TOMORROW'S NUH

Phase 2 Pre-Consultation Engagement Findings

May 2022

Contents

1 Executive Summary

1.1 Introduction

Following an initial phase of pre-consultation engagement in November and December 2020, on 7 March 2022, NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) launched a second phase of pre-consultation engagement on proposals to transform hospital services in Nottingham.

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.

'Reshaping Health Services in Nottinghamshire' (RHSN) is the overarching programme which brings together all the plans that are transforming health services, and Tomorrow's NUH (TNUH) is the single biggest component part of this programme of change.

The aim of the second phase of engagement was to continue the conversation with the public around the latest thinking about what hospital services and facilities could look like, and to gather feedback.

In total, just under 2,000 individuals participated in the engagement that took place between 7 March and 5 April 2022 – through completing an online survey (613 responses), attending an engagement event/focus group, or providing a response to the promotion of the engagement on social media. This builds on the 650 responses in total from November and December 2020, meaning an excess of 2500 pieces of input into the Tomorrow's NUH plans have now been received – a strong base on which to refine and develop the proposals.

1.2 Key findings

- 78% strongly/somewhat support the overall proposals.
- 39% felt the proposals would have a positive impact, 27% felt there would be a negative impact and 34% felt there would be no impact.
- The proposals within Tomorrow's NUH have been divided up into the following five core areas:
    - 72% strongly/somewhat support the proposals for emergency care.
    - 64% strongly/somewhat support the proposals for family care.
    - 80% strongly/somewhat support the proposals for elective care.
    - 75% strongly/somewhat supported the proposals for cancer care.
    - 69% strongly/somewhat supported the proposals for outpatient care.
- The majority felt that it would be **beneficial to have similar services in one location**, as this would make access to the correct treatment in the right setting much easier for patients, reduce waiting times for appointments and ensuring continuity of care.
- There were **positive comments** around an increase in confidence that the care needed would be available sooner, with specialised services in one place. Positive comments were also received about the major benefits to maternity and neonatal

services being on one site. Some concerns were raised about the **potential negative impact on patient choice** and the co-location of specific services.

- Positive comments were received from respondents that they would be willing to travel to other sites to receive the right care, first time and in the right setting. The negative impact on patients regarding **public transport issues, car parking and travel times** was also raised and identified as a key theme throughout this phase of engagement.
- There were also **concerns raised around how the proposals would impact staff**: with specific reference to training, skills and retention to meet the capacity and demands of patients.
- There were **positive and negative comments around the use of remote consultations and virtual appointments**. The negative comments related to equity of access and digital exclusion, and the potential negative impact this could have on some groups and communities. Positive comments related to faster access in a setting appropriate to the patient, alleviating travel times and costs.

1.3 Next steps

The feedback from this engagement will be used by the CCG, alongside clinical and financial considerations, to develop a final set of options for changes to hospital facilities and services, which will be put forward to the citizens of Nottingham and Nottinghamshire in a formal public consultation.

2 Conclusions and recommendations

Conclusion 1: The majority of participants were supportive of the overall proposals that were outlined.

Conclusion 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 is required.

> **Recommendation 1:** Consider workforce planning for future proposals, especially in the current climate with pressures within the system and services, focussing on women and children's facilities and specialist services that may be relocated.
>
> **Recommendation 2:** Ensure ongoing communications to patients, so they know where to access the right services at the right time and in the right place, to alleviate any additional pressures in emergency care services.
>
> **Recommendation 3:** Continue to work in partnership with the Stakeholder Reference Group to ensure that our communications are public facing and avoid jargon.
>
> **Recommendation 4:** Continue to work with patient/citizen leaders who have extended their help and support to ensure key messages are constructed in the right way and are understood by all of the citizens in Nottingham and Nottinghamshire.

Conclusion 3: Travel, parking and access to public transport were consistent themes across the engagement.

> **Recommendation 5:** Consider the travel impact when further developing the proposals, and work collaboratively with Nottingham City and Nottinghamshire County Council to develop a travel plan for patients.
>
> **Recommendation 6:** Continue to cascade information to our neighbouring CCGs and System Partners to provide information around the proposals and programme to share with their communities and residents, as we know that people in neighbouring counties also access services in Nottingham/Nottinghamshire.

Conclusion 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.

> **Recommendation 7:** Continue to work closely with our local Maternity Voice Partnership and our voluntary and community sector to ensure an ongoing dialogue with the public, as the proposals for women and children's services progress.

Recommendation 8: Develop relationships with LGBTQ+ communities across Nottingham, Nottinghamshire and bordering counties to engage and involve this community in continuing our conversations around the proposals and their impact.

Conclusion 5: There was a mixed reaction to the prospect of more remote consultations and virtual appointments. Concerns were raised about the appropriateness for certain health conditions and patients.

Recommendation 9: In the development of the proposals, consider the extent to which patients could be offered options of treatment locations and approaches (face to face, virtual or telephone), based on their individual needs. The proposals should focus on the accessibility needs of those who are unable to access digital and/or remote consultations.

Conclusion 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 the hospital, co-located with specialist services on one site, as it would be advantageous to alleviate pressures, concerns and the emotions of patients and families, especially those who may be undergoing cancer treatment.

Conclusion 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.

3 Introduction

3.1 Reshaping Health Services and Nottinghamshire (RHSN) Tomorrow's NUH (TNUH)

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.

'Reshaping Health Services in Nottinghamshire' (RHSN) is the overarching programme which brings together all the plans that are transforming health services, and Tomorrow's NUH (TNUH) is the single biggest component part of this programme of change.

TNUH is working to national timelines for the Government's New Hospital Programme (NHP) which commits the Government to delivering 48 new hospitals by 2030. The NHP supersedes the Health Infrastructure Plan programme (HIP). TNUH was in the wave 2 (HIP2) pipeline and remains as a similar priority for the NHP. The investment available through NHP is considerable and must be spent on improvements to the NUH estate. As a result, agreeing the best way forward to modernise the Queens Medical Centre (QMC) and City Hospital is critical to this programme.

4 Context

4.1 Our statutory duties for public involvement

Nottingham and Nottinghamshire Clinical Commissioning Group have a statutory duty to involve the public in proposals for changes to services and a statutory duty to consult the Local Authority on any proposals for substantial variation to services:

"The CCG must make arrangements to secure that individuals … are involved (whether by being consulted or provided with information or in other ways) —

(a) in the planning of the commissioning arrangements;

(b) in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

(c) in decisions affecting the operation of the commissioning arrangements, where the implementation of the decisions would (if made) have such an impact."[1]

The scale of the TNUH programme will inevitably mean substantial changes to services to ensure that they are set up in the best possible way to improve people's health and wellbeing. This means we should expect to conduct a full public consultation before any final decisions are made.

[1] National Health Service Act 2006 (legislation.gov.uk)

4.2 Phase 1 Pre-Consultation Engagement

In November 2020, a programme of patient and public engagement commenced, to inform the development of the TNUH proposals. Within this engagement, the outline clinical model was described, which would provide the foundations for improvements to hospital services, centred around enabling the provision of the best possible care to ensure positive impact on people's health and well-being.

Healthwatch Nottingham and Nottinghamshire (HWNN) and North of England Commissioning Support Unit (NECSU) were commissioned to support this engagement, which included virtual public events, focus groups and engagement with key patient groups.

At the time of this engagement, proposals were at a formative stage. People were invited to give their feedback on the outline clinical model developed for the programme. Over 650 shared their views, summarised as follows:

- Most people were supportive of our proposals.
- Access to buildings and services was important to people, in particular parking.
- People wanted to know how services would work together, inside and outside the hospital
- People were concerned about the affordability of the model and whether we would have the right staff in the right places.
- People were supportive of the proposals to split emergency and elective care but concerned about accessibility of centralised emergency care services.
- People were supportive of proposals to co-locate maternity services on one site, but concerned about the accessibility of centralised services; reducing location choice for care and birthing services; and potentially longer travel times for some people.

4.3 Our current thinking

Since the first period of pre-consultation engagement, working with clinicians and staff from across the system, our thinking about how services might be potentially be organised in the future has developed. This has involved looking at options for how and where services could be delivered. To do this, we have applied a rigorous options appraisal process that takes into account:

- The best 'clinical model' for services, particularly where services need to be located together.
- The impact on our patients, and their views and preferences.
- Designing services so that they have the best possible impact on reducing health inequalities.
- Financial considerations to ensure we can achieve the best value for the money available.
- The options we have for sites, buildings and equipment, considering the locations we are already occupying, and land owned by the NHS.

In addition to this, there has been considerable learning from the last two years of the pandemic, and changes to the way in which care has been delivered. Our options appraisal process has helped us identify what we believe would be the best possible configuration of services across our sites against a number of criteria, to provide the best fit with our service offer and the best value for money.

In 2020, when we talked to the public, we set out a clear steer for our aspirations for how services might look in the future across the service areas of emergency care, family care, elective (planned) care and cancer care services. The process we have been though has helped us to identify a set of proposals for each of those areas, and this is what we have tested with stakeholders and the public through a second phase of pre-consultation engagement, which took place between 7 March and 5 April 2022.

5 Phase 2 pre-consultation engagement

5.1 Aims and objectives

The overarching aim of the second phase of pre-consultation engagement was to continue the conversation with the public. This can be broken down into the following objectives:

- To "test" the latest iteration of the proposed clinical model, seeking the views of the public about what future hospital services and facilities could look like;
- To engage with groups and communities across Nottingham and Nottinghamshire, strengthening existing relationships and developing new ones;
- To support the delivery of a successful public consultation in the future.

5.2 Principles

All engagement activity was undertaken in line with our statutory duties and with The Gunning Principles[2], 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.

5.3 Our approach

To ensure meaningful engagement with patients and the public, we:

- Tailored our methods and approaches to specific audiences as required.
- Identified and used the best ways of reaching the largest amount of people and provide opportunities for underserved groups to participate.
- Provided accessible documentation suitable for the needs of our audiences.
- Offered accessible formats, including translated versions relevant to the audiences we wanted to engage with.
- Undertook equality monitoring of participants to review the representativeness of participants and adapted activity as required.
- Used different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any under-representation.
- Arranged our engagement activities so that they covered the local geographical areas that make up Nottingham and Nottinghamshire.

