



# TOMORROW'S NUH

## Phase 2 Pre-Consultation Engagement Findings – Executive Summary

May 2022

## Executive Summary

### Introduction

Following an initial phase of pre-consultation engagement in November and December 2020, on 7 March 2022, NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) launched a second phase of pre-consultation engagement on proposals to transform hospital services in Nottingham.

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 (TNUH) is the single biggest component part of this programme of change.

The aim of the second phase of engagement was to continue the conversation with the public around the latest thinking about what hospital services and facilities could look like, and to gather feedback.

In total, just under 2,000 individuals participated in the engagement that took place between 7 March and 5 April 2022 – through completing an online survey (613 responses), attending an engagement event/focus group, or providing a response to the promotion of the engagement on social media. This builds on the 650 responses in total from November and December 2020, meaning an excess of 2500 pieces of input into the Tomorrow's NUH plans have now been received – a strong base on which to refine and develop the proposals.

### Key findings

- 78% strongly/somewhat support the overall proposals.
- 39% felt the proposals would have a positive impact, 27% felt there would be a negative impact and 34% felt there would be no impact.
- The proposals within Tomorrow's NUH have been divided up into the following five core areas:
  - 72% strongly/somewhat support the proposals for emergency care.
  - 64% strongly/somewhat support the proposals for family care.
  - 80% strongly/somewhat support the proposals for elective care.
  - 75% strongly/somewhat supported the proposals for cancer care.
  - 69% strongly/somewhat supported the proposals for outpatient care.
- The majority felt that it would be **beneficial to have similar services in one location**, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care.
- There were **positive comments** around an increase in confidence that the care needed would be available sooner, with specialised services in one place. Positive comments were also received about the major benefits to maternity and neonatal

services being on one site. Some concerns were raised about the **potential negative impact on patient choice** and the co-location of specific services.

- Positive comments were received from respondents that they would be willing to travel to other sites to receive the right care, first time and in the right setting. The negative impact on patients regarding **public transport issues, car parking and travel times** was also raised and identified as a key theme throughout this phase of engagement.
- There were also **concerns raised around how the proposals would impact staff**: with specific reference to training, skills and retention to meet the capacity and demands of patients.
- There were **positive and negative comments around the use of remote consultations and virtual appointments**. The negative comments related to equity of access and digital exclusion, and the potential negative impact this could have on some groups and communities. Positive comments related to faster access in a setting appropriate to the patient, alleviating travel times and costs.

### **Next steps**

The feedback from this engagement will be used by the CCG, alongside clinical and financial considerations, to develop a final set of options for changes to hospital facilities and services, which will be put forward to the citizens of Nottingham and Nottinghamshire in a formal public consultation.

## Conclusions and recommendations

Conclusion 1: The majority of participants were supportive of the overall proposals that were outlined.

Conclusion 2: Throughout the engagement activity it was clear there was support to have emergency care services co-located, to allow patients access to relevant treatments whilst on-site. However careful consideration around staffing and additional resources for this proposal, along with ensuring appropriate signposting to this service is required.

**Recommendation 1:** Consider workforce planning for future proposals, especially in the current climate with pressures within the system and services, focussing on women and children's facilities and specialist services that may be relocated.

**Recommendation 2:** Ensure ongoing communications to patients, so they know where to access the right services at the right time and in the right place, to alleviate any additional pressures in emergency care services.

**Recommendation 3:** Continue to work in partnership with the Stakeholder Reference Group to ensure that our communications are public facing and avoid jargon.

**Recommendation 4:** Continue to work with patient/citizen leaders who have extended their help and support to ensure key messages are constructed in the right way and are understood by all of the citizens in Nottingham and Nottinghamshire.

Conclusion 3: Travel, parking and access to public transport were consistent themes across the engagement.

**Recommendation 5:** Consider the travel impact when further developing the proposals, and work collaboratively with Nottingham City and Nottinghamshire County Council to develop a travel plan for patients.

**Recommendation 6:** Continue to cascade information to our neighbouring CCGs and System Partners to provide information around the proposals and programme to share with their communities and residents, as we know that people in neighbouring counties also access services in Nottingham/Nottinghamshire.

Conclusion 4: Patient choice was strongly reflected in public feedback, especially around women's and family needs, particularly the co-location of fertility and gynaecological services.

**Recommendation 7:** Continue to work closely with our local Maternity Voice Partnership and our voluntary and community sector to ensure an ongoing dialogue with the public, as the proposals for women and children's services progress.

**Recommendation 8:** Develop relationships with LGBTQ+ communities across Nottingham, Nottinghamshire and bordering counties to engage and involve this community in continuing our conversations around the proposals and their impact.

Conclusion 5: There was a mixed reaction to the prospect of more remote consultations and virtual appointments. Concerns were raised about the appropriateness for certain health conditions and patients.

**Recommendation 9:** In the development of the proposals, consider the extent to which patients could be offered options of treatment locations and approaches (face to face, virtual or telephone), based on their individual needs. The proposals should focus on the accessibility needs of those who are unable to access digital and/or remote consultations.

Conclusion 6: There was support for the cancer care proposals. It was highlighted that the fatigue caused by treatment, in addition to the physical and mental impact of these treatments, meant that patients wanted to access care closer to home. The majority felt that cancer care should be located in the hospital, co-located with specialist services on one site, as it would be advantageous to alleviate pressures, concerns and the emotions of patients and families, especially those who may be undergoing cancer treatment.

Conclusion 7: Participants were supportive of the proposals for elective care if it meant that operations would be protected and less likely to be postponed or cancelled.