Nottingham and
Nottinghamshire
Integrated Care Board

Relocation of Colorectal and Hepatobiliary Services: Engagement Report

February 2023

NHS Nottingham and Nottinghamshire Integrated Care Board

Contents

1. Executive Summary 3

1.1 Background 3
1.2 Methods 3
1.3 Key findings 3
1.4 Next steps 4

2. Conclusions and Recommendations 5

3. Background 6

4. Engagement 7

5. Survey Demographics 7

A full breakdown of survey demographics is available in Appendix 2 7

6. Findings 8

6.1 When was your surgery undertaken? 8
6.2 Quality of Care 8
6.3 Frequency of information received 8
6.4 Quality of information provided 9
6.5 Rating the environment patients were treated in 9
6.6 Relocation of services and accessibility for patients 9
6.7 How would you feel about having to attend a different hospital setting 10

7. Acknowledgements 10

8. Appendix 1: Survey Questions 11

8.1 Survey 11

Appendix 2: Demographic profile of survey respondents 14

1. Executive Summary

1.1 Background

Nottingham University Hospitals (NUH) have received a capital investment of £15 million to provide an additional 20 bedded ward on the City Hospital site. The Trust also put together proposals for a modular building comprising three theatres and a 10 bedded Enhanced Perioperative Care Unit (EPOC) which would allow for a phased refurbishment of existing theatres while also easing pressure on critical care. The two facilities would provide additional capacity to enable elective (planned) colorectal and simple case hepatobiliary surgery to move to the City Hospital from the Queen's Medical Centre (QMC), thereby helping to reduce elective waiting lists as well as increasing the number of beds available for emergency patients at the QMC. Outpatient appointments, diagnostics and pre-operative assessment would remain at the QMC and the Treatment Centre, with no change to service delivery.

In July 2022 NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) sought support for these proposals from the Nottingham and Nottinghamshire Health Scrutiny Committees (HSC). Both Committees endorsed the paper, advising that the ICB should conduct a more targeted approach to patient engagement in respect of the relocation of elective colorectal and hepatobiliary services whilst ensuring the impact on patients is captured.

1.2 Methods

An online survey was developed (with paper copies also made available) to offer patients the opportunity to share their views. The survey was also received and reviewed by patient and public representatives to ensure that the information was clear and public facing. The engagement work commenced on the 2 November 2022, with active promotion in outpatient clinics, supported by volunteers. A total of 22 surveys were completed. Concerted efforts were made to obtain feedback from patients via various different ways and means including a survey, posters in outpatient clinics with access to information about the engagement activity, invitations to any groups meeting and also the help and assistance of a NUH Volunteer to complete surveys with patients in the clinical setting.

The table below outlines an example of the number of people who were accessing the services prior to Covid in 2019/2020. The numbers are based on an annual total.

Table 1. Number of people accessing colorectal & Hepatobiliary services in 19/20

	Colorectal	Hepatobiliary
Electives	800	600
Day case	200	100
Outpatients	5500	1700

1.3 Key findings

- 70% found the quality of care during admission to the colorectal and hepatobiliary (HPB) service to be positive (excellent or good), 20% rated it as poor or very poor and 10% felt neither good nor bad.

- 43% of respondents responded negatively to the proposals for their surgery to be carried out at City Hospital and for the outpatient and pre-operative clinics to remain at QMC.

- By a slight majority, the City Hospital was rated as the easiest hospital to access for patients, with 58% rating their access as excellent or good, compared to 44% rating access to QMC as excellent or good.

- 55% of the respondents rated the environment, where they were treated and received care, as excellent or good, 15% found the environment to be poor and 30% of respondents opted for neither good nor poor.

- Comments from respondents referenced the limited car parking facilities at City Hospital, which they felt would be problematic. Suggestions were made from respondents about the possibility of extending the car parking areas or improving public transport links to the hospital.

1.4 Next steps

The findings from the engagement work will be presented to the Health Scrutiny Committees in Nottingham and Nottinghamshire for further consideration and subsequent actions. This report will be available on the ICB website for communities and networks.