[2] The Gunning Principles.pdf (local.gov.uk)

5.4 Assurance

As well as the patient and public engagement carried out to date, our staff, clinicians, Health Scrutiny Committees, Governing Body, NHSE/I and our regional Clinical Senate have input into the planning of this phase of engagement.

An Integrated Impact Assessment (IIA) is also being carried out on the programme, which assesses the impact of our proposals on equality, health inequalities, travel and the environment. The IIA is a live document and is being refreshed and updated as the programme develops. The IIA identified four specific key areas of populations that may be disproportionality impacted upon around the proposed changes:

- Pregnancy and Maternity
- Deprived Communities
- Ethnic Communities
- Older People

A Strategic Oversight Group has been established for the programme which has the overview of all the potential impacts on other providers, as well as neighbouring CCGs, whose patients may access some services delivered at NUH. This group oversees the work around understanding and managing the impact of the proposals across the system.

A Stakeholder Reference Group, chaired by Healthwatch, has supported and steered our public engagement work. The group is comprised of patient representatives and colleagues from voluntary and community sector organisations.

A comprehensive communications and engagement plan was populated to reference all planned activities throughout this pre-consultation engagement.

5.5 Methods

A range of different methods were used to engage with patients and the public to understand their views. In total, 1948 individuals participated by either completing an online survey, attending an engagement event/focus group, or providing a response to the promotion of the engagement on social media (see Appendix 1).

To ensure consistent messaging across all methods utilised, a narrative describing the proposals was developed. This formed the basis for all content in the engagement materials, including the public engagement document, stakeholder presentations, events and media briefings[3].

An easy read version of the narrative and public engagement document was also produced.

Alternative versions and formats of the public engagement document, including in languages other than English, were available upon request.

[3] 11153-Reshape-Nottingham-2022-Final-1.pdf (nottsccg.nhs.uk)

5.5.1 Elected member briefings

Eight virtual/in person briefings to MPs and councillors were attended by CCG representatives, providing information about the proposals, methods of engagement and requesting any support in dissemination to constituents.

5.5.2 Public engagement events

Three engagement events were hosted for members of the public to give feedback about the proposals and to ask any questions they had, to CCG and NUH representatives. These were conducted online via Microsoft Teams.

At the start of each event, attendees were given an overview of TNUH and the outline clinical model and given the opportunity to ask questions or provide any comments they had about the proposals using the chat function.

In total, 34 individuals attended the public engagement events.

A recording of the public session was made available on the CCG YouTube channel for people who were unable to join the live event[4].

Key groups and communities were identified through an extensive stakeholder mapping database undertaken by the CCG. An invitation was sent to these stakeholders, offering a member of the Programme Team to attend community/groups meetings, provide presentations and obtain feedback.

In total, the Programme Team attended 36 sessions and spoke to over 330 individuals.

5.5.3 Specific interest sessions

Individuals were given the opportunity to discuss their thoughts about the proposals for three clinical areas (cancer, family care and outpatients) through tailored sessions. These sessions were led by CCG and NUH representatives. At the start of each event, attendees were given an overview of TNUH and the details of the specific clinical area and had the opportunity to ask questions or provide any comments they had about the proposals. A discussion guide was also developed for each group to ensure that key questions were addressed.

In total, 18 individuals participated in these sessions.

Additional sessions were offered around other interest areas but were cancelled due to low uptake.

5.5.4 Interviews

Where individuals were unable to complete a digital or paper survey and were unable to attend one of the sessions, the Engagement Team were available to undertake interviews, over the telephone or face-to-face.

One individual was interviewed.

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[4] https://www.youtube.com/watch?v=pwpMem96hnA

5.5.5 Survey

Members of the public, NHS staff and stakeholders were invited to complete an online survey about the proposals (see Appendix 2). The survey was circulated electronically to individuals and groups whose details were held on our stakeholder database.

Paper surveys were also available on request which contained the same questions as the online survey, with a freepost return option. There were no requests for other languages or formats.

The survey comprised a number of questions, where responses could be made via rating scales or through free text. In total, 613 individuals provided a response to the survey.

5.5.6 Media

A press release was issued (see Appendix 3) to local and regional media, and as a result, gained coverage across the media spectrum – print, TV and radio. The article also appeared on Nottinghamshire Live – the online edition of the Nottingham Post, attracting nearly 160 comments (see Appendix 4).

Social media was also employed to support the engagement, with both CCG and NUH platforms being used to promote this phase of activity. Through Facebook advertising, targeted at more deprived areas within our geography, we were able to reach 36,339 people, from which 848 engaged with the post by either clicking on the link to the TNUH website page, reacting to it (using emoticons) or sharing the post with other Facebook users.

5.5.7 Communications

Internal communications were used to underpin the key messaging for the engagement and to encourage CCG staff to take part in the survey. Information was disseminated through staff newsletters, on TeamNet and through the whole staff briefing.

5.6 Data analysis and reporting

All written notes taken during the public events, community group meetings, and qualitative responses from the survey were thematically analysed. Quantitative data was analysed to produce descriptive statistics. The findings for each of the five clinical areas are based on these analyses. Where survey respondents answered all of the demographic questions, this has enabled comparison of the four specific populations that may be disproportionally impacted by the proposed changes (hereafter referred to as “key populations”).

6 Survey demographics

In total, 613 individuals responded to the survey and 392 provided responses to all of the demographic questions presented. The demographic information for this cohort are summarised below, with a full breakdown available in Appendix 5.

Most respondents were from Nottingham, Rushcliffe, Broxtowe and Ashfield. Some responses were received from residents in bordering areas such as Erewash, Amber Valley and South Kesteven.

A high proportion of respondents chose to provide only the first part of their postcode and so it was not possible to identify their location.

The majority were female (60.5%) whilst 15.8% were male and 4.1% other; nearly all indicated that their gender matched their sex registered at birth (76.3%). The age profile of respondents was those mostly aged between 45 – 54 years (19.3%).

The vast majority were White British (69.9%)[5] and heterosexual/straight (66.8%).

104 indicated that they had a disability, long-term illness or health condition (23.2%), whilst 8.1% were currently pregnant or had been in the last year. Most were married (51%), whilst 9.4% were single, 2.0% divorced/civil partnership dissolved and 9.4% cohabitating. Smaller proportions were widowed or a surviving partner from a civil partnership (2.8%) or in a civil partnership (0.8%).

147 indicated that they had caring responsibilities (37.5%). Most stated that they were Christian (32.1%) or did not have a religion (38.8%). Most responded to the survey as a member of public (72.4%) and/or a member of NHS staff (38.5%).

[5] The ethnic community in Nottinghamshire makes up 4% of the local population (Key population facts - Nottinghamshire Insight). The ethnic community in Nottingham makes up 35% of the local population (Population - Nottingham Insight).

7 Findings

This section presents the analysis from all of the responses received as part of the engagement activity, including the survey, focus groups, engagement events and responses received on social media. The statistics presented specifically relate to the survey data. The themes have been developed from all of the qualitative data collected through all of the methods of engagement.

7.1 Overall proposal for the future of our hospitals

Summary of the proposals

Most elective operations planned like hip replacements and cataract surgery, would be delivered at the City Hospital, with some emergency care moving to the QMC. Cancer treatment would continue to be delivered across both sites, whilst the majority of maternity care would take place at the QMC, in a new Women's and Children's hospital. In addition, we are also exploring the possibility of increasing capacity in our mental health services by having dedicated spaces in both the A&E department and in the Women's and Children's hospital. Alongside this potential significant movement of services to the QMC, we have major ambitions for the City Hospital. Our vision is to transform this site into a centre of excellence for elective (planned) care. This would enable us to protect capacity for our planned operations and also help us to maintain high quality emergency services at QMC, even at our busiest times.

We wanted to know the extent that people supported the overall proposals. In total, 322 people provided a response, with 78% stating that they strongly/somewhat support the proposals. Of the key populations, most groups strongly/somewhat support the proposals. 25% of respondents from ethnic communities were somewhat opposed to the proposals.

Table 1. Support for the overall proposals (n = 322)

Response	%	Number of respondents
Strongly support	23%	73
Somewhat support	55%	176
Neither support nor oppose (neutral)	9%	30
Somewhat oppose	8%	27
Strongly oppose	5%	16
Prefer not to say	0%	0

When asked about the impact of services possibly moving, from the 305 people who responded to the question, 39% felt the proposals would have a positive impact, 27% felt there would be a negative impact and the remainder felt there would be no impact (34%). Of the key populations, residents in high deprivation areas (41%), ethnic communities (37.5%) and older adults (38%) has the greatest proportion of respondents who felt the proposed changes would have a positive impact. 44% of ethnicity communities and pregnancy and maternity groups felt the changes would have a negative impact.

Five main themes were identified that gave further insight on what people felt the impact of the proposals could be:

Theme 1: Access

The majority felt that it would be beneficial to have services in one location as this would make access much easier. They also felt there was a need to access the right services in the right place at the right time, alleviating pressures within departments and ensuring commitment to patient safety:

"Easier access to care. Saving money. Reducing stressful situations."

"I am particularly excited about the changes for women's and children's care. I have accessed these services a lot after having a baby 18months ago and found the treatment we received every time really needed a huge amount of improvement. There is so much potential and I want my little girl and me to get the best care we can".

However, there were also concerns raised about this, noting a potential impact on patient choice and the co-location of specific services:

"I am supportive of progress to improving appointment and treatment times but there needs to be access to non life threatening emergency care out of hours in the community rather than having to go to A&E."

"Slight concern that access to particular hospitals may be difficult for some people especially the elderly."

"I think moving maternity services to only one base could have a negative impact because it may limit the options for homebirths, which is an extremely vital service as the evidence suggests homebirths are as safe as or safer for women."

"I would have significant concerns about Gynaecology being based within the Women's and Children's Hospital and think it should be in the main hospital away from pregnant ladies and babies. Gynae issues can often mean a detrimental impact on your ability to have a baby and being treated in a "Maternity" Hospital could be very traumatic."

