NUH Service Review

Frequently Asked Questions

1. **Why are you closing services?**
   The CCGs would like to clarify that proposals do not mean services are closing. The proposals are for CCGs to continue to commission the services.
   During 2016, the Greater Nottingham Clinical Commissioning Groups (Nottingham City, Nottingham North and East, Nottingham West and Rushcliffe) undertook clinically-led reviews on a set of services delivered by Nottingham University Hospitals (NUH) NHS Trust.

   The driver for these reviews has been to improve quality and to look at where we can provide care closer to home. It was also to ensure that we are getting the very best value for money when commissioning publicly funded health services.

   Following the reviews, the proposal is that the majority of the services remain with NUH, and we are working with the Trust to develop them and ensure they meet patient needs.

   As part of the review, we have identified some services currently delivered by NUH that we are proposing could be delivered in a community setting, closer to patients' homes and which could provide better value to the local NHS. The proposals take into consideration that elements of the services that need to be delivered in a hospital setting will continue to be delivered there.

2. **What services are affected by the review?**
   We are proposing that the following services could be provided in a community setting and further detail is available on CCG web-sites, or by contacting PALS on 0800 028 3693 (option 2) or email pet@nottinghamnortheastccg.nhs.uk to provide feedback. Closing dates are included on the web-site and depending on the service are either the 5th February or the 10th February.

   - Chronic Fatigue Syndrome service
   - Pain management and Back Pain service
   - Neurology assessment service
   - Brain injury service
   - Motor Neurone Disease (MND) home visiting service
   - Geriatric Day Care (also referred to as Medicine Day Care)
   - Conservative management of renal patients
   - Dietetics
   - Orthoptics

3. Why are you proposing to change these services?

The South Nottinghamshire CCGs have been in discussion with Nottingham University Hospitals NHS Trust (NUH) on a number of services to ascertain whether the specification is up to date and if they are delivering best value for money.

This was under the context of a considerable increase in costs in 2017/18 without a clear agreement on services to be delivered. These are services that are not core to the hospital environment, not bed-based and are not priced in relation to activity.

The driver for the service reviews is to improve quality and to look at where we can provide care closer to home. It is also to ensure that we are getting the very best value for money when commissioning publicly funded health services.

In Nottingham and Nottinghamshire we are fortunate to have highly competent, skilled and clinically robust services across primary (including GP practices), community and hospital (acute) care. Our aim through the reviews is to commission services that capitalise on utilising the full range of the high quality service provision available to us.

4. Will the staff be less qualified?

All proposals require qualified staff to deliver services.

In Nottingham and Nottinghamshire we are fortunate to have highly competent, skilled and clinically robust services across primary (including GP practices), community and hospital (acute) care. Our aim through the reviews is to commission services that capitalise on utilising the full range of the high quality service provision available to us.

5. Why change services when they're working fine?

We are committed to improving services through an integrated approach to patient care across South Nottinghamshire. We want to reassure people that the proposals aren't about taking away services and that they have been considered in relation to delivering care more effectively and efficiently.

CCGs have a duty to act efficiently, effectively and economically and in order to do this, we are continually reviewing and planning services to meet the needs of the local population and to secure value for money. The Nottingham University Hospitals NHS Trust (NUH) service reviews are an element of this.

6. Is this just a money-saving exercise?

To make sure that we have the best NHS within the budget that is available, it is important that services are delivered in the most appropriate setting clinically and for patients (including in a patient's own home).

There is no doubt that the NHS, both locally and nationally, is facing unprecedented demand and financial challenge. In order to continue to deliver core services safely and effectively, the CCGs in South Nottinghamshire have to review services to ensure efficiency and best value for the resources we have available.

However, we know that patients want to avoid hospital and have their care delivered at home or in the community where possible. As part of our partnership work with providers and local authorities to transform health and care services locally, we are working with the aim to integrate health and social care and provide services out of hospital and closer to home where safe and appropriate to do so.

7. **Have you properly researched and costed treatments versus their effectiveness and desired outcomes and if so provided an alternative at the same quality of care at reduced cost if cuts go ahead? If so where are the savings?**

   Yes we have properly researched and costed treatments versus their effectiveness and desired outcomes and if we implement the proposed changes, will be commissioning an alternative at the same quality of care with some reduction in costs. Savings can be achieved through efficiencies such as reduction of service duplication, reduction in unplanned admissions and reduction in burden on services, both primary and secondary care

8. **What process was carried out to arrive at the conclusion to move services into the community?**

   A robust process was carried out in conducting the reviews, including engagement with clinicians and patients (this has also included the relevant professional bodies, other system partners, and the Clinical Senates). Public Health support in respect of evidence base and services models has been integral to the entire review.

   The CCGs' governance processes have been followed in terms of the completion of Quality Impact Assessments and Equality Impact Assessments for each service. As a result, each service now has a clinically appropriate specification which supports the provision of cost effective, evidence based care.

   No decision has yet been made and services are out for engagement in relation to the proposal to move into the community.

9. **Will this put pressure on hospital services and A&E?**

   There are numerous benefits which will be realised if the proposals are adopted including potential cost savings including a reduction in service duplication, reduction

in unplanned admissions and reduction in burden on services, both primary and secondary care. Therefore, it is not expected that if the proposals are adopted there will be additional pressure on hospital services and A&E.

10. What consultation was undertaken?

Clinical, service user and public engagement was carried out and is ongoing.

- **Clinical Engagement**
  This included local providers, including NUH who nominated clinicians. The East Midlands Clinical Senate provided members to support the reviews. Key individuals and/or organisations were approached. Public Health also provided input in relation to the evidence base and service models. Clinical engagement events were held as well as feedback from individuals.