2. Conclusions and Recommendations

Conclusion 1:
Access to both hospitals is equally challenging, particularly in relation to car parking which on both sites is limited and expensive. Public transport is more readily available for the Queens Medical Centre, but the majority of patients were nonetheless still in support of traveling to the City Hospital if the service were relocated there.

> **Recommendation 1:** Adequate car parking spaces to be considered at City Hospital to accommodate the increased number of patients attending surgery together with a review of parking fees and potential improvements to public transport routes for those who do not have access to their own vehicles.

Conclusion 2:
There may be some access and travel impacts for those patients who will need to access the services at City Hospital from surrounding areas of Nottingham.

> **Recommendation 2:** Consideration should be given to understand the impact for patients and carers across Nottingham and Nottinghamshire when accessing services and work in partnership with Local Authorities to provide information on suitable bus routes to the sites together with travel times.

Conclusion 3:
Respondents felt that information provided before the surgery could be improved. Information about aftercare post surgery was also highlighted as a concern.

> **Recommendation 3:** To review patient communications and patient-facing information provided both before and after the surgery to ensure clear and consistent information is given.

3. Background

3.1. National context

The national picture indicates that waiting lists 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.

3.2. Local context

Regionally, winter pressures continue within the NHS with further delays in routine elective care as clinically urgent and cancer patients have been necessarily prioritised for treatment. The impact of Covid and Flu 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.

Currently elective bed and theatre capacity is too often impacted by emergency demand meaning patients have their appointments cancelled at short notice. 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. Waiting lists for elective care have increased across the Integrated Care System (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.

Capital investment of £15m is available in 2022/2023 to provide:

- Additional 20 bedded ward on the City Hospital site. 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.

Outpatients, diagnostics and pre-operative assessment would remain at Queen's Medical Centre (QMC) and the Treatment Centre, so there would be no change to delivery of these aspects of the service.

In the longer-term, through the Tomorrow's NUH Programme, NUH would like to create a Centre of Excellence for planned care at the City Hospital, with QMC being the main location

for emergency care. During the recent phase of Pre-Consultation Engagement in March/April 2022, people were supportive of this proposal as outlined in the programme of work and evidenced in the Engagement Report mentioned above. This service move is aligned with those proposals. A full public consultation on Tomorrow's NUH is planned for 2023.

4. Engagement

The aim of the engagement work undertaken was to seek the views of patients on the relocation of the colorectal and hepatobiliary service from QMC to the City Hospital and to understand current experiences of patients accessing the services including communication and quality of care during their admission to surgery.

We specifically wanted to hear from patients who had recently received surgical care with the NUH colorectal and hepatobiliary service.

An online survey was developed. Hard copies were also made available, with the offer to provide the survey in alternative languages and formats upon request. The opportunity to participate was proactively shared at NUH outpatient clinics, as well as being shared with Patient Participation Groups, GP practices, Healthwatch Nottingham and Nottinghamshire, Voluntary, Community and Social Enterprise sector colleagues and community groups supporting colorectal or hepatobiliary conditions.

The engagement work commenced on the 2 November 2022 and concluded on the 30 November 2022.

22 respondents filled out the survey but did not attempt all the questions.

Please see **Appendix 1** for the survey questions distributed.

5. Survey Demographics

A full breakdown of survey demographics is available in **Appendix 2**.

Of the 22 people who completed the survey, 20 told us their gender, 81% (17) were women and 14% (3) were men and 5% (1) preferred not to say.

Of the 22 respondents, 19 people responded with their age group which included 35 – 44 11% (2), 45 – 54 47% (9), 65 and over 37% (7) and only 5% (1) preferred not to give their age group.

Of the 21 people who told us their ethnicity, the majority 19 were white (90%) with 1 (5%) other black background and 1 (5%) preferred not to say.

Of the 21 people who answered the question around disability 5% (1) of respondents stated they have a mental health difficulty was, 10% (2) have an impairment health condition or learning different, 28% (6) have a long standing illness or health condition, 5% (1) are deaf or have a hearing impairment and those with no known impairment, health condition or learning difference accounted for 52% (11).