Theme 2: Quality of care/service improvement

Feedback received related to the potential negative impact that the proposals could have on specialist areas of care, including respiratory and cancer services and also around how they may impact on primary care services, including additional appointments needed in those settings. Additional comments were also received around the funding available to carry out the proposals to ensure that facilities, services and treatments meet the needs of local communities and also around the disruption to services should the proposals progress:

"There's not enough funding available at the moment to make all these changes work. I would stick to strengthening the cancer care and specialist A and E as you propose."

"I imagine it will definitely impact where my department is based or where we perform our work. But there's just not enough information to know the impact, as I don't know where we would be based on current information. The plans need to be properly

thought through and consider where every department would be, where every patient would go."

Positive comments were received around centralising services if this is the best option to ensure that patients access the correct treatment in the right setting and reduce waiting times for appointments for treatment.

"Overall to have all services located closely will help us to focus resources and reduce hospital trips."

Theme 3: Transportation and Parking

The negative impact on individuals and their carers/families regarding public transport issues, car parking and travel times was highlighted. This was a key theme that transpired throughout the survey responses and the specific engagement conducted with key community groups and individuals:

"What needs to be taken into account is how difficult it is to park at hospital sites already for appointments and so a sustainable transport system is really important."

"The stress of having to travel to QMC or city site because of poor public transport and terrible parking. Sick people should not have to walk considerable distances to get into the service, staff should be encouraged to use public transport to get to work or park at the furthest location as they are not travelling around from site to site."

"Access and parking must be a priority for all sites. What is the point in great services if they are inaccessible?"

Theme 4: Workforce

Feedback from across all of the engagement activity highlighted the needs of staff/workforce in specific settings and the impact that the proposals may have on them. This could include changes to their travel times and moving from their existing site to a different, permanent base. There were also concerns raised around staff training, skills and retention to meet the capacity and demands of patients:

"Hopefully improve access and waiting times if facilities have specific locations where staff can be pooled to deliver a better service rather that short staffed at both NUH sites."

"Most people who work ant NUH choose the site that they are able to access easier, either for travel, child care, caring commitments if you move all services you are at risk of losing experienced staff."

"Whatever you do you need to ensure adequate staffing levels across all clinical and non-clinical roles. I know recruitment is a national issue due to shortage due to reduced training and staff leaving, but please stress the need for safe and adequately trained team members. Facilities and equipment are no good if not enough staff to use them. Staff members are enthusiastic but are burnt out."

Theme 5: Remote consultations and virtual appointments

There were positive and negative comments around the use of remote consultations and virtual appointments. The negative comments related to equity of access and digital exclusion, and the potential negative impact that this could have on particular groups and communities. Positive comments related to faster access in a setting appropriate to the patient, alleviating travel times and costs:

"I am not especially in favour of telephone or video consultations. Especially for older people having supported my mother with this. I have a very negative view following her experience."

"Many patients would rather have the best possible treatment either face to face or telephone/remotely than a convenient location."

"Remote consultation/video calls are not always the best options for individuals including the elderly and people with disabilities."

7.2 Proposals for emergency care

We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible.

Some urgent and emergency care currently based at the City Hospital would be relocated to the QMC, where the main site for Accident and Emergency and the Major Trauma Centre are based. This would include acute respiratory (care for people with flu and pneumonia for instance) and burns and emergency plastic surgery services. Some urgent and emergency care specialities - including cardiology (heart), cardiac and thoracic (chest and lungs) surgery, urology (for example prostates and bladders), renal (kidney) and infectious diseases would remain at the City Hospital.
At both the City Hospital and the QMC we would aim to make how you get seen for an emergency more streamlined and efficient.

We wanted to know if our survey respondents had attended any emergency care services in the last three years. Of the 415 individuals who provided a response, 64% had attended, 34% had not and 2% preferred not to say.

Of the key populations, ethnic communities were most likely to have attended A and E or had an emergency hospital admission in the last three years. Older adults have the greatest proportion of responders that had no emergency care attendances (44% had not attended A and E).

As part of our survey, we wanted to understand where people would prefer to access urgent treatment (something that is not life threatening). Of the 407 individuals who provided a response, the most popular option was at an Urgent Treat Centre located separately from Accident and Emergency (43%).

Table 2. Preferred location for accessing urgent care (n = 407). Note more than one answer could be selected

Options	%	Total Responses
Urgent Treatment Centre (located separately from Accident and Emergency)	43%	174
Urgent Treatment Centre (co-located with Accident and Emergency)	39%	157
Via NHS 111	15%	62
In my community, e.g. GP or Pharmacy	36%	148
Not sure	5%	22

We wanted to know the extent that people supported the proposals for emergency care. In total, 409 people provided a response, with 72% stating that they strongly/somewhat support the proposals.

Table 3. Support for emergency care proposals (n = 409)

Response	%	Number of respondents
Strongly support	34%	141
Somewhat support	38%	154
Neither support nor oppose (neutral)	14%	58
Somewhat oppose	7%	30
Strongly oppose	7%	26
Prefer not to say	0%	0

Of the key populations, the proposals for emergency care were most supported by older people and the pregnancy and maternity cohort. The proposals were somewhat supported by ethnic communities and those living in areas of high deprivation.

Three main themes were identified that gave further insight on what people thought about the proposals and their impact.

Theme 1: Patient care

Many individuals were supportive of having all emergency care services on one site. This proposal would mean more streamlined patient pathways and a single point of access, resulting in a more positive patient experience. There was a perception that this proposal would alleviate pressures in the system and ensure patient care is delivered in the most clinically appropriate setting, and that there would be a reduction in travel between QMC and City Hospital for both staff and patients:

"Ensuring patients receive the right care, first time in the right place and are safe and effective."

"Smoother patient pathways into A&E."

"It makes sense to have the ED where there is access to specialist equipment so that people can access these if needed."

"I feel having all the emergency services together under one roof would be of the most benefit, especially for them to be at the same site as the major trauma unit"

However it was noted that the proposals could increase waiting times for patients if located on one site, leading to overcrowding.

Theme 2: Workforce

Concerns were raised around workforce and the potential pressure that the proposals could place on them, particularly if the service is accessed by patients who could receive care in other locations. Comments were received around inappropriate attendances at A&E in the current climate with access to the walk-in facilities at other sites allowing faster access to treatment.

"I would prefer that some services are still accessed through City Hospital as QMC is already very busy, crowded and difficult to access."

Theme 3: Travel

It was acknowledged that having all A&E facilities on one site could reduce the travel impact on some patients:

"Having most emergency care based at QMC would be good as it has the best transport links (multiple bus routes and the tram go past it) so it would be easiest to reach."

"QMC is nearer to my home and easier to access. However, would still entail two buses or bus and tram. I can see the rational of having these services on one site, to save transporting patients from A&E to City Hospital. Further, specialist staff may be available at the main site for urgent assessments"

However, for some patients, there would be increased travel times and potentially additional pressure on parking facilities at QMC. Concerns were also raised around having the provision across two sites for specific services if emergency care was needed and you had to be transferred.

7.3 Proposals for family care

Family Care Services to be provided from a Women's and Children's Hospital.

Family care services currently delivered at City Hospital (maternity, neonatal, gynaecology and genetics) would move to the QMC. The maternity unit currently at the City Hospital would become part of the dedicated elective hub (planned care centre) that would be created at the City site.

Families would still be able to choose whether they would prefer to have a consultant or midwife-led birth in hospital or a home birth as they currently do, but they would no longer have the option of giving birth at the City Hospital.

Antenatal and postnatal care would be retained at both the City Hospital and the QMC, to maintain local access and provide choice.

Fertility services (for men and women) would be located within the proposed Women's and Children's hospital.

We wanted to know the extent that people supported the proposals for family care. In total, 372 people provided a response, with 64% stating that they strongly/somewhat support them. Of the key populations, the proposals were generally supported by older adults, ethnic communities and those living in areas of high deprivation. The proposals were strongly opposed by 37.5% of the pregnancy and maternity cohort.

Table 4. Support for family care proposals (n = 372)

Response	%	Number of respondents
Strongly support	34%	125
Somewhat support	30%	111
Neither agree nor oppose (neutral)	14%	53
Somewhat oppose	10%	37
Strongly oppose	11%	41
Prefer not to say	1%	5

We asked whether the plans for family care would affect where families would like to give birth in the future. Of the 368 responses, 38% felt it would have an impact, 43% felt it would have no impact and 19% were not sure. Of the key populations, 75% of the pregnancy and maternity cohort felt that these proposals would impact where they gave birth in the future (n = 24). Four main themes were identified that gave further insight on what people felt the impact of the proposals could be: patient choice, transportation and parking, workforce and facilities.

Theme 1: Patient choice

Patient choice and offering additional services to women and families (for example, home births) were deemed important. Comments were received around preferences of delivery sites due to reduced travel times and the desire to give birth in a place that they felt comfortable:

"I can see the arguments for having one larger service, but I think having a choice of units can be beneficial"

"I like choice and options – Not everyone wants a one stop shop."

Positive comments were also received stating that the consolidation of the services would ensure that women and families have access to a range of treatments in one place, which would provide a safer and efficient service:

"Good to have expertise in one place."

"I would feel safer."

"Much more likely to choose Nottingham as feels like it will be much more organised and safer."

Theme 2: Transport and parking

There were a number of comments received around transportation and parking issues from women and families. Concerns raised were around travel times, especially for those living close to City Hospital and having to travel to QMC, leading to additional barriers to service access:

"Lack of parking for those visiting from distance & in an emergency situation."

"As a new mum who received AMAZING care at the City Hospital, I feel this would be a poor choice to move the unit. I was close to family if I needed them (within 10 minutes drive) and felt supported. The QMC has poor parking, not easy to navigate and is much further and I feel this would have distressed me if I had no other choice but to go to the QMC."

Theme 3: Workforce

Concerns were raised around the impact of the plans on a stretched workforce, as the service currently stands. There were also concerns raised about the impact of a single site on staff recruitment and retention:

"Having two different maternity units offers women a greater choice in services and facilities. I also think staff shortages would still be a greater issue with one larger unit."

Theme 4: Facilities

It was highlighted that that the proposed Women and Children's Hospital needs to be fit-for-purpose, safe, and in the right place for women and families to access.

"I'd be more likely to choose NUH over Leicester or Derby if the unit was purpose designed and had a safer structure in one place."

