

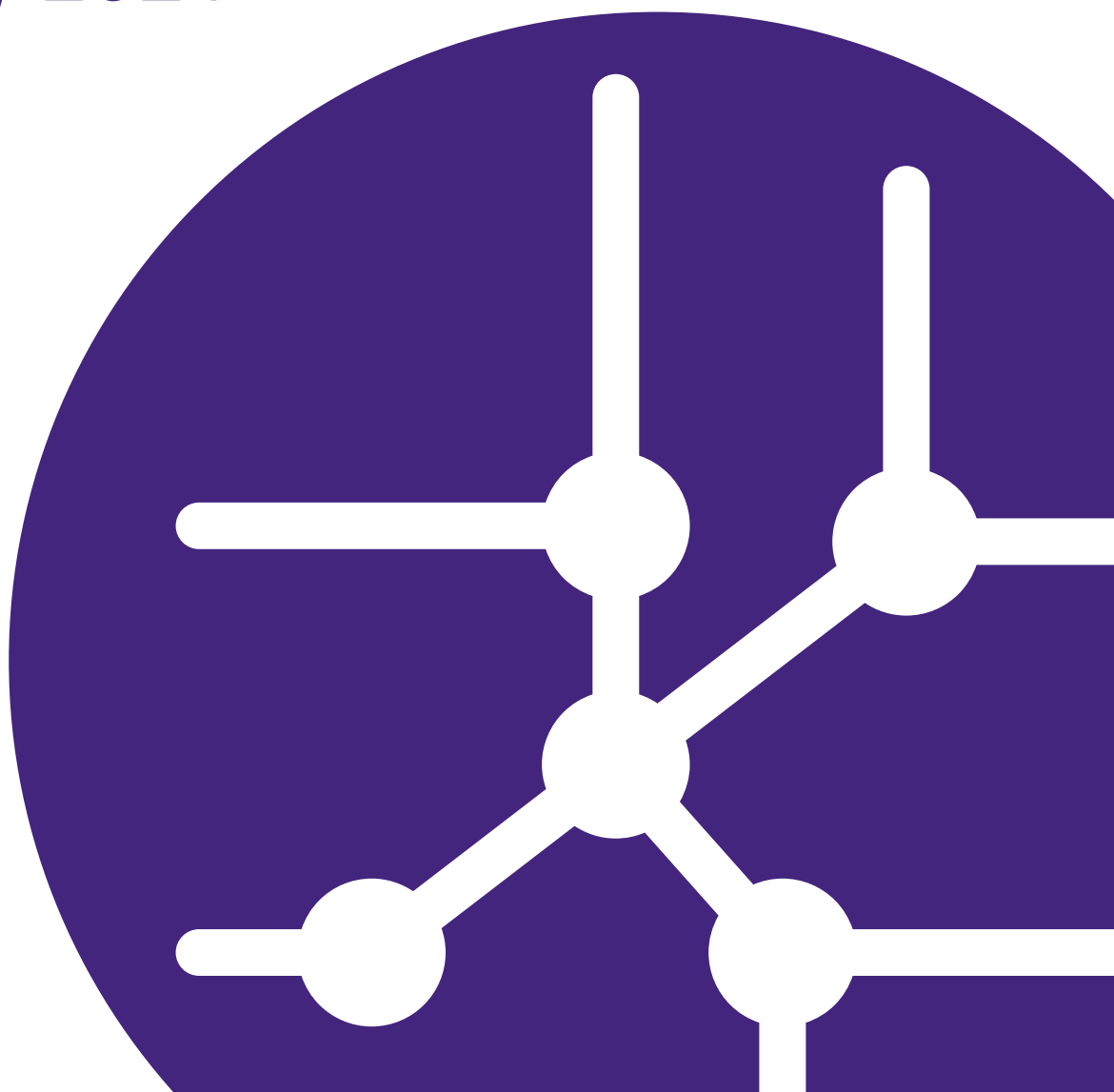


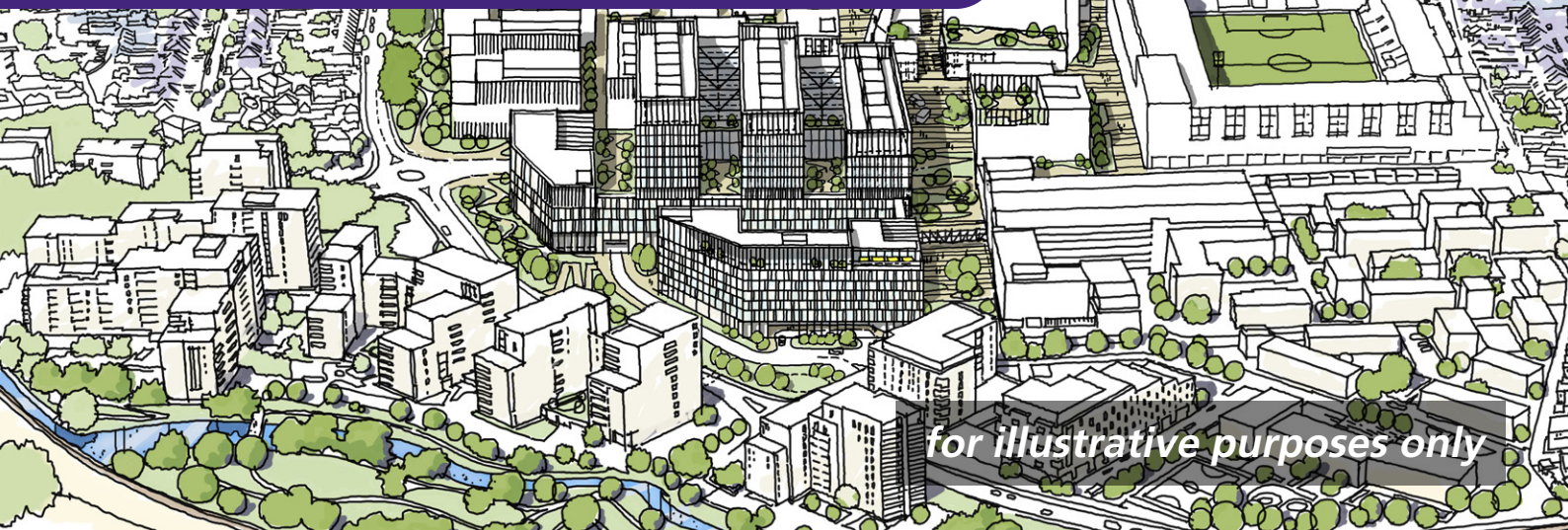
NHS

West Hertfordshire
Hospitals
NHS Trust

Your Care, Your Views

February 2021





Our vision

The course is set for a transformational redesign of health and hospital services in west Hertfordshire.

We have plans to provide services and buildings which are designed to improve your experience as a patient or carer.

Our vision is to meet the health needs of all the communities we serve in west Hertfordshire. Every proposal you read here is focused on achieving that.

This document sets out new models of care; the reasons behind them and the benefits we think they will bring. We also outline how you can give us your views and get involved.

Our proposals for new ways to deliver services are being developed alongside exciting plans for our three hospitals. We have succeeded in making our case for investment to the government and are thrilled to be placed in the New Hospital Programme.

We are applying for funding to transform the site and buildings at Watford General Hospital (with up to 90% new buildings) and to refurbish our hospitals in Hemel Hempstead and St Albans.

The intention of this document is to generate discussion and assist in the ongoing development of our proposals, so the information reflects our current thinking and may be subject to further change.

The forthcoming redevelopment of our sites is the perfect opportunity to accelerate plans that are rooted in the goals we have been delivering against for some years now: care closer to where people live, joined up services and more emphasis on preventing ill health. We are also incorporating the latest technology and building design into our thinking.

The proposals set out in this document will breathe new life into our hospitals, giving them all a unique purpose in our three site network and also within the wider framework of local health and care services.

Creating a distinct role for each site is at the heart of our plans. All three of our hospitals are equally important; their strength and success will come from the way they fit together to provide a comprehensive range of excellent hospital care for people in west Hertfordshire.

The ideas we are sharing have benefitted from extensive input from clinical staff and have been developed to make practical sense. We will co-locate services that work well together and minimise duplication across our sites where possible.

Our board will be approving proposals this summer on which services will be provided at each site.

Your thoughts on our proposals will be an integral element of the information considered as part of that decision-making process.

We also want to hear your views on how we plan to embrace the way that technology is changing healthcare and how we will use lessons learned from the Covid-19 pandemic.

Once you've read this document (or the shorter version which is [available here](#), there is a [survey which we are asking you to complete](#).

