

Reshaping Health Services in Nottinghamshire and Tomorrow's NUH



Introduction to the programme

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

Nottingham and Nottinghamshire has been earmarked as an area that can be allocated significant funding from this plan.

To ensure that we take this opportunity to secure funding for Nottingham and Nottinghamshire we have developed the Reshaping Health Services in Nottinghamshire Programme (RHSN). This programme will draw together projects that bring investment into the area to improve local health services.

Central to this is Tomorrow's NUH – a programme of work to design and create hospital services that will meet the needs of our population now and in the future.



Introduction to the programme

The part of our programme that we are talking to local people about, Tomorrow's NUH, aims to:

1. Enable us to provide the **right care in the right location**, transform our services and meet the commitments made in our Strategy and Clinical Service Strategy, the NHS Long Term Plan and the vision for the Nottingham and Nottinghamshire Integrated Care System;
2. Address **legacy issues** that remain from merging two separate organisations to form NUH, which impacts the ability to deliver modern care because of services split across sites or duplicated, spreading staff and equipment too thinly. It will also support clinical best practice and fulfil the role as a regional centre; and
3. Fix the parts of the **ageing estate** that have received little or no investment and do not meet the requirements of services to deliver modern healthcare to the catchment population.



Why we need to change

The NHS in Nottingham and Nottinghamshire has an ambition to transform health and care services so that people living in our area live longer, healthier and happier lives. We know that our hospital services aren't currently set up in the right way for us to achieve this ambition.

