Tomorrow's NUH – Consultation document (full version)

1. We're listening to you

Over the last three years, we have been speaking to people and communities about proposals to make some significant changes to our hospitals, here in Nottingham. We have secured some additional investment from the Government and would like to use these funds to make sure that patients get the care that they need, and that we have the right staff working in our hospitals to deliver that care, now and in the future.

The feedback that we have heard from people and communities has helped shape and develop our proposals. As an Integrated Care Board (ICB), we have a legal responsibility to involve people and communities in a public consultation, which is needed when we are considering making significant changes to NHS services. This is a responsibility that we take very seriously, and it is vital that we get this right. Your views, through this consultation, will help us.

Please take the time to read this document. There is additional supporting information online, and you can complete the questionnaire at [website]. To request a copy of the questionnaire for you to fill in at home or to arrange to complete the questionnaire with a member of staff, email nnicb-nn.engagement@nhs.net or telephone [phone number].

This document includes some medical and technical words. A definition of these words can be found in a glossary on page 21.

2. What is Tomorrow's NUH?

> *"Working with patients, staff and partners, we will use this exciting once-in-a-generation opportunity of investment through the Government's New Hospital Programme to improve how and where services are delivered, so that health and care services across Nottingham and Nottinghamshire are more joined up and accessible to all. We will put our hospitals at the forefront of healthcare research and innovation, and transform them into more efficient, greener environments."*
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> Tomorrow's NUH vision

The NHS in Nottingham and Nottinghamshire has an ambition to improve our local health and care services, so that people can live longer, happier, healthier and more independent lives. We want every citizen to enjoy their best possible health and wellbeing and want to do this by providing the best services we can to meet the needs of our diverse communities, ensuring that services can be accessed by all our patients, when they need them. We also want to take advantage of the latest therapies, treatments and health technologies, to attract the best people to come and work with us.

Our population across Nottingham and Nottinghamshire is living longer, but this also means an increase in health and care needs. In addition, as new treatments and technologies, unheard of five or ten years ago, are introduced, it is also important that our health and care services change. We now need to look to the future and make sure that:

- Waiting times for planned care (e.g. operations) are reduced.
- Routine appointments and tests are available when people need them.
- Mental health support is well co-ordinated with other health care services.
- Staff working in our health and care services are supported to deliver the very best patient care.

Thanks to the investment available through the Government's New Hospital Programme (NHP), we have a once-in-a-lifetime opportunity to update and improve the hospitals run by Nottingham University Hospitals NHS Trust (NUH). We are calling these plans *Tomorrow's NUH*.

Securing this investment and arranging services in the right way, across NUH's two main hospital sites (the City Hospital and the Queen's Medical Centre (QMC)) and Ropewalk House, is critical for delivering health and care services in the future. We also need to use this opportunity to ensure all local health and care providers are joined up in how they provide these services.

3. Background

NUH is one of the biggest and busiest NHS Trusts in the country. The 2006 merger that created the Trust has resulted in the duplication of some services across the QMC and City Hospital, such as maternity, as well as some services that should work closely together being located on opposite sides of the city of Nottingham. Since the merger we have made many improvements to our services but there is more that could be done. Some of our buildings date back to Victorian times, and many are simply not fit-for-purpose when it comes to delivering modern healthcare.

In creating our vision for the future of NUH, we brought together experts from across the health and social care system, representatives from the local community and from partner organisations such as our universities, who train the next generation of healthcare professionals. Together, they have considered how we should make the most of this investment opportunity to make changes to where - and how - we provide services, to develop our workforce for the future and to lead the way in clinical research, digital innovation and sustainability.

Through Tomorrow's NUH, we want to make sure patients can access the specialist care they need more quickly and in the right location, whether that be in hospital or in a setting closer to home. We want to use our staff and resources in the most efficient ways, and we want to make sure we are creating opportunities within our local community as an employer of choice, while building on our reputation as a world-class teaching and research institution, so we attract new clinical talent to the region.

In redesigning and redeveloping our hospitals, and the part they play in the wider healthcare system, we want to make the most of the latest digital technologies and deliver on the NHS's commitment to net zero carbon and greener buildings. All these things will clearly benefit both our patients and our staff, and, crucially, they will also provide a significant economic boost for Nottingham and Nottinghamshire.

Ultimately, we want to create hospitals that will make a difference to the next generation and have as much impact as the QMC did when it opened in the 1970s. This isn't about just

increasing what we currently have, but about creating better hospitals as part of a complete health and care system that is ready for the challenges and opportunities of the future.

Through Tomorrow's NUH, our vision is to:

- Create new facilities for women, children and families and bring services together on to a single site.
- Enhance the way we manage the care of patients in an emergency by increasing the range of emergency care we provide at the QMC.
- Develop best-in-class cancer services across both our hospital sites and in the community.
- Create a centre of excellence at the City Hospital for elective (planned) care.
- Transform outpatient services to provide patients with high quality care at the right time, and in the right place.

The funding that is available means that we can make sure that we have the right number of beds, operating theatres and other facilities at the QMC and City Hospital to provide care for our citizens, no matter when they need our help. If our hospitals are set up in the right way, this will help other local health and care services provide high quality care too. If we have world class facilities, it will mean that we will be able to attract the best health and care staff to Nottingham and Nottinghamshire.

However, it is not just about investing in hospital buildings: Tomorrow's NUH offers the opportunity for us to invest in our shared future, supporting local social and economic regeneration, facilitating medical research and innovation, and developing the healthcare workforce we need to best support our patients well into the future.

4. What is a Public Consultation?

A public consultation in the NHS is a formal process through which the NHS listens to the views of the public when it's looking at service change proposals.

In this case, the authority consulting is the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB). ICBs are organisations that are responsible for commissioning (buying) and making decisions about healthcare services in the area, on your behalf. This includes many of the services provided by NUH. As part of this consultation, Nottingham and Nottinghamshire ICB will also be consulting on the specialised services currently delivered from Ropewalk House, on behalf of NHS England.

This document aims to:

- Set out why we are looking to make changes in the way services are provided by NUH.
- Explain the proposals for transforming the services and how they were developed.
- Explain how you can get involved in this consultation.

5. What does this consultation include?

This consultation includes proposed changes and improvements to how, and where, services are delivered within Nottingham University Hospital buildings, on the QMC and City Hospital sites and Ropewalk House. The Child Development Centre and the services

delivered within there are within the scope for this programme, and provision has been made for accommodation to be available within the proposed family care facility at the QMC. This will be explored with patients and their families in the consultation. The services are currently provided by NUH and Nottinghamshire Healthcare Trust.

6. What does this consultation not include?

This consultation will not be asking for your views on mental health, community or primary care (GP) services. These services are important and have helped to shape how the proposals have been developed, but they are not the focus for this consultation. This consultation will also not be asking your views on acute services provided by other providers across Nottingham and Nottinghamshire e.g. Sherwood Forest Hospitals NHS Foundation Trust and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

7. Why we need to change

We know that to achieve our ambition to transform health and care services locally, so that people live longer, healthier and happier lives, we need to look at new ways of working, follow best practice and take advantage of new technological developments. The Covid-19 pandemic has emphasised the need for change.

