

Reshaping Health Services in Nottingham Programme and Tomorrow's NUH

Stakeholder briefing

Dear Colleague

We wanted to update you on emerging plans for health services in Nottingham. You may be aware of the national Government Health Infrastructure Plan, which provides funding to local areas to invest in their hospitals.

Nottingham and Nottinghamshire have the opportunity to secure substantial funding to invest in local hospital services through this programme. This briefing provides details of that opportunity.

What is the Government Health Infrastructure Plan?

The Government's Health Infrastructure Plan (HIP) provides funding to local health systems to invest in their hospital and other healthcare estate

For Nottingham and Nottinghamshire this means a once-in-a-generation opportunity to invest in re-shaping and modernising our hospital facilities in Nottingham so that we can give our patients and staff the NHS estate they deserve – modern, safe and designed to provide the best possible care.

To ensure that we take this opportunity to secure funding for Nottingham and Nottinghamshire we are developing the Reshaping Health Services in Nottinghamshire Programme. Central to this is Tomorrow's NUH – a programme of work to design and create hospital services that will meet the needs of our population now and in the future.

What is Tomorrow's NUH (TNUH)?

Tomorrow's NUH is a programme of work to transform our acute hospital facilities and services so that we are better equipped to meet the needs of local people now and in the future. This will ensure that we retain the best staff and are equipped to train the next generation of healthcare workers.

The programme aims to draw in Government funding to invest in and transform our hospitals in Nottingham and the surrounding area. To make this vision a reality all health and care organisations in Nottingham and Nottinghamshire will need to work together.

Who is behind the Reshaping Health Services in Nottinghamshire Programme (RHSN)?

The Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is the organisation that plans and arranges healthcare for our area. The CCG is responsible for developing a Pre Consultation Business Case (PCBC) for the Tomorrow's NUH programme and for undertaking a public consultation on proposals for change. The PCBC is a business case that sets out how health services will change and how those changes will improve care for patients.

The NHS in Nottingham and Nottinghamshire has an ambition to transform health and care services so that people living in our area live longer, healthier and happier lives. Driving forward this ambition is the Nottingham and Nottinghamshire Integrated Care System (ICS), a partnership of health and care organisations working together to improve the health of local people. The ICS brings NHS organisations and local Councils together to join up the care that citizens in our area receive.

This partnership has set out a roadmap of how to achieve this ambition in its Clinical and Community Services Strategy. This strategy sets out the way our health and care system needs to change to meet the needs of our population in the future.

A core part of this strategy is a recognition that local services are not currently set up in the right way. This includes our acute hospital services.

Our programme is ambitious. To secure the Government funding to invest in our local services we need to set out our case for change. This will show how we intend to redesign our hospital services and estate in a way that will help us achieve our ambition to help people live longer, healthier and happier lives.

Why do we need to change?

Our Clinical and Community Services Strategy set out a number of challenges facing health and care services in our area. In short, our current way of working is not sustainable and we need to change how we do things. This means focusing on prevention of ill health as well as treatment and providing more care in community settings close to people's homes. It also means transforming our hospital services so that they provide the best possible care.

This may mean that our hospitals in the future focus on providing services that require specialist skills, equipment and buildings. This will mean that they are set up to treat

patients who need emergency support, in-patient beds, operating theatres and specialised support - for example high-tech diagnostics. While our future hospitals may be more specialist, many other services would be embedded in communities where they are accessible. The funding the Tomorrow's NUH programme seeks to attract will enable us to realise this vision, providing a one-off opportunity to invest in the NUH hospital infrastructure.

NUH has achieved national and international recognition for many of its specialist services including stroke, renal, neurosciences, cancer services and trauma. The Trust are also at the forefront of many research programmes and are the only NHS Trust and University partnership in the country to have three successful bids for Biomedical Research Units.