BUT...before you get started on the questions - PLEASE give [our website](#) a quick visit as we will continue to update it with additional content during this period of public engagement, such as short interviews with key staff and bite-size presentations on key topics.

We are keen to talk (virtually) to community groups across west Hertfordshire, so please contact us if you would like to hear more about our proposals.

More details on how you can get involved and how to get in touch are on page 28

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Our sites and services

This is an outline of our sites and services as they are now. We provide care from three hospitals, located within around 10 miles of each other.

Watford General Hospital

Provides emergency care, inpatient services, surgery, an acute admissions unit, women’s and children’s services, as well as the full range of outpatients and clinical support services.

St Albans City Hospital

Provides planned surgical care, cancer services and urgent care services*. A renal unit, managed by East and North Hertfordshire NHS Trust and a base for Central London Community Healthcare NHS Trust, are also at this site.

*Our minor injuries unit is currently closed due to the pandemic. A review and public engagement will take place in Spring 2021 to finalise the model of urgent care services to be provided.

Hemel Hempstead Hospital

Provides a number of services including urgent care, endoscopy, diagnostics and outpatient clinics. Around 20 rehabilitation beds are provided by Central London Community Healthcare NHSTrust.

West Herts Therapy Unit

We also provide outpatient physiotherapy at the West Herts Therapy Unit at Jacketts Field in Abbots Langley.

Some people in the area covered by Herts Valleys Clinical Commissioning Group (HVCCG) use services provided by other hospitals in Hertfordshire, Bedfordshire, Buckinghamshire and Greater London.

Time for a change

H health services have changed dramatically over recent years. Advances in technology, medical practice and the way we now work with partner organisations has resulted in much less need, on the whole, to come to hospital.

A strong focus on making it possible to get the care you need in other ways, such as at a GP surgery or via 'virtual care' (an online consultation or using an app to send us information about your health) means that we must think differently about the hospitals of the future, their services and buildings.

If you have been to our hospitals, we hope you have found our staff to be caring and that your care has been good. But we know that the state of our buildings can have a negative impact on your experience as well as creating a poor working environment for our amazing staff.

We are pleased to be in line to receive much-needed funding for our estate. Our preferred option is for a new emergency care building at Watford General Hospital and redevelopment of our other two sites.

More detail on the business case process we are following to secure funding and approvals is on our [website](#).

The redesign of our services across our three sites will go hand-in-hand with plans to redevelop our estate.

At present, some patients make multiple journeys to at least one of our sites for their care. There are areas of excellent practice where people make just one visit at which they can have tests and see a clinician for a diagnosis and then make a plan for further treatment. We intend to make this 'one stop' approach the norm and not the exception.

We want to create a unique purpose for each site. This will support better patient care and a more rewarding experience for staff as we will improve the way that teams function by bringing specialty services together and reducing duplication of services across our sites.

Our architect-led design team is working with us to translate our clinical strategy and clinical brief, together with activity and capacity forecast data and technical health planning guidance, into detailed designs.

We will put the lessons learnt from the Covid-19 pandemic into use, such as a higher ratio of single occupancy rooms, the ability to easily expand critical care and 'surge' beds when needed and the value of moving consultations from in-person to online platforms.

Our new and refurbished buildings will look and feel very different, with a much greater emphasis on creating healing and pleasant environments and integrating the latest technology.

Starting with strategy

Our proposals reflect our clinical strategy which, in turn, draws on our own five year organisational strategy. We have also considered 'Your Care, Your Future' (a review of healthcare in west Herts carried out by NHS and partner organisations), the Hertfordshire and West Essex Integrated Care System's 'A Healthier Future' strategy and the NHS Long Term Plan. Links to these documents are at the end of this document.

Our clinical strategy ([currently in draft](#)) sets out the core elements of the transformation we need to achieve over the next five years to deliver the commitments in the NHS Long Term Plan and to ensure that we have made our clinical services fit for purpose and ready for the completion of our estate redevelopment.

Our clinical strategy sets out our ambitions for the next five years and describes how we will deliver the best care for every patient, every day by working towards these three priorities:-

1. integrating care with primary (ie care from your GP) and community care (health visitors, for example)
2. personalising the care each patient receives (reflecting patient's wishes and individual health needs)
3. providing consistent, best practice care

Senior clinicians and other staff from across the trust have worked with service users and our partner organisations to develop this strategy and agree our three clinical priorities.