Our proposals have been developed with expert nurses and doctors, and with different organisations from across the Nottingham and Nottinghamshire health and care system. We have looked at current and future demand and the way we deliver our services, to understand where we are not meeting the needs of our population, and where we can, improve the quality and outcomes of care provided for patients and their families. Through this process we have identified three main challenges:

7.1. We are not always meeting the needs of our local population

There are many challenges facing the NHS in Nottingham and Nottinghamshire, not least, it has an aging population, many living with complex health needs. By 2035, it is estimated the number of 65 to 85 year olds in Nottingham and Nottinghamshire will have increased by 30%, and the number of 85+ year olds will have increased by about 90%. Nottingham City also has some of the highest poverty levels in England – which are often a significant cause of illness and poor health. Combined, this means the demand on our services is likely to increase significantly.

We need to ensure our health and care services are focused on addressing the health needs of all our citizens, in a joined-up way, so that care is accessible and delivered in the right place, at the right time. We believe our proposals to improve services would address some of the frustrations that people have told us about, would respond to the challenges facing the NHS on a local and national level, and would also make a significant contribution to improving the overall health and wellbeing of our populations.

7.2. Our services are not clinically sustainable

We know that the current model for delivering healthcare in Nottingham and Nottinghamshire does not always achieve the best outcomes for our population, and we face significant issues in meeting the quality and performance standards our patients expect. This poses a challenge to the effectiveness, efficiency and sustainability of our health and care services.

For adult emergency care - currently, many of our emergency patients need to be transferred between sites, to receive the support they need from specialist staff. This includes over 4,100 emergency transfers, a third of which are suffering with acute respiratory conditions, such as pneumonia, being taken from the QMC to the City Hospital each year.

There are also multiple ways to be admitted to the City Hospital, which makes it challenging for some of our most unwell cancer patients to receive the care they need, quickly and efficiently. With specialist expertise being spread over two sites we're also unable to maximise the care delivered from our Same Day Emergency Care (where patients are assessed, diagnosed and treated without being admitted to a ward, if appropriate) facilities.

For family care - we currently run a maternity and neonatal unit at two hospital sites (City and QMC) which means we are duplicating services which are relatively close to each other. Sometimes, we also have to transfer patients between sites when specialist care is needed or there isn't sufficient capacity on one site.

In addition, we face competition from other hospitals to recruit the same types of staff, due to a national maternity workforce shortage. These underlying staff issues also impact the quality of care we provide.

In October 2020, the Care Quality Commission (CQC) undertook an inspection of NUH services[1] and a further unannounced inspection of maternity services at City Hospital and QMC was undertaken in April 2021[2]. It was reported that staff deployment, both midwifery and obstetricians, is impacting the safety of patients using our initial assessment (triage) services. NUH has taken steps to improve the services through its Maternity Improvement Programme (MIP). The changes proposed within the TNUH programme are separate to the MIP, but we believe they will help to support that improvement journey by providing the basis for a more sustainable workforce.

In addition, in September 2022, an independent review into maternity services at NUH was commissioned by the NHS England national team, chaired by Donna Ockenden. The review is focusing on identifying areas of concern within maternity care at NUH and will provide information and will recommend actions to help improve the safety and quality of this care, as well as the handling of concerns raised by patients and their families. The review report is due to be published by September 2025, and the findings will be fully reflected, as appropriate, in the future planning for maternity services.

For adult elective (planned) care - particularly during the winter period when we see lots of very ill people (particularly with our growing elderly population who often have several conditions or illnesses at the same time) in our emergency department, it sometimes affects our ability to carry out elective (planned) operations such as replacement hips and knees. These operations are cancelled because beds and operating theatres are being used to treat patients needing emergency treatment. We know cancellations are both distressing and inconvenient for patients and their families, which is why we want to reduce them as much as possible.

[1] CQC takes action to drive improvements in maternity services at Nottingham University Hospitals NHS Trust - Care Quality Commission
[2] CQC welcomes improvement at Nottingham University Hospitals NHS Trust maternity services, but calls for further progress - Care Quality Commission

For cancer care - we know that the numbers of people diagnosed and living with cancer continue to grow year-on-year, due to an aging population and increasing survival rates. Whilst we can't predict what the treatments for cancer will look like in the next 10, 20 or 30 years, we do want to be ready for them.

Our vision is for us to be at the forefront of cancer research and innovation, developing centres of excellence, so that our patients have access to the best cancer care. To support this, we need to train our workforce to deliver best-in-class cancer care. Being closely linked to the University of Nottingham, and its research expertise, is important for this.

For ambulatory (outpatients and day patient) care - we know that travelling to hospital and having a long wait for an appointment is often time consuming, frustrating and costly, especially if a patient needs to make multiple visits to see different doctors. We want to provide the right care in the right place at the right time, in a safe setting that limits someone's exposure to infection. As a result, we want the opportunity to deliver more services closer to home in the community or in people's homes through virtual care, where appropriate. Providing care closer to home in convenient locations would also mean less travel time and cost for patients, as well as benefitting the environment.

7.3. Our buildings are not suitable for modern healthcare

Some of the NUH buildings date back many years, and therefore do not provide the best environment for patients or staff (e.g. both Ropewalk House and nearly a quarter of the City Hospital were built before the NHS itself was established, pre 1948). Poor quality estate impacts on our ability to deliver high quality care and affects the experience of both patients and staff.

Though the national New Hospital Programme investment, we have the opportunity to address the key challenges, improve services for our population and deliver modern healthcare for our patients. We are committed to improving the safety of our patients, but are facing challenges that, without investment and change, will be hard to overcome.

The NHP funding provides us with a unique once-in-a-generation opportunity to invest in our services to improve health outcomes for our patients, improve facilities for our workforce, and to play our part in a sustainable local and regional health service.

8. How we developed the proposals

A very comprehensive process has taken place to develop the proposals for this consultation.

We started with a long list of 56 options, considering all combinations of adult emergency services, women and children's services, elective services, and cancer services. These were then refined into a short list for a more detailed evaluation. The process included discussions in workshops with doctors, nurses and other health professionals from across our health and care system, where the different options were looked at and considered against a number of factors, including:

- Improving the way services are delivered.
- Improving patient quality of care and experience and helping to reduce health inequalities.

- Improving staff experiences, recruitment and retention.
- Offering flexibility to support changes to patient needs in the future.
- Making sure the changes are in keeping with our strategic direction.
- Offering changes that are affordable.

This process was also supported by wider engagement with patients and the public.

We first talked to the public about our ideas in November 2020, which helped to steer the development of our proposals. A second period of listening to local residents and community groups, between March-April 2022, helped to help refine our proposals further.

As the proposals continued to develop following these two phases of pre-consultation engagement, three topics were identified, which would benefit from further targeted engagement with citizens and communities, to strengthen our understanding or address gaps in our knowledge. These were:

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 Centre for Women, Children & Families (e.g. maternity, neonatal and children's services, including children's emergency care and some gynaecology).

