

Nottingham and Nottinghamshire ICB

**Request for Health Scrutiny Committee endorsement of the proposal to publicly
consult on the investment plans for Nottingham University Hospitals.**

Introduction:

1. 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. Tomorrow's NUH (TNUH) is a key component part of this programme of change. The Health Scrutiny Committee have previously been briefed on the progress of TNUH in November 2020, January 2021, July 2021 and March 2022.
2. TNUH is a capital and service change scheme sponsored by the NHS New Hospital Programme (NHP), which was tasked by the Department of Health and Social Care with the delivery of the Government's 2019 General Election manifesto pledge to build 40 new hospitals by 2030. This is a once in a lifetime opportunity to take forward plans to improve our hospitals and the services we deliver in and around them. The investment available through NHP is considerable, and must be spent on the NUH estate, although there are potential benefits for the way that the health and care system work as a whole.
3. The Integrated Care Board (ICB) has a statutory duty to develop a Pre-Consultation Business Case (PCBC) which describes the proposed major changes to clinical services that will be enabled by the capital investment, and to ensure that the public are engaged with and can meaningfully influence the development of the proposals. A successful PCBC must demonstrate that it meets the 5 key tests for service reconfiguration, and the best practice checks as per '*Planning, assuring and delivering service change for patients (NHS England 2018 and 2022)*'.¹
4. That PCBC has now been completed and assured by NHS England, who have confirmed the funding and have given support for the scheme to proceed to full public consultation. This has been developed over several years, with significant clinical engagement and public engagement on broad proposals as they emerged.

Recent Context:

5. The Secretary of State, (SoS) for Health and Social Care announced in May 2023 that the government remains committed to delivering all schemes currently identified within the NHP as soon as possible and will ensure all schemes have adequate funding.
6. The SoS also announced that a total of £20bn would be made available to cover the period up to 2030. However, given the much publicised, critical infrastructure risks faced by the hospitals constructed using reinforced autoclaved aerated concrete (RAAC) the NHS has asked the government to prioritise the rebuilding of these hospitals by 2030 which has resulted in an additional five hospitals being included in the NHP. It has also been agreed that the NHP

¹ [NHS England » Planning, assuring and delivering service change for patients](#)

becomes a rolling programme of investment in new healthcare infrastructure to deliver new hospitals beyond 2030.

7. The impact of including the additional RAAC hospitals means that eight schemes originally due to be constructed towards the end of this decade will now be completed after 2030. The Tomorrow's NUH Programme falls into this group of schemes.
8. Over the summer of 2023 the ICB, working with NUH, have progressed the PCBC and have now received confirmation of capital availability from the NHP and NHSE support for the scheme to proceed to public consultation.
9. It is a requirement in legislation that the Integrated Care Board seeks the views of local Health Overview and Scrutiny Committees in advance of making a decision to proceed to public consultation. The remainder of this paper sets out the approach that the ICB and NUH have taken to arrive at a preferred option for consultation.

Clinical Design Principles:

10. The TNUH programme is underpinned by a set of 6 Clinical Design Principles developed by clinicians when the programme commenced in 2020; these were subsequently tested with the public and stakeholders. The principles are:
 - All care pathways should focus on integrated working with system partners to deliver appropriate out of hospital care including self-care and prevention
 - All Emergency secondary care services should be consolidated on one site where necessary dependencies are available 24/7
 - All Women's and Children's acute services should be consolidated and co-located with adult emergency care
 - Elective Care inpatient facilities and day case surgery should be delivered separate from Emergency Care in order to protect elective capacity, maintaining access to critical care
 - Cancer Care acute services should have access to critical care and all associated medical specialties.
 - Ambulatory Care pathways (outpatients and day cases) should be redesigned to minimise disruption to patient's lives, providing care in accessible locations whilst maximising the potential of new and emerging technologies.

The clinical design principles were then used to create and test all possible options for configuration of the NUH clinical estate during an options appraisal process.

Tomorrow's NUH Option Appraisal Process:

11. An options appraisal process took place during 2020-21 with a set of criteria known as the 'Critical Success Factors' (CSFs) developed and agreed between the ICB and NUH. The CSFs were designed to ensure that the options considered would support the ICB to exercise its statutory duties in relation to service reconfiguration, and to ensure that all options considered were deliverable, strategically viable, flexible, enhanced quality and patient experience and were affordable within both the capital envelope and the system finances.

A long list of 58 options was agreed and then evaluated against the CSFs to arrive at an options short list. This process ultimately generated a single viable option (known as option 13) as the Preferred Way Forward (PWF) for the programme. This was presented to NHS Nottingham and Nottinghamshire CCG Governing Body in April 2021.

