

# Your Hospitals, Your Say

September 2022





Lancashire & ...  
**New Hospitals**  
Programme

Get involved  
share your vi

WWW



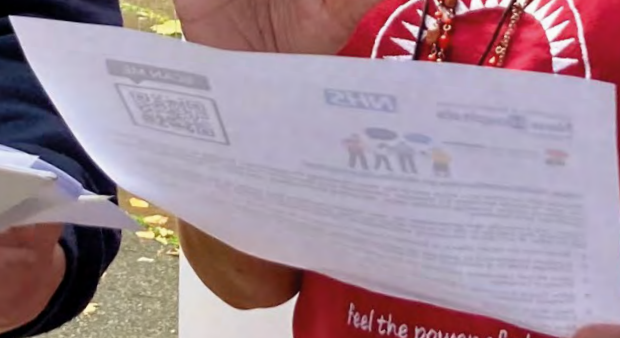
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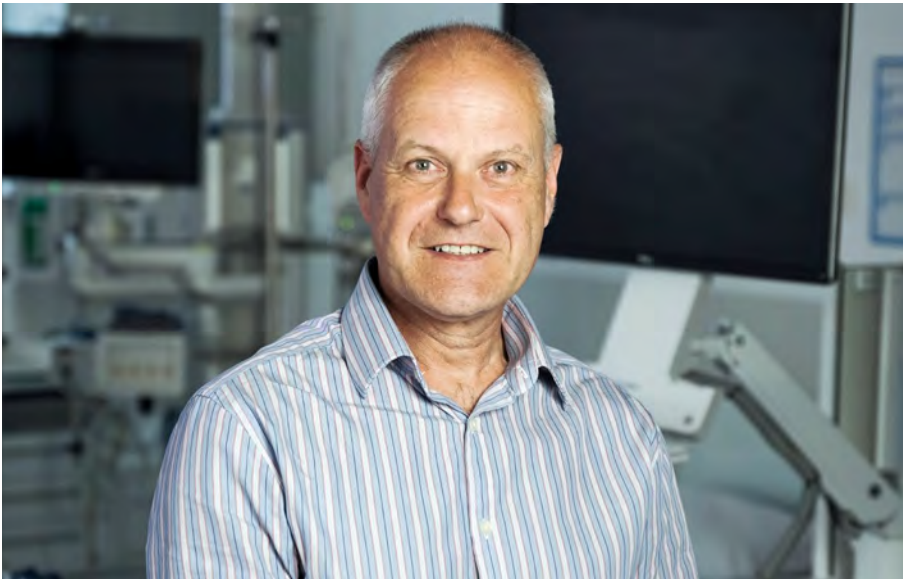
ENERGY  
**HIGH5**  
BELT

feel the power of rhythm

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# 1. Introduction



## Foreword

The Lancashire and South Cumbria New Hospitals Programme (NHP) is a once-in-a-generation opportunity to transform our region's hospitals and reduce health inequalities for local people. We plan to develop new, cutting-edge facilities that offer the absolute best in modern healthcare and address significant problems with the ageing Royal Preston Hospital and Royal Lancaster Infirmary buildings, with investment to improve Furness General Hospital.

Hearing and reflecting the views of people living in Lancashire and South Cumbria is an essential part of shaping plans and proposals for new hospital facilities. We are following a clear and thorough process to give everyone the opportunity to have their say and help shape the future of hospital care in our region.

Our region is large and complex, with a wide range of health challenges. 1.8 million people live in Lancashire and South Cumbria, in cities with diverse cultures and communities, rural areas, and coastal towns. It is essential that we reach and hear from people of all ages and communities, and understand their health requirements. We strive to ensure our activity is as inclusive and accessible as possible.

We would like to say a huge thank you to everyone who has taken the time to share your views on the New Hospitals Programme so far. This summary report provides an overview of the activity that has taken place and the feedback we have heard from people in Lancashire and South Cumbria to date about what is most important to you regarding your future hospital facilities.

Please continue to get involved and have your say to help us build the hospital facilities that our patients, staff, local communities and future generations need and deserve.

A handwritten signature in black ink, appearing to read 'Jerry Hawker', written over a light grey circular watermark.

**Jerry Hawker**

Director of Transformation for NHS Lancashire and South Cumbria Integrated Care Board, and Senior Responsible Officer for the Lancashire and South Cumbria New Hospitals Programme



“Lancashire and South Cumbria’s New Hospitals Programme is set to deliver major benefits to patients in our region. It will enable our local NHS to deliver flexible, state-of-the-art buildings and technology, designed to improve local people’s life expectancy and health, and increase staff morale, retention and recruitment.”

Dr Gerry Skalles, Chair of the New Hospitals Programme Clinical Oversight Group and Medical Director for Lancashire Teaching Hospitals NHS Foundation Trust



“This is an incredibly exciting development for healthcare in our region as we take the next step in our journey towards new hospitals. This funding will have a wider positive impact on our local region, attracting further investment, acting as a catalyst to deliver wider socio-economic benefits and playing a key part in revitalising the regional economy, as well as introducing measures to cut carbon emissions and protect the environment.”

Kevin McGee OBE, Chief Executive of Lancashire Teaching Hospitals NHS Foundation Trust, speaking on behalf of hospitals across Lancashire and South Cumbria



“The reason I’m so excited, particularly as the Chief Executive at UHMBT, is that this is a once-in-a-generation opportunity, it’s a legacy opportunity to bring new facilities and much needed investment into our patch. It will also mean that we’re able to resolve quality and safety issues and patient experience issues permanently for our populations.”

Aaron Cummins, Chief Executive of University Hospitals of Morecambe Bay NHS Foundation Trust

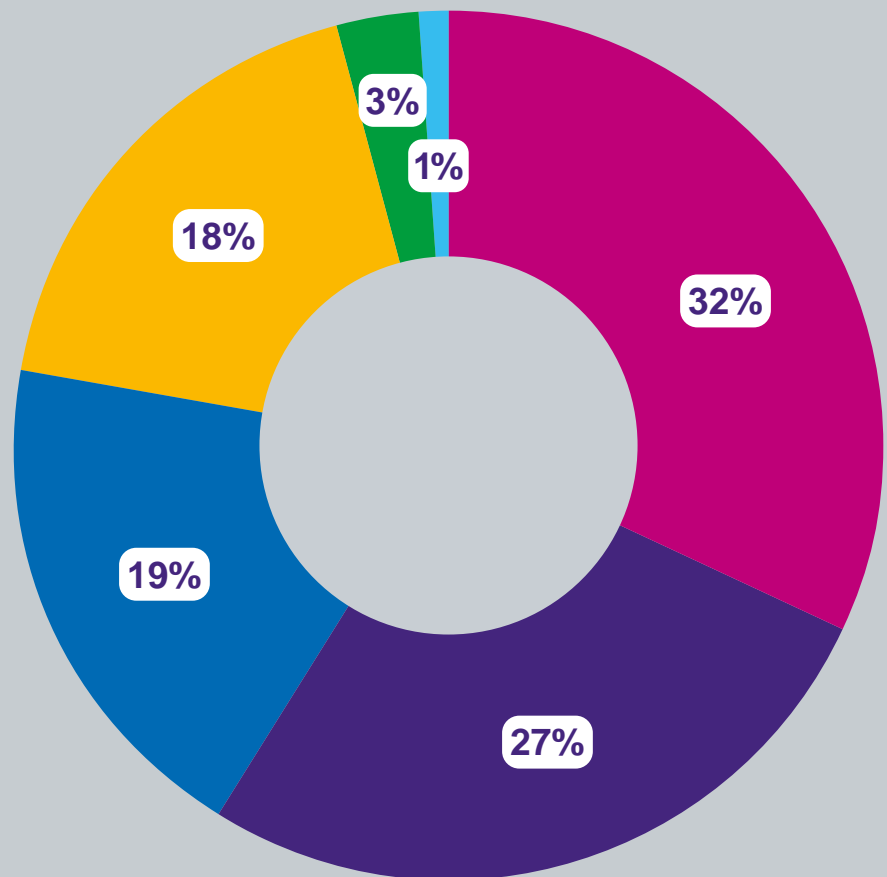


The Lancashire and South Cumbria New Hospitals Programme is part of the Government’s commitment to build 40 new hospitals by 2030. Together with eight existing schemes, this will mean 48 hospitals built in England over the next decade, the biggest hospital building programme in a generation.

# Lancashire and South Cumbria New Hospitals Programme in numbers

Over a 20-month period  
to date (from January 2021  
to August 2022):

**15,579** different people  
across the region have  
got involved in the  
discussion about new  
hospital facilities,  
interacting with us  
**30,802** times.



**Key:**

- Public**  
32% of interactions  
(9,716 people)
- NHS staff**  
19% of interactions  
(5,938 people)
- Expert patient groups**  
3% of interactions  
(968 people)
- Under-represented communities and health inclusion groups**  
27% of interactions  
(8,370 people)
- Patients and service users**  
18% of interactions  
(5,423 people)
- Local politicians and MPs**  
1% of interactions  
(297 people)

5,837 people completed website surveys



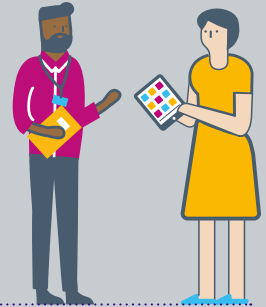
2,999 people joined The Big Chat online discussion across three different conversations



1,075 staff attended four New Hospitals Programme Colleague Summits



4,018 people took part in in-depth interviews (over the phone, in-person and online) across three waves of market research



Social media content reached 1.42 million people, across Facebook and Twitter



20,279 people visited the Lancashire and South Cumbria New Hospitals Programme website



1,837 people have subscribed to the New Hospitals Programme email newsletter



235 people from 30 different inclusion groups in under-represented communities participated in workshops held by Healthwatch Together<sup>1</sup>



6,041,344 opportunities to see or hear were generated through local advertising



25 local MPs and 20 local authorities have been kept up to date on the latest developments and proposals



796 local people had face-to-face conversations through Healthwatch roadshow events. 16 locations across Barrow-in-Furness, Chorley, Kendal, Lancaster, Leyland, Preston and Ulverston were visited.