Further engagement work on these three areas was undertaken in February and March 2023.

At the end of the financial year 2022/2023, NUH purchased a small piece of land directly adjacent to car park 2 at QMC. The purpose of this land purchase was to address current demands for non-clinical services and staff parking, as well as providing flexibility for future construction projects as NUH continues to develop the site. After evaluating the land with the help of architects and quantity surveyors, we've concluded that it's not suitable for any clinical purposes. However, this doesn't change our proposals for the Tomorrow's NUH programme.

When we were putting together our proposals, the University of Nottingham (UoN) announced that they might want to relocate the Medical School from the current building on the Queen's campus. After looking into it with architects and cost experts, we think that while it could be a chance to set up some non- clinical services in the future - turning the building into something for clinical use would cost too much. So, even though we'll keep an eye on any possibilities as the University makes its final decision, this potential doesn't change our way forward for how we organise our clinical services.

More details on the options and the evaluation process followed can be viewed in the Pre-Consultation Business Case here [link to PCBC]

9. How we have involved people so far

We have carried out continuous engagement since the beginning of the TNUH programme, to ensure we have involved patients and the public in the planning of our services, to help shape our proposals and in the decisions about how services could operate in the future.

This means we have listened to those within NUH, from other NHS and non-NHS partners, and from the citizens of Nottingham and Nottinghamshire.

Our engagement has followed our principles to involve people whilst the proposals are being developed, to provide information and time to enable people to respond, and to commit to taking feedback from this consultation into account before making any final decisions on any service changes.

By speaking with people from all backgrounds and using a range of methods, including traditional face-to-face engagement, virtual sessions and communicating via social media, we have aimed to make our engagement as inclusive as possible.

We have learnt seven key things from listening to what people have to say:

1. The majority of participants were supportive of the overall proposals that were outlined.
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, was required.
3. Travel, parking and access to public transport were consistent themes being highlighted across all engagement.
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.
5. There was a mixed reaction to the prospect of more remote consultations and virtual appointments. Concerns were raised whether these were appropriate for certain health conditions and patients.
6. There was support for the cancer care proposals. It was highlighted that the fatigue caused by treatment, in additional 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 a hospital, co-located with specialist services on one site, as it would help to ease the pressures, concerns and the emotions of patients and families, especially those who may be undergoing cancer treatment.
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.

We have engaged regularly with Local Authority Health Overview and Scrutiny Committees and will formally notify them of our intention to consult. The primary role of these Committees is to hold local decision makers to account, and to help improve local services by reviewing decisions about where and how health and care services are provided to the local population.

There has also been an ongoing programme of internal communications and engagement within the Trust about TNUH, recognising the importance of keeping staff updated about developing proposals for service reconfiguration and the progress of the programme.

The engagement with NUH staff is a continuous process throughout the programme, so we can ensure we reflect their voice in our plans. As the programme moves beyond the decision-making stage, NUH staff will co-create any detailed implementation plans required.

10. Overview of our change proposals

All our proposals are based on:

- National and regional NHS strategies and guidance.
- The aims and vision of the Nottingham and Nottinghamshire Integrated Care Strategy[3]
- What our clinical service leads believe is right for patients.
- What external clinical experts and advisors say is best practice.
- Feedback from our engagement.

In order to:

- Deliver better outcomes and quality of care for patients, in a timely way.
- Make it easier for hospital staff to provide the best possible care for patients, using the latest technologies and fit-for-purpose, flexible estate.
- Make services more attractive so they can recruit and retain great staff, dedicated to the highest care.

11. Our proposed clinical model of care

Our proposed model of care (the way we deliver our services) is ambitious in its aims to support people to live longer and healthier lives, and is comprised of three key areas of focus:

1. Integrated care: providing more joined up services has been identified as a priority. We want to collaborate with the wider health system to enhance how, and where, services are delivered across Nottingham and Nottinghamshire. This will support a more streamlined 'making every contact count' approach to care, to help improve the patient's experience and their access to services.
2. Population health: we face an increase in demand and the complexity of peoples' health needs, as well as significant ongoing changes in treatments, technologies and the way care is delivered. There are also ever-increasing financial pressures. Against all of this, we need to reduce health inequalities and improve patient outcomes.
3. Local and specialist hospital services: safe and high-quality care depends on the availability of services dependent on each other, being located together. We want to make sure the right hospital services are close to each other to support best practice.

In addition, we want to build on the strengths of our acute care providers. NUH has achieved national and international recognition for many of its specialist services including stroke, renal, neurosciences, cancer services and trauma. The Trust is also at the forefront of many research programmes – it is the only NHS trust and university partnership in the country to have had three successful bids for biomedical research units.

[3] healthandcarenotts.co.uk/wp-content/uploads/2021/05/Integrated-Care-Strategy-2023_27.pdf

We also know that complex, long-term conditions require more than hospital involvement, so access to specialist acute services remains key to ensuring that people are cared for, during their lifetime. Consequently, these services must be coupled with ongoing, integrated care, so that people can be kept healthy at home when they leave hospital.

12. The proposed changes – at a glance

12.1. Emergency care

Increase capacity for emergency care at the QMC, which would mean:

- Moving acute respiratory and burns and emergency plastic surgery services, from the City Hospital to QMC.
- Relocating the helipad from its off-site location just off university boulevard to QMC, to provide direct access from the Air Ambulance to the Major Trauma centre.
- Continued development of the Same Day Emergency Care facilities.

12.2. Family care

Develop a purpose-built Centre for Women, Children & Families at the QMC, which would mean:

- Moving the maternity and neonatal services from City Hospital to QMC, to create a single, purpose-built maternity and neonatal unit, providing both consultant-led and midwife-led births.
- Providing antenatal and postnatal care at the QMC, as well as retaining antenatal and postnatal care at the City Hospital.
- Developing a new, purpose-built children's hospital which would include a children's emergency department, and which would be separate from the adult's emergency department
- Moving the Child Development Centre from City Hospital to the QMC, to co-locate with the children's hospital.
- Developing the gynaecology service at QMC, with Gynaecology Oncology Surgery remaining at City Hospital, alongside other cancer surgery services.
- Fertility services would continue to be provided from the main QMC building.
- Existing work with charities and other organisations assisting women with child loss and bereavement would continue to be supported.

12.3. Adult elective (planned) care

Develop an elective surgery centre of excellence at City hospital, which would be separate from the main emergency site, and would include:

- Creating an elective hub (surgery centre) to bring together the elective services currently on the City Hospital site.
- Moving Intestinal Failure (e.g. digestion issues) service from the QMC to the City Hospital.

