings and a set of conclusions based on this evidence will be presented to inform the development of the clinical model. The report will be completed by 14 April 2022.

The views of the public are crucial to informing the service configuration proposals and the outputs of the engagement will be fed back into the programme and used to inform the development of the service offer and the PCBC. Should this phase of engagement raise further queries or areas for consideration, then it may be that further work is required on the clinical models and further engagement required. The programme milestones and timelines are all indicative at this stage, subject to the outcome of the engagement.

5 Key Programme Milestones and Indicative Timelines

Milestone	Indicative Timescale
Pre-consultation engagement	March 2022
Clinical Senate Review	April 2022

Finalise PCBC and Readiness Assessment	May – July 2022
Draft PCBC undergoes Stage 2 Assurance	August/September 2022
Formal Consultation	October – December 2022
Decision Making Business Case	From January 2023

6 Actions requested of the Health Scrutiny Committee

Members of the Health Scrutiny Committee are asked to:

- To note the progress of TNUH including next steps;
- To share any comments on the changes proposed;
- To encourage citizens to share their views on the proposed service offer through the three methods of engagement described.

7 Appendices

Appendix 1. Public narrative document

Appendix 2. Survey questions