1 Healthwatch Together is a collaboration between Healthwatch Blackburn with Darwen, Healthwatch Blackpool, Healthwatch Cumbria and Healthwatch Lancashire.

## 2. What have we been talking to people about, and why?

Our goal is to make Lancashire and South Cumbria a world-leading centre of excellence for hospital care. We want to give people of all ages and communities across Lancashire and South Cumbria equal access to the best possible hospital facilities, to help them live longer, healthier lives.

This could be achieved by creating a network of brand new and refurbished facilities, addressing significant problems with our ageing hospitals in Preston (Royal Preston Hospital) and Lancaster (Royal Lancaster Infirmary). There is also a need to invest in Furness General Hospital, due to the importance it plays in such a remote area of the region.

Our Case for Change report, published in July 2021, explains why funding for new hospital facilities is essential for the health of local

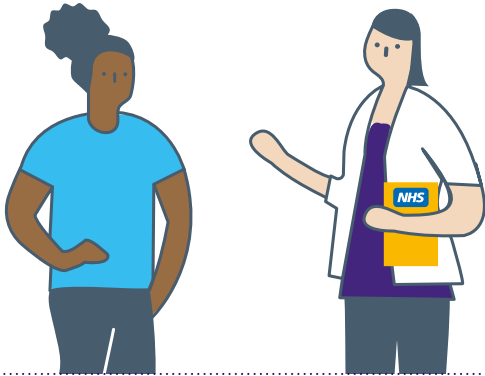
people. It also describes the impact that the current issues with these buildings have on patient and staff experience, local people's health, and the ability to carry out essential hospital services.

We want to listen to patients, local people, staff, and stakeholders to ensure that our proposals to find solutions to address the issues outlined in the Case for Change are informed and shaped by the people that are served by and work at our hospitals.





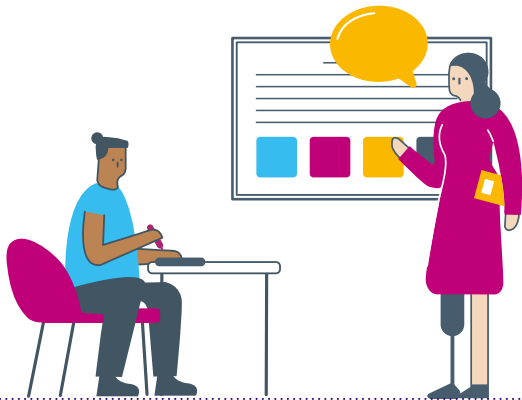
## We want to make sure local people:



Are aware and informed about proposals



Know how they can get involved



Understand why decisions are made



Feel enthusiastic about what is possible



Have trust in the process

“The condition of buildings at Royal Preston Hospital and Royal Lancaster Infirmary have reached a critical state, restricting the ability to provide high quality, safe, efficient and cost-effective services for patients and to attract and retain staff.”

Jerry Hawker, Director of Transformation, NHS Lancashire and South Cumbria Integrated Care Board

# What is the process we have been following?



The Lancashire and South Cumbria New Hospitals Programme is following a clear process to help shape the future of hospital care.

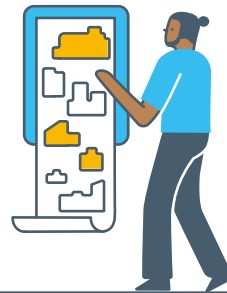
1

Understand why changes to our hospitals are needed



3

Create a shortlist of proposals for new hospital facilities, narrowing the proposals down to those which are workable, and submitting to NHS England for approval



2

Develop a longlist of proposals for new hospital facilities, including why, how and where changes might take place

4

Public consultation, if required



5

Submit proposals for new hospital facilities



7

The aim is to open new hospital facilities by 2030



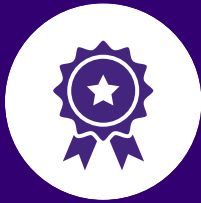
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Help us create the new facilities



## Our engagement has covered six key areas:

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Benchmarking public perceptions of hospitals in Lancashire and South Cumbria



Hopes, fears, and desires for new hospital facilities in Lancashire and South Cumbria

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Identifying possible solutions to the Case for Change



Developing Critical Success Factors for evaluating proposals

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Responses to the longlist of proposals



Responses to the shortlist of proposals

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# 3. Who have we heard from?



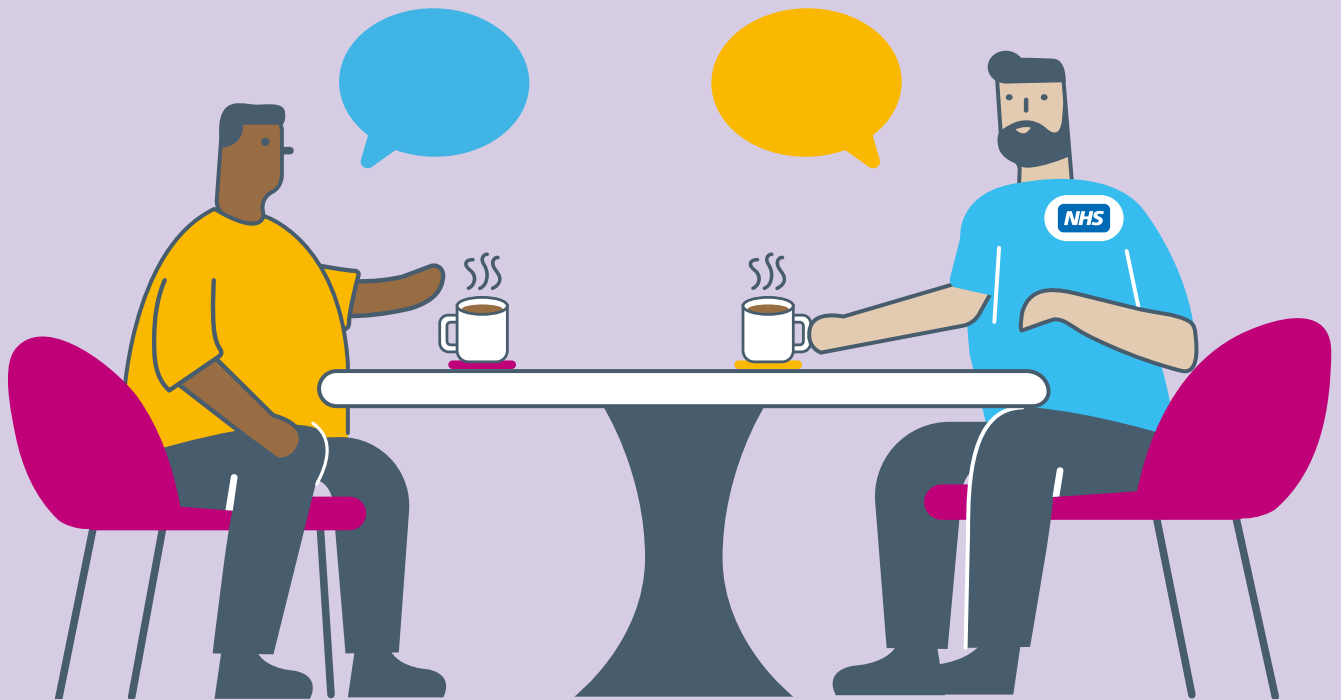
Our activities focused on the people most likely to be impacted by the proposed changes. We also made concerted efforts to collect the feedback and opinions of communities and groups in the region who are less frequently heard, as well as reaching out to the general public.

Our strategy is to focus on in-depth, quality conversations with representatives of communities, rather than speaking to the largest possible volume of individual people. A breakdown of the people that we have spoken with through active, meaningful conversations, can be found on the following pages.

**15,579**  
people have got involved



## Members of the public and patients



**3,263** members of the public and patients living in Preston

**122** people in specialist patient groups

**961** members of the public and patients living in Chorley and South Ribble

**80** people in patient advisory groups

**2,466** members of the public and patients living in Lancaster

**564** Members of local NHS Foundation Trusts

**1,198** members of the public and patients living in South Cumbria

**134** representatives of the voluntary, community, faith, and social enterprise (VCFSE) sector

**1,828** members of the public and patients living in the wider Lancashire and South Cumbria catchment area

## Under-represented communities and health inclusion groups



912 members of ethnic minority groups

63 younger people (university and college groups)

1,212 people with disabilities

129 users of pregnancy and maternity services

183 lesbian, gay, bisexual, transgender and queer people

154 sign language users

851 carers

208 military veterans

3,609 senior citizens

12 people who represent refugees and asylum seekers

“The group has appreciated the opportunity to give detailed feedback about the New Hospitals Programme, which it has done through interviews and questionnaires. Adults with autism can often feel sidelined and considered an addendum to adults with learning difficulties when, in fact, many do not have learning difficulties.”