During 2021 more became known about the requirements of the New Hospital Programme (NHP) and it became clear that the PWF could not be fully delivered within the capital envelope available. This necessitated some revisions to the PWF to determine what could be delivered within the scope of this programme. This work was undertaken by the Clinical Advisory Group for the programme, working to the established Clinical Design Principles and they recommended a revised option, 13a, as the new PWF. (Essentially, the difference between the two options is that in the original (13) *all* emergency services were located at the QMC, whereas in the revised option, (13a), *most* emergency services are located at QMC with some remaining at the City Hospital site).

This change was based on the relative affordability of the two options, with the rationale that the revised option would be affordable now, whilst the original option would remain as the ultimate strategic objective, subject to other capital becoming available in the longer term.

The proposed clinical configuration:

12. The process described above has resulted in the following proposals for investment in NUH clinical facilities:
 - **A new hospital for women, children and families at the Queen's Medical Centre.** At the moment, we operate maternity units at both the Queen's Medical Centre and City Hospital, which means that sometimes we need to transfer women and their families between sites when they need access to more specialist care or to services which are only available on one site. Currently our children's hospital is within the main hospital building at the Queen's Medical Centre, alongside adult services. In creating a purpose-built hospital for women, children and families, we will work with families to create a facility that is welcoming and child friendly, where all the specialist and supporting services they need are readily accessible. Having a new hospital for women, children and families would not only allow us to deliver services more efficiently, but it would support us to retain existing staff and attract new, talented professionals to come and work as a single team.
 - **Increasing the range of emergency care provided at the Queen's Medical Centre.** Emergency care is currently split across both City and QMC sites, which means that patients can arrive at the emergency department at Queen's, but then need to be quickly transferred by ambulance to the City Hospital, to access the appropriate specialist care. We want to eliminate this as far as possible, by bringing more of our emergency services together at the Queen's Medical Centre. The priorities are respiratory, burns and emergency plastics.
 - **Develop best in class cancer services across both our hospital sites and in the community.** In future, most cancer patients would go to the City Hospital for diagnosis, surgery and outpatient treatments, including chemotherapy and radiotherapy. They would also continue to benefit from other services currently based at the City Hospital, including the Maggie's Centre. However, our cancer inpatient beds would be based at the Queen's Medical Centre. This would mean moving oncology and haematology from the City Hospital, and ensuring radiotherapy and chemotherapy services would be available at the Queen's Medical Centre. Non-surgical cancer inpatients are some of the most unwell patients. Locating oncology and haematology inpatient services at the Queen's Medical Centre would ensure quick access to the emergency specialist and medical services they may require.
 - **Creating a centre of excellence at the City Hospital for elective (planned) care.** We are proposing the creation of a centre of excellence for planned operations and treatments at the City Hospital, physically separate –as far as possible – from emergency care. Dedicated beds, theatres and critical care facilities at the City Hospital would ensure that planned operations would no longer be affected by emergency pressures and delivered in the most efficient way.
 - **Transforming outpatient services to provide patients with high quality care at the right time in the right place.** We propose to fundamentally change the experience of outpatient care for our patients. We propose to develop more 'one-stop-shop' approaches that will

minimise the number of visits patients have to make, and to provide choice around whether appointments are face-to-face or virtual (where appropriate). We are also keen to provide more routine outpatient clinics and care in community settings so that patients can access specialist advice closer to home.

Other considerations

13. Recently, two separate but linked opportunities have emerged related to the land available for development associated with NUH
14. First, in August 2023, the Trust was informed by the University of Nottingham that they were considering vacating the Medical School building on the QMC site and relocating to a development at the north end of the Jubilee Campus². These plans are in the very early stages and the University has not yet made a final decision. The NUH team, supported by architects and quantity surveyors, have assessed whether the potential future availability of the Medical School Building opens up opportunities to better configure clinical services within the main QMC block. Based on previous work undertaken, modelling assumptions and initial insights, NUH have confirmed that they don't believe this would present an affordable opportunity to revert back to option 13 (full split of elective and emergency care across sites). As such, the clinical configuration that is proposed for public consultation remains extant.
15. It is important to note that the wider question of whether it would be possible to achieve option 13 within the cost envelope by a step back and review of potential options within the overall (larger available) masterplan has not been undertaken. Such a review would have potential knock-on implications for the business case development process and is not supported by the trust.
16. Secondly, the Trust has also recently purchased a small parcel of land, previously known as the Bell Fruits site, it is proposed that this land is used in the short term to alleviate some of the parking pressures at QMC and in the longer term to create a contractor compound separate to the main QMC site, to reduce traffic and congestion when the reconfiguration build begins.
17. NUH have been clear that whilst these estate opportunities may, at first glance, suggest there may be an opportunity to pause and consider a revised approach to the overall masterplan for Tomorrow's NUH, based on the analysis to date, there is no value in undertaking this more detailed work. It is therefore acknowledged that in progressing to public consultation, this will mean that the clinical model for Tomorrow's NUH is fixed early in the development process and around seven years before building commences. Should further analysis and investigation subsequently indicate that there would be benefits in reconsidering the clinical model then this would mean the public consultation would need to be re-run in the light of this new information and proposals.