12.4. Cancer care

Develop world class cancer centres at both the QMC and City Hospital, which would mean:

- Moving all of Haematology services and all inpatient Oncology, including the Teenage Cancer Trust Unit, from the City Hospital to QMC.
- Providing both radiotherapy and chemotherapy services within the QMC cancer centre to support inpatients, as well as providing some capacity for ambulatory/outpatient treatments.
- Expanding the existing radiotherapy North building at the City Hospital, to bring together all of the ambulatory/outpatient treatments and therapies (radiotherapy and chemotherapy) being provided at the City Hospital, into a single building.
- Haywood House would remain at the City Hospital site.
- Maggie's Centre would also remain at the City Hospital site.

12.5. Ambulatory (outpatients and day) care

Develop a broad offering where patients would be seen in the most appropriate setting (through one-stop-shops, see-and-treat clinics and through virtual and remote care, where appropriate), which would mean:

- The expansion of virtual and remote care offering where appropriate for patients, so they could be seen at home, or another place of their choice.
- Moving the audiology, implantable hearing aids and cochlear implants services from Ropewalk House to the QMC.
- Moving the Breast screening and diabetic eye screening services into other settings within Nottingham.

13. The proposed changes – in more detail

13.1. Emergency care

Proposal: The consolidation of emergency care services, as far as is practicable with the emergency department, on one site at the QMC

With approximately 500 people attending the Emergency Department (ED) each day, the QMC has one of the busiest ED departments in the country. Whilst the attendance rates decreased through the Covid lockdowns, they have since returned to pre-pandemic levels. There has also been a significant increase in people attending with complicated medical needs, as well as an increased demand from the elderly. In addition, around 4,000 patients a year, who need emergency care, are having to be transferred between the City and QMC hospitals.

Our proposal seeks to build on the services we already have in place to improve outcomes for our patients. We recognise the need to work as a system to deliver improvements in emergency care services. A key part of this would be to reduce the number of people that occupy hospital beds who are deemed fit to go home, by providing ongoing care at home or in the community.

Our overall ambition for emergency services is to ensure that people are seen by the right staff, at the right time, first time. As such, we are proposing to move urgent and emergency care services – acute respiratory (including pneumonia), burns and emergency plastics - from the City Hospital to ensure they are close to specialist services at the QMC, this would also reduce the number of emergency transfers that currently take place between the two hospitals.

Bringing acute respiratory services to the QMC, for example, where they would be situated with other emergency services, would reduce the number of patient transfers between the two hospitals by 30 per cent. This would also enable us to protect beds for planned operations like new hips and knees even during the busy winter months when acute respiratory services are under increased pressure.

The consolidation of the burns and plastics emergency service would offer similar benefits and would achieve a long-standing NUH priority to bring this service close to the major trauma centre. This would ensure trauma care patients, requiring specialist plastics surgery, would be able to receive on-site treatment from specialist burns and plastics teams, removing the need to transfer them to another site. This follows the guidelines set by the government for how to provide the best possible care for people who have experienced serious injuries like trauma and burns.

Future journey for a patient suffering burns

A 70-year old patient (patient X) suffered 35% full thickness burns (including face, hands and chest, and an inhalation injury) in a house fire and, following extraction from the building, is transferred to the emergency department at QMC.

There is an immediate review by the burns and plastics surgery team now located at the QMC, supported by the burns nursing team.

Patient X is transferred to the Intensive Therapy Unit (ITU), again at the QMC, where co-ordinated care continues, including looking at reconstructive surgery.

Patient X is discharged with ongoing burn care, provided by the burns outreach team and later in the community.

We also want to expand and improve our Same Day Emergency Care (SDEC) service (where patients are assessed, diagnosed and treated without being admitted to a ward, if appropriate). This would increase the availability of quick diagnosis, enabling patients to be treated and discharged without them having to stay overnight in a bed.

SDEC future patient journey

A 22-year-old woman goes to her GP with acute right sided abdominal pain and fever.

The patient is referred to surgical SDEC, where surgical and gynaecological causes are excluded.

Further assessment and investigations by the acute medical team identify she has an acute kidney infection.

Treatment is started and the patient discharged home on the same day, with a management plan and an outpatient follow-up in place.

The Emergency care proposal would also offer an integrated physical and mental health service where appropriate, including co-locating the mental health liaison team based in the emergency department.

A summary of the Emergency care proposal benefits is detailed below:

a) Improving hospital efficiency (patient flow)
   - Improved emergency provision so that patients who require hospital admission are admitted more quickly.
   - The proposal would ensure patients are seen in the right place, first time.

b) More consistency in quality, safety and outcomes for patients requiring emergency care
   - Emergency care patients would have rapid access to a full range of acute medical and surgical specialities on-site, removing the need for emergency transfers.
   - There would be a more standardised and consistent level of care for patients.

c) Improving the patient experience
   - Patients would be treated in a fit-for-purpose setting, with quick access to the specialist expertise they require.
   - The steps in a patient journey would be reduced, ensuring patients are seen in the right place, first time.
   - The transfers between sites would also be reduced.

d) Improving the staff experience
   - A single team would provide a more efficient service.
   - There would be increased opportunities for emergency physicians to develop new skills, as well as implementing new treatments and therapies.
   - There would be increased opportunities for collaborative working and cross-speciality training.

13.2. Family care

Proposal: A new, co-located Centre for Women, Children & Families with easy access to adjacent services, including adult emergency care.

The proposal allows us to create an integrated Children's Hospital bringing key services into one place, giving children's care a greater focus. Families would find care for new-born babies, infants and older children to be far less spread out than at present.

Some of the NUH buildings date back many years, and therefore do not provide the best environment for patients or staff. This proposal would aim to create a new Centre that feels welcoming, friendly and inclusive, for all our citizens.

In addition, one single, larger, maternity unit is easier to staff and manage, when compared with two smaller units and would help create opportunities to improve the recruitment and retention of staff, as well as supporting quality and safety improvements.

This would mean that hospital births could only take place at QMC, with no option to give birth at the City Hospital. The new facility would offer the full range of neonatal care as well as midwifery-led facilities alongside a consultant (doctor)-led delivery unit, giving families as much choice as possible about the type of birth they would like. Families would continue to have the option of a home birth, where appropriate.

We know we need to improve our maternity services, and many people in the NHS in Nottingham and Nottinghamshire are currently working hard to respond to the concerns that have been raised by the Care Quality Commission (CQC) about maternity care at NUH, through the Maternity Improvement Programme.

The proposal for family care would reflect all the latest clinical best practice and advice and also the learnings from the Ockenden report, as well as from maternity reviews from across the country.

We also think co-locating all women's and children's services with emergency care at the QMC would help us to improve the quality of care and safety for women, babies, children, and their families. It would mean people have access to the specialist and emergency care they sometimes need when they give birth, without having to be transferred by ambulance to another hospital site.

Future patient journey for family care

Mrs R is in her first pregnancy when the membranes surrounding the baby rupture, 24 weeks into the pregnancy.

She is given antenatal steroids but her pre-term labour progresses.

Mrs R has her baby at the QMC hospital and baby R is admitted to the Neonatal Intensive Care Unit (NICU).

On day five baby R deteriorates, and is found to have a bowel perforation. Baby R has a laparotomy (a surgical incision performed to examine the abdominal organs) within one hour, and returns to the NICU.