Daniel Hall, Cloverleaf Lancashire

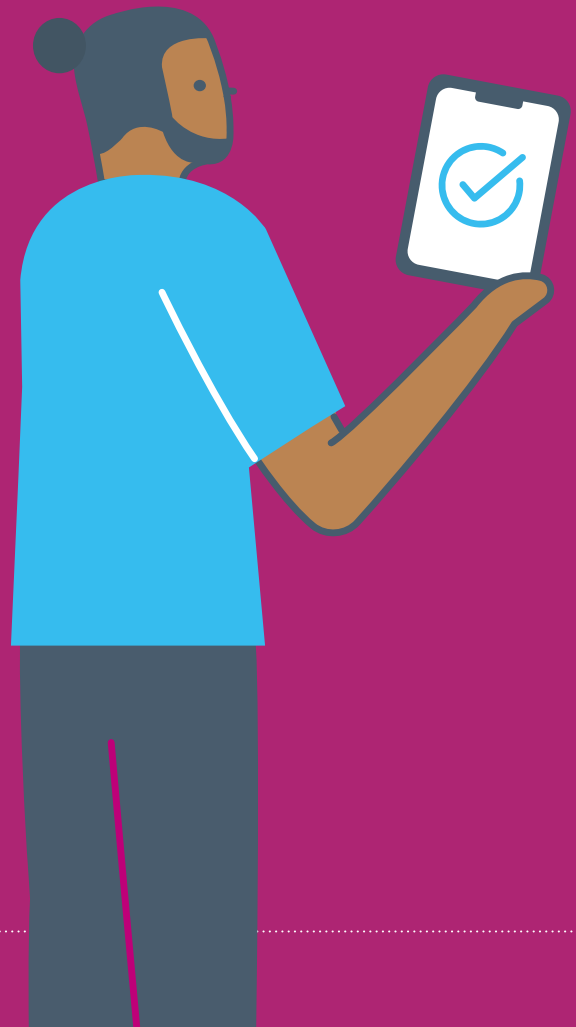
322 people with mental health problems

22 people who misuse substances

9 people who are experiencing homelessness

9 members of the Gypsy, Roma and Traveller community

327 unemployed people or people on low incomes



## NHS staff

# 5,938

NHS employees



## Other stakeholders



25 local MPs

26 local authority leaders

20 local councils

117 local authority councillors

Members and Officers of Cumbria and Lancashire Health Overview and Scrutiny Committees (HOSCs)

91 representatives of academic institutions and health education bodies





796 people  
were spoken with  
across our 16 public  
roadshow events

# 4. How did we make people aware of the New Hospitals Programme?

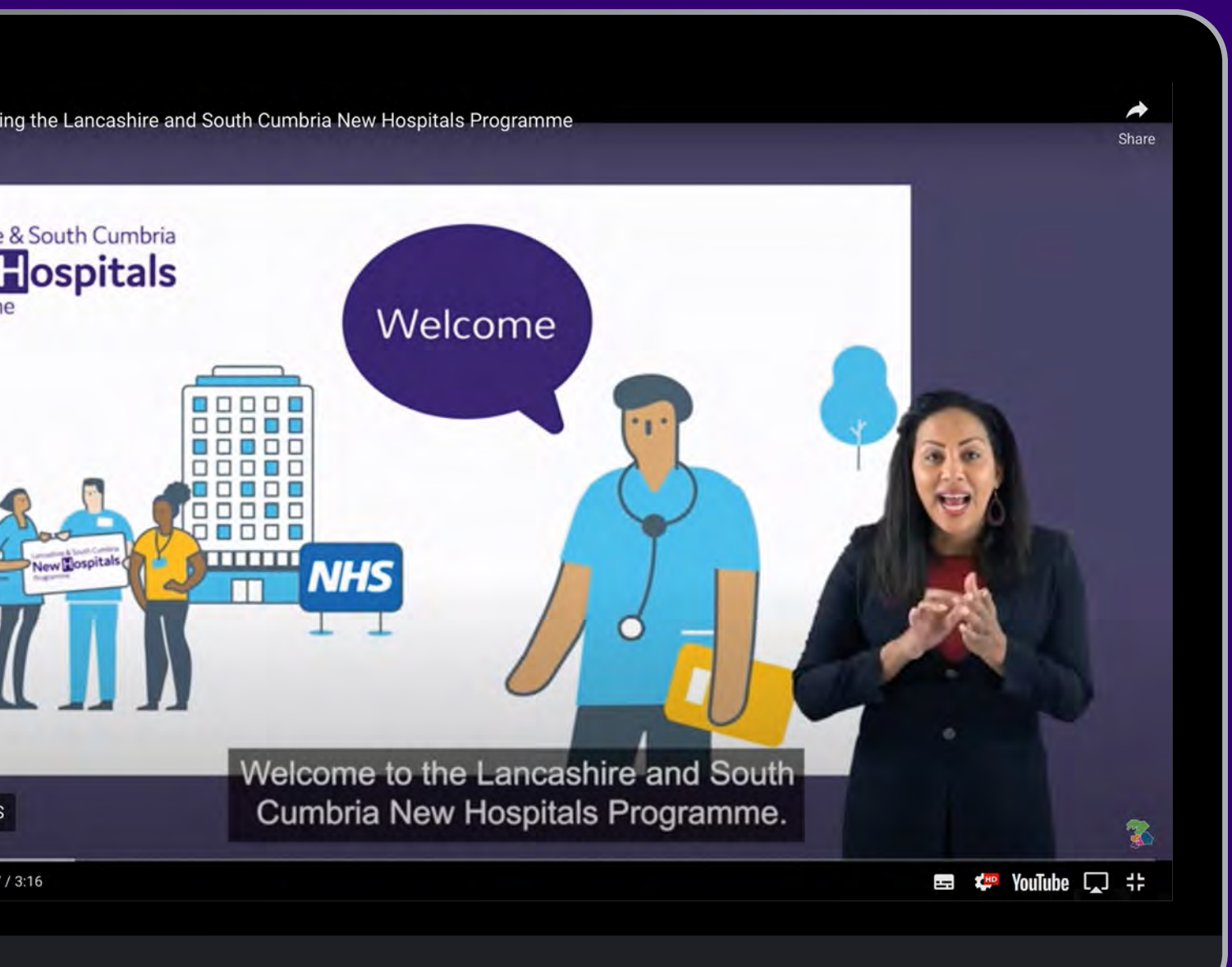
When we started our communications and engagement for the Lancashire and South Cumbria New Hospitals Programme in 2021, strict Covid-19 restrictions were still in place. Due to this, at the beginning our work consisted of online activity and telephone interviews. As restrictions lifted, more

engagement was carried out face-to-face, particularly amongst those communities and individuals who may not have the equipment, connectivity, or confidence to engage online.

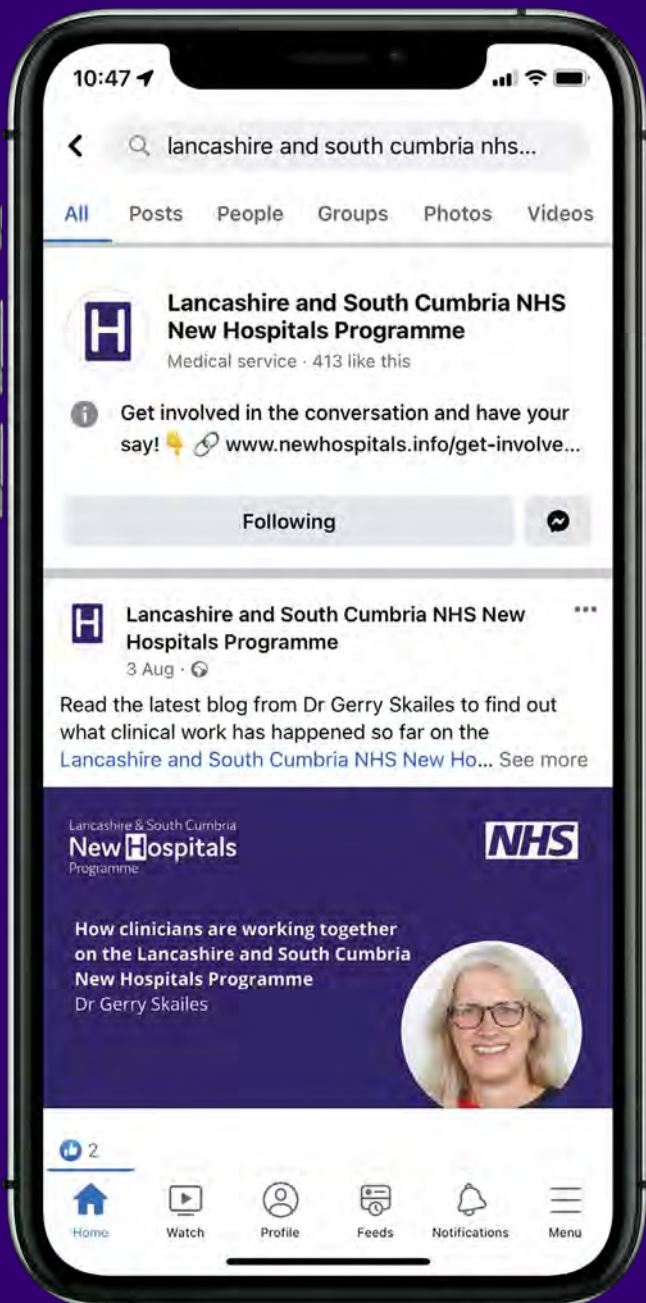
We used a range of different ways to involve and communicate with our different audiences:

	Method	Target audience
Engagement	Market research	Public
	Roadshow events	Public
	Workshops and focus groups	Under-represented communities / health inclusion groups
	NHP website surveys	Public, patients and service users, carers, staff
	In-depth interviews	Patient / service user representatives
	The Big Chat online discussion platform	Staff, Foundation Trust Members, voluntary, community, faith, and social enterprise sector (VCFSE) representatives
	Colleague Summit informing and listening events	Staff
	On-site hospital engagement	Patients and service users, staff
	One-to-one and group meetings	MPs and wider stakeholders
	Public affairs	Political stakeholders (e.g., MPs and local authorities) and Health Overview and Scrutiny Committees
	Written correspondence	All
	Stakeholder meetings	NHS Trust Boards, NHS Lancashire and South Cumbria Integrated Care Board (from July 2022), previously Strategic Commissioning Committee and Lancashire and South Cumbria Integrated Care System Board, and more
Communications	Social media	All
	Website	All
	Media releases and subsequent press coverage	All
	Advertising campaign – print, radio, digital (websites and social media)	All

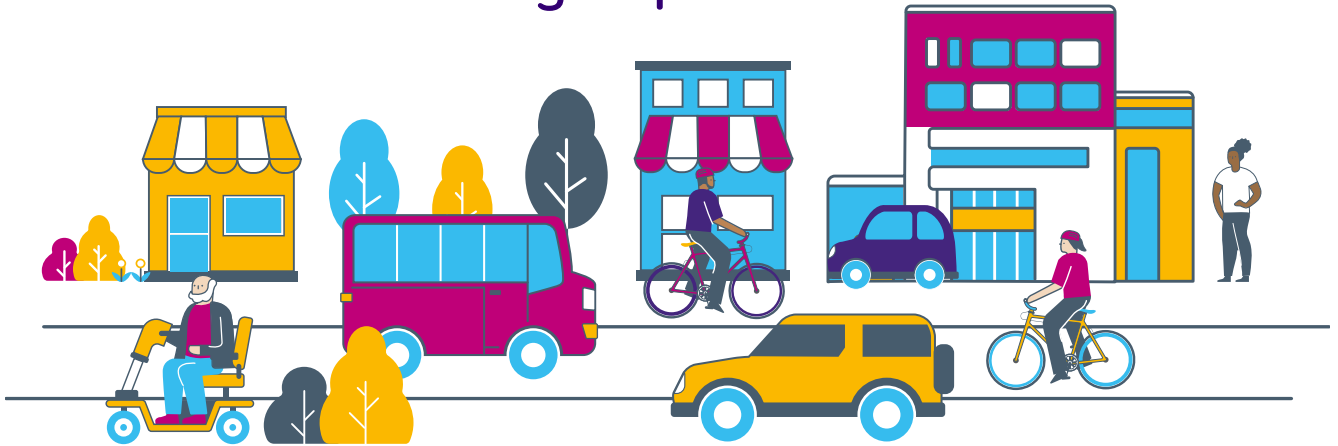
We have provided information in a variety of different ways, including Easy Read versions of all major programme documents, videos in British Sign Language and an accessible website, which can be translated into different languages and formats.



Our social media channels reached an audience of 1.42 million



## Members of the public, including patients, under-represented communities, and health inclusion groups



The Lancashire and South Cumbria New Hospitals Programme website and dedicated Twitter and Facebook accounts were launched in May 2021. These became key channels through which to share information, along with NHS partner communications channels:

Social media has reached a total of **1.42 million** people, with **1,533** followers across Facebook and Twitter.

**20,279** people have visited the New Hospitals Programme website.

**1,837** people have signed up to receive news by email.

A series of news articles and blogs have been published to share key programme updates, insights and hopes and opinions from key staff, patients, and community group representatives.

Regular social media and website content is created for partner NHS organisations to share.

Surveys were published on the Lancashire and South Cumbria New Hospitals Programme website at key points in the process, encouraging people to share their views on proposals for new hospital facilities and say what is important to them.

Digital screens in GP surgeries and hospitals were used to display information about the New Hospitals Programme and to encourage people to get involved.

We commissioned Healthwatch Together to help us speak to patients, with a particular focus on engaging with under-represented communities and inclusion groups. During two phases of engagement, a total of **235** participants were engaged from **30** different community groups.

We commissioned Healthwatch Together to run **16** public roadshow events, in a range of locations (such as, town centres and markets) in Barrow-in-Furness, Chorley, Kendal, Lancaster, Leyland, Preston and Ulverston. Healthwatch Together ensured that these roadshows were arranged across a range of times including weekdays, weekends, daytime, and evening. The roadshow events ran from 7 October to 13 November 2021. We spoke with **796** people.

Independent market research was conducted with patients and members of the public, over the phone, online and in person. **4,018** people took part across three phases.

## Wider awareness raising

We launched an advertising campaign to promote the Lancashire and South Cumbria New Hospitals Programme.

Key local media outlets were carefully chosen to ensure a variety of people from many different parts of the region heard key information about the programme. The campaign ran for eight weeks in total across radio, print and digital media. It reached:



**690,159** people in Preston and the surrounding areas

- Rock FM: advert played **312** times
- Lancashire Post: print advert ran twice, and digital content ran for one month
- Chorley Guardian: print advert ran once



**251,250** people in Lancaster and the surrounding areas

- Heart Lancashire and South Cumbria: advert played **320** times
- Lancaster Guardian: print advert ran twice, and digital content ran for one month



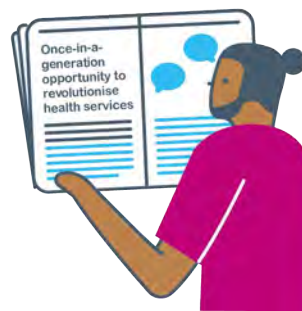
**236,000** people in Barrow and the surrounding areas

- The Mail, Cumbria: print advert ran twice, and digital content ran for one month



**116,200** people in Kendal and the surrounding areas

- Lake District Radio: advert played **312** times
- Westmorland Gazette: print advert ran twice, and digital content ran for one month



**11,498** people in the North Yorkshire area

- Craven Herald: print advert ran once

Press releases were issued at key points in the process: to launch the New Hospitals Programme in March 2021; to publicise the Case for Change in July 2021; and to announce the shortlist in March 2022.

We have also responded to a wide range of media enquiries. Editorial coverage (earned news coverage as opposed to advertising) has been generated in a wide range of local media outlets.

This coverage has achieved a Public Relations (PR) reach of

**15,907,753**



## NHS staff

The Big Chat was an online discussion forum, created specifically for local NHS staff, Trust Members and voluntary, community, faith and social enterprise (VCFSE) sector representatives to share their views anonymously on the programme.

There were **22,374** visits to the Big Chat website (**12,586** unique visitors), with **2,999** people joining the online conversation. A series of questions were posed to get feedback, ideas, and suggestions. Across three different conversations, **12,570** contributions were recorded.

**1,075** NHS staff attended four dedicated online Colleague Summit events, where Lancashire and South Cumbria NHS leaders presented updates and staff had the opportunity to ask questions.

Regular email, intranet and social media updates were sent to partners for sharing with colleagues across all NHS organisations in Lancashire and South Cumbria, including Trusts, commissioning organisations, the Integrated Care System (ICS), GPs and primary care colleagues.

Lancashire and South Cumbria New Hospitals Programme senior leaders held staff briefings and drop-in sessions with colleagues in our local Trusts, Clinical Commissioning Groups (CCGs) and GP forums. The aim of these presentations was to raise awareness of the New Hospitals Programme and encourage participation in engagement activities. **58** individual sessions were delivered.



“It is good to see that this project is listening intently to the views of the workforce at every level and will continue to involve the workforce in planning, designing and building the new hospitals.”

Staff member, The Big Chat



## Other stakeholders



### Members of Parliament

We wrote to all 25 local MPs in Lancashire and South Cumbria and surrounding areas whose constituencies are most likely to be impacted by the programme on five separate occasions to update on the key programme milestones.

Each letter to MPs offered them one-to-one meetings with senior members of the Programme team.

Nine Members of Parliament took up the offer of to take part in these meetings, where the Case for Change and proposals were discussed in more detail.

### Local authorities

The leaders of the 18 local authorities within Lancashire and South Cumbria were written to on four separate occasions. The leaders of North Yorkshire and Craven (neighbouring authorities) were written to on three separate occasions.

The chief executives, cabinet members for health and directors of public health in the 18 local authorities within the region were also written to on two separate occasions.

We have also offered one-to-one meetings with the local authorities most directly impacted by any potential changes to hospital facilities. Four local authorities have taken up the offer to meet to date.

All Members and Officers of the Cumbria County Council and Lancashire County Council Health Overview and Scrutiny Committees (HOSC) have been written to, with the programme team also attending meetings to provide updates.



# 5. What did we hear?



## What do people think about hospitals in Lancashire and South Cumbria?



Patient representatives, staff and other stakeholders took part in two formal programme workshops in January and February 2021 to share their views about what is needed to improve hospital facilities in Lancashire and South Cumbria.

