

## **Proposed Transfer of Elective Services at Nottingham University Hospitals**

### **Briefing for Nottingham Health and Adult Social Care Scrutiny Committee**

**July 2022**

#### **1 Introduction**

This purpose of this document is to inform the Health and Adult Social Care Scrutiny Committee of an opportunity for Nottingham University Hospitals NHS Trust (NUH) to transfer Colorectal and Hepatobiliary (HPB) services to the City Campus from the Queens Medical Centre. This will enable this capacity to be 'ringfenced' to reduce waiting times for patients and so will support the work to clear the backlog of patients waiting for elective (planned) care.

Currently elective bed and theatre capacity is too often impacted by emergency demand meaning patients have their appointment cancelled. To improve this NUH colleagues have secured access to £15m of NHS capital funds to increase the number of Elective Theatres, ward beds and Enhanced Peri-operative Care Unit on the City hospital site in 2022.

To take full advantage of this opportunity NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) is seeking support from the HSC to proceed with the plans, secure the investment and mobilise the services in time for winter 2022; this would require the Committee to support the NHS to enact the plan with timely and targeted public engagement rather than full public consultation. It is felt that the need to act urgently to secure this additional external capital funding and therefore avoid further long waits for citizens and the associated harm this would entail outweighs the benefits from consulting on this proposal.

#### **2 National context**

Waiting lists nationally 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 The local case for change**

Seasonal pressures this winter and the impact of Omicron have meant further delays in routine elective care as clinically urgent and cancer patients have been prioritised for treatment. The impact of the Omicron variant locally 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. The Nottingham and Nottinghamshire Integrated Care System (ICS) has developed an 'Elective Recovery Plan' to reduce waiting times and to offer patients personalised care with shared decision making at the centre. In addition, the system has been successful in attracting national capital funding of £35m to be invested on the City Campus at NUH as an 'elective hub' in 2023. This is agreed in principle, pending further approval from NHS England and Improvement (NHSEI) and an outline business case in order to proceed. Whilst this is based in Nottingham City it will be of benefit county wide, and we will be working closely with clinicians and the public as we shape the proposals to meet the needs of our wider population.

However, 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. Our waiting lists for elective care have increased across the 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.

The aim of this proposal is to protect elective capacity year-round and begin to reduce the backlog. NUH have requested the movement of a small number of services from QMC to City in advance of future wider scale proposals related to TNUH and any further potential changes enabled by the national funding to develop an 'Elective Hub' for the system. The proposal will create additional beds, theatre capacity and will segregate routine elective capacity away from urgent care demand.

The specific services affected in 22/23 would be:

- Colorectal;
- HPB.

The majority of these patients are typically not the most clinically urgent and can therefore experience significant delays. However, a number may also require more complex surgery requiring enhanced perioperative care. Whilst the nature of their condition may not always be life threatening it can have a wider social and economic impact for patients. The proposed move would affect around 900 patients a year accessing Colorectal and simple HPB services and potentially an additional 100 – 150 patients requiring more complex intestinal care.

Capital investment of £15m is available this year to provide:

- Additional 20 bedded ward on the City campus. 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.

This would have a number of benefits to patients:

- This would enable Colorectal and HPB patients access to 'ring fenced' elective care on the City Campus reducing the risk of cancellations due to increased urgent care demand;
- It would reduce waiting times for these patients;
- This would release additional capacity (theatres, beds and critical care beds) at the QMC for all other elective services based there.

These proposals will be complimented in future by the development of an 'Elective Hub' which would benefit a wider patient group. This is dependent upon final agreement of additional national funding (as referenced above) but plans will be fully aligned and further detail will follow on this proposal.

#### **4 Impact on NUH staff**

In late 2021, the trade unions were made aware of the moves, with a formal proposal paper being submitted to the NUH Workforce Change Panel in March 2022. Membership of this Panel includes a number of staff side representatives who approved the plan. The Staff Side Chair has also signed off the formal letter that will be circulated to staff regarding the proposals and continues to work with the Surgery Management team.

Furthermore, staff side health and safety representatives have engaged with the build project to ensure compliance with the relevant workplace guidance for staff.

Staff have been given the option on whether to move with the elective service to City Hospital or remain at QMC. Ward staff including registered and unregistered nurses, therapies and pharmacy are included in this as well as theatre staff. Specialist nurses and medical staff will move with the service.

#### **5 Impact on patients**

In considering the needs of the population we note that the Nottingham and Nottinghamshire ICB Quality Strategy (2019-2022)<sup>1</sup> identified Nottingham City as the 8th most deprived district in the country. The relocation of these services is proposed in order to protect elective capacity from urgent care demands and to enable safe segregation of patients from an Infection Control Procedures perspective, preventing bed closures due to Covid-19. However, we also recognise that any movement of services has an impact in terms of travel and access, especially when operating in an area of high deprivation.

The proposed move of colorectal surgery and HPB from QMC to City Hospital would affect around 900 patients a year accessing colorectal and HPB services and potentially an additional 100 – 150 patients requiring more complex intestinal care.

The majority of colorectal and HPB patients are typically not the most clinically urgent and can therefore experience significant delays. However, a number may also require more complex surgery requiring enhanced perioperative care. Whilst the nature of their condition may not always be life threatening it can have a wider social and economic impact for patients.