The strategy outlines how our estate redevelopment plans will take account of past and planned progress in moving services off hospital sites and into local settings where it is clinically appropriate and offers greater convenience.

It also sets out the intention to use technology, such as online consultations, apps which transmit health data to our clinical teams and a new integrated electronic patient record. We will cater for patients who are less confident with, or do not have access to, the required technology.

Another strategic aim is for us to make far better use of everyone's time (including yours) by organising ourselves, our services and our facilities around you - putting our patients at the centre.

'One stop' clinics (where many steps of treatment are covered in one visit,

such as a diagnostic procedure which produces an instant result which can then be discussed immediately with a clinician) will be introduced across an increasing range of services.

Our strategy supports a reduction in hospital visits: through better use of technology, making your hospital visits fit the 'one stop' model and through the continued shift of services into the community.

If your condition means that you need an in-person appointment, it will be arranged at our site which best meets your clinical need. **This may not be your nearest hospital.**

Our clinical strategy has a partner document - the clinical brief - which describes how the changes we want to make will be reflected in the detailed design of our new hospital facilities. You can read more about this on page 11.



Doing things differently

The promise of investment, the advances in technology and the positive changes we have made recently are an excellent starting point for considering how your hospital services could look in the very near future.

Below is a list of wide-ranging improvements. We plan to:

- develop new models of care for emergency services, endoscopy, maternity and surgery (and more in time)
- provide new facilities for cancer services
- offer more 'one stop' clinics
- provide a vastly increased proportion of ensuite single rooms
- incorporate the latest designs and best practice for infection control
- embrace technology to store, transmit and monitor health data, thereby reducing hospital visits
- use robots and artificial intelligence (AI) to streamline support services, such as linen deliveries and admin processes
- group services and staff together to enable better clinical outcomes, team working, training and absence cover
- reduce duplication of services across sites which can affect quality and efficiency
- upgrade and expand diagnostic facilities at all three of our hospitals
- achieve teaching trust status in recognition of our role in educating future generations of doctors, nurses and other clinicians
- move to care models that mean around 200,000 patients will no longer have to travel in for an outpatient appointment
- extend the service where hospital doctors support GPs with specialist advice (which can avoid the need for a referral and speed up treatment)
- remove routine follow-up appointments (where clinically appropriate) and give patients the choice to request one depending on their recovery or if symptoms or circumstances change
- design buildings that promote health and healing.



Digital transformation

Technological, scientific and clinical innovations are moving forward at a great pace and we are already seeing the benefit of adding more digital technology into the way care is delivered.

Our 'virtual Covid hospital' was the first in the country and, with the help of an app, around 3,000 Covid-19 patients were cared for in their own homes. Based on their positive clinical outcomes and high satisfaction levels, we have been asked to lead the regional roll-out of this model.

The explosion of digital technologies will significantly increase efficiencies and improve the experience of our patients by enabling them to send important health data from their own homes. Easy-to-use apps and equipment, such as oximeters (a small monitoring device which clips onto the finger and gives a reading of oxygen levels in the blood) can help patients manage their own conditions and keep their clinical teams updated remotely.

We are implementing an electronic patient record which will bring benefits to how we manage your care. Having a single digitised record means that clinical staff will have more time for patient care as less time will be spent on manual data inputting. There will also be increased safety and accuracy from using systems that reduce the need to manually enter data and flag when key data is missing. And there will no longer be cancellations linked to paper notes not being located.

In terms of our strategic aim to work more closely with our health and social care partners, the new record can be shared (with permission) to help us



provide joined-up care. Digitised patient records will also support online booking and boost the ability of clinicians to 'see' patients remotely, via their computer, phone or other device, reducing the need to travel to our hospitals.

Technological and digital advances are also helping with home-working. During the pandemic, clinical staff who were shielding were able to continue work, including consultations and reviewing diagnostic results – in line with strict protocols to protect your health information.

High performing IT systems will also boost staff satisfaction.

Our new digital vision and strategy, which was created with input from staff

and members of the public, sets out our plans for the next five years and beyond, and has five core themes:

- **enable patient participation throughout their health journey**
- **provide a seamless and efficient work environment for our staff**
- **join up healthcare and a shared digital patient record**
- **enhance ways to care for patients enabled by digital technology**
- **better data quality and collection to drive improvement.**

Three's company



Our proposals are based on each of our three hospital sites having a clear and valuable purpose which will be strengthened by the way we organise our clinical teams, provide our services and invest in new facilities.