During these conversations, we heard the importance of:

- Considering those likely to be most impacted by changes to hospital services, including people with health inequalities, such as long-term conditions

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- Maintaining and improving research and innovation opportunities

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- Addressing long waiting lists and limited accessibility to services faced by patients, particularly from remote locations

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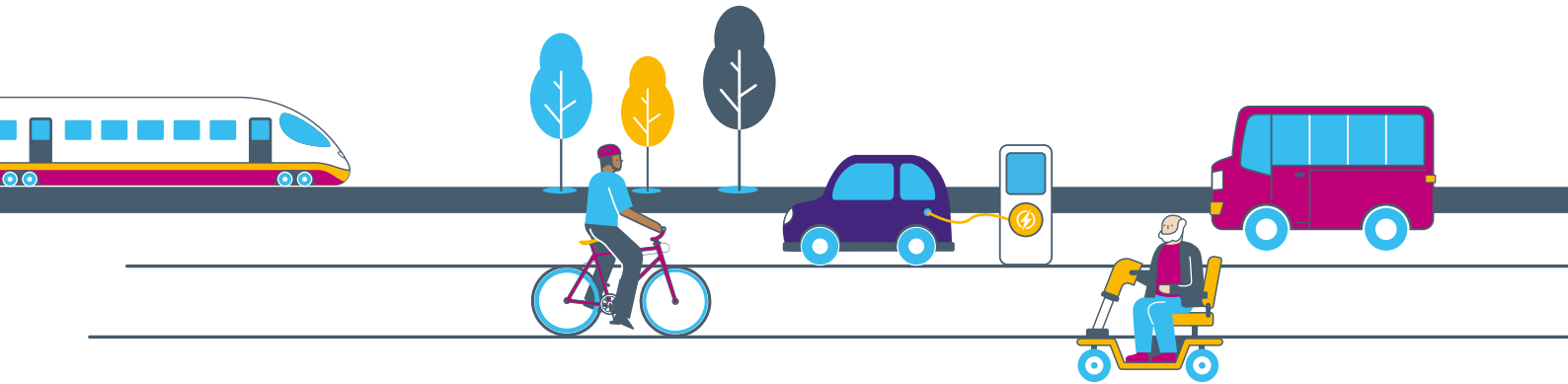
- Improving high energy estate costs

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- Creating a sustainable system.

These workshops helped identify several key challenges across the health and care system and informed the development of our objectives and the Case for Change.

# Hopes, fears, and desires for new hospital facilities in Lancashire and South Cumbria



## What we heard: staff, Trust Members, patients and VCFSE representatives

Between 20 April and 4 July 2021, more than 1,000 NHS staff, Trust Members, patient representatives and VCFSE sector representatives joined the first Big Chat conversation to share their hopes, fears, and desires for new hospital facilities in Lancashire and South Cumbria. Together they shared nearly 5,000 contributions, making more than 7,000 visits to the Big Chat website.

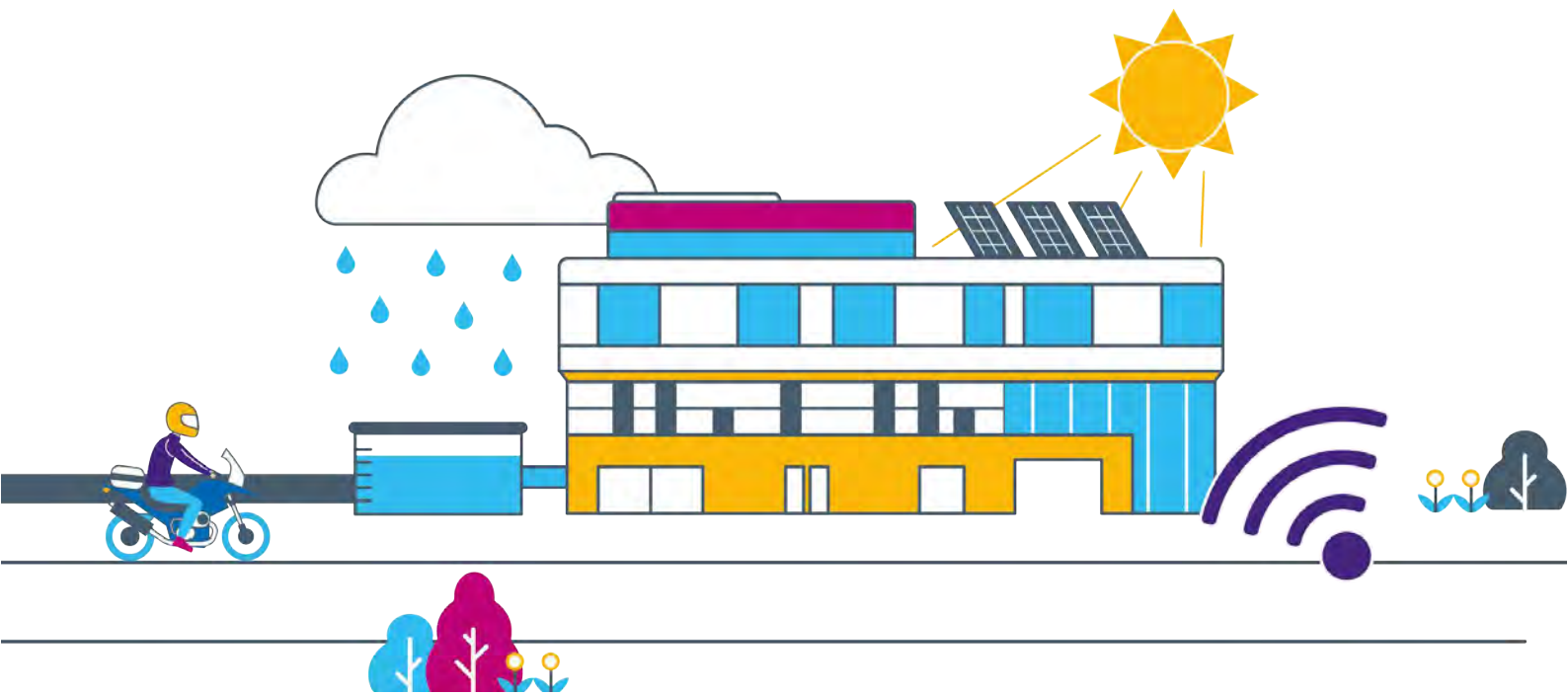
Travel and location were the most discussed issues. There was strong support for a solution that embraced holistic patient-centred care and tackled health inequality. There was also high demand for sustainability to be a priority. The most controversial discussion came over the concept of a “super hospital” – a single new hospital on a new central site.

## What we heard: NHS staff

A total of 879 staff attended two dedicated online New Hospitals Programme Colleague Summits in May 2021 and June 2021. Most of the questions and points raised during Colleague Summits echoed the themes from the Big Chat. Participants were also interested in what would happen to the existing hospital sites, including how the transition would be managed to ensure no gap or drop in patient experience.

“The NHS has set out a plan to deliver net zero carbon services by 2040, called Greener NHS. New infrastructure and related digital services will be crucial to building more efficient spaces, using them more effectively and reducing travel by providing care closer to home. New hospital facilities in Lancashire and South Cumbria will follow this approach. Playing our part in a greener NHS.”

Steven Hipwell, Digital Lead for the New Hospitals Programme



### What we heard: health inclusion groups

Healthwatch Together was commissioned to facilitate engagement with health inclusion groups to share their thoughts on key themes within the Case for Change. Contributors expressed their hopes for hospital sites with a well-thought-out design that caters to the needs of various groups and made suggestions for new functional spaces. They also discussed the need for holistic care, tackling health inequalities and patient-centred care. Participants expressed fears and concerns about having a single new hospital to replace Royal Preston Hospital and Royal Lancaster Infirmary. Their main concerns were about services being located too far away, potential difficulties navigating and travelling around the hospital, and treatment and care not being sufficiently patient-centred.

