

Government Health Infrastructure Plan for Nottingham

Summary briefing

What is the Government Health Infrastructure Plan?

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

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

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

What is Tomorrow's NUH (TNUH)?

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

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

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

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

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

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

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

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

Why do we need to change?

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

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

NUH has achieved national and international recognition for many of its specialist services including stroke, renal, neurosciences, cancer services and trauma. The Trust are also at

the forefront of many research programmes and are the only NHS Trust and University partnership in the country to have three successful bids for Biomedical Research Units.

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

What will the future look like?

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

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

Where are we now?

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

1. Care will be provided as close to home as is both clinically effective and most appropriate for the patient, whilst promoting equality of access
2. Prevention and early intervention will be supported through a system commitment to 'make every contact count'
3. Mental health and wellbeing is every bit as important as physical health and wellbeing
4. The model will require a high level of engagement and collaboration both across the various levels of the ICS and with neighbouring ICSs

5. The models of care to be developed will be based on evidence and best practice, will ensure that pathways are aligned and will avoid unnecessary duplication
6. The models will be designed in partnership with patients and the public and will operate across the whole healthcare system to deliver consistent outcomes for patients through standardised models of care, except where variation is clinically justified.

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

What do we need to do next?

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

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

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

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

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

What are our early thoughts for the future of services?

We have outlined some of our thinking on the future for hospital services below. This is the start of what we call our outline clinical model. These areas will form the basis of our conversations with staff, patients and the public over the coming months.

We want our hospitals in the future to provide more specialist services and to provide more routine services in communities near to where people live. We also want to provide more routine services remotely, using phone calls and digital technology, where people are able to access these and where it is appropriate to do so.

We want to relocate services so that patients who need access to emergency or specialist care can get it quickly and safely. This would mean some services currently provided over two or more sites would be provided at one only, but that the care would be better.

We want to separate our elective care services (planned operations) from our emergency care services so that pressure on emergency services doesn't result in cancelled operations.

We believe that this outline clinical model will mean that:

- People would come to hospital less frequently and only if they required specialist care – for example emergency support, inpatient beds or operating theatres.
- Some of the services currently provided in hospital would be provided in a community setting or remotely - this would mean most people have less far to travel for routine care such as follow up appointments for ongoing health problems.
- Our hospital buildings and facilities would be more up-to-date and provide better care
- We would provide most of our acute maternity services on one site, so that they are co-located with emergency and specialist services.
- All our emergency care services would be on one site, providing access to specialist services that patients may need without having to travel across sites by ambulance.
- Planned operations would take place in dedicated elective care centre, separate from our emergency care services. This would protect elective care services from pressures in emergency care, where admissions to hospital from A&E often mean that we need to cancel operations.

How can people get involved?

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

www.nottsccg.nhs.uk/RHSN.