Baby R is stable as a result of the rapid intervention they receive.

The Child Development Centre and the services delivered within there are within the scope for this programme, and provision has been made for accommodation to be available within the proposed family care facility at the QMC.

A summary of the family care proposal benefits is detailed below:

a) Reducing the differences in quality, safety and outcomes for women and babies
- Women and babies would have on-site access to the specialist input they would need.

b) Improving the patient experience

- Women and their babies would be looked after together, without the need for transfer across sites or out of the area.
- Women would have access to high quality facilities that would ensure privacy, dignity, and an improved care experience.

c) Improving workforce resilience

- There would be more efficient and resilient staff rotas.
- There would be an increase in collaborative working, with time to innovate and deliver cutting-edge care.
- There would be improved training and supervision for junior staff.

13.3. Adult Elective Care

Proposal: Develop an elective hub (surgery centre) of excellence at the City Hospital, which would be separate from the main emergency site.

Particularly during the winter period when we see lots of very ill people (particularly with our growing elderly population who often have several conditions or illnesses at the same time) in our emergency department, it sometimes affects our ability to carry out elective (planned) operations such as replacement hips and knees. These operations are cancelled because beds and operating theatres are being used to treat patients needing emergency treatment. We know cancellations are both distressing and inconvenient for patients and their families, which is why we want to reduce them as much as possible.

Elective services are planned and involve specialist clinical care or surgery. In 2019/20, there were over 19,400 elective admissions to NUH. Our range of services treat patients with varying health needs, and with different levels of complexity.

With changes already happening and the proposal to move the Intestinal Failure operations to the City site, our future elective proposal would focus on consolidating elective surgery onto a single hospital site, to protect against surges in emergency demand.

We would also want to increase the accessibility of pre-operative and post-operative care by delivering more care virtually, or in the community. There would be a focus on ‘single meaningful consultations’ to maximise the value of patient/doctor consultations, which would potentially reduce the number of follow-up appointments required.

Some elective care, however, would remain at the QMC for certain specialities, such as ear, nose and throat services and neurosurgery, where the co-location and consolidation of emergency and elective services would provide best practice.

A summary of the adult elective care proposal benefits is detailed below:

a) Improving access to elective care

- Reduction in cancelled operations for patients.

b) Reducing the variation in quality, safety and outcomes for patients

- A reduction in healthcare-acquired infection numbers.

- Elective patients would be able to recover in a dedicated elective unit.

c) Improving the patient experience
- Patients would be treated in a fit-for-purpose setting, with quick access to the specialist expertise they require.
- There would be a reduction in emergency transfers.
- The number of cancelled operations for patients would also reduce.

d) Improving the staff experience
- The proposal would help to protect the training for junior surgeons and other staff groups.

13.4. Cancer Care

Proposal: Develop best-in-class cancer services across both our hospital sites, and in the community. We have a very fragmented model at the City Hospital, with multiple locations and buildings providing cancer care, for example, two radiotherapy departments. Our proposals are to create consolidated and defined facilities on both sites which will improve the experience of both staff and patients.

NUH is currently a leading cancer centre specialising in diagnosis, treatment, research and education.

It provides services to the local population of Nottingham and is the main specialist referral centre for highly specialised medical (tertiary) treatment for the East Midlands. Working with partners in Cambridge and Leicester, NUH is also one of 11 national genomic medicine centres.

The Trust works closely with GPs and community services, to deliver a joined-up approach in a patient's cancer journey. This is also supported by two facilities at the City Hospital - Maggie's Centre, a drop-in service that offers practical, emotional and social support; and Hayward House, a specialist palliative care unit which provides high quality care, centred on the needs of patients and their families.

Our proposal for cancer care and treatments in the future would provide a more holistic approach, working together with system partners across Nottingham and Nottinghamshire. There would be a strong focus on prevention and early diagnosis, which aligns with best practice and national guidelines, and has the potential to transform clinical outcomes and the patient experience.

Under the proposal, most cancer patients would go to an elective site for diagnosis, surgery and outpatient (day) treatments, including chemotherapy and radiotherapy.

For those who needed to be admitted, including oncology and haematology, the cancer beds would be based alongside emergency care at the QMC. Radiotherapy and chemotherapy services would also be available here, to support patients during their inpatient stay. These patients are often admitted as emergencies because they are very unwell, and it is important that they are seen by the right staff, who may be working in different teams.

Non-surgical cancer future patient journey

Mrs A is admitted to the emergency site under the spinal surgical team, with worsening back pain and leg weakness.

The spinal surgeons need help from haematology to confirm a diagnosis of a new myeloma. This is provided by the on-call haematology team, based at the emergency site. As the patient has a new malignant cord compression, the on-call clinical oncologist and the spinal surgical team can both review the patient in person, liaising directly with haematology to confirm a likely prognosis and the overall treatment plan, with the benefit of a face-to-face clinical review.

A treatment plan is agreed that considers a range of factors, including the pain level Mrs A is experiencing, as well as other potential barriers to treatment that need to be addressed effectively. The patient does not need to be transferred away from her admitting ward just for clinical assessment, as all the teams are on-site.

Mrs A can go for her radiotherapy planning session, direct from the admissions ward, having been already assessed, with her pain addressed.

She can go on to have her urgent radiotherapy treatment, whilst a bed on a haematology inpatient ward is being made available.

Throughout the remainder of her stay Mrs A receives regular input from both the haematology and the clinical oncology teams, as well as other acute medical specialties as needed. This ensures Mrs A has access to all the specialist care she requires, at a senior and in-person level.

A summary of the cancer care proposal benefits is detailed below:

a) Improved clinical outcomes

- There would be quicker diagnosis and access to specialist care.
- Cancer care delivery would be standardised, across in-hospital and out-of-hospital care.
- There would be a focus on supporting people to live well, with psychological support provided during the patient's cancer journey.
- Clinical research would help inform care and treatment.

b) Improved patient experience

- Patients would be diagnosed in fit-for-purpose settings, closer to home (where appropriate).

c) Improved staff satisfaction

- Training and development opportunities would be created through collaborative working.
- This would help to attract a world class workforce.

13.5. Ambulatory (Outpatients and Day) Care

Proposal: Ambulatory care pathways would be redesigned to minimise disruption to patient's lives, providing care in accessible locations, whilst maximising the potential of new and emerging technologies.

Through this proposal, we would have the opportunity to redesign the way we provide outpatients and day care, delivering these services closer to home, in the community or in people's homes through virtual care, where appropriate. Our proposal focuses on providing the right care in the right place at the right time, in a safe setting that limits a patient's exposure to infection. Providing care closer to home in convenient locations will also mean less travel time and cost for patients.

The way in which outpatient appointments are delivered changed rapidly during the Covid-19 pandemic. Now, in NUH, around 23% of all hospital outpatient appointments are held virtually, compared to only around 6% before the pandemic. It is also increasingly the case that outpatients are delivered as a one-stop, to improve patient experience and make the best use of resources. Some patients have told us they like the flexibility that this approach offers, but we are aware that not everyone will choose to or are able access virtual appointments. There will still be face-to-face appointments should this be the preferred option for patients.