Whilst being different from each other, they will work in harmony and to the same high standards.

Our proposals are in line with the recommendation in the NHS Long Term Plan that there is a clear separation between urgent and emergency care (unplanned care) and planned care.

And within planned care, there will also be a greater distinction between

surgery and medicine which will improve the way teams work together.

This vision for our sites and services has resulted in this broad outline for our three hospitals.

Outpatient physiotherapy is currently provided at Jacketts Field in Abbots Langley.

More detail on what services will be at which site or sites follows later in this document at pages 18, 19 and 20.

*Our minor injuries unit at St Albans City Hospital is temporarily closed due to the pandemic. Engagement will take place later this year about the urgent care services that will be offered.

Watford General Hospital
emergency, specialist
and complex care

St Albans City Hospital*
planned surgical care,
planned cancer services
and an urgent care service

Hemel Hempstead Hospital
urgent and planned medical
care, long term conditions



A better working life for staff

Having teams stretched across services delivered from all three hospital sites can reduce training opportunities for junior staff and limit opportunities to consult with colleagues and work effectively as a team.

There can also be difficulties providing cover for colleagues and this can lead to cancellations of appointments, or whole clinics. The current configuration means that senior clinical staff can't

always be called on when colleagues need urgent advice or a second opinion in person.

Our proposals will allow specialty staff to work from fewer sites (in most cases two of the three hospitals) and so build stronger teams with better facilities and a working environment that is tailored to their service. This will boost job satisfaction and aid recruitment and retention. It will also reduce cancellations and increase the presence of senior staff.

There will also be comfortable and welcoming areas for our hard-working staff to rest and recuperate in our new and redeveloped buildings.

The prospect of new facilities is a significant morale boost for current staff and will also help us recruit successfully in the future.