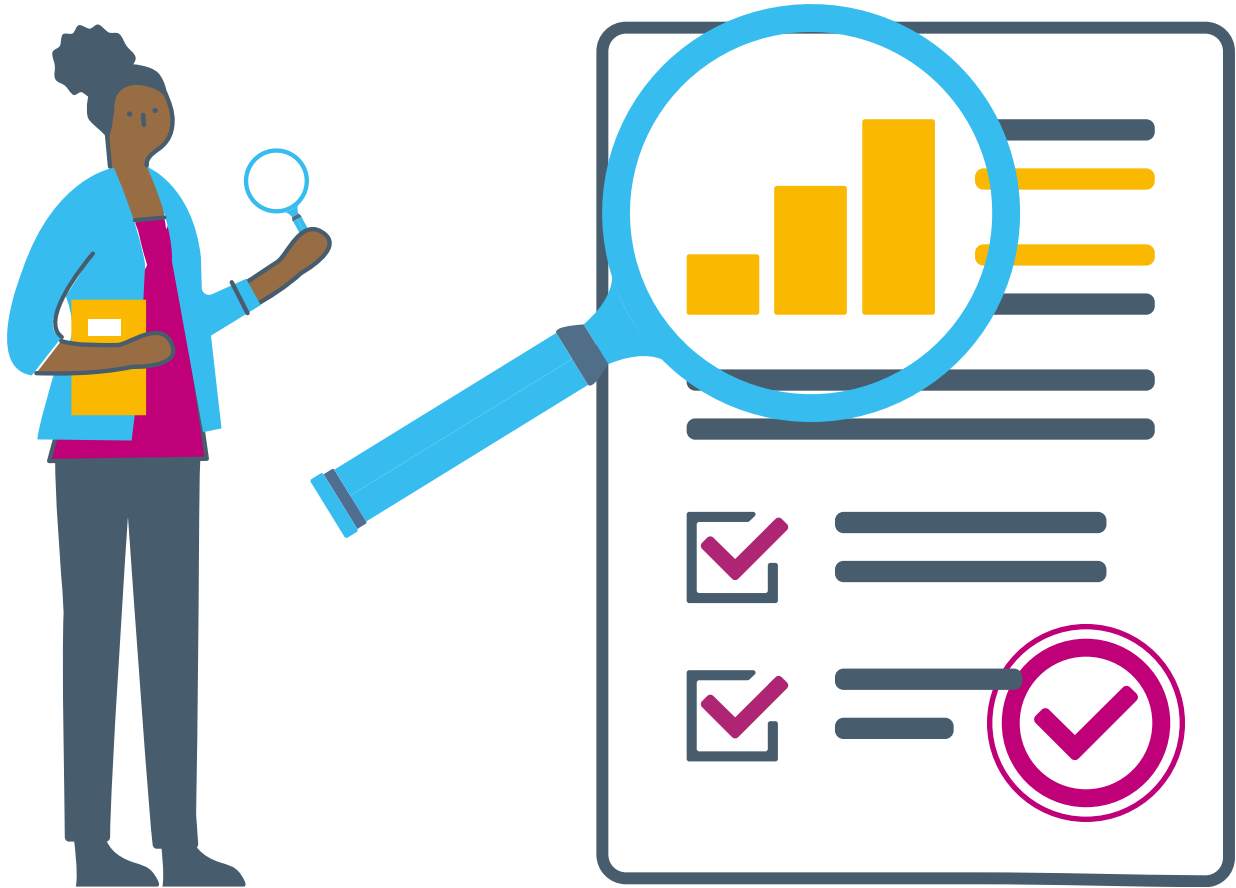
### What we heard: patients

Patients were invited to take part in an online survey, which was open from December 2021 and remained live until March 2022. They told us that they want improved facilities and services for patients and staff, including places to eat and make meals; amenities for children; and adequate and improved staff facilities. Over half of respondents (56%), when prompted, felt it was important to have private, individual rooms for consultations and treatments, and this was particularly high for those answering from the Royal Lancaster Infirmary (71%). A similar proportion (57%) wanted any new hospitals to be environmentally friendly, by which most meant driving down carbon emissions through effective design, or transport options (e.g., electric vehicle chargers or cycle routes).

“It’s important that a hospital would be environmentally friendly, and I think it would cut costs.”

Member of the public, Lancashire

## The Case for Change and identifying possible solutions



The New Hospitals Programme Case for Change report was launched in July 2021 with an external communications campaign, a new Case for Change conversation on the Big Chat, and regular internal communications updates.

### What we heard: MPs

Letters were issued on 15 July 2021 to local MPs, who were widely supportive of the Case for Change. The MPs we spoke with through group meetings from July to September 2021 agreed that travel, and accessibility considerations would be of great importance for their constituents in the development of proposals. They were also eager to support investment in specialised services (e.g., trauma and radiotherapy) and supportive of any initiatives that make Lancashire and South Cumbria more attractive to recruiting and retaining a skilled and resilient workforce. They also made it clear that hospital sites are just one, but an important, “part of the jigsaw”, and that community care and prevention is another significant consideration (for example, when tackling issues such as smoking and/or obesity, etc.).

### What we heard: patients

A survey to ask people for feedback on the Case for Change was live on the Lancashire and South Cumbria New Hospitals Programme website between 19 August and 30 September 2021. Most participants were patients (58%), and 12% of respondents were NHS staff. Overall, the Case for Change was generally supported, however people said they would like to see an acknowledgement that the stated issues cannot be solved simply with the building of new facilities, echoing feedback from MPs. Respondents also acknowledged that solutions to the health problems in the area are complex, requiring an integrated approach to planning, with a deep understanding of the issues faced and links with other services available. Concerns were expressed about the lack of clarity about the fate of existing sites and services, with further information requested.

In common with the previous phase of engagement, the most important issue was that respondents wanted to ensure there were local facilities and services that were accessible for the population. Many highlighted issues with patients having to travel long distances already and concerns that some may struggle to access services due to transport links. When asked what a reasonable travel time is to expect for various treatments, responses fell between 20 and 48 minutes.

“ Easy access to public transport, taking patients to the new facilities is the main hope for the future, along with improved car parking facilities, ensuring transport is simple for everyone, whether they can drive or not. ”

Janet Miller, Public Governor at Lancashire Teaching Hospitals NHS Foundation Trust

Many survey respondents were in favour of investing in existing facilities as opposed to investing in new buildings; they felt investment in new buildings should not be done at the expense of existing ones.

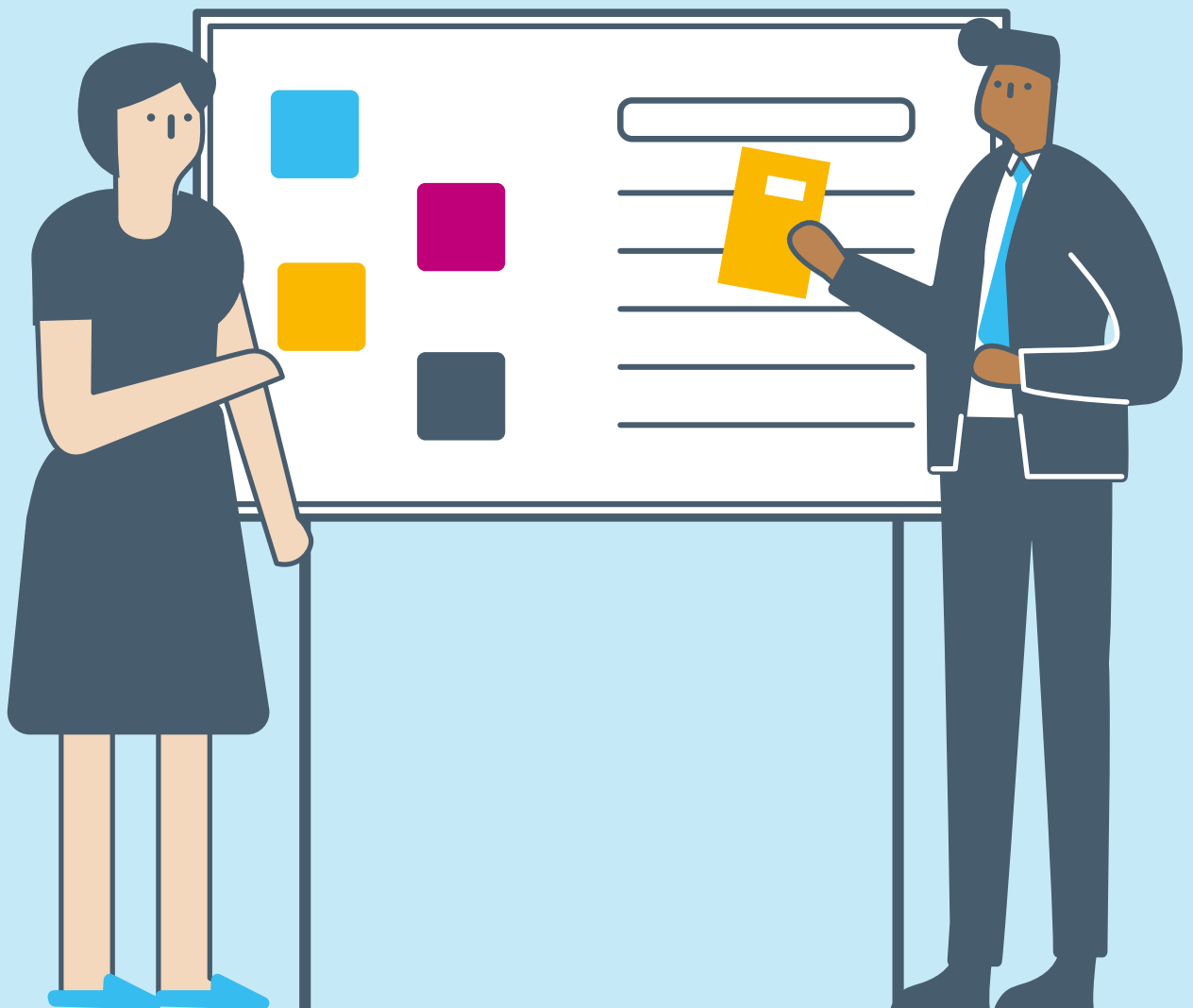
### What we heard: NHS staff and Foundation Trust Members

Between 22 July and 27 August 2021, more than 750 people joined the second Big Chat to share their feedback on the Case for Change. Most respondents were either NHS staff (51%) or Foundation Trust Members (27%). Staff feedback on the key themes followed the same pattern as observed in the website survey, indicating clear agreement between the views of the public and NHS staff on the Case for Change.



## Developing Critical Success Factors for evaluating proposals

To inform the next phase of the process, nine Critical Success Factors (selection criteria) to be used to evaluate proposals for new hospital facilities were agreed in a formal programme workshop, following feedback from clinical and subject matter experts, staff, public, patients and stakeholders.





The agreed Critical Success Factors (which would be used to evaluate the longlist and the shortlist) were:

## Does the option?



Provide patients with high-quality, next generation hospital facilities that will improve health outcomes across our population?



Improve service delivery and provide access to cutting-edge hospital technologies and deliver the best possible quality of care?



Meet demand needs of the health population and is it flexible and sustainable?



Increase resource capacity and effectiveness, working collaboratively to increase integration in service delivery?