Of the 21 people who answered the survey question asking are you a carer providing unpaid support to a family member partner or friend, 81% (17) responded with no and 19% (4) said yes they were providing unpaid support.

6. Findings

This section presents the analysis from responses to the survey.

6.1 When was your surgery undertaken?

We asked patients when their surgery took place, 21 people responded. Figure 1 below shows the largest number of surgeries took place prior to January 2020 and the least was during January 2020 – December 2020.

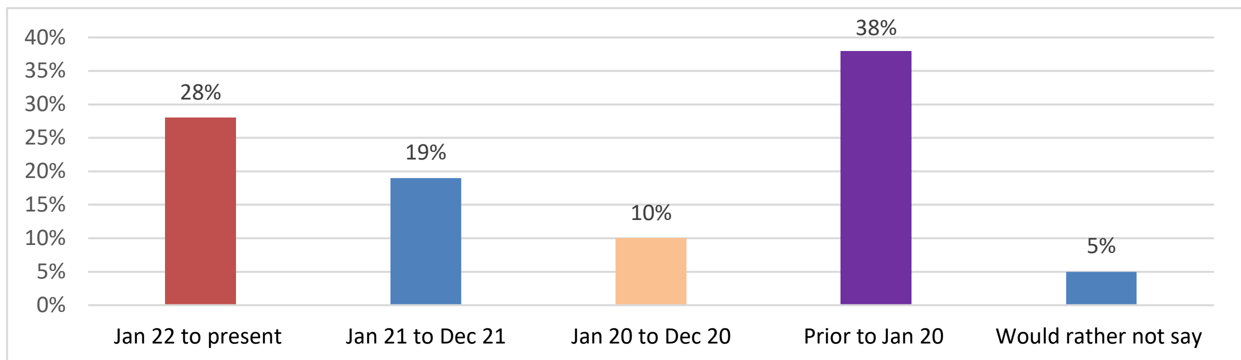


Figure 1. Date of surgery (n = 21)

We also asked patients where they had received their care, 75% (15) had been to Queens Medical Centre, 15% (3) had their surgery at City Hospital and 10% (2) had been to The Park for their surgery.

6.2 Quality of Care

The survey asked about the quality of care that patients and carers received whilst accessing the colorectal and hepatobiliary services. Results gathered regarding the quality of care during their admission, comprised of 20 responses, with 70% (14) respondents giving a positive rating for quality of care during their admission with 20% (4) having a poor experience. Additionally, 10% (2) of respondents felt that it was neither good nor bad.

20% (4) felt that their care was excellent and 50% (10) felt that their care was good. 5% (1) felt that they had poor quality care and 15% (3) had very poor quality care during admission to surgery.

"The nurses on the ward gave great care"

"Couldn't fault surgery at all"

6.3 Frequency of information received

16 respondents completed the question regarding the frequency of information received from NUH staff at the time of admission. Overall, 63% (10) of respondents felt positively about the frequency of the communication; 25% (4) found this to be excellent and 38% (6) thought the frequency was good. 6% (1) reported the frequency of communication as neither good nor poor. 13% (2) of respondents rated the frequency of communications as poor and 19% (3) of people rated the frequency of communications as very poor.

6.4 Quality of information provided

We also asked respondents to provide information about the quality of information that was given at the time of their appointment such as patient leaflets and letters. 18 people responded, of whom 28% (5) thought this was excellent and 33% (6) thought it was good. 11% (2) thought it was neither good nor bad. 16% (3) thought it was poor and 11% (2) thought it was very poor.

> “Very little information given before the operation”

The question on quality of information given at the time of their care was answered by 18 people of whom 72% (13) had a positive experience of quality of information with only 28% (5) having a poor experience.

6.5 Rating the environment patients were treated in

We wanted to know how patients felt about the environment in which they were treated whilst in hospital for their surgery. 20 respondents answered this question. 20% (4) respondents rated the environment as excellent and 35% (7) rated the environment as good. However, 30% (6) respondents opted for neither good nor poor, and 15% (3) found the environment to be poor.

6.6 Relocation of services and accessibility for patients

NUH is looking to relocate services to the City Hospital from QMC and will be providing new facilities. Therefore, we wanted to find out how accessible each hospital was to patients who had previously used the service.