- **Patient engagement**
  Information on the patient engagement opportunities were promoted on CCG web-sites, facebook, twitter, leaflets in GP practices, libraries, post offices, Surestart Centres, support groups, south CCG patient groups. Unfortunately, we were not given direct access to the service users so had to look at different ways to engage with them and get their views. This was done by:
    - Local surveys via the Big Health Debate
    - Focus groups with service users and carers
    - Reaching out to local interest groups ie Fibromyalgia Action Group, MND Association Nottingham
    - One to one meetings with service users and carers
    - Existing patient and public involvement intelligence
    - Where relevant, national surveys and resources were also used to validate the feedback received locally ie commissioning guidance for rehabilitation, Improving MND Care Survey, NICE consultations.

Patient engagement is ongoing with proposals being available for comment on both the web-site and by contacting PALS 0800 028 3693 (option 2) or email pet@nottinghamnortheastccg.nhs.uk. Additional focus groups are being held and details can also be obtained from PALS.

Brain Injury service

11. Are you closing Linden Lodge?

There has been no proposal put forward that would result in the closure of Linden Lodge. The Brain Injury, Neuro Assessment and Neuro Re-ablement services have been assessed as part of a clinically-led review on a set of services delivered by Nottingham University Hospitals (NUH).

As a result, it is proposed that these services are combined into a neuro rehab service which could be provided in the community.

12. Why are you only advising 16 weeks of treatment?

Following clinical and patient input, the detail in relation to the proposal has been updated to reflect the differences in the complexity in clinical need for a long term neurological condition and a traumatic or acquired brain injury. This change was made on the 6 January 2017.

13. Have you undertaken an Equality Impact Assessment (EIA) on the services?

EIAs were undertaken on the proposals over August to November and were signed off by the equality lead on the 18th November 2016. The CCG governance processes have been followed in terms of the completion of QIAs and EIAs. This has been in two stages, firstly the decision to decommission or change the current service and secondly the new specifications. As engagement on the proposals is continuing the EIAs are still to be finalised.

14. What was the outcome of the EIA in terms of determining whether the proposed decommissioning of TBIS and other services was compatible with the legal requirements of the Equality Act and did not disproportionately impact on certain groups?

The EIAs considered positive opportunities within the proposals to promote equality, understanding where these are currently being applied and could be better used within the proposals, as well as considering if there are any negative or adverse impacts of the proposals for each of the protected characteristics. If a negative or adverse impact had been identified consideration would be taken as to whether this could be removed or mitigated if the proposals were to be implemented.

For all the EIAs no negative or adverse impact was identified that would amount to unlawful discrimination. The outcome of the EIA was used to assess and if necessary amend the specification by either removing or mitigating any negative impacts, as opposed to providing a specific recommendation for the Governing Body to act on. All EIAs were reviewed by the Quality and Risk Committee, along with quality impact assessments (a Committee of the Governing Bodies). There were no negative impacts identified for the proposed changes in relation to delivery of the neuro rehab service.

15. Why is NNE CCG decommissioning TBIS and other rehabilitation and reablement services in direct contravention of the guidelines set out in the NHS England 'Commissioning Guidance for rehabilitation' (March 2016)?

No decision has yet been made about possible changes to the provision of TBI and other rehabilitation and reablement services.

However, in any event, the proposal is for CCGs to continue to commission rehabilitation services, including for traumatic brain injury, and that is in keeping with the detail on why rehabilitation should be commissioned.

CCGs have been working with and using the guidance from the East Midlands Clinical Senate 'Community-based rehabilitation of people with long-term neurological conditions'.
The review and proposals align with the principles, expectations and ten top tips within the commissioning guidance for rehabilitation.

16. There is no evidence given that outcomes delivered by GP services will be as effective as or better than those delivered by NUHRU. Clearly this data must be available for the Trust to take a decision for change; where can I read this?

The model does not propose that the service is provided by individual GP practices - it's not possible to compare GP services and specialist services currently provided by NUHRU as they are two separate types and levels of care, providing different outcomes for patients. If the proposal is implemented, as part of commissioning the new service, we will monitor outcomes, which hasn't been possible with the current service.

17. If the service is relocated into the community where will the specialist equipment be stored and how will this be accessed by the GP based professionals?

Providers having access to the relevant equipment is part of the procurement process, if it is decided to go out to procurement, and specific questions on storing and transportation will need to be addressed to providers once the procurement is complete, if it is decided to proceed with the proposal.

18. How will links between specialist services and primary care services be achieved?

Links exist overall within the system between specialist and primary care services. Links can be achieved through good communication between services and an understanding of where individual patients are on patient journey/pathway and what care they need.
Specialists already communicate with primary and community care now and it is part of their clinical responsibility to work together. Links between services and technically how this can be managed will be considered as part of the mobilisation process and establishment of the new service, if it is decided to proceed with the proposed changes and following the procurement process.

19. How do you propose to provide the same level of treatment and quality of care to these patients that need specialist longer term treatments?

Under the proposals patients will receive the right care in the right place. If they require specialist longer term treatments, this will be provided. The proposal includes 16 weeks in relation to a long-term neurological condition or 12 to 14 months for a traumatic or acquired brain injury and individual patient needs will be considered as part of this. Some patients may need less while other may require more.

20. As many people who have a TBI do not even begin to think about returning to work till after the 18 weeks proposal who and how will the specialist TBI OT services be provided?

It is proposed that patients with a brain injury will be assessed and if suitable will commence on a 12-14 month community treatment and rehabilitation programme. At the beginning of the rehabilitation programme in-reach support to in-patients will also be provided. If a patient needs is assessed and recommended treatment beyond 14 months then they will continue on the rehabilitation programme until they are assessed medically fit to move on.