The services from Ropewalk House are also being considered as part of this consultation. The proposed changes are:

- Moving audiology, implantable hearing aids and cochlear implants service from Ropewalk House to the QMC, so they are close to Ear, Nose and Throat and Children's services on this hospital site.
- Moving the breast screening and diabetic eye screening services into community settings, to provide good, local city centre access.

A summary of the ambulatory care proposal benefits is detailed below:

a) Integrated, proactive, preventative care

- Improved patient ability to self-manage conditions.
- Greater access to care and advice when required.
- Collaborative working to help identify vulnerable groups of people and use preventative measures.
- A holistic approach to care, embedding a "make every contact count" approach to consultations.

b) Local and accessible care

- Services would be designed around improving patient outcomes.
- Improved engagement with 'hard-to-reach' groups would lead to earlier diagnosis and better management of a patient's illness.
- There would be more flexible care.
- There would be fewer steps in a patient's care and treatment journey (e.g. one-stop-shops).
- There would be less 'do not attend' (DNA) rates.

c) Digital integration

- There would be integration of the digital systems across system partners, to improve patient safety.
- We would utilise new technologies, to support faster diagnosis and treatments.

14. How do the proposals affect transport, travel and parking?

NUH is a large Trust, employing more than 18,000 members of staff. On an average day around 500 people attend the Emergency Department, around 3,500 patients visit for outpatient appointments and around 800 are admitted for operations (both planned and emergency).

The two main sites are geographically well placed and have good transport links via regular bus services, the tram and park-and-ride options. We know that 38% of Nottingham City residents do not have access to private transport. We also know that we currently have significant challenges with patients, visitors and staff being able to park private vehicles at both the QMC and City Hospital.

A key element of the proposals is to reduce the number of physical attendances at the hospital sites. This means delivering care more remotely, in community settings or through being more efficient with the scheduling and arranging of appointments. This will help to reduce the pressure on the transport infrastructure around the hospitals.

As part of our ongoing TNUH engagement work we have been seeking feedback from members of the public, patients and a range of local stakeholders to help inform thinking on our proposals. A travel impact assessment was also commissioned to support this, which calculates average travel times based on actual journeys, during rush hour, off-peak and using public transport. A summary of the findings is detailed below:

14.1. Impact on travel times

- For the emergency services proposal, there would be a small increase – up to an additional four minutes on average - for those travelling in peak and off-peak times and using public transport.
- There would be a small increase – up to six minutes on average – for those travelling in peak and off-peak times and using public transport, if the proposed maternity service changes were to go ahead.
- There would also be a small increase in average travel times if the proposed changes for elective services were made, resulting in up to an additional 11 minutes for those people needing to access the services located at the City Hospital and six minutes for those at the QMC.

14.2. Travel impact on specific populations

- Neither men or women would be disproportionally impacted in peak or off-peak times or when using public transport.
- The elderly population would also not be disproportionally impacted for peak, off-peak or public transport.
- Whilst the current travel times for black, minority ethnic and other populations are shorter than the white population - and would remain so if maternity services were to

move to the QMC - the percentage increase in travel time would be greater for all transport methods, for these groups.
- The current travel times for our poorest populations are shorter and would remain so if the proposed maternity and emergency care services were moved to the QMC, but these changes would result in a slightly higher percentage increase in average travel time, compared to the general population, for all transport methods.
- Due to the location of the City Hospital, the proposed service moves to the QMC would mean people living in the Basford, Bestwood and Sherwood wards would see increases in travel times during peak, off-peak, and when using public transport.

As our proposals have developed, we have also considered some ways we could lessen any impacts the changes could have on our populations. These are outlined below. They will be further tested through this consultation and will be refined over time as we finalise our plans.

- A 1500 space Multi-Storey Car Park could be made available, to accommodate any car parking spaces that could be lost during estate reconfiguration at the QMC.
- Car parking capacity could be increased through a second Multi-Storey Car Park and off-site parking, to accommodate a rise in demand for people wanting to use these spaces at the QMC.
- Bike and scooter storage at QMC could be increased.
- There could be improved patient transport around sites e.g. a patient buggy service to transport patients to, and from, their appointments.
- Careful consideration could be given to the location of services in new building designs, ensuring services with the most footfall are more easily accessible, e.g. ground floor.
- Bus drop-off points could be realigned at both hospital sites, to support the future location of services.
- Public transport access to the QMC, for those living in Basford, Bestwood and Sherwood, could be considered.

In addition to the above, we have a responsibility through the NUH Green Plan, and in line with Nottingham's commitment to becoming a carbon neutral city by 2028, to decarbonise travel to our hospitals as far as possible.

We are already looking at ways of supporting this. An Automatic Number Plate Recognition (ANPR) has been introduced, which is giving us better insights on how car parks at both sites are being used, allowing us to optimise the usage going forward.

We are also investing in alternative transport methods, such as making improvements to the Medilink bus service and in the cycle infrastructure at both sites. These include:

- Extending the Medilink service, so that it starts earlier and finishes later in the evenings.
- Looking at how we can provide additional steps on the Medilink route and provide park and ride options to the tram.
- Making full use of the installed cycle lanes on the Hucknall Road near the City Hospital and providing additional bike lockers at both sites. This is an important part of the wider NUH green plan.

15. The Consultation

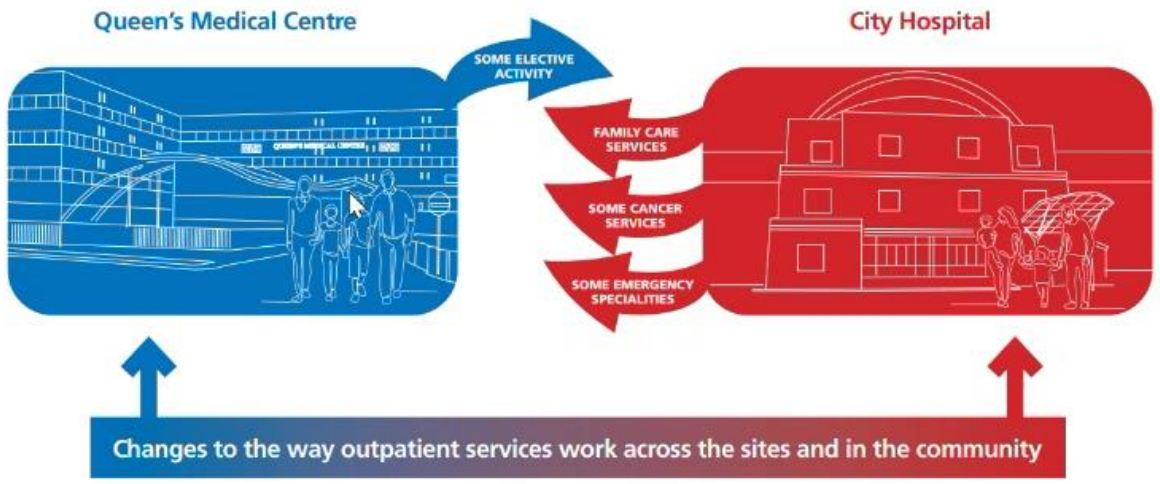
We want people across Nottingham and Nottinghamshire and the surrounding areas to get involved and to have their say.