"The buildings - QMC in particular aren't fit for purpose. Major expansion is needed on labour suite and NICU."

We wanted to know, should the proposals be progressed, where people would prefer to have antenatal and postnatal care, and why. Of the 320 people who answered this question, 42% preferred QMC, 38% preferred City Hospital and 20% were unsure. The main themes around this related to patient choice and accessibility:

"Antenatal care should be in the community as far as possible, as should postnatal care."

"At home where it should be."

"Local health centre for prenatal, postnatal support"

We said that the proposed creation of a single service for midwife-led or obstetric-led births at QMC would mean a much larger unit. Comments received in response were around staffing and resources available at a larger unit – would they be more stretched

and do staff need better support on-site. Patient choice was highlighted as being very important and concerns were also raised around continuity of care, if the services were all located on one site.

"Sometimes larger is impersonal and you can feel lost."

Supportive comments were also received around this question stating that it would be beneficial to have the expertise of health care professional in a purpose-built facility and in one place, if this met local needs.

"Anything which improves quality and safety can only be a good thing. A fully staffed unit will mean that patients are less likely to be overlooked."

"As long as it's fit for purpose and care will be excellent."

We wanted to know should the proposals be progressed, whether gynaecological surgery or fertility treatment should be part of the Women's and Children's hospital at the QMC, or in a separate location.

Of the 336 individuals who provided a response, 41% thought it should be part of the Women and Children's hospital, 41% thought it should be in a separate location and 18% were not sure.

The impact, distress and upset for cohorts of women and families who are unable to conceive, or have suffered a traumatic experience or baby loss were highlighted as reasons to have these services in a separate location:

"Fertility treatment should be kept separate to areas for pre- & post-natal care."

"Needs to be clear separation for those going through fertility treatment or other challenging gynae treatments from a maternity /children ward. It could too upsetting for patients."

"If a woman cannot have children it would be insensitive for her to have gyanae treatment in a woman's centre where there are pregnant women and babies."

Supportive comments were also received that specialist treatment and services could be co-located on one site but separate locations, to ensure that women and families have access to treatment and would allow continuity of care.

"I feel very strongly about this as if it on a different site or within a different area a women's journey will be fragmented and her experience of her journey through our service will be affected."

7.4 Proposals for elective care

The majority of elective operations will be carried out on a separate site away from emergency and urgent care.

Moving services such as bowel surgery from the QMC to the City Hospital.
Continuing to carry out some operations at the QMC, predominantly day surgery, at the Treatment Centre and the EENT Centre.

We wanted to know the extent that people supported the proposals for elective care. In total, 337 people provided a response, with 80% stating that they strongly/somewhat support the proposals. Of the key populations, the plans for elective care were strongly supported by 50% of those in the pregnancy and maternity cohort, and older adults. The strongest opposition for these plans are from those residing in areas of high deprivation.

Table 5. Support for elective care plans (n = 337)

Response	%	Number of respondents
Strongly support	44%	147
Somewhat support	36%	122
Neither support or oppose (neutral)	10%	35
Somewhat oppose	5%	17
Strongly oppose	4%	14
Prefer not to say	1%	2

Three main themes were identified that gave further insight on what people thought about these proposals.

Theme 1: Access

Most respondents were supportive of the proposals outlined stipulating that this would ensure less disruption and cancellation of appointments/treatments and would also reduce the size of waiting lists. Convenience and accessibility were highlighted, and it was felt that the plans would be sensible if put into place:

"Saves time and parking problems, easier to access if local."

"More convenient for myself and my family."

"Closer to home and easier to access."

Comments were also noted around the negative impact that this could have for some patients including the need to travel further some residents of Nottingham and parking issues which would add to a stressful situation when attending appointments:

"If located at City hospital would not be as close or easy to get to"

"Less travel time, however the parking would need to significantly improve"

Concerns were also raised around the capacity and demand currently at the sites and whether the plans would address this.

Theme 2: Patient care

It was agreed that patient care would improve if these plans were progressed. There could be fewer cancellation of appointments along with improved access as already highlighted. This would also improve continuity of care for patients if the services were available on one site:

"I believe it would help in planning for the hospital and for the individual - especially if the consultants were dedicated to an area and didn't work over two sites."

"More streamlined, dedicated teams, not competing with emergency care."

"Having elective based at city campus would be beneficial as many patients may have multiple conditions and having everything together would mean better continuity of care."

Concerns which raised about the workforce required to deliver patient care, alongside the need for good communication between hospitals and primary care services to ensure the bets outcomes for patients:

"Better communication between hospital and GP is crucial to feeling supported. Being able to access pre-op care at the hospital will hopefully lead to less stress on actual op day (been there before, know where to go etc.) Follow up care via GP would mean you know they are involved too. That your GP records would be updated and include any treatment/surgeries"

"Makes sense to have this service in one area as long as there is capacity to achieve this."

Theme 3: Remote consultations

Supportive comments were received around remote consultations and virtual appointments, but it was noted that not everyone would prefer to engage with services this way, nor have the means to:

"Having pre and post op consultations remotely seems like an excellent idea and one I would support."

"Not always necessary to attend in person and saves time and money for all."

"Remote appointments would save travel time and parking problems."

"Do not like remote consultations."

"Where appropriate, care in the community would be very welcome as I do not enjoy hospital stays. Telephone consultations usually work well, again if appropriate, but face-to-face appointments are often crucial. In my limited experience, video consultations can work, if the medical practitioner is empathetic."

Table 6 gives an overview of where individuals would prefer to receive pre and post-operative care. The majority (59%) would prefer to receive pre-operative care in their home via a remote appointment. In contrast, 56% would prefer to receive post-operative care in the same hospital where their operation took place.

Table 6. Location preference for pre/post operative care (Note respondents could provide more than one answer)

	Before my operation		**After my operation**	
	%	Number of respondents	%	Number of respondents

In the hospital where I had my operation	44%	112	56%	143
In my home, virtually (telephone or by video)	59%	119	41%	82
In the community (i.e. in a GP practice)	47%	99	53%	113
Other	49%	22	51%	23

The majority of people who answered the question stipulated that this would all depend on personal circumstances, accessibility and also the treatment that they required.

7.5 Proposals for cancer care

Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site.

The City Hospital would be where patients mainly go for diagnosis, surgery and outpatient treatments, including chemotherapy and radiotherapy. Patients would also continue to benefit from other cancer services currently based at the City Hospital, including the Maggie's Centre and palliative care.

The QMC would be where we would have our inpatient beds for patients with cancer, meaning a move for oncology and haematology from the City Hospital to QMC. Radiotherapy and chemotherapy services would be available at the QMC whilst patients are in hospital.

All of these services would work together with GP surgeries and our community services to provide care and support to patients with cancer and their families.

Of the 316 individuals who provided a response to the cancer care proposals, 23% had not accessed cancer care in Nottingham in the last three years for themselves or their family, 73% had and 4% preferred not to say.

We wanted to know the extent that people supported the cancer care proposals. In total, 318 people provided a response, with 75% stating that they strongly/somewhat support the proposals. Of the key populations, 48% of those residing in areas of high deprivation were strongly supportive of the proposals developed.

Table 7. Support for cancer care proposals (n = 318)

Response	%	Number of respondents
Strongly support	36%	116
Somewhat support	39%	124
Neither support nor oppose (neutral)	16%	52
Somewhat oppose	4%	11
Strongly oppose	4%	11
Prefer not to say	1%	4

Three main themes were identified that gave further insight on what people felt the impact of the proposals could be, relating to access, continuity of care and transport and parking.

Theme 1: Access

There was support for the proposals, which highlighted that co-location of services would ensure easier access for patients. Families preferred their loved ones to be in one place rather than having to travel to multiple sites for appointments and treatments:

"Anything that was close and convenient would be good as long as it did not compromise standard and quality of care."

"It could improve accessibility of services."

"Good to have local options for things like chemo and radiotherapy and follow up but prefer a hub and spoke model."

It was noted that whilst co-locating services would improve access, where patients would prefer to receive treatment is an important factor, especially given the physical and mental impact of cancer treatment on patients and their families:

"I think it would be a negative impact for everyone to be co-located with acute services. Cancer can be managed at City hospital (even acute admissions) as they rarely need input from other acute specialities and can usually be discharged quickly. Likewise, OP and diagnostics should be managed at a single campus (ideally City)."

"I am sure everyone wants the best treatment possible for cancer and although ideally I would like the care to be local to me, if getting better care means travelling then I would accept that. If chemotherapy etc. could be administered in the community, closer to home that would make things a lot easier for patients and their carers"

Theme 2: Continuity of Care

Co-location of services onto one site would allow patients the continuity of care needed around these specialist services. The skill sets of professionals in one setting would improve the patient experience, reducing stress and enabling confidence when accessing treatment:

"All care on one site will mean familiarity for those service users in a tough time."

"That the best care would be available wherever that can be delivered within Nottingham. Not to dilute excellent specialist cancer care."

Theme 3: Transport and parking

Having services in one place would minimise travel times for patients. This was of particular importance due to the fatigue associated with cancer treatments, and the need for multiple appointments in some cases. This would also have an impact on the families who have to visit and attend appointments with the patients and there was strong support for cancer care closer to home:

"It could reduce travelling time and fatigue to have care closer to home."

"I am fortunate to live within easy driving distance of both QMC and City Hospital sites and am therefore happy to centralise. I can understand the need for treatment closer to home for those living many miles away."

Concerns were raised around the accessibility for those patients who do not live near services and the need to travel further to a site with a patient, and the potential negative impact on the patient and their family/carer:

"More travelling for people in north Nottinghamshire."

"My only issue would be how easy/accessible travel to the centre would be, especially if required on a regular basis. Would you offer some transport services, if it is in one central location?"

273 told us about where they would prefer to access cancer services. The majority (69%) preferred this to be in the hospital, with 31% preferring to access these services in the community. Of the key populations, older adults and those residing in areas of high deprivation had the strongest preference for cancer services to be located in the hospital. Furthermore, 25% of the key population cohort who said that they would prefer cancer care in hospital had accessed cancer services in the last three years. Those who had accessed cancer services had a slightly greater preference to received cancer care in hospital (65% compared to 54%). However, there was also a desire for a combination of settings as long as the best patient outcomes were achieved:

"A mixture of both dependent on the service required"

"Both I think both could be equally reassuring on different aspects of treatment"

"I believe a combination of community and hospital based care would be more beneficial to the patient."