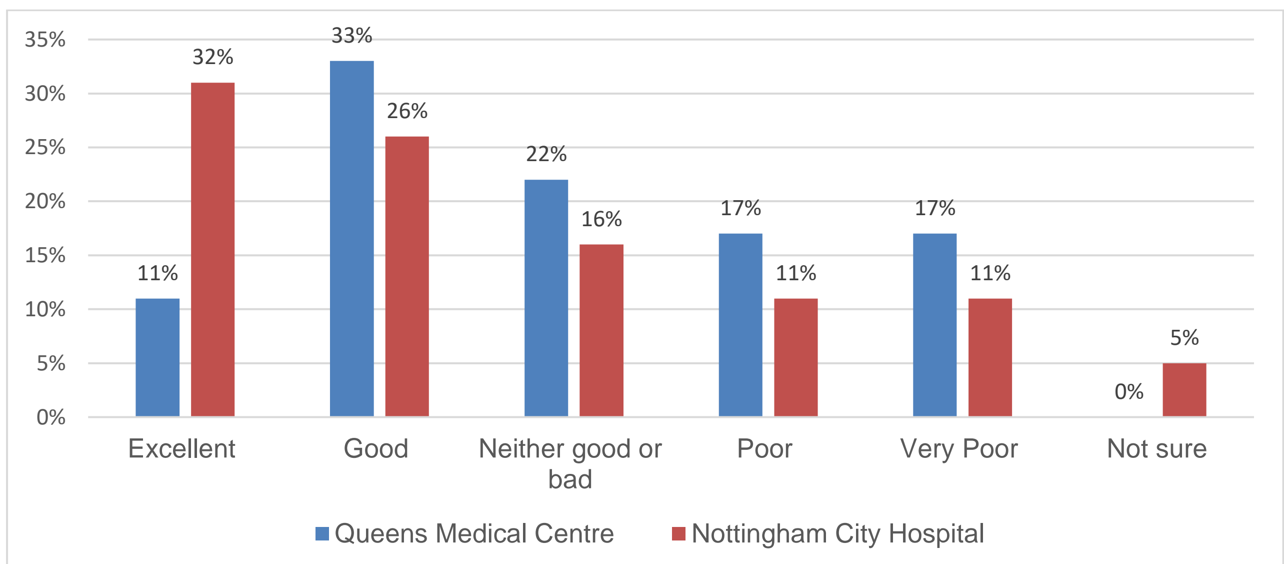


Figure 2. How accessible are the two hospital sites (n = 19 City Hospital n = 18 QMC)

Figure 2 shows the responses from patients about their experience of accessing the City Hospital (19 responses) and the Queens Medical Centre (18 responses). By a slightly

higher majority, the City Hospital was rated as the easiest hospital to access with 58% rating access as excellent or good, compared to access to QMC which 44% rated as excellent or good.

City Hospital - respondents rated the experience of accessing City Hospital as excellent 32% (6), good 26% (5), neutral 16% (3), poor 11% (2), very poor 11% (2) and not sure 5% (1).

Queens Medical Centre - respondents rated the experience of accessing QMC as excellent 11% (2), good 33% (6), neutral 22% (4), poor 17% (3), very poor 17% (3)

"If you are going to move services here you either need to seriously improve car parking or provide adequate public transport."

"Car parking charges are expensive"

Further comments made by patients indicated the different experiences of accessibility to either hospital. One stating that the City Hospital was easier to access and another that public transport had been available to them when visiting Queens Medical Centre.

"Much nearer and easier to reach"

"It is on the bus route to Queens Medical Centre"

However, depending on where in the county you live it could take longer to travel to City Hospital.

"I live in South Nottinghamshire and City would mean up to one hour travel time dependent on time of day"

6.7 How would you feel about having to attend a different hospital setting

It is proposed that outpatient and pre-operative clinics would remain at Queens Medical Centre, with the surgery itself taking place at City Hospital. Patients were asked to choose a number on a scale of 1 – 10 with 1 = no problem and 10 = a significant problem.