You can have your say by completing the survey at the end of this document.

Detailed information on all our public consultation activity, as well as full event listings and contact information, can be found on our website: [link to website]

16. Summary of proposals

- Increased range of emergency specialities to be delivered at QMC including respiratory, burns, emergency plastics, emergency cancer and all non-surgical cancer inpatients, (Haematology and Oncology elective and non-elective).
- Most family care services would be consolidated at the QMC (births, neonates, would move from City Hospital).
- Elective Intestinal Failure care would be moved to the City Hospital.
- Services relocated from Ropewalk House to other locations within Nottingham.



17. How can I get involved in this consultation?

We will be offering a mix of 'virtual' methods of consultation, such as online discussion forums, as well as face-to-face events.

We are publicising this consultation widely to encourage as many people as possible to provide their views. This includes those people we know are usually less likely to engage with such a process. We have developed a dedicated online resource at [link to website] where all information about this consultation, including the online questionnaire, can be found.

This consultation will run for 12 weeks from [date] to [date]. There are lots of ways you can find out more about it:

- Visit our website for further detail about all sections of this document, films, FAQs and much more at [link to website]

- The website also has the full detailed documents setting out the proposals.
- Look through the consultation materials distributed to local outlets e.g. consultation booklet, Easy Read booklet, awareness flyer to local households.
- Attend one of our events, either online or face-to-face.
- If you can't make one of the events listed on our schedule, you can watch our video to learn what is being discussed at [link to website]
- Talk to us when you see us out and about in marketplaces, supermarkets and community venues.
- NHS staff can attend one of our staff engagement events to learn what this might mean for them. Your line manager will have more information.

You can respond to the consultation by:

- Completing the questionnaire included in this document and sending it back to us at XX (no stamp required) OR
- Completing the same questionnaire online on our website [link to website] OR
- Completing the questionnaire over the phone with a member of the ICB Engagement Team by calling [telephone number]

This document is available in other languages and formats. To request alternative formats or if you require the services of an interpreter, please contact us on [telephone number] Monday – Friday 9am – 5pm.

18. What happens with the feedback?

We will carefully record and review all of the feedback we receive. Individual responses to the questionnaire will remain anonymous and confidential, in accordance with the latest Data Protection regulations. All the analysis will then be made publicly available.

Hearing the views of people throughout the consultation process is an important part of the decision-making process and will be fully taken into account alongside other essential factors such as clinical, financial and practical considerations. Any decision to proceed with one or more of the preferred service changes will be informed by the feedback from the consultation. No decisions on these proposals have yet been made so this consultation is an important step in the process to help us make the right choices for the future.

19. Glossary

Some of clinical terms used in this document are explained below:

Acute services	Where a patient receives treatment for a severe injury or illness, an urgent medical condition, or during recovery from surgery.
Ambulatory care	Ambulatory care or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services.
Consolidate	To bring together (separate parts) into a single or unified whole.
Emergency department	Also known as Accident and Emergency. The department of a hospital responsible for the provision of medical and surgical

	care to patients arriving at the hospital in need of immediate care.
Emergency plastic surgery	Injuries such as severe facial trauma and burns that require emergency surgery.
Emergency services	Provide emergency care to people with acute illness or injury.
Health inequalities	The unjust and avoidable differences in people's health across the population and between specific population groups.
Intensive Care Unit (ICU)	A hospital unit in which is concentrated special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention.
Maternity services	Refers to the health services provided to women, babies, and families throughout the whole pregnancy, during labour and birth, and after birth for up to six weeks.
Midwifery-led services	A midwifery-led birthing unit is a birthing suite that provides a 'home from home' environment for women with uncomplicated pregnancies, who are under the care of midwives.
Neonatal	Neonatal care is the type of care a baby born premature or sick receives in a neonatal unit.
Outpatient	Person attending hospital for treatment without staying overnight.
Planned or elective care	Elective care is planned care . The patient journey usually begins in primary care and can begin with a diagnostic procedure, before entering secondary care for an opinion, diagnosis, treatment or procedure.
Primary Care	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS.
Reconfiguration	To change the structure or arrangement of something.
Respiratory	The organs that are involved in breathing. These include the nose, throat, larynx, trachea, bronchi, and lungs.
Same Day Emergency Care	Where patients are assessed, diagnosed and treated without being admitted to a ward, if appropriate
Tertiary care	Treat more severe conditions that require specialised knowledge and more intensive health monitoring.
Trauma	A physical injury.
Urgent care	An illness or injury that requires urgent attention but is not a life-threatening situation.

20. Consultation survey

What is the purpose of the survey?

We want to know what you think about our proposals. You can tell us by: Attending one of our public events or workshops or by completing this survey.

Before you decide to take part in this survey, it is important for you to understand why it is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish. A member of the team can be contacted if there is anything that is not clear or if you would like more information.

As part of the engagement work, we are also inviting people to public events, attending community groups and would welcome any telephone interviews or conversations with you to obtain your feedback. If you would like to hear more about this and would like to request

attendance at groups or to provide feedback please contact the Engagement Team at nnicb-nn.engagement@nhs.net or call or text [name of ICB contact] on [telephone number].This survey is also available in alternative formats and languages upon request, so please do contact us.

Please note that this survey has been set out into different sections to make sure this is easier for you to answer around specific areas at the hospitals. **The survey will take just 15 minutes for you to complete.**

You can answer all the sections or if the section does not feel relevant or you have not accessed the services recently you can skip to the ones that you would like to answer.

This consultation will run from [date] to [date]

What are the benefits of taking part?

Through the Government funding we have a once-in-a-generation opportunity to transform our hospital services and facilities for the better. It is therefore really important that we capture your thoughts as we develop our Tomorrow's NUH proposals, to ensure you have the opportunity to shape the way we deliver our care in the future.

Will my taking part be kept confidential?

This survey contains some questions where you can write freely. When providing responses to these, please do not write any information that may identify you (for example, name or address). Your responses will be included in a report of the findings from this consultation but the data you provide will be anonymised so we will not analyse or share any information that will make you identifiable. To read about our privacy notice visit (insert link to privacy policy)

What will happen to the results?

The feedback from this engagement process will be considered before a final set of options for changes to hospital services are developed and any decision made.

Full details can be found on our website at [website address].

To keep up to date with news of the consultation, follow us on social media: @NHSNotts

The feedback from the public consultation is really important but does not represent a vote on, or a veto over, any form of change. The independent report of the results will be published on our website and the decision-making process will be assured by NHS England.

The Survey

SECTION A: About you

Q1. Which of the following best applies to you?