However, the current NUH hospital infrastructure is not set up to deliver the ambitions we have for hospital services in Nottingham and Nottinghamshire. The two large hospital sites that currently exist were designed at a different time to care for fewer patients with different needs than our patients today. The hospital infrastructure needs improvement and investment to meet the needs of our patients, our staff, and to be able to meet future demands for services including changes in technology.

What will the future look like?

We know what our future system needs to look like. We will be providing more support to people to prevent them becoming ill and supporting them to look after themselves. People will be able to access more healthcare in their local community. And our hospitals will provide specialised and cutting edge services with the best possible facilities. We will be at the forefront of health research, enabling us to attract the very best healthcare workers and adopt the most up-to-date and innovative practices.

We also know that to realise this vision we need to transform our hospital services and estate. This will help us support people to live longer, happier and healthier lives. It will also mean making changes to how things are delivered and where they are delivered. That is why we are talking to local people about our plans.

Where are we now?

We are not starting from scratch. Our Clinical and Community Services Strategy set out six principles to guide transformation of our health and care system. These were developed through an extensive period of engagement with clinicians, staff and members of the public. Tomorrow's NUH will be guided by these principles:

1. Care will be provided as close to home as is both clinically effective and most appropriate for the patient, whilst promoting equality of access
2. Prevention and early intervention will be supported through a system commitment to 'make every contact count'
3. Mental health and wellbeing is every bit as important as physical health and wellbeing
4. The model will require a high level of engagement and collaboration both across the various levels of the ICS and with neighbouring ICSs
5. The models of care to be developed will be based on evidence and best practice, will ensure that pathways are aligned and will avoid unnecessary duplication
6. The models will be designed in partnership with patients and the public and will operate across the whole healthcare system to deliver consistent outcomes for patients through standardised models of care, except where variation is clinically justified.

To support the realization of the Tomorrow's NUH programme, clinicians across Nottingham and Nottinghamshire have started a process of working to outline the future clinical model for services – this model will eventually describe what services will be delivered where.

What do we need to do next?

To get Government investment in our hospitals we need to write a compelling case for change.

The case for change is a key document that describes all the current health-related challenges that people of Nottingham and Nottinghamshire face and how we will address these challenges through our services, buildings and resources.

We are in the early stages of this process and are outlining the future vision for our services set out in six clinical pathways: Emergency Care, Family Care, Elective Care, Cancer Care, Ambulatory Care, and Ancillary Services.

Working with health partners across the system, and led by clinicians across primary and secondary care, we have started to outline what we want the future for each of these six pathways within the hospital to be. This is very much the start of a conversation – with our staff, with our patients and with the public. We are starting to share our early thinking on what services may look like in each of these areas of healthcare. We are outlining some of

these ideas here and will be engaging local people and staff extensively to test out our thinking.

These conversations will help to shape our final proposals for the programme. Once these have been developed, we will undertake a formal public consultation prior to implementing any changes.

What are our early thoughts for the future of services?

We have outlined some of our thinking on the future for hospital services below. These areas will form the basis of our conversations with staff, patients and the public over the coming months.

Emergency Care

Emergency care is care for life threatening illnesses or accidents which require immediate or intensive treatment.

We currently provide emergency care services at both the QMC and City Hospitals. This means that when a patient arrives at the emergency department and needs input from certain specialties, for example, respiratory, cardiology, upper GI, they need to be transferred by ambulance to the City Hospital for that care. This can add unnecessary delays to getting care they need

To ensure all of our patients get access to the right care when they need it, we want to explore the option of combining all emergency secondary care services on one site, where they can be available 24 hours a day, seven days a week.

Our vision for the future of our emergency care services is:

- We want to provide excellent and timely emergency care services in a combined single service with other specialties such as diagnostics and other acute specialities (respiratory, cardiology, gastroenterology) alongside them so that patients have access to all of the clinical teams they may need.
- We will focus on providing alternatives to admitting patients, making sure that they are seen by the right specialist at the right time to avoid an unnecessary hospital stay. We will also develop more Same Day Emergency Care and hot clinic's (a clinic where a patient returns the following day to be seen rather than being admitted).