21 responded to this question, with responses as follows: 33% (7) stated this would not be a problem (ranking the scale from (1-2), 24% (5) ranked this as 5 or a 6 on the scale i.e., neutral opinion/slight problem, and 43% (9) considered this to be a problem/significant problem, ranking it from 7 – 10 on the scale.

7. Acknowledgements

Thank you to all participants who took the time to complete the survey your feedback and experience and sharing your experiences with us.

8. Appendix 1: Survey Questions

8.1 Survey

1. Before continuing, we need to get your permission that you agree for your views to be recorded. Your views will be used to analyse and produce a report. This information may be shared with other services but it will be anonymous and WILL NOT contain anything that could identify you as an individual. Do you give your permission?

    Yes
    No

2. Are you answering this questionnaire as (please tick one):

    A service user
    A Carer
    A patient representative
    Other

3. When did you have your colorectal or hepatobiliary surgery?
    Nottingham Treatment Centre
    Queens Medical Centre
    The Park Hospital
    Other

4. How you would describe the following areas that you/your family member received during your care?

5. Please rate the following questions below (Excellent, Good, Neither good or Poor, Poor, Very Poor.

    Quality of care during admission of surgery
    Frequency of communications with NUH Staff at the time
    Quality of information you were given at the time, both written materials, patient letters, leaflets, and information given to you by staff

6. Other information supporting the previous question
    Free text

7. How would you/your family rate the experience you received from the statements below?
    Excellent, Good, neither good or bad, poor, very poor or not sure

    The environment you were treated in
    How accessible is the Queens Medical Centre in terms of travel time
    The service will be relocated to the City Hospital into new facilities. How accessible is the City Hospital for you/your family in terms of travel time

8. Other information to support the previous question
    Free Text

9. Outpatients and pre-operative clinics would still be at the Queen's Medical Centre.

    On a scale of 1 – 10, how would you/your family feel about having to attend a different hospital setting for your pre-operative care and for your actual surgery? 1 being no

problem and 10 being a significant problem.

Equality and Diversity Questions

We are committed to providing equal access to healthcare services to all members of the community. To achieve this, gathering the following information is essential and will help us ensure that we deliver the most effective and appropriate healthcare.

Responding to these questions is entirely voluntary and any information provided will remain anonymous.

10. What is your gender?

    Man
    Woman
    Non-Binary
    Prefer not to say

11. Which age band to you fall into?

    Under 18
    18 – 24
    25-34
    35-44
    45-54
    65 and over
    Prefer not to say

12. Which race/ethnicity best describes you? (Please only choose one)

    Arab
    Asian/Asian British – Bangladeshi
    Asian/Asian British – Pakistani
    Asian/Asian British – African
    Asian/Asian British – Caribbean
    Chinese
    Gypsy or Traveller
    Mixed White and Asian
    Mixed White and Black Caribbean
    Other Asian background
    Other black background
    Other ethnic background
    Other mixed background
    White
    White Irish
    Prefer not to say

13. Do you have an impairment, health condition or learning difference that has a substantial or long term impact on your ability to carry out day to day activities?

    No known impairment, health condition or learning difference
    A long standing illness or health condition such as cancer, HIV, Diabetes, chronic heart disease or epilepsy
    A mental health difficulty such as depression schizophrenia or anxiety disorder
    A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches
    A specific learning difficulty such as dyslexia, dyspraia or AD(H)D
    Blind or have a visual impairment uncorrected by glasses

Deaf or have a hearing impairment
A social communication impairment such as a speech and language impairment or Asperger's syndrome other autistic spectrum disorder
An impairment health condition or learning different that is not listed above

14. Are you a carer providing unpaid support to a family member partners or friend who needs help because of their illness, frailty, disability, mental health problem or an addiction?
    Yes
    No
    Prefer not to say