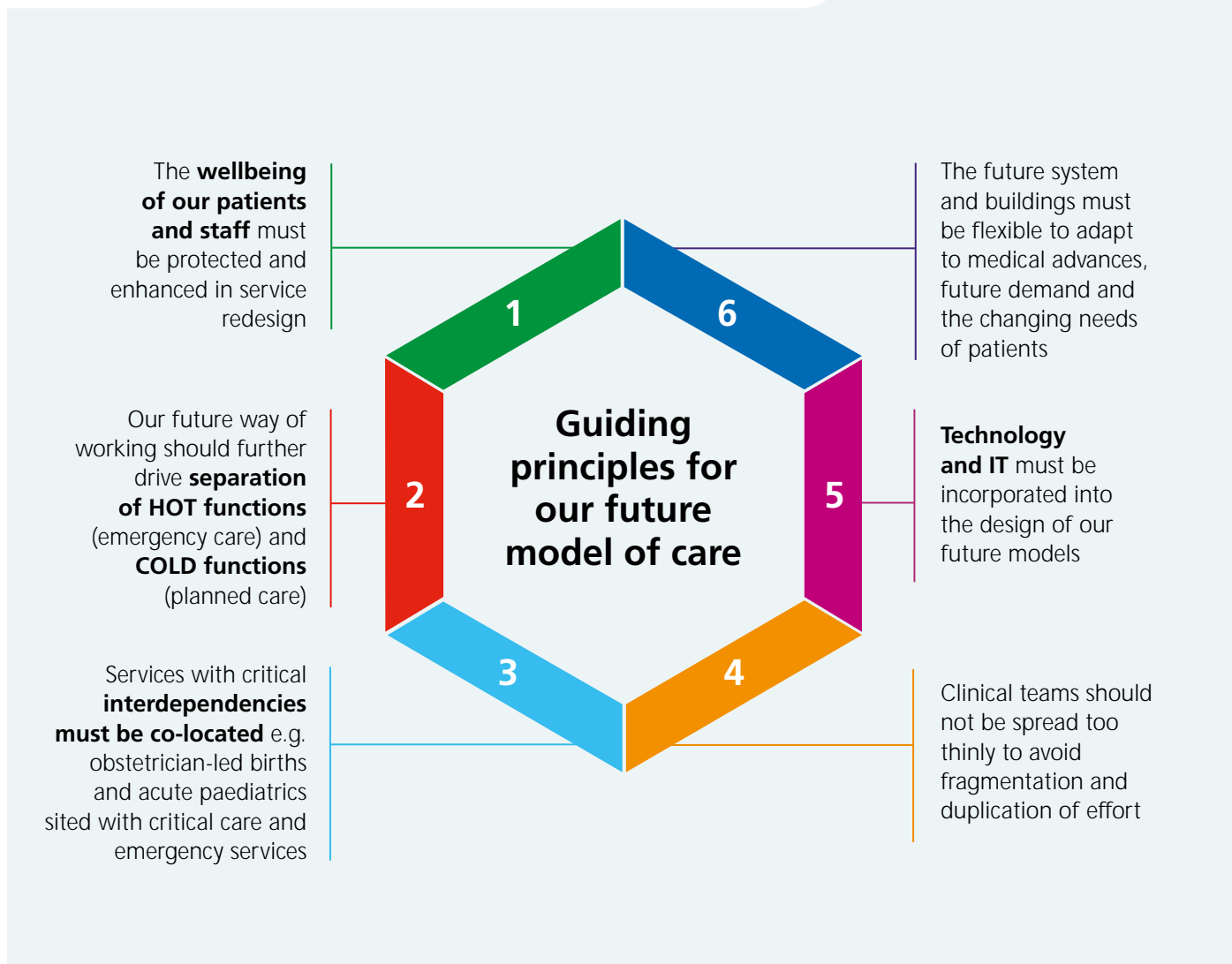
Our clinical brief

Our clinical brief, currently in draft, sets out how and where we expect to deliver services in future and provides a blueprint from which our architect-led design team will work as they develop the detailed designs for our new hospital facilities.

Clinical staff have been closely involved in its development.

[The full version can be found here.](#)

Our guiding principles for the clinical model for the redevelopment are as follows:





Services before sites

There has been a lot of discussion in recent years about our buildings. Now that the decision has been made to retain and develop our three existing hospital sites we hope that there can be a renewed focus on our services.

Our staff are keen to start planning new ways of delivering care from modern surroundings with the latest technology and we are looking forward

to providing them and our patients with first class facilities.

We are working hard to ensure that our services will be far better coordinated, more logically located and offer improved clinical safety and patient experience. Please read about the many improvements we are planning to your care.

Our clinicians have been sharing their ideas on how hospital services could work better for you.

The following information (on the next four pages) sets out our plans for your care. Improving your experience and the quality and safety of our services is at the heart of these proposals.

Emergency and specialist care

Our emergency and specialist care will be delivered from Watford General Hospital. There is a strong view from clinicians that patients requiring 24/7 consultant-led emergency care should only be seen at a specialised care site because this provides the safest and most effective care, with access to the full range of specialist expertise and equipment.

The size and layout of the new ED (emergency department) will enable clinicians to have easy oversight of patients and their health data (using new technology) so that care can be effectively tailored to individual need.

There will be assessment spaces and diagnostic equipment so that specialist teams can work in the ED, meaning that care will be provided around the patient rather than moving them because the specialist staff and equipment are in another part of the hospital. We will create an environment that is sensitive to the needs of patients with mental health conditions, frailty, dementia and learning difficulties. Among a range of inpatient improvements are many more single rooms.

Having the right staff, services, equipment and access to diagnostics within 24 hours of admission is in line with the NHS Plan's 'same day emergency care' approach.

Another planned improvement is a smoother route into the emergency department for adults and children arriving by ambulance, with adequate space for handover between clinical teams.



Patients who no longer need specialist care are not well served by remaining with us. Our partners who commission and provide community-based beds have increased the range and type of care that patients receive when they are well enough to leave hospital but still need support in a healthcare setting.

Women's and children's services

Most women's and children's services (inpatient care, neonatal care, maternity), with the exception of some outpatient, cancer, planned surgery and planned medical care will be in the new building at Watford.

These services will be close to theatres, assessment facilities, diagnostics and the ED. This will reduce transfer time between departments.

The new building will also have space for clinical teams to be based together. We will continue to provide

antenatal, postnatal and outpatient care in all three hospitals and planned gynaecology surgery at St Albans.

Expectant mothers and their birth partners will benefit from individual rooms that are equipped to support them at all stages of their labour. Delivery suites, in line with the very latest building standards, will provide spacious ensuite facilities.

Neonatal facilities will also be in line with the latest standards and will be more spacious, providing comfortable facilities for parents and carers to stay for long visits, if needed.

And there will be purpose-built outpatient facilities for children.