- We will integrate physical and mental health into our emergency care with a mental health team and improved safe space for this important work.
- Our emergency care services will be supported by a system focus on prevention and urgent care/rapid response in the community, as well as a comprehensive discharge service to improve the flow of patients and reduce patients waiting too long in the emergency department.
- There will be greater communication and collaboration between emergency care services and general practice through electronic patient information flows and integrated care pathways.

Family Care

Family care is care and services that are specific to women and children's health. It covers care delivered as an emergency, in a planned way and as part of screening, developmental and public health programmes.

Our current women and children's services are split across the QMC and City hospitals and the community. Having our services split across sites means that we are not able to provide the same access to the services that work together to provide care for women and children. This results in transfers and delays for women and children to getting the care they need.

To provide the best, safest care for women and children we are exploring how we would bring services together into a single site as a Women and Children's Hospital.

Our vision for the future of women's and children's services is:

- By bringing our women's and children's services together on one hospital site we will be able to make sure that patients and their families have access to all of the services they need by providing the right amount of capacity and workforce. This removes the need to travel between sites and means we can provide safe and efficient care for women, children and young people.
- We can implement the recommendations from the NHS Long Term Plan, the ICS Clinical Strategies for Children and Young People and secure compliance with initiatives such as the Saving Babies Lives Care Bundle.
- We will deliver a joined-up care record and increase choice for patients with digital innovation; this will maximise the care and services delivered in the community for women and children, shared with primary care and other local hospitals, through

innovative outreach, shared-care pathways and high quality community based services.

- We will learn from other centres of excellence and research to deliver high quality care and an excellent patient experience; we will be able to provide quality research and innovation in partnership with health and social care university academic departments.
- We will be able to recruit and retain the best staff who will work in a modern, purpose built environment.

Elective Care

Elective care is care that is planned in advance rather than emergency treatment. Elective care involves planned specialist medical care or surgery, generally following a referral from a primary or community health professional such as a GP.

Our planned and emergency services are currently alongside each other in an ageing estate and facilities. As pressure on emergency services grows and takes over more wards and beds it sometimes impacts our ability to carry out planned operations. This means that we end up cancelling operations because there are no theatres or beds available in intensive care or on our wards. This is not the experience we want to give our patients and can result in poorer clinical outcomes.

Our vision for planned care is that it should be delivered from dedicated facilities which are separated from our emergency work so as to reduce the risk of cancelled operations, reduce length of stay, and improve the quality and efficiency of services.

Our vision for the future of our elective services is:

- We will deliver highly efficient, best practice planned services which provide excellent patient experience and clinical outcomes. We will provide these services from a dedicated facility separate from emergency care (where appropriate) to prevent cancellations.
- We will offer exemplar standardised planned patient pathways which will ensure all patients receive the same high standard of care. We will ensure that no patient waits longer than necessary, does not stay in hospital longer than is needed, and is discharged when they are medically fit to reduce the need for them to be readmitted for care.
- We are committed to exploring the opportunities to deliver more care in the community or virtually.

- We will integrate our services with our system partners to ensure our patients have the best experience and care from start to finish no matter where they have their care; this will be enabled in part by integrated digital technology.
- We will be at the forefront of research and innovation to develop cutting edge planned care services.

Cancer Care

Cancer care is the diagnosis and treatment for patients with cancer. Patients are seen and treated in a planned urgent way as well as sometimes being admitted as an emergency.

We currently provide cancer care services across the QMC, City Hospital and where our doctors provide some of our cancer services at other hospitals such as Kings Mill Hospital.

We would like to bring our cancer services together, alongside other acute services and with access to critical care and want to explore options for how we might do this.