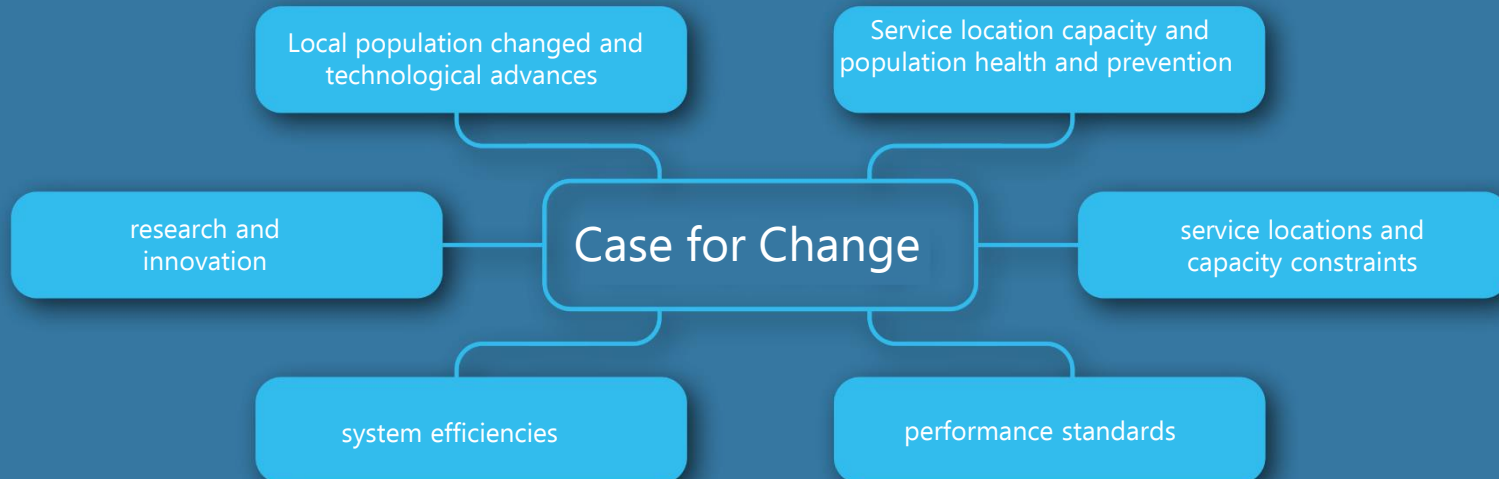
Supporting system
financial position

Realising the opportunity of
innovative treatments and
research

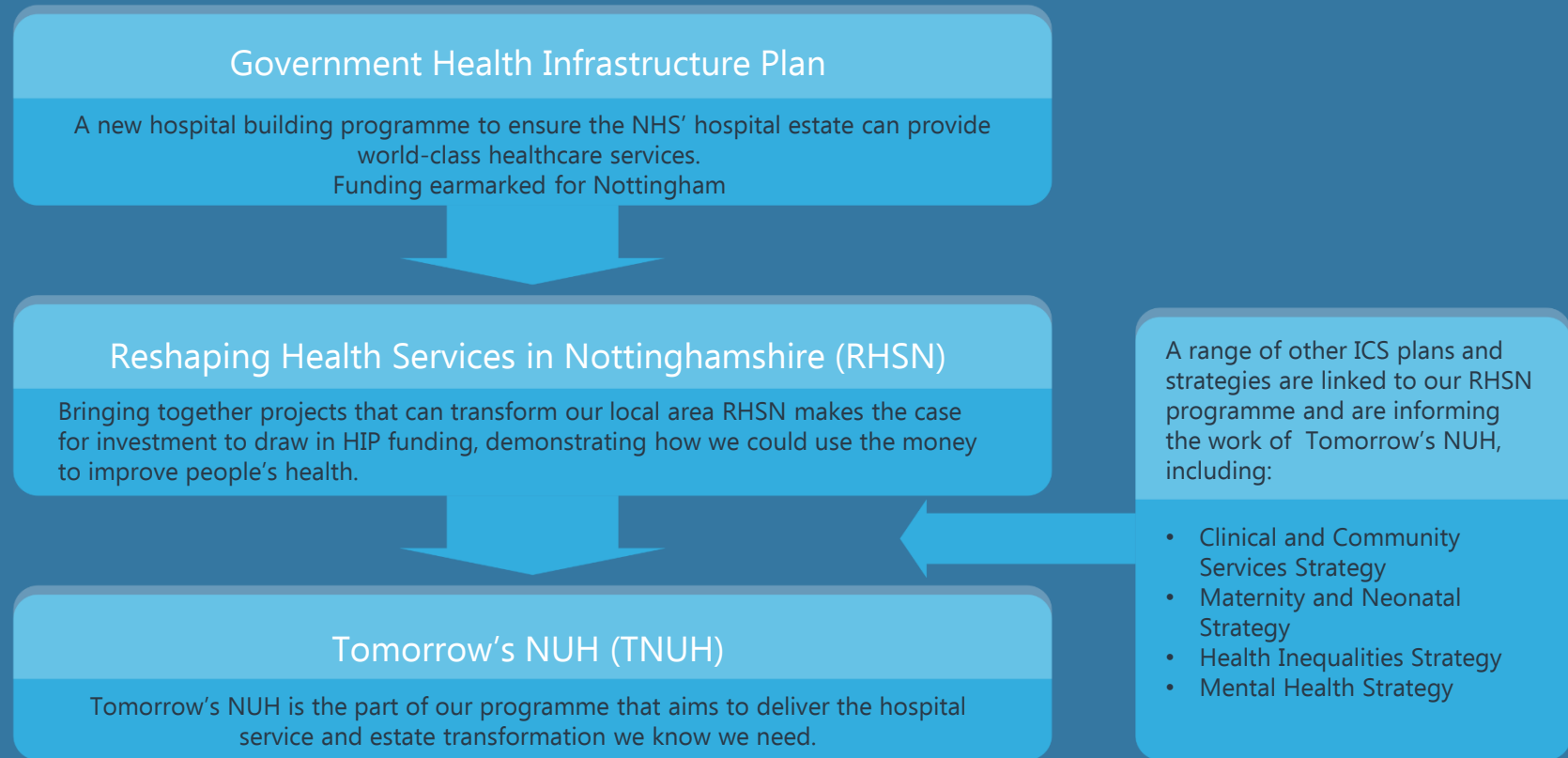
Growing and ageing population;
health inequalities; delivering new
models of care

Preventing ill health and
managing long term
conditions

Providing the right
agencies and capacity
to meet demand



How it all fits together



What we want to do

To truly make a difference to people's health and wellbeing we know that we need a plan that describes how all of our health services could work together. That is why we are starting to set out what we call our outline clinical model.