An Equality and Quality Impact Assessment (EQIA) has been undertaken which aims to assess whether proposed changes could have a positive, negative or neutral impact, depending on people's different protected characteristics defined by the Equality Act 2010, identify any direct or indirect discrimination or negative effect on equality for service users, carers and the general public and consider the impacts on people from relevant inclusion health<sup>2</sup> and other disadvantaged groups (e.g. carers, homeless people, people experiencing economic or social deprivation). The EQIA panel, led by our Quality Team, has considered the proposal in line with our commissioning process.

---

<sup>1</sup> [Quality-Strategy-v0.4.pdf \(nottscg.nhs.uk\)](#)

<sup>2</sup> <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/inclusion-health-groups/>

The EQIA has determined that the proposals will broadly have a positive impact on patient's different protected characteristics and have a positive impact on people from relevant inclusion health and other disadvantaged groups (see Appendices 1 and 2).

## **6 Conclusions and recommendations**

The proposals are fully aligned to the national direction of travel in order to ring fence elective capacity this year. In addition, these changes will complement the additional opportunity for capital investment in 2023 to develop a system wide Elective Hub which would bring significant benefits to our patients and public.

The work can be completed in Summer 2022, and phased service moves could be completed by the October 2022, meaning the ringfenced capacity would be operational for what will certainly be another difficult winter.

It is recommended that the Health and Adult Social Care Scrutiny Committee:

- Approve the proposed plans described above;
- Note that staff and trade unions have been appropriately consulted and have endorsed the proposals;
- Note that the proposals will broadly have a positive impact on patient's different protected characteristics and have a positive impact on people from relevant inclusion health and other disadvantaged groups
- Endorse a targeted approach to patient engagement, in order to deliver the maximum early benefit for patients waiting for Colorectal and HPB surgery.

## **7 Appendices**

Appendix 1: Impact of proposals on protected characteristics

Appendix 2: Impact of proposals on people from inclusion health and other disadvantaged groups

## **Appendix 1: Impact of proposals on protected characteristics**

The EQIA has highlighted that the proposed service change will have a positive impact or no impact on a number of protected characteristics:

*Age:* Patients over 60 years are more likely to need Colorectal/HPB operations than younger age groups and therefore are more likely currently to suffer the consequences of cancellations due to non-elective pressures.

*Disability:* The new facilities at City Hospital are all being developed on the ground floor which will mean any patients who have a physical disability may find it easier to access than the current facilities at QMC. All of the new facilities will meet the current standards for disabled access. The new facilities will have a greater proportion of side rooms than is currently in place in the inpatient wards at QMC enabling the service to better meet the privacy and dignity needs of patients with learning disabilities.

*Gender reassignment:* The new facilities will have a greater proportion of side rooms than is currently in place in the inpatient wards at QMC enabling the service to better meet the privacy and dignity needs of any patients.

*Sex:* NUH provide the services in a manner that ensures that all genders have equal access to them with no one being unfairly disadvantaged.

*Pregnancy and maternity:* It is very rare for pregnant women to have elective surgery procedures of this nature. Where pregnant women do undergo surgery during this time special arrangements are made by the MDT involved to ensure the procedure can be performed safely to ensure maternal and fetal outcomes are not adversely affected.

*Sexual orientation:* The service delivery model currently provides appropriate provision for patients of any sexual orientation. The Trust aim to treat lesbian, gay and bisexual and people of other sexualities with dignity and respect and to provide a culturally appropriate service.

*Religion and race:* The service delivery model currently provides culturally appropriate provision for any patient who has different needs due to their race and/or religion. Service specific information is available in different languages as well as interpreting services being available. This will be maintained in the future.

## **Appendix 2: Impact of proposals on people from inclusion health and other disadvantaged groups**

The EQIA has highlighted that the proposed service change will have a positive impact on people who fall into inclusion health groups. Proportionately the highest levels of deprivation are in areas located closer to City Hospital. Moving the services from QMC to the City hospital will likely provide easier access to more patients from deprived areas. The majority of patients are typically not the most clinically urgent and can therefore experience significant delays. However, a number may also require more complex surgery requiring enhanced perioperative care. Whilst the nature of their condition may not always be life threatening it can have a wider social and economic impact for patients. Protected elective capacity, available year-round will help ensure patients are treated faster reducing the social and economic impact.

Those people experiencing economic or social deprivation will be able to access the relocated service via reasonably priced public transport, and individuals can also get help with health costs if necessary. The proposal will not affect eligibility for patient transport.

Not all patients will have access to technology for virtual appointments however the fact it is available to those that do is a positive development. Traditional outpatient appointments will continue to be provided at the QMC for patients who don't have access to the technology required for virtual appointments and for those who require this for clinical reasons.

Outpatient and pre-operative assessments will not change from the current provision. Colorectal currently deliver 48.2% of their outpatient activity NF2F which is in line with their national benchmarked peers of 52.1%. HPB deliver 52.4% against a rate of 58.7% for national benchmarked peers. Pre-operative assessments will take place virtually or at QMC initially, as it does now, with the longer term plan to move to City Hospital.