"Whichever is the safest and has the best outcome for the patient."

7.6 Proposals for outpatient care

We want to look at the way we deliver outpatient care to minimise disruption to patients' lives, providing that care in accessible locations and making the best use of new technologies.

We know that telephone and digital consultations would not be suitable for all patients and all medical problems, and patients would have the choice of a face-to-face appointment.

There are different ways of providing specialist out-patient care in community settings,

and we would ensure that no additional pressures are put on community teams and GP surgeries. We would also ensure that there would be enough specialists working in the hospitals.

At this stage no decisions have been made about what would happen to Ropewalk House. However, we would like to understand your thoughts about the services provided at Ropewalk House and whether they might be better provided elsewhere. Our thinking on this is at a very early stage, so your initial thoughts would be very useful.

Interpreter services would continue to be available, both in hospital and the community.

Of 318 individuals who responded to this question, 70% had accessed outpatient care in Nottingham in the last three years for themselves or a family member, 28% had not and 2% preferred not to answer. Of the key populations, older adults, those residing in areas of high deprivation and ethnic communities had a higher proportional of respondents accessing outpatient services.

We wanted to know the extent that people supported the proposals for outpatient care. In total, 313 people provided a response, with 69% stating that they strongly/somewhat support the proposals. Of the key populations, most groups somewhat supported or were neutral about the proposals. Strongest opposition was from the ethnic community group (12.5% somewhat opposed) and people residing in areas of high deprivation (14.8%).

Table 8. Support for outpatient care proposals (n = 313)

Response	%	Number of respondents
Strongly support	30%	95
Somewhat support	39%	123
Neither support nor oppose (neutral)	22%	70
Somewhat oppose	4%	12
Strongly oppose	4%	11
Prefer not to say	1%	2

Four main themes were identified that gave further insight on what people felt the impact of the proposals could be.

Theme 1: Remote consultations/virtual appointments

Specific comments and responses related to remote consultation and virtual appointments. The feedback highlighted the need for a deeper understanding that not everyone can access broadband or have the digital skills or equipment to enable these to happen. Concerns where raised specifically about older people, who may not have the digital literacy to participant in a virtual appointment:

"There is still a generation of people, possibly elderly, for whom this concept is alien. For example, my 81 year old mother has no broadband or email or access to virtual appointments - I think there is a significant equality issue here."

"I have just missed four outpatient in person appointments in a row replaced by telephone consultations because of the pandemic. Being seen by a doctor who can spot that your 'normal' is a problem is really important. A default to remote consultations would be a bad thing."

"There is definitely a place for remote consultations. But please consider the individual needs of patients who struggle with this - I have older relatives with cognitive and hearing impairments who cannot cope with telephone or video consultations. It isn't always obvious that they have these difficulties."

Concerns were also raised around the lack of patient interaction and the possibility of things being missed if appointments were carried out remotely/virtually.

Supportive comments were received around the need to adapt to new technology as this develops in health and care settings, particularly as this would not require people to travel to appointments. It was recognised that this may not always the best option for some patients and choice needs to be taken account into to meet the patient's needs.

"It is about time to embrace the new technology!"

"Easier to access outpatient care. A lot of appointments can be done by phone/video which reduces need to travel and reduces costs of parking/travel fare. Reduces the number of people in the hospital buildings, keeping vulnerable patients safer."

"When appropriate I would be quite happy to have a telephone/video consultation."

Comments were also received around having appointments available at weekends or evenings for those who are unable to access appointments during the day due to other commitments.

Theme 2: Transport and parking

Access to parking and also public transportation links when attending appointments were highlighted, with a focus on patients and their families who do not live services or out of area who need to travel to appointments:

"As we live in rural Derbyshire, these proposed changes will greatly impact my family. My husband will no longer need to travel, park etc as his appointment can be managed over the phone. It also means he wont require time off work."

"The problem with lumping everything at two sites is public access by parking."

"Potential to increase travel and limit choice."

Theme 3: Services in the community

Not everyone would like to attend a hospital for an appointment or have an appointment either remotely or virtually. Comments received suggested that patients and their families would prefer to access appointments within a community setting that is closer to home:

“Having community based aftercare means less time spent in hospital, however there needs to be the option of transferring back to hospital should the need arise, without having to jump through hoops to achieve this”

“Easier to have at home if possible providing we have enough Drs and they are free to. To give a good service in and out of the surgery.”

“Outpatient care, should be in the most suitable environment for the treatment that's needed. If it can be done in multiple locations in the community that fine. Otherwise I think it should be done at either the QMC/Treatment Centre or the City Hospital campus.”

We wanted to understand people’s thoughts on where they thought the services currently located at Ropewalk House could be moved to. In total, 294 people provided a response, with 58% suggesting they move into the community, 26% felt would prefer that they moved to City Hospital and 16% choosing QMC. Of the key populations, most groups had a preference for the services to be moved into the community, apart from the ethnic community cohort, where 56.3% would prefer services to be at City Hospital.

8 Feedback from Engagement Groups

Throughout this phase of engagement, we spoke to a number of community groups and stakeholders, to provide information around the current proposals and to hear feedback and comments.

The information outlined below includes specific key themes that emerged through our conversations with community groups and stakeholders.

8.1 Transport and parking issues across Nottingham/Nottinghamshire

This was a reoccurring key theme and trend throughout the current engagement period, which was also highlighted in phase 1 pre-consultation engagement. The programme team will be working with Local Authorities in Nottingham/Nottinghamshire to understand the travel impacts on our communities, providing a travel plan which will be a key part of discussions for the full public consultation.

Comments were received around the Medilink service, which runs from City to QMC. The feedback was positive, but questions were asked if this transport link could run at the weekends and evenings, for people who have appointments or visits at these times.

8.2 Considering mental health as part of Tomorrow's NUH

Information was provided to the groups, detailing the aspiration to ensure integration of mental health within emergency departments, paediatrics and on the wards, including spaces for those with sensory needs. The programme team are working with Trust's psychiatric and paediatrics teams, to ensure that mental health is considered throughout the proposals.

8.3 Alignment of National Rehabilitation Centre

Feedback was provided that Tomorrow's NUH is a different programme of work that is not aligned to the National Rehabilitation Centre. The programme is a reconfiguration of the services currently at Nottingham University Hospitals Sites.

8.4 The role of primary care networks

A number of community groups confirmed that they would prefer to be seen and treated closer to home or within a community/primary care setting, rather than having to travel to sites for specific treatments. Comments were also made around having a "one-stop-shop" to support the pressures on services within acute settings.

8.5 Ensuring the workforce can meet patient capacity and demand

From the engagement activity, there was extremely positive support for the staff at City and QMC around the care - received in specialist services, including respiratory, cancer, stroke, and through outpatient appointments. Feedback was also positive from the carers of relatives.

There were some concerns raised during a number of sessions around capacity and demand in the systems at the moment, that staff are under extreme pressure and that there is also a national shortage of staff within acute settings.

8.6 Separation of some specialist services and personal circumstance (including baby loss, fertility and gynaecological services)

This was also a key theme through other engagement opportunities during this Phase.

Comments were received around the need to provide rooms for parents who have experienced baby loss. Mothers may not want to go back to the same hospital for a subsequent birth, but by providing a space they could visit prior to the birth may ease some of the anxieties. Additional comments were also made around the need to have counselling services on site, made available for those who have suffered baby loss.

Comments were received from Councillors and stakeholders around the need to link with our LGBTQ+ communities to understand their thoughts and feedback. All of our information and opportunities were shared with our key contacts across Nottingham and Nottinghamshire.

8.7 What about people who access these services from out of the area – What impact will this have on those communities, around travel?

Information had been cascaded to our neighbouring CCGs and System Partners to provide information around the proposals and programme, to share with their communities. An extensive stakeholder mapping exercise will ensure that we reach all our neighbouring community groups and networks, so that they are able to participate in the public consultation.

8.8 Ensure information is patient facing and key messages are provided for communities

Comments were made around the programme being named “New Hospital Programme” which tended to people thinking that a new hospital would be built. Unfortunately, the name of the programme is something that cannot be changed, but consideration will be made to communicate information to people during the public consultation, ensuing the full extent of the programme and proposals are identified. We agreed to work with patient/citizen leaders around how we will cascade these messages to our communities.

8.9 Integration and collaboration across the system is imperative with this programme of work

Reassurance was given during presentations and feedback to key groups, around the transition of the Health and Social Care Services into an Integrated Care Board/System from 1 July 2022. It was also reiterated that system partners had been provided with details of the programme of work during all phases of engagement.

8.10 Addressing health inequalities

Feedback was provided to groups to provide assurance that Equality Impact Assessments had been reviewed. Information was also provided around the Integrated Impact Assessments that had also been carried out, which outlined the key communities who would be most impacted on any changes. Concerted efforts have taken place to produce an extensive stakeholder database, targeting the key communities for this engagement phase. These conversations will continue in the period leading up to and throughout the public consultation.

9 Next steps

The findings from this report will be considered in shaping the final proposals for the programme. Once these have been developed, the CCG will consider if further engagement is required based on this feedback or whether it is now possible to undertake a formal public consultation prior to implementing any changes.

Following the conclusion of the engagement, a key number of community engagement groups have reached out to the CCG to be kept appraised of Tomorrow's NUH. A copy of the engagement report will be provided to the groups with a commitment to continue to engage and involve them throughout the consultation process, which will take place in due course.

10 Acknowledgements

We would like to thank all of the citizens and community groups who engaged and spoke with us during this period to provide your feedback, comments and thoughts.