Stakeholder engagement:

18. Effective service change involves full and consistent engagement with all stakeholders, and strong patient and public engagement is one the government's four tests for assurance that must be met.

Three rounds of engagement with the public have informed the development of the clinical models, the first in December 2020 to test the clinical design principles, and the second in March/April 2022 to discuss the proposed clinical configuration described above.

² <https://exchange.nottingham.ac.uk/blog/faculty-of-medicine-and-health-sciences-new-location-explored/>

19. Overall, the engagement has indicated broad support for the proposed model with 78% of respondents strongly/somewhat supportive of the plans.

In terms of the specific clinical areas the headline feedback is those people who were 'strongly / somewhat supportive':

Emergency Care 72%

Family Care 64%

Elective Care 80%

Cancer Care 75%

Outpatient Care 69%

The detailed feedback on both rounds of engagement have been reported back to the Health Scrutiny Committee previously.

20. Whilst the overall feedback indicated broad support, the engagement highlighted some areas of concern from respondents and identified areas where more dialogue was required with patients and the public to fully inform the developing model. As a consequence, a further round of engagement took place during February and March 2023 in order to strengthen our understanding or address gaps in our knowledge. These are:

1. Services at Ropewalk House (Audiology, Diabetic Eye Screening, Breast Screening and Cochlear Implants).
2. The experiences of residents of Basford, Bestwood or Sherwood, who use services at City Hospital.
3. The proposed facility for women's, children and family services (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology).

In total, just under 1,250 individuals were reached by completing an online survey, attending engagement meetings or events in the community, or engaging with the promotion of the engagement on social media. This builds on the 650 responses in total from the first phase of pre-consultation engagement and the 1,948 responses from the second phase of pre-consultation engagement, meaning almost 3,850 people have so far had input into the Tomorrow's NUH plans.

21. The findings from this latest round of involvement can be summarised as follows;
- 46% told us that travelling to Ropewalk House was extremely/somewhat easy and 35% found it extremely/somewhat difficult.
 - Some stated that parking can at times be an issue, in terms of finding a space to park and cost. The disabled parking spaces directly outside Ropewalk House were found to be helpful.
 - If services were to move from Ropewalk House to another setting, 34% would prefer to be seen at a location closer to where they live, 32% would prefer to be seen at the City Hospital and 18% would prefer to be seen at the Queen's Medical Centre (QMC).
 - Only 20% of residents of Basford, Bestwood and Sherwood strongly/somewhat support the proposed relocation of services, reflecting their attachment to the very local nature of the City campus to their homes. If services were to move from City Hospital, the majority would prefer to access these at the QMC rather than King's Mill Hospital. Reasons for this included good public transport links, familiarity with the site and the positive reputation for patient care
 - There continued to be no consensus on the naming of the proposed facility for women and children and further work will need to be done on this.

Consultation:

20. It is proposed, subject to the comments of the HSC, that public consultation commences in due course, intending to conclude before the start of the Pre-Election Period for the Mayoral election in late March 2024.

The public consultation will be delivered in line with the ICB's statutory duties and with the Gunning Principles which are:

- 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.

21. The PCBC will become a public document upon the start of formal consultation. However, as the PCBC is a technical document intended for regulators, a consultation document has been drafted which is designed to be accessible to the public. The consultation document details what is in and out of scope in the public consultation and includes an update on the engagement completed to date. The consultation document also comprises a detailed look at the proposed clinical model of care and the impacts the proposals have on e.g. travel arrangements.

At the next HSC meeting the ICB would want to share the draft consultation document and the supporting consultation plan with members for their comments.

Summary and recommendations

22. The HSC is asked to;
- a. Approve the principle of proceeding to Public Consultation, with exact timings to be agreed, with an intention to conclude before the Pre-Election Period in March 2024
 - b. Note that the significant elements of the proposed clinical service configuration are fixed
 - c. Note that the new estate opportunities (the University Medical School and the Bell Fruit land) are not considered to be material by NUH and will not impact on the proposed clinical model by the time of implementation beyond 2030
 - d. Consider how they wish to receive the PCBC, Consultation Document and Consultation Plan in due course before the commencement of Consultation.