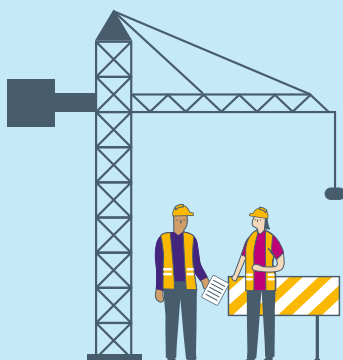


Address health inequalities and meet the health needs of the people of Lancashire and South Cumbria now and in the future?



Deliver value for money i.e., economic, social, and environmental?

## Is the option?

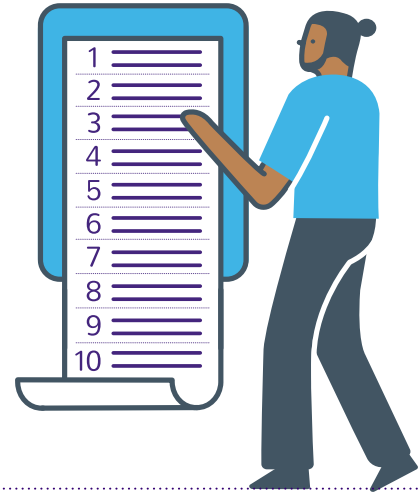


Deliverable by potential suppliers i.e., can the construction market deliver; do market participants have the capability and experience?



Potentially affordable i.e., does it make best use of financial resources; does it provide more operationally efficient estate?

## Responses to the longlist of viable solutions



Feedback from the Case for Change was analysed, and a longlist of proposals to tackle the problems outlined was drafted. The longlist was announced in a blog post from the Senior Responsible Officer for the New Hospitals Programme, with information shared through external and internal communications channels.

As part of the longlisting process, a formal programme workshop was held on 4 October 2021 to discuss the draft list. Attendees included: patient representatives; Healthwatch; clinical and non-clinical staff; commissioners; and NHS estates, finance, operational and executive directors. During this workshop, participants reviewed the list of possible solutions and made recommendations to the Lancashire and South Cumbria New Hospitals Programme Strategic Oversight Group for approval and onward endorsement by the Lancashire and South Cumbria Strategic Commissioning Committee.

The longlist recommended by the workshop and endorsed by Strategic Commissioning Committee was as follows:

- 1 No change
- 2 Limited investment to address all estates backlog maintenance
- 3 New Royal Lancaster Infirmary on the existing site, with partial rebuild / refurbishment of Royal Preston Hospital
- 4 New Royal Preston Hospital on the existing site, with partial rebuild / refurbishment of Royal Lancaster Infirmary
- 5 New Royal Lancaster Infirmary on a new site, with partial rebuild / refurbishment of Royal Preston Hospital
- 6 New Royal Preston Hospital on a new site, with partial rebuild / refurbishment of Royal Lancaster Infirmary
- 7 Investment at both hospitals, new Royal Lancaster Infirmary and new Royal Preston Hospital, allowing partial rebuild on both existing sites
- 8 New Royal Preston Hospital built on a new site, existing Royal Preston Hospital site retained for some services, partial rebuild of Royal Lancaster Infirmary
- 9 Single new hospital on a new central site to replace both Royal Preston Hospital and Royal Lancaster Infirmary (some local services to be retained in new integrated community centres in Preston and Lancaster)
- 10 Two new hospitals on new sites to replace Royal Lancaster Infirmary and Royal Preston Hospital.

### What we heard: NHS staff, Foundation Trust Members, patient and VCFSE representatives

A third Big Chat conversation went live on 8 September 2021 and closed on 20 October 2021. 1,895 staff, Foundation Trust Members, patient representatives and VCFSE representatives expressed which proposals they liked and disliked, why they held those views and suggested new ideas.

Only three proposals saw support above 50%: two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital was supported by 83%; partial rebuilding work on both existing sites supported by 73%; and the proposal for a new Royal Preston Hospital built on a new site, existing Royal Preston Hospital site retained for some services and partial rebuild of Royal Lancaster Infirmary was supported by 54%.



### What we heard: patients and the public

From 7 October to 13 November 2021, Healthwatch Together facilitated a programme of 16 public roadshows. Most participants were unaware of the New Hospitals Programme prior to engagement at the roadshow, indicating that public engagement of this kind was an effective means of expanding reach.

Key themes were:

- A strong preference for keeping hospital sites and services close to home (connected with a desire for the solution to be retaining hospital sites in their current locations)
- Significant concerns surrounding the possible location of a single hospital and the associated travel distances and costs
- Substantial interest in ensuring that transportation and access (e.g., parking) is improved as part of any refurbishment
- Positivity towards refurbishment of existing sites owing to it being perceived as a more sustainable solution
- Some concerns that services would be removed from Chorley and South Ribble Hospital due to investments in Royal Preston Hospital and Royal Lancaster Infirmary
- Some concerns about potential unintended detrimental effects on University Hospitals of Morecambe Bay NHS Foundation Trust and Westmorland General Hospital
- Hopes that Chorley and South Ribble Hospital and Furness General Hospital will also receive investment.

All research methods identified investment in current facilities as the preferred route. Under-represented communities and inclusion groups were the most sensitive to changes of location and are less inclined to support any proposal that would involve such a measure. The members of these groups are also sometimes sceptical that new hospital buildings will solve problems that they are already facing such as lack of interpreters, poor signposting, and shortcomings in patient-centred care.

## Responses to the shortlist of proposals



As part of the programme's governance and oversight, a draft shortlist was approved by Lancashire and South Cumbria health and care system leaders and endorsed by the Lancashire and South Cumbria Strategic Commissioning Committee on 10 March 2022.

The shortlist of possible solutions consisted of:

- 1 Investment at both Royal Lancaster Infirmary and Royal Preston Hospital, allowing partial rebuilding work on both existing sites
- 2 A new Royal Lancaster Infirmary on a new site, with partial rebuild / refurbishment of Royal Preston Hospital
- 3 A new Royal Preston Hospital on a new site, with partial rebuild / refurbishment of Royal Lancaster Infirmary
- 4 Two new hospitals to replace Royal Lancaster Infirmary and Royal Preston Hospital (new sites).

All proposals would include investment in Furness General Hospital, required due to its geographically remote location, its proximity to some of the UK's major strategic national assets, and its need to meet NHS environmental goals.

Proactive communications and engagement around the shortlist announcement launched across all channels on 10 March 2022 and ended on 27 March 2022, ahead of the pre-election period.

“A single new site, which was proposed to be on a new, central site, to replace Royal Preston Hospital and Royal Lancaster Infirmary was discontinued, despite clinical and operational benefits. There was concern around health inequalities, access, and a lack of stakeholder support for this possible solution.”

Rebecca Malin, Programme Director, Lancashire and South Cumbria New Hospitals Programme

### What we heard: broad themes

Respondents suggested that the most important things that the New Hospitals Programme should take into consideration to ensure that future hospital facilities meet their needs were hospital sites being in accessible locations, future-proofing to meet future (not just current) healthcare needs and greater emphasis on patient-centred care. There is a clear acceptance that enhanced facilities are important and having these as part of a familiar infrastructure seems to be more appealing than an arguably improved set of facilities in a new and different location.

### What we heard: patients, the public and some NHS staff

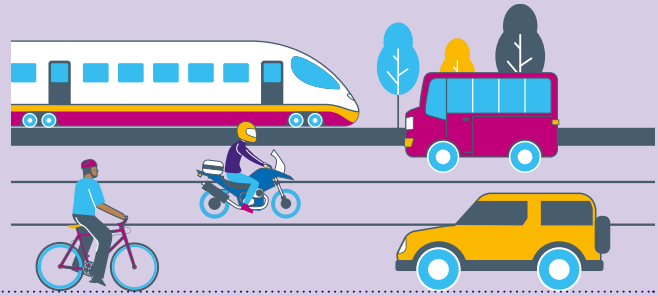
A website survey was open between 10 March and 3 April 2022 to ask local people and staff what they thought about Lancashire and South Cumbria New Hospitals Programme's shortlist of proposals. Of the 2,007 shortlist website survey participants, 48% were patients, and 19% of respondents were NHS staff. Strength of preference towards investment in two new hospital sites increased significantly compared to the longlist website survey, emerging as the clear favourite among a majority.

### What we heard: NHS staff

Colleague Summits were held on 15 March 2022 and 29 March 2022 and were attended by 196 members of staff. Comments were shared about the shortlist, with topics including: the future of specific departments; the involvement of ambulance services; the need for a joined-up approach with community services and social care; questions about exact locations, facilities, and bed numbers; the accessibility of any new sites and how the programme is learning from other success stories to optimise the design.



# Hopes and fears about the New Hospitals Programme: a summary

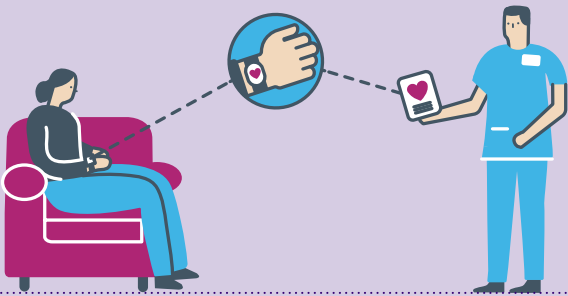


## There is widespread support in favour of funding for new hospital facilities

Local people, patients and staff all acknowledged the ageing population of the region and health inequalities as a driver for urgent improvements to hospital facilities. At the longlist phase, the ‘business as usual’ proposal (which is required in all business cases) was by far the most unacceptable course of action to all.