11 Appendices

11.1 Appendix 1: Engagement figures

Date	Meeting/Activity	Number of attendees
04.03.22	MP briefing	4
04.03.22	County Council leader + HSC chair	2
08.03.22	City Council leader + HSC chair	2
08.03.22	Lillian Greenwood briefing	1
09.03.22	Citizens Reference Group Nottingham West	3
10.03.22	Mid Notts Health Inequalities oversight Group	23
10.03.22	Rapid Group focus session	20
11.03.22	Telephone Conversation with Patient representative	1
14.03.22	Nottinghamshire Live Facebook post	156
14.03.22	Broxtowe Community Development Forum	8
16.03.22	Meeting with EMHASN PPI Senate	13
16.03.22	Meeting with Multi agency forum	15
17.03.22	City Health Scrutiny Committee	8
18.03.22	Discover Ashfield Board	42
21.03.22	City Councillors wider briefing	25
21.03.22	Breathe Easy Group Meeting	12
23.03.22	St Anns/Meadows Advice Centre	2
23.03.22	Forever Stars Session	3
23.03.22	Public Event	12
23.03.22	Telephone Discussion with Mrs Smith	1
24.03.22	Women and Childrens Focus Group	3
24.03.22	Cancer Focus Group	6
26.03.22	Public Event	6
28.03.22	County Councillors wider briefing	15
28.03.22	TuVida Carers Session Hyson Green	0
29.03.22	County HSC	6
29.03.22	PPEC Meeting	14
29.03.22	Nottingham Women's Network	3
30.03.22	Forever Stars Session	2
31.03.22	Arab Women's Group Session	29
31.03.22	Facebook advertising	848
01.04.22	TuVida Carers Session Mansfield CVS	8
01.04.22	Keep our NHS Public	4
01.04.22	Public Event	16
04.04.22	SFH Patient Involvement Forum	7
04.04.22	Outpatient Care Session	9
05.04.22	Hucknall Carers Group Meeting	6
	Survey responses (as of 04.04.22)	613
	Total	**1,984**

11.2 Appendix 2: Survey questions

Reshaping Health Services in Nottinghamshire: Tomorrow's NUH

What is this survey all about?

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) want to hear from you again on proposals to transform hospitals health and care services in our area.

Previously in 2020, we discussed with the public the work called *Reshaping Health Services in Nottinghamshire* and *Tomorrow's NUH*. Since then, we have been developing our plans and identifying what we think we could do to make the best use of the funding available to us. Furthermore, we have worked with nurses, doctors and health professionals across our area to start to identify in more detail the things we think need to change.

We are now looking to share our plans again and hear feedback from the public. We still have some work to do to develop the plans and we will put our proposals to the public in a full consultation process in due course.

Over the last year a lot of work has been undertaken to explore these proposals in more detail, to ensure any proposed changes will deliver the outstanding care we aspire to. The progress of this work is outlined in the relevant sections.

Invitation

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 information contained 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 nnccg.engagement.team@nhs.net or call or text Katie Swinburn on 07385 360071.This survey is also available in alternative formats and languages upon request, so please do contact us.

This survey has been set out into different sections: -

1. Emergency Care
2. Family Care
3. Planned Care
4. Cancer Care

5. Outpatient Care

Please complete all sections of the survey that you feel are relevant to you. You do not need to answer all of the questions. The survey will take around xx minutes for you to complete.

Why have I been asked to complete the survey?
This survey is for anyone over the age of 16 who wants to have their say on local services (Queens Medical Centre, Ropewalk and Nottingham City Hospital in Nottingham/Nottinghamshire). You can answer these questions whether you have previously accessed these services or whether you would do in the future. Your feedback is really important to us as we plan for the future.

This survey is open to patients, members of the public, staff, carers and organisations.

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 may be recorded 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 www.nottsccg.nhs.uk/privacy-policy/

This survey will close on Friday 1 April 2022. All information from the engagement activity will be collated and produced in a final report which will be available on our website here: https://nottsccg.nhs.uk/RHSN/. Should you require a copy of the report to be sent to you please contact nnccg.engagement.team@nhs.net, or call 07385 360071 to request a copy, which we can send to you either via email or post.

Section 1: Your response

How are you responding to this survey? (Please tick all that apply)

As a member of the public	1
As a member of NHS staff	2
On behalf of someone else (e.g. I am a carer)	3
As a representative of an organisation (please specify in the box below)	5
Other - Please Specify:	6
Rather not say	7

Section 3: Our plans for Emergency Care

Proposal: We would like to locate Emergency Care, where patients require immediate or urgent hospital treatment, on one site, where possible.

Our overall ambition for emergency services is to ensure that people are seen by the right staff at the right time, first time. We have also learnt a lot about how services like the NHS 111 have become more popular and responsive during the Covid-19 pandemic, which means that our thinking about where care can be delivered has changed.

This means that we will be considering how our current ways of accessing urgent care i.e. through the QMC's emergency department, the Urgent Treatment Centre at London Road or through GP surgeries, can work together. This, we feel, would enable us to future-proof our services and offer flexibility for future demand.

When we last talked to the public, we asked about the option of having hospital emergency care all on one site. There was a great degree of support for this concept, though at that time this was still in its early stages of development. It was clear people wanted more information and to understand what this really meant for these services.

Since then, a considerable amount of work has been undertaken to explore this proposal in more detail, to ensure we are offering the best solutions for patient care, as well as for our staff.

What we want to know

We want your views on this more detailed set of proposals. We would like to understand if they seem sensible and what these proposals would mean to you. We are interested in hearing where you would expect to go to be seen for different types of urgent care.

Q1. To what extent do you support the proposals we are starting to develop for 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

Q2. How do you think these proposals would benefit you?

Q3. What concerns do you have about the changes being proposed?

Q4. Have you, or a member of your family, attended A&E (Accident and Emergency department) or been admitted to hospital as an emergency in Nottingham, in the last three years? (Please select only one)

Yes	No	Rather not say
(Go to question 5)	(Go to question 6)	(Go to question 6)

Q5. Thinking about accessing urgent treatment (something that is not life threatening), where would you access this?

Accident and Emergency	Urgent Treatment Centre	NHS 111	Walk in Centre	Community	Prefer not to say

Section 4: Our plans for Family Care

Proposal: Family Care Services to be provided from a Women's and Children's Hospital

In 2020, we talked about a single site for all Family Care services, but we didn't indicate where this could be at that time. We are continuing to explore this option with the QMC being the preferred location for a Women's and Children's Hospital, where it would be co-located with emergency care.

We 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.

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.

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.

NUH is also proposing to redevelop and expand the neonatal facilities at the QMC, including providing an additional 21 cots, refurbishing the two obstetrics theatres to make them both full-sized and increasing the number of maternity beds. This work is set to be completed by Spring 2024. The expansion of the current facilities needs to be carried out now because too many babies and their families are currently having to be sent out of the area for neonatal care due to the lack of space. This can have very serious implications for these pre-term babies.

The work to improve maternity care services, including the establishment of an Independent Thematic Review of Maternity Services at NUH, will continue to be a

priority separately to the development of the changes proposed here. However, we believe that these proposed changes will help to support that journey to improving safety and quality.

Our vision across Nottingham and Nottinghamshire is for our maternity services to become safer, more personalised, kinder, professional and more family friendly; where every family has access to information to enable them to make decisions about their care; and where they and their baby can access support that is centred around their individual needs and circumstances.

The proposed Women's and Children's hospital would be in a brand-new fit for purpose and technologically appropriate building that patients, families and staff could help to design. All facilities that currently support children and young people such as children's A&E, neonatal and paediatric intensive care units would be in one place and in age and sensory appropriate facilities.

What we want to know

We want to hear your views about where you could give birth. We also want to hear whether you would prefer antenatal and postnatal care at a site potentially closer to home, or at the hospital where you would give birth, which might be further away.

In addition, we would like to know if you would prefer to have gynaecology surgery or fertility treatment in the proposed Women's and Children's hospital or at a separate location.

Q6. To what extent do you support the proposals we are starting to develop for Family Care? (Please tick one only)

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

Q7. Would these proposed changes affect where you or your family would like to give birth in the future?

Yes	No	Not Sure
(Go to question 8)	(Go to question 12)	(Go to question 12)

Q8. If yes, how would these proposals affect you or your family?

Q9. Should the proposals be progressed, would you or your family prefer to have antenatal and postnatal care at the QMC (where you would likely give birth) or at the City Hospital?

QMC	City Hospital	Not Sure	Other (please state)

Q.10. The proposed creation of a single service for midwife-led or obstetric-led births at QMC would mean a much larger unit. What would this mean for you and your family? Would there be any concerns you would have about this?

Q11. Should the proposals be progressed, do you think gynaecological surgery or fertility treatment should be part of the Women's and Children's hospital at the QMC or in a separate location?

QMC	City Hospital	Not Sure	Other (please state)

Section 5: Our plans for adult elective (planned) care

Proposal: The majority of elective operations will be carried out on a separate site away from emergency and urgent care.

When we see lots of very ill people in our A&E it sometimes impacts on our ability to carry out elective operations. Operations are cancelled because beds and operating theatres are being used to treat patients needing emergency care. We know cancellations are both distressing and inconvenient for patients and their families, and we have an ambition to reduce them as much as possible.

We also want to offer more elective care in community settings, where it is appropriate to do so. This would mean people can have operations without having to come into hospital.

In addition, we want to make more use of remote consultations, through digital technology and phone consultations, where people are able to access care in this way. This may mean that follow up appointments after surgery and other appointments that don't require face-to-face contact could be provided remotely, if appropriate.

In 2020, we said we were exploring the option of delivering elective operations, including cancer surgery and day-case surgery, separate from emergency care - we currently provide these services at both the City Hospital and the QMC (including at the Treatment Centre and at the Eye, Ear, Nose and Throat (EENT) Centre).

Previous feedback showed that people were strongly in favour of splitting emergency and elective care. As a result, we have been developing this proposal in more detail and exploring the possibility of having ***most*** elective operations in one place, at the City Hospital.

What we want to know

At this stage we want to explore what this more detailed proposal means to you. Whilst most elective operations would be at the City Hospital, we want to know where you would like to receive your care, before and after an operation. This could be closer to where you live - or even virtually, for example via a telephone or video call.

Q12. To what extent do you support the proposals we are starting to develop for adult elective 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

Q13. What benefits do you think these changes would bring to you and your family?

Q14. Have you any concerns about the adult elective care model we are starting to develop?

Q15. If proposals were progressed, where would you prefer to receive your care, before and after an operation?