Our vision for the future of cancer services is:

- We will diagnose patients early, make sure they get seen quickly (within national pathway timeframes) and support them to have the best outcome and live well beyond cancer.
- We will give patients easy access to emergency specialist care ensuring they are seen by the right specialist at the right time.
- We will treat the physical, mental and social wellbeing needs of cancer patients, to improve the quality of their care and experience. When we can do no more, we will offer the best pain relief and end of life experience for them and their loved ones.
- We will continue to grow existing specialist services alongside developing centres of excellence for research, innovation and treatment.
- We will collaborate with system partners, exploring new ways of working to increase the accessibility of cancer care particularly for 'hard to reach' patients, providing services in the home, local community or virtually. We will do this through joined up systems, allowing a seamless transition between services for patients.
- We will support and empower our staff to deliver cutting edge cancer care, attracting world class experts to join our dynamic team. We will offer extensive training and development opportunities to grow our workforce for the future.

Ambulatory Care

Ambulatory care or outpatient care is medical care provided on an outpatient or day case basis, including diagnosis, observation, consultation, treatment, intervention, or rehabilitation services without the need to stay in hospital overnight.

We currently provide ambulatory care services at the QMC including in the Treatment Centre, City Hospital, Ropewalk House and in some community settings.

We want ambulatory services to be designed with patients at the heart, so we can provide high quality care at a time and place that is convenient for people, minimising disruption to their lives. We want to develop options that do this.

Our vision for ambulatory care services is:

- We want to redesign the pathways of care, improving the flexibility and convenience of our services by increasing the availability, where possible and appropriate, in the community or remotely (at home using digital technology). This could be in a one-stop-shop, a see-and-treat-clinic, virtual and remote care, open access and patient-initiated-follow ups.
- We will work with our partners to deliver services that use technology connected across the health and care system, so we reduce steps in the patient journey and minimise disruption to patients' lives.
- We will focus on delivering the best clinical outcomes, increasing proactive and preventative care to empower patients to live well for longer. Particular attention will be paid to designing services which work for, and engage with, 'hard to reach' groups, to improve clinical outcomes for groups of our population where the need is greatest.
- We will provide our ambulatory services in safe locations for patients which minimise the risk of a health care-associated infection.

Ancillary Services

Ancillary Services are the teams that support our clinical services. They are made up of theatres, anaesthesia and critical care, diagnostics including pathology, imaging, endoscopy and physiological sciences, science, technicians, laboratories, pharmacy, therapies, decontamination and sterile services. Some of these services are delivered via a centralised hub and others are delivered at the patient's side.

We currently provide services across the QMC, City Hospital and Ropewalk House. The estate and infrastructure is dated and in need of modernisation to provide space for staff to provide care.

We want to explore options that help us establish innovative ancillary services that provide cutting edge diagnostics and embrace new technologies.

Our vision for the future of ancillary services is:

- We will become a regional lead for diagnostics (including imaging, physiological sciences and pathology), embracing cutting-edge technology to deliver timely, high quality diagnostic services, as part of East Midlands Radiology Consortium (EMRAD). We will work in partnership with other acute Trusts, providing clinical and technical expertise and to deliver sustainable services.
- We will prioritise the expansion of genetic services to offer cutting-edge personalised diagnostics and care to patients.
- We will be at the forefront of research and innovation, maximising existing technology, and identifying and implementing new technologies to support efficient and effective services, and a seamless patient experience.
- We will grow centres of excellence for molecular radiotherapy and decontamination services.
- We will work with system partners to make care for patients more accessible providing them in the most appropriate place for patients and minimising disruption to their lives by offering one-stop-shop services.
- We will attract people who are leading experts in their field, offering exciting career development opportunities for a supported and empowered workforce. Ancillary Care will explore new roles to expand the skill mix of the team, whilst providing training.
- We will provide our services from modern, fit for purpose facilities that support excellent patient experience and best practice patient care.

How can I have my say?

Over the coming months we will be undertaking an extensive programme of stakeholder and public engagement, talking to people about our plans and involving them in shaping our proposals. We will share details of this programme on www.nottscg.nhs.uk/RHSN.



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