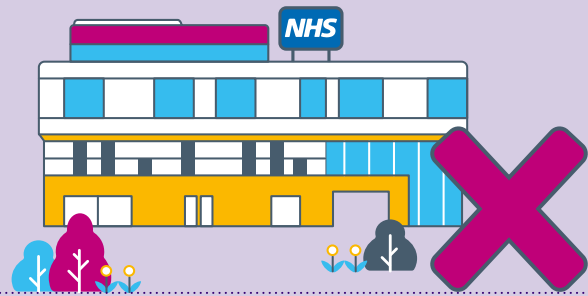
## Travel and accessibility considerations are the biggest talking point

Members of Parliament, the public, patients, staff, and wider stakeholders all agreed that travel and accessibility would be a top priority in the development of proposals.



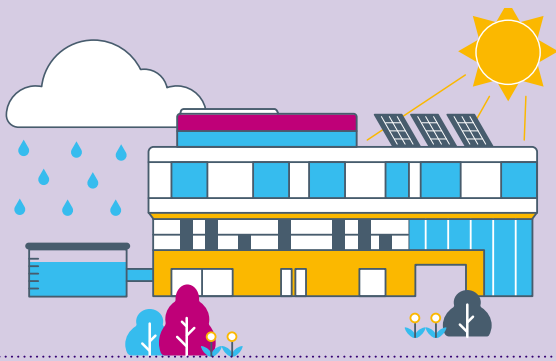
## People are open to the use of digital tools to enable care closer to home

Future potential for patient video or telephone consultations is generally supported.



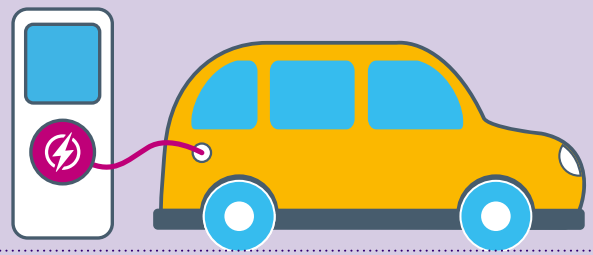
## A single new hospital on a new central site is not acceptable to most audiences

In many discussions with patients, the public and under-represented communities and health inclusion groups, people expressed fears and concerns around a single new hospital. The main concerns centred on services being located too far away and potential difficulties travelling to and around the hospital.



### **New hospital facilities should be designed with sustainability in mind**

Design, layout, and sustainability was the second most popular discussion point. We observed hopes for flexible spaces and green areas, recreational and wellness areas for staff and visitors. We heard positivity towards refurbishment of existing sites, perceived as a more sustainable solution.



### **Hospital sites must be 'future-proofed' to meet the region's long-term needs**

Patients told us that they want hospital sites to be in accessible locations and to have improvements to meet future (not just current) healthcare needs.



### **Patient-centred care was the most important topic for inclusion groups**

People wanted the future of healthcare to be based on holistic care, collaboration, prevention and tackling health inequalities. Inclusion groups hope that there will be more emphasis on training hospital staff to raise their understanding of the needs of under-represented people.

# 6. Ensuring everyone has their say

Throughout this process, the Lancashire and South Cumbria New Hospitals Programme team has been committed to ensuring we hear from a wide range of local people, patients, staff, and stakeholders.

We have provided information in a variety of different ways, including Easy Read versions of all major programme documents, videos in British Sign Language and an accessible website, which can be translated into different languages and formats.

At the longlist to shortlist phase, we reviewed how many different groups within our diverse local communities had been involved. We identified that we needed to hear more from the following groups:

- Asylum seekers and refugees
- Military veterans
- Those on low incomes, unemployed or socially deprived
- Blind and visually impaired people
- Deaf and hearing impaired people
- People with mental health problems or cognitive conditions
- People with specific communication needs
- People with specific educational and training needs
- People with physical disabilities
- People with a mixture of disabilities.

To fill this gap, we approached organisations representing these groups of people, either through our own desk research or using contacts within the NHS to make introductions. We conducted 16 in-depth telephone interviews, and attended two group forum sessions.

## What we heard: additional patient groups

We heard that access to, and navigation of sites is a key challenge for under-represented communities and inclusion groups, particularly for patients with additional needs. Signage is not adapted to those with sight issues or for people who do not speak English as their first language. This can make the hospital a disorientating place for these visitors.

For those on low incomes, the cost of travelling to hospital can be at best a strain, or at worst prohibitive to attending. This can be compounded by being sent to different hospitals for different treatments, doubling the effort required.

Patient representatives felt confidentiality and comfort is key and that single rooms are important. Reasons include embarrassment at their situation, domestic violence cases (to be separated from the abuser), for patients hard of hearing to be able to hear more easily, for military veterans suffering from Post-Traumatic Stress Disorder (PTSD) to have a more peaceful consultation, and for those from cultures or religions who are more likely to feel uncomfortable in an environment where they can be overheard.





# 7. What happens next?

The comments and feedback we have received from a wide range of people have been helpful in identifying hopes, fears, and desires for new hospital facilities in Lancashire and South Cumbria. What we have heard during an intensive listening period has influenced the development of a longlist of viable solutions to our Case for Change and helped us to narrow this down to a shortlist.

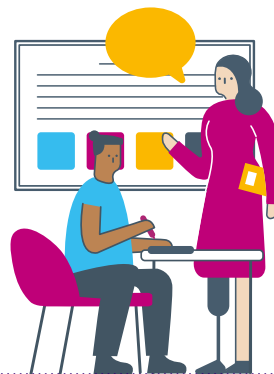
Following detailed analysis of each shortlisted option's feasibility, the programme will follow a clear process over the coming months, with scrutiny and approvals needed from decision makers within the NHS, the Government and local authorities, and ongoing patient and public involvement, before the preferred option is agreed.

There are now five key next steps for the programme:



1.

Detailed feasibility analysis of each shortlisted option, including site footprint, land availability, planning considerations and financial affordability



2.

Development of a Pre-Consultation Business Case (PCBC) to outline recommended option(s) - subject to confirmation on the requirement to consult



3.

Scrutiny and approvals from decision makers within the NHS, the Government, and local authorities



4.

Agreement of a preferred option



5.

Building of new hospital facilities completed by 2030.

# 8. Glossary

**Case for Change:** The Case for Change report was the first in a series of official documents that we needed to produce in our journey towards new hospital facilities. It explains the problems that we hope to address through funding for new hospital facilities, and how this supports ambitions to improve health and wellbeing and deliver better care for local people. To find out more, visit [newhospitals.info/CaseForChange](http://newhospitals.info/CaseForChange)

**NHS Foundation Trust:** NHS Foundation Trusts have some managerial and financial freedom when compared to NHS Trusts. The introduction of Foundation Trusts represented a change in the history of the National Health Service and the way in which hospital services are managed and provided.

**Foundation Trust Members:** Anyone who lives in the area, works for a Foundation Trust, or has been a hospital patient or service user there, can become a Member of the Trust. These Members elect the Council of Governors. Members and Governors are the centrepiece of a Trust's accountability and governance. Read more about becoming a Member of a local NHS Foundation Trust at [newhospitals.info/Membership](http://newhospitals.info/Membership)

**Health Overview and Scrutiny Committee (HOSC):** A committee of elected councillors and voluntary sector representatives that scrutinises (carries out an independent check on) healthcare services.

**Health inclusion groups (including those with protected characteristics):** Health inclusion describes action to improve health and care for people who are socially excluded, experience multiple overlapping risk factors for poor health (such as poverty, violence and complex trauma) and stigma and discrimination. They are not consistently

accounted for in electronic health databases, which makes them effectively 'invisible' in health and care needs assessments. These experiences frequently lead to barriers in access to healthcare and extremely poor health outcomes, contributing considerably to health disparities. Inclusion health groups typically include people experiencing homelessness, including people who sleep rough, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, victims of modern slavery, people with drug and alcohol dependency, and people in touch with the criminal justice system.

**Integrated Care Board (ICB):** On 1 July 2022, NHS Lancashire and South Cumbria Integrated Care Board was established and the eight Clinical Commissioning Groups (CCGs) in Lancashire and South Cumbria closed down. The functions of the CCGs transferred to NHS Lancashire and South Cumbria. The new organisation is responsible for NHS spend and the day-to-day running of the NHS in Lancashire and South Cumbria.

Find out more at [lancashireandsouthcumbria.icb.nhs.uk](http://lancashireandsouthcumbria.icb.nhs.uk)

**Primary Care:** Health care provided by a medical professional (such as a general practitioner, GP or nurse) with whom a patient has initial contact and does not need specialist referral to visit.

**Strategic Commissioning Committee (SCC):** The SCC was responsible for decision making for the people of Lancashire and South Cumbria, prior to the establishment of NHS Lancashire and South Cumbria Integrated Care Board. It brought together the leadership of eight Lancashire and South Cumbria CCGs and ICS strategic commissioning leaders to collectively improve and transform health and care services in the area.

## Find out more and get involved

To find out more about the New Hospitals Programme, please visit [www.newhospitals.info](http://www.newhospitals.info)

## Join in the conversation on social media

 NewHospitalsLSC

 @NewHospitalsLSC

## Accessibility

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## What happens next?

This report will be published on the Lancashire and South Cumbria New Hospitals Programme website at: [newhospitals.info/YourHospitalsYourSay](http://newhospitals.info/YourHospitalsYourSay)