In the hospital where I had my operation	In my home, virtually (telephone or by video)	In the community (i.e. in a GP practice)	Other (please describe)

Section 6: Our plans for cancer care

Proposal: Patients with cancer who are unwell and need to be looked after in hospital would have access to a range of specialist medical care on the same site.

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. What we

can't predict is what the treatments for cancer will look like in the next 10, 20 or 30 years - we can, however, be ready for them. By co-locating cancer services with other acute hospital services, we want to ensure easy access to emergency specialist care, which will become increasingly important with the development of new and cutting-edge treatments.

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 want to empower our workforce to deliver 'Best in Class' cancer care through extensive training and development opportunities. Being closely linked to the University of Nottingham research expertise is really important for this.

Our focus also extends to the early diagnosis of cancer and to provide more cancer services in the community – making treatments and care more accessible and closer to home for people.

We have previously explored the possibilities of bringing our hospital cancer services together, alongside other specialist services that cancer patients sometimes need - we currently provide these cancer care services across the QMC, City Hospital and in some cases, at other hospitals such as Kings Mill. When we discussed this in late 2020, the feedback was very strongly in favour of bringing these services together.

Over the last year we have really explored this proposal in more detail and given a lot of thought as to how we can provide the best care for both acutely unwell patients, as well as those requiring other cancer care.

As a result of this work, we have adjusted our plans and are now exploring a multi-site approach. Through our detailed exploration of the original proposal we have come to realise that it is more important for us to focus on delivering really fast access to the very latest treatments, rather than necessarily bringing everything together in one place. We know that getting your cancer treated, fast, is probably more important than if that treatment happens at the City Hospital or QMC.

What we want to know

We'd like to know what you think about having cancer care managed across the QMC and City Hospital as outlined above, and how you think it would impact you, if you needed to access these services?

Also, if needed, would you prefer your radiotherapy and chemotherapy on the site where you have your main cancer treatment or at a different site potentially closer to home? This includes how cancer care services are provided at King's Mill Hospital and in the community, such as via your GP.

Q16. To what extent do you support the proposals we are starting to develop for cancer 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

Q17. What impact, if any, would these proposed changes have on you or your family?

Q18. What would be your preferred location to access cancer services?

In the hospital	In the community (i.e. in a GP practice)	Other (please describe below)

Q19. Have you accessed cancer care in Nottingham in the last three years for either yourself or a family member? (Please select only one)

Yes	No	Rather not say

Section 7: Our plans for outpatient care

Proposal: We want to look at the way we deliver outpatient care to minimise disruption to patients' lives, providing that care in accessible locations and making the best use of new technologies.

Our aim for outpatient services is to provide care that is designed with patients at the heart, with high quality services provided at a time and place that is convenient for them, minimising disruption to their lives. We also want these services to embrace new technology so that patients can access this care remotely (via telephone or video consultations), if they are able to do this and when it is clinically safe to do so.

Outpatient care is currently provided at a number of locations including the QMC and City Hospital, the Treatment Centre, Ropewalk House and in some community settings.

If people require an outpatient appointment, we are looking at more of a "one stop shop" type approach, so they wouldn't have to attend multiple times for diagnosis and treatment.

What we want to know

We want to know how important it would be for you to have your care closer to home, than in a hospital setting. If ***you have accessed outpatient care, what has your experience been like and what could have been done differently?***

In addition, these plans focus on elective services being delivered from the City Hospital and the QMC and not from Ropewalk House, and we want to know what you think about this. Do you think the care currently delivered from Ropewalk House, such as audiology or ophthalmology, should stay where they are, or could they be delivered

in other community settings, or would you prefer them to be located at the two hospital sites?

Q20. To what extent do you support the proposals we are starting to develop for outpatient 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

Q21. What impact, if any, would these proposed changes have on you and your family?

Q22. If we were to move the services at Ropewalk House, where would you prefer them to be?

City Hospital	QMC	In the Community

Q23. Have you accessed outpatient care in Nottingham in the last three years for either yourself or a family member? (Please select only one)

Yes	No	Rather not say
(Go to question 24)	(Go to question 27)	(Go to question 27)

Thinking about all of the information in this survey ….

Q24. To what extent do you support the overall proposals that are outlined in above? (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

Q.25. The proposals outlined suggest potential services moving to existing hospital sites. Do you feel this would have any impact on you and if so, what would this be?

Positive Impact	No Impact	Negative Impact

Q26. Are there any additional comments you would like to add that haven't been covered in previous sections?

Section 8: About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q27. How old are you? (Please select only one)

16 – 17	18 – 24	25 – 34	35 – 44	45 - 54	55 – 64	65 – 74	75 or older	Prefer not to say
1	2	3	4	5	6	7	8	9

Q28. What is your gender? (Please select only one)

Male	Female	Other	I do not identify with a gender	Prefer not to say
1	2	3	4	5

Q29. Does your gender identity match your sex as registered at birth? (Please select only one)

Yes	No	Prefer not to say
1	2	3

Q30. Are you currently pregnant or have you been pregnant in the last year? (Please select only one)

Yes	No	Prefer not to say	Not applicable
1	2	3	4

Q31. Are you currently…? (Please select only one)

Single (never married or in a civil partnership)	1
Cohabiting	2

Married	3
In a civil partnership	4
Separated (but still legally married or in a civil partnership)	5
Divorced or civil partnership dissolved	6
Widowed or a surviving partner from a civil partnership	7
Prefer not to say	8

Q32. Do you have a disability, long-term illness, or health condition? (Please select only one)

Yes	No	Prefer not to say
1	2	3

Q33. Do you have any caring responsibilities? (Please tick all that apply)

None	1
Primary carer of a child or children (under 2 years)	2
Primary carer of a child or children (between 2 and 18 years)	3
Primary carer of a disabled child or children	4
Primary carer or assistant for a disabled adult (18 years and over)	5
Primary carer or assistant for an older person or people (65 years and over)	6
Secondary carer (another person carries out main caring role)	7
Prefer not to say	8

Q34. What is your postcode?

Q35. Which race, or ethnicity best describes you? (Please select only one)

Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)	1
White (British, Irish, European, or other)	2
Black / British Black (African, Caribbean, or other)	3
Mixed race (Black & white, Asian & white, or other)	4
Gypsy or traveller	5
Prefer not to say	6
Other	7

Q36. Which of the following terms best describes your sexual orientation? (Please select only one)

Heterosexual or straight	1	Asexual	5

Gay man	2	Prefer not to say	6
Gay woman or lesbian	3	Other	7
Bisexual	4		

Q37. What do you consider your religion to be? (Please select only one)

No religion	1	Muslim	6
Christianity	2	Sikh	7
Buddhist	3	Prefer not to say	8
Hindu	4	Other religion	9
Jewish	5		

Thank you completing this survey and for taking the time to contribute to our survey.

11.3 Appendix 3: Tomorrow's NUH press release

TOMORROW'S NUH: PUBLIC INVITED TO HAVE THEIR SAY ON 'ONCE IN A LIFETIME OPPORTUNITY' TO TRANSFORM NOTTINGHAM'S HOSPITALS

People in Nottingham and Nottinghamshire are being asked to help the NHS in a once-in-a generation opportunity to shape the way its health and care services are delivered to patients in the future.

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) has just launched a four-week engagement programme, which includes a survey and public events, to help shape the future of health facilities at Queen's Medical Centre, City Hospital and Ropewalk House.

The facilities at these sites, run by Nottingham University Hospitals NHS Trust (NUH), are set to benefit from the Government's New Hospital Programme, which is offering an opportunity to secure significant investment to redevelop them, as well as constructing some new buildings and carrying out major refurbishment work - these plans are known as Tomorrow's NUH.

Amanda Sullivan, Accountable Officer at NHS Nottingham and Nottinghamshire Clinical Commissioning Group, said: "We want to transform health and care services in Nottingham and Nottinghamshire so that people living in our area live longer, healthier and happier lives.

"Tomorrow's NUH is a once-in-a-lifetime opportunity to make some significant improvements to local hospital services, and we need the public's help to shape these plans. This programme of work will support our excellent NHS staff to be able to deliver care in the best facilities, whilst making sure health services are located in the right places.

"This opportunity isn't just about construction however – it will be instrumental in local social and economic regeneration, creating new jobs and stimulating ground-breaking medical research. It will also help to attract the best healthcare staff to the region.

"NUH is a large part of the health system in Nottingham and Nottinghamshire, and we know that any changes made will have an impact across wider health and care services and how people access these. We are already seeing people accessing healthcare in different ways, not always at their local big hospital. This will continue."

Amanda added: "In order to progress this further we need to hear from patients, carers and families who might be affected by the changes that our evidence suggests is right to make. I encourage everyone with an interest in patient care to visit the website, complete the short online survey and attend a virtual engagement session."

In November and December 2020, the public were able to share their thoughts on the possible changes to the way services could be delivered, to improve the experiences of all who use the QMC and City Hospitals.

Since then, a lot of work has been undertaken to develop the plans further and to identify what can be done to make the best use of the funding available. This work has

involved looking at where services could be located and planning how they would work together.

Rupert Egginton, acting Chief Executive at Nottingham University Hospitals, added: "We are really excited at the prospect of being able to transform our hospital sites and the way we deliver care through the Tomorrow's NUH programme.

"We are still in the early stages of developing our plans, and it's so important that we seek feedback both from our staff and from the local community who use our hospitals. I would very much encourage people to complete the survey or join one of the public meetings and share their views."

How you can get involved:

A series of public engagement events have been organised by Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to update people on the latest thinking. You can find out more here.

A survey has also been launched to support this next phase, ensuring the public are able to feedback on the latest proposals. Complete the survey here.

No firm decisions on the way forward will be made until after a full public consultation has taken place in due course. This period of public engagement ends on 1st April 2022.

ENDS

Notes to Editors:

The Tomorrow's NUH programme is a significant part of Reshaping Health Services in Nottinghamshire (RHSN), a long-term strategy involving all local health and care organisations working together, ensuring that we continue to provide leading-edge, innovative and life-changing care well into the future.