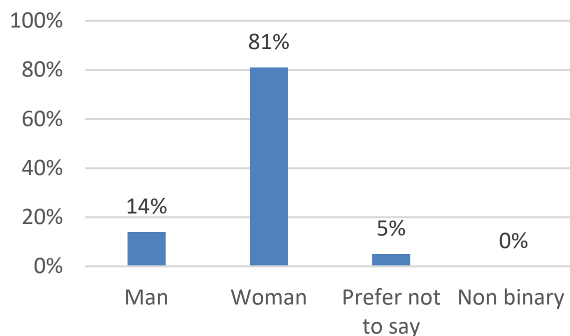
15. What is your current religion or belief if any
    Atheist
    Buddhist
    Christian
    Christian- Church of Scotland
    Christian – Roman Catholic
    Christian – Presbyterian Church in Ireland
    Christian - Church of Ireland
    Christian- Methodist Church in Ireland
    Christian – other denomination
    Hindu
    Jewish
    Muslim
    Sikh
    Spiritual
    Any other religion
    Prefer not to say

16. I consent for my feedback being used anonymously
    Yes
    Not

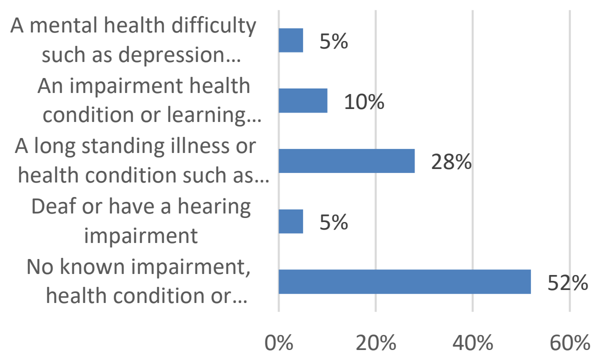
Appendix 2: Demographic profile of survey respondents

Colorectal and HPB Survey Results: Demographic summary

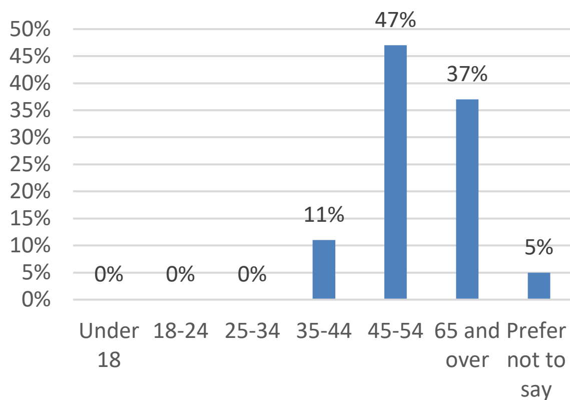
Gender: Total responses 21



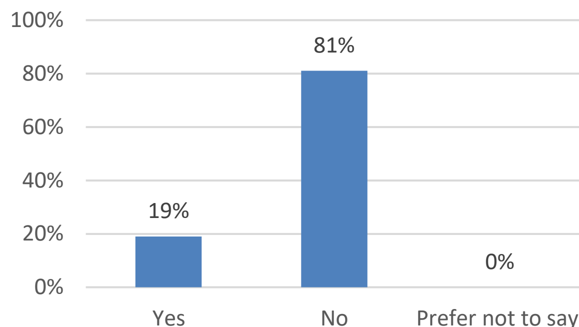
Long term conditions or disability: Total responses 21



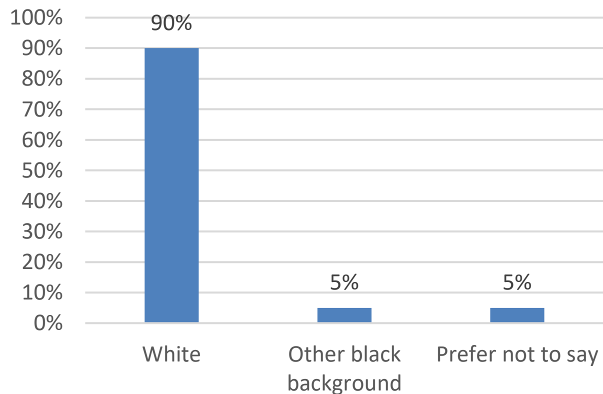
Age Distribution: Total responses 19



Carer: Total responses 21



Ethnicity: Total responses 21



Religion: Total responses 21