This is a set of proposals that provide an overview of how we might set up all our services, guided by what senior doctors and nurses need to do their job. In the future, we want:

- Our hospitals to provide **more specialist services** and to provide more routine services in communities near to where people live.
- To provide **more routine services remotely**, using phone calls and digital technology, where people are able to access these and where it is appropriate to do so.
- To relocate some services so that patients who need **access to emergency or specialist care** can get it quickly and safely.
- To **separate our elective care services from our emergency care** services so that pressure on emergency services doesn't result in cancelled operations.



What our plans will mean for people



People would come to hospital less frequently and only if they required specialist care – e.g. emergency support, inpatient beds or operating theatres. The care people need in between their hospital appointments may happen in a local community setting or over the phone.

Some of the services currently provided in hospital would be provided in a community setting or remotely – this would mean most people have less far to travel for routine care such as follow up appointments for ongoing health problems.



Our hospital building and facilities would be more up-to-date and provide better care.

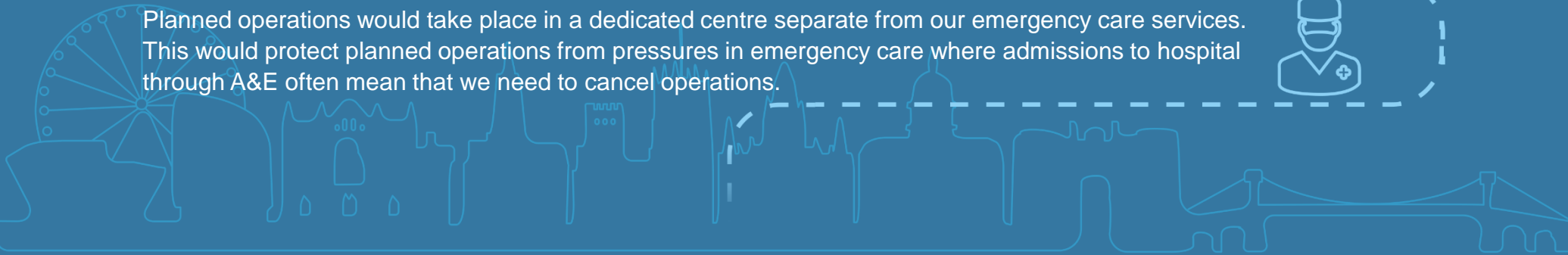
We would provide all of our acute maternity services on one site, so that they are co-located with emergency and specialist services.



All our emergency care services would be on one site, providing access to specialist services that patients may need without having to travel between sites by ambulance.



Planned operations would take place in a dedicated centre separate from our emergency care services. This would protect planned operations from pressures in emergency care where admissions to hospital through A&E often mean that we need to cancel operations.



Involving patients in our plans

We have been engaging extensively on our outline clinical model with patients, carers and stakeholders. Over 650 members of the public have participated in engagement events; focus groups or have completed a survey.

We have also established a Stakeholder Reference Group comprised of patient and public representatives to help guide the work of the programme.

Over the coming weeks we will be considering the feedback we have received to date as we further develop our options for a public consultation.



Developing options for consultation

We are undertaking a thorough options appraisal process that takes into account financial and clinical considerations, and the feedback we have received from the public.

The options that we put to the public in a consultation will include our detailed clinical model as well as which services will be delivered in which locations.

We have established a set of 'desirable criteria' to apply to the options we develop. These criteria represent the things we know we need to get right if our programme is to be successful in improving people's health and wellbeing.

We will be working with clinicians, our Stakeholder Reference Group and other stakeholders to establish and evaluate a set of options that set out which services will be delivered where.



How we will get there