The Government has committed to build 40 new hospitals by 2030, backed by an initial £3.7 billion. Together with eight existing schemes, this will mean 48 hospitals by the end of the decade, the biggest hospital building programme in a generation. The hospitals will provide better care for patients, an improved working environment for staff and help the NHS reach its net zero carbon ambition. The commitment forms part of the wider Health Infrastructure Plan, a strategic long-term investment to ensure our world-class healthcare system and staff has the world-class facilities it needs for the future.

Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is an NHS organisation led by local GPs. The CCG is responsible for understanding the health care needs of the population of Nottingham and Nottinghamshire and planning and paying for healthcare services. This includes listening to, and taking account of, feedback from local people to make sure that services meet local need.

On 1st July this year the CCG will become an Integrated Care Board (ICB). Across Nottingham and Nottinghamshire, our vision will continue to be: to increase the duration of people's lives and to improve those additional years, allowing people to live

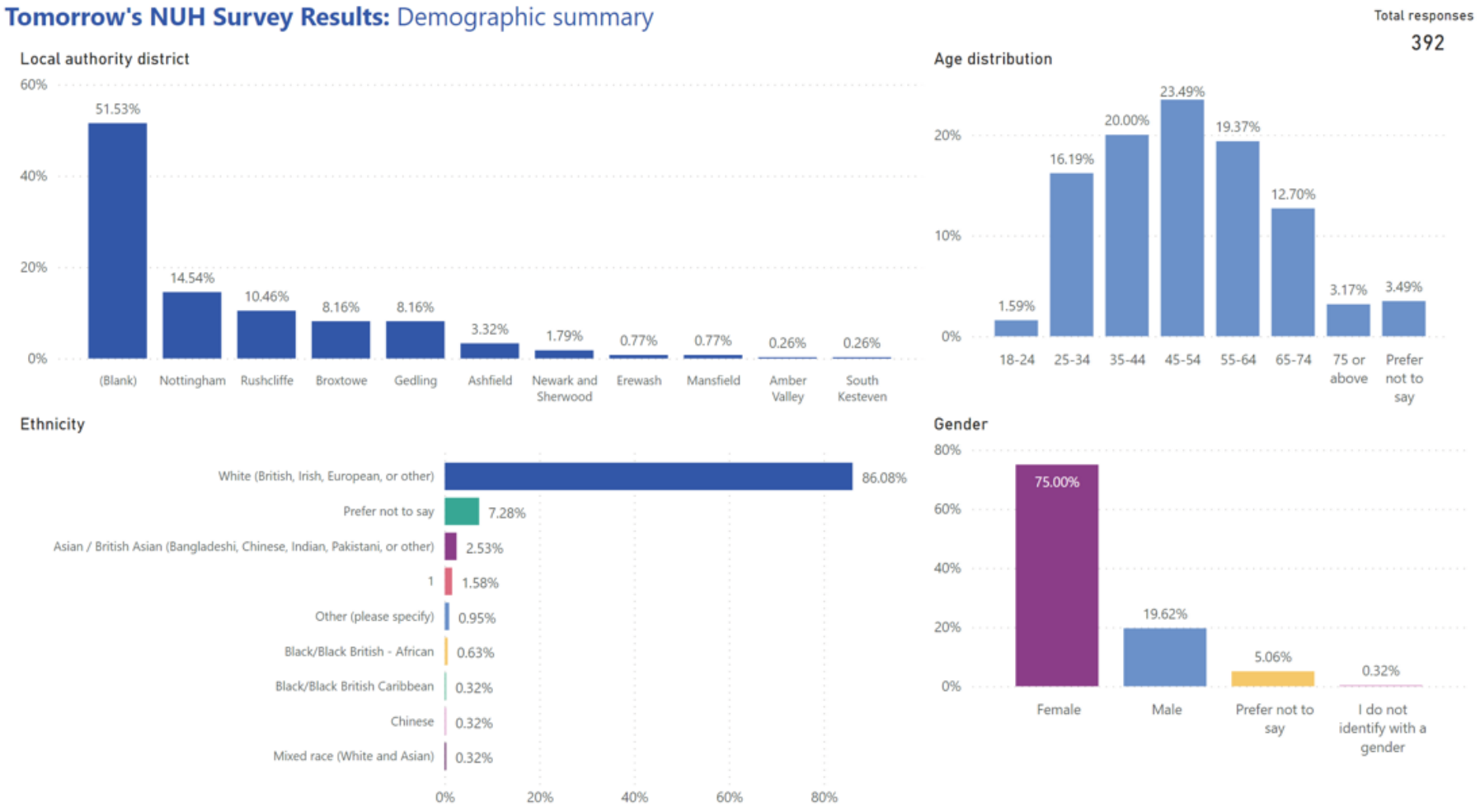
longer, happier, healthier and more independently into their old age. The ICB will ensure that the Tomorrow's NUH plans continue to be developed after 1st July.

11.4 Appendix 4: Press coverage

14.03.22	BBC TV East Midlands	Interview with Rosa Waddingham, appeared in first couple of new bulletins on the day
14.03.22	West Bridgford Wire	'Once in a lifetime' chance to transform Nottingham's hospitals | West Bridgford Wire
14.03.22	Nottingham Post	Maternity services to move to Nottingham's Queen's Medical Centre under major new plans - Nottinghamshire Live (nottinghampost.com)
15.03.22	BBC online	Nottingham maternity services could move under new plans - BBC News
17.03.22	MSN	Nottingham hospitals could get 'modern new facilities by the end of the decade' (msn.com)

17.03.22	BBC Radio Nottingham	Interview with Amanda Sullivan
17.03.22	Nottingham Post	Nottingham hospitals could get 'modern new facilities by the end of the decade' - Nottinghamshire Live (nottinghampost.com)
18.03.22	NottsTV	Proposals for 'once in a generation' programme for Nottingham hospitals revealed - Notts TV News | The heart of Nottingham news coverage for Notts TV

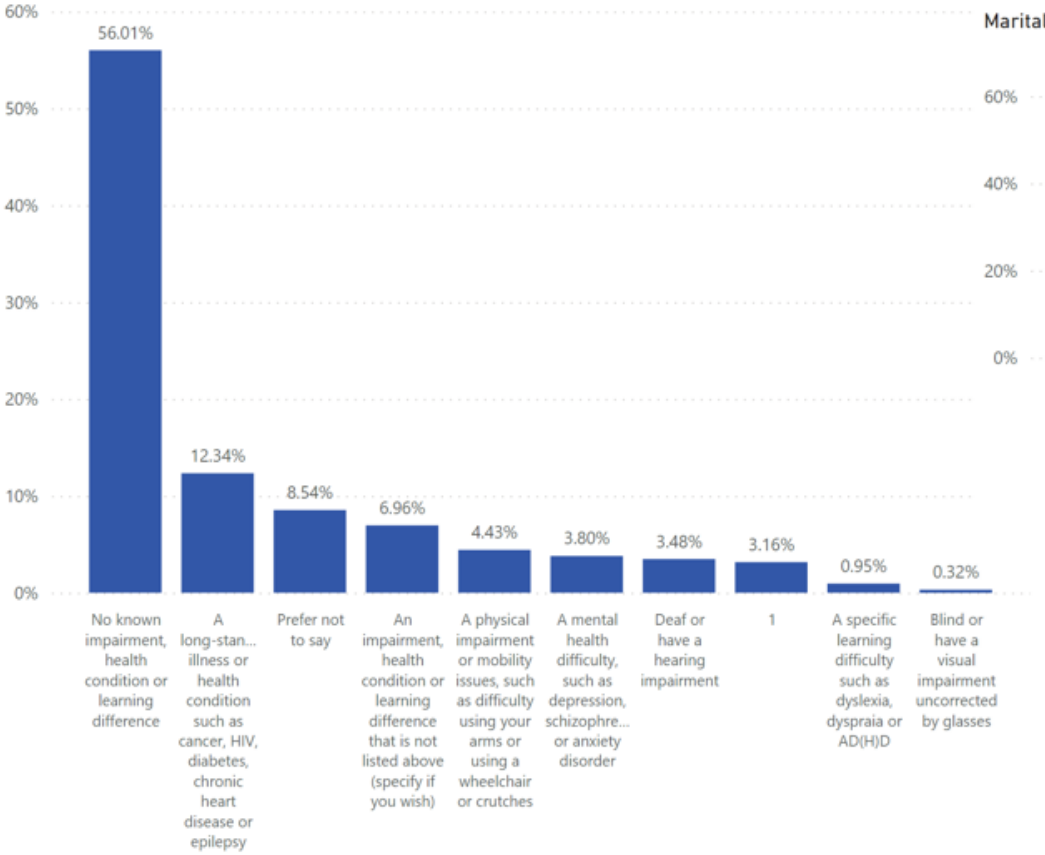
11.5 Appendix 5: Demographic profile of survey respondents



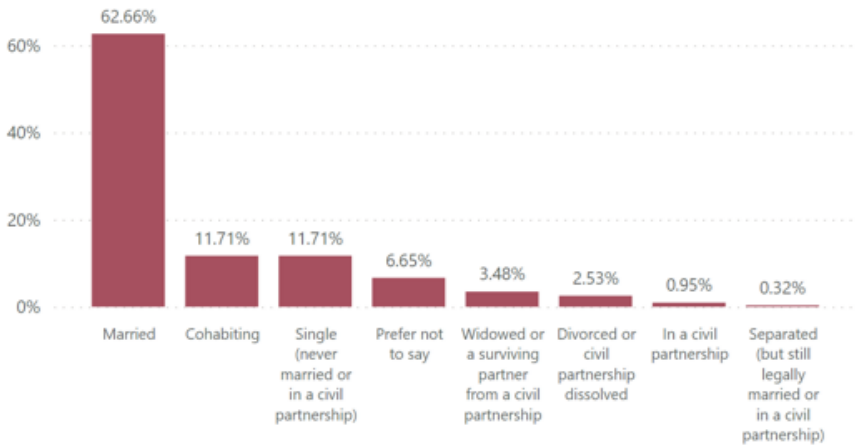
Tomorrow's NUH Survey Results: Demographic summary

Total responses
392

Long term conditions or disability



Marital Status



Caring responsibility	Responders	%
Caring responsibility	147	37.50%
No caring responsibility	245	62.50%
Total	**392**	**100.00%**