- As a patient or member of the public

- As an NHS employee
- Responding on behalf of a patient
- Responding on behalf of an NHS organisation – Please provide the name of your organisation
- Responding on behalf of another voluntary group or charity – Please provide the name of your organisation or charity
- Other – Please state below

Q2. How did you hear about this consultation?

- Social Media – Facebook/Twitter/Instagram
- Newspaper
- Poster
- Radio
- TV
- Leaflets
- Consultation document in community setting
- Other – Please state

SECTION B: Our Proposals (overview)

Through Tomorrow's NUH, we want to make sure patients can access the specialist care they need more quickly and in the right location, whether that be in hospital or in a setting closer to home. We want to use our staff and resources in the most efficient ways, and we want to make sure we are creating opportunities within our local community as an employer of choice, while building on our reputation as a world-class teaching and research institution, so we attract people to the region.

Q3. To what extent do you support the overall proposals? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose
1	2	3	4	5

Q4. What benefits do you think these changes would bring to you or your family?

Q5. What concerns do you have about the plans we have set out?

SECTION C: Emergency Care

Proposal: The expansion of emergency care services will include respiratory and burns and emergency plastic services, as far as is practicable with the emergency department, on one site at the QMC.

Q6. To what extent do you support the model we are proposing for the development of emergency care? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q7. What benefits do you think these changes would bring to you or your family?

Q8. What concerns do you have about the plans we have set out?

SECTION C: Family Care Services

Proposal: To develop a purpose-built facility for women, children and families as a new, co-located Family Care Hospital with easy access to adjacent services, including adult emergency care. Families would find care for new-born babies, infants and older children to be far less spread out than at present.

Q9. To what extent do you support the model we are proposing for the development of family care services? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q10. To what extent do you support the relocation of our maternity and neonatal services from City Hospital to QMC into a new, single purpose built maternity and neonatal unit providing both consultant led and midwife led births?

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q11. To what extent do you support the proposal of providing antenatal and post-natal care at QMC as well as retaining antenatal and post-natal care at City Hospital? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q12. To what extent do you support the proposal to relocate the services being delivered from the existing Childrens Hospital to the new Family Care Hospital at QMC? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q13. To what extent do you support the proposal to relocate the Child Development Centre from City Hospital to the Family Care Hospital? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q14. What benefits do you think these changes would bring to you or your family?

Q15. What concerns do you have about the plans we have set out?

SECTION D: Cancer Services

Proposal: Develop best-in-class cancer services across both our hospital sites, and in the community. We have a very fragmented model at the City Hospital, with multiple locations and buildings providing cancer care, for example, two radiotherapy departments. Our proposals are to create consolidated and defined facilities on both sites which will improve the experience of both staff and patients.

Q16. To what extent do you support the model we are proposing for the development of cancer services? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q17. To what extent do you support moving all haematology services and all inpatient oncology, including the Teenage Cancer Trust Unit, from City Hospital to QMC? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q18. To what extent do you support the provision of both radiotherapy and chemotherapy service within the QMC Cancer Centre to support the inpatients as well as providing some capacity for Ambulatory/Outpatient treatments for some pathways? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q19. What benefits do you think these changes would bring to you or your family?

Q20. What concerns do you have about the plans we have set out?

SECTION E: Elective (Planned) Care Services

Proposal: The majority of elective (planned care) inpatient and day case surgery would be carried out on a separate site (City Hospital), away from emergency and urgent care. This would enable us to develop an elective hub (surgery centre) of excellence at City Hospital bringing together the elective services currently on the site.

Q21. To what extent do you support the model we are proposing for the development of elective (planned) care services? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q22. To what extent do you support the proposal to move Intestinal Failure (e.g. digestion issues) services from City Hospital to QMC? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q23. What benefits do you think these changes would bring to you or your family?

Q24. What concerns do you have about the plans we have set out?

SECTION F: Ambulatory (Outpatient and Day) Services

Proposal: Ambulatory care pathways would be redesigned to minimise disruption to patient's lives, providing care in accessible locations, whilst maximising the potential of new and emerging technologies.

Q25. To what extent do you support the model we are proposing for the development for ambulatory services? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q26. To what extent do you support the expansion of virtual (online) and telephone appointments, where appropriate, so patients can be seen from the convenience of home or another place of their choice? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q27. What benefits do you think these changes would bring to you or your family?

Q28. What concerns do you have about the plans we have set out?

SECTION G: Ropewalk House Services

Proposal: Move Audiology, implantable hearing aids and cochlear implants service from Ropewalk House to the QMC and move the breast screening and diabetic eye screening services into another community setting in Nottingham.

Q29.To what extent do you support the model we are proposing for the development of the services delivered at Ropewalk House? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q30.To what extent do you support the proposals to move Audiology, implantable hearing aids and cochlear implants service from Ropewalk House to the QMC? (Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q31.To what extent do you support the proposals to move breast screening and diabetic eye screening services into another community settings in Nottingham?
(Please select only one)

Strongly support	Somewhat support	Neither support nor oppose (neutral)	Somewhat oppose	Strongly oppose	Prefer not to say
1	2	3	4	5	6

Q32. What benefits do you think these changes would bring to you or your family?

Q33. What concerns do you have about the plans we have set out?

SECTION H: Access and transport

Q34. What concerns do you have about being able to travel to or access any of the services described, and what would need to happen to make this less of a concern?

Q35. If you have any other specific comments about our proposals please use this space to tell us what they are.

SECTION I: 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.

Q36. What is your postcode?

Q37. Which of these, best describes your gender?

- ☐ Female
- ☐ Male
- ☐ Intersex
- ☐ Nonbinary
- ☐ Other _____
- ☐ Prefer not to say

Q38. Is your gender the same as the sex you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q39. Which of these, best describes your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual/ Straight
- ☐ Lesbian/ Gay Woman
- ☐ Pansexual
- ☐ Other , please state_____
- ☐ Prefer not to say

Q40. Are you pregnant, on maternity leave or returning from maternity leave?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q41. Which of these, best describes your ethnicity?

A White

- ☐ English, Welsh, Scottish, Northern Irish, or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Roma
- ☐ Any other white background, please state _____

B Mixed or Multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed or multiple background, please state _____

C Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background, please state _____

D Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African background, please state _____
- ☐ Any other Black, Black British or Caribbean, please state _____

E Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group, please state _____

Q42. Which of these, best describes your religion or belief?

- ☐ No religion
- ☐ Christian
- ☐ Buddhist
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ Other religion, please state _____
- ☐ Prefer not to say

Q43. 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 disability, 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, dyspraxia 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 difference that is not listed above (specify if you wish)
- ☐ Prefer not to say

Q44. Are you a carer?

- ☐ Yes, a paid carer
- ☐ Yes, a carer providing unpaid support
- ☐ No, I am not a carer
- ☐ Prefer not to say

Q45. Which age band do you fall into?

- ☐ Under 16
- ☐ 16- 24
- ☐ 25 -34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ Over 85
- ☐ Prefer not to say

Thank you for taking the time to fill out this survey, your views are important to us