Children who need inpatient care will be cared for in purpose-designed single rooms with facilities for parents or carers to stay with them. This will enable us to better support and meet the needs of children of all ages.

Planned surgery and cancer

Our approach to planned surgery is the same as our approach to planned medical care – consolidate, not duplicate. We think that better and safer services as well as increased staff satisfaction will come from grouping our surgical staff at St Albans where they will provide planned surgery and cancer care. Emergency and high risk surgery will be provided at Watford.

We plan to expand the volume and range of surgery provided at St Albans and so will increase the theatre and procedure room capacity, provide enhanced post-surgical recovery care and extend the range of diagnostic facilities. These improvements and the concentration of staff will enable St Albans to develop into a planned surgery and cancer centre with a stronger consultant surgeon presence.

Paediatric surgery (surgery for children) and higher risk or highly complex surgery will be provided at Watford, where there is access to critical care if required. The Watford site will provide purpose-built spaces called ‘medirooms’ which will allow patients to have an individual room for both pre- and post-operative care on the day of their surgery.

Some cancer care will be provided from all three sites but St Albans will be the main cancer diagnostics, care and support base where patients can access a range of services without needing to travel to another site. This will help us co-ordinate care better and reduce the number of hospital visits for patients who have been referred with suspected cancer. At the moment patients with suspected prostate cancer need to



“I see numerous cases of prostate cancer and it can be a real challenge to reach a timely diagnosis because of the way our services are set out; scans in one place, outpatient appointment in another, a biopsy somewhere else and maybe surgery in yet another location. And in between these appointments is a mass of booking activity for us and travel and anxiety for patients. We’ve put a lot of thought into how this could be so much better and we can’t wait to see our proposals become a reality. With the right diagnostic equipment and clinical teams in place at St Albans we can reduce the worry and the wait for so many patients.”

Mr Freddie Banks
Consultant urologist, associate medical director of strategy

attend several different hospitals for various stages of their treatment because the staff and facilities aren’t all in the same place.

The new funding will help us to reorganise our cancer and surgical services so that patients can have many, if not all, of their treatment at the same place – and with far fewer delays. Concentrating cancer diagnostic services at St Albans will also ensure that patients have access to appropriate support at the point of diagnosis, both from clinical teams and via a cancer information centre.

Emergency endoscopy will continue to be provided at Watford. Our endoscopy facilities at Hemel Hempstead, which are restricted in size and need improvement, will move to St Albans, along with cystoscopy. These services

are a better clinical fit on a cancer site with comprehensive diagnostics and cancer care and support services. The new location will be a much better environment for patients. Its size and layout will ensure that the unit can continue to meet the same high Joint Advisory Group (JAG) accreditation standards that are achieved at Watford.

Another huge benefit of consolidating planned surgery and cancer care is that it is protected from the pressures of the Watford site where peaks in emergency activity can mean that planned surgery gets cancelled.

In addition, we have run St Albans as our Covid-free site where we have been able to continue some services. The advantages of separating planned and emergency care have been brought into sharp focus in 2020 and 2021.

Planned medical care

Our vision is for Hemel Hempstead Hospital to be a centre of excellence for people from across west Hertfordshire who have long term and/or multiple conditions. Tens of thousands of patients every year will benefit from our plans to transform how this site works.

Most people's experience of our hospital care is through planned appointments. In 2019/20 there were around 150,000 attendances at our urgent and emergency care services across our three sites compared to more than half a million outpatient attendances. And around 200,000 of those were for medical care.

The opportunity to invest in the Hemel Hempstead site, the increase in the 70+ population and a new approach (nationally and internationally) to planned medical care present the perfect backdrop for the changes we wish to make.

We plan to bring clinicians from different medical specialties together and provide new diagnostic facilities and the latest technology so that we can give first class care to a large and growing group of patients. This approach will improve teamworking and efficiency as well as provide easy access to an experienced physician when a review or second opinion is required.

Our proposals include work to make the hospital a pleasant and healing environment, for it to be easy to find your way around and for the services to be co-ordinated so that we can offer a 'one stop' approach to cover several steps on their treatment in a single visit.

Our care will be consultant-led, enriched by other clinicians with specialist expertise in medical care and long term conditions. Our patients will be at the centre of a network of health and social care professionals who will share the aim of patients remaining as well as possible in their own homes without the need for an emergency hospital admission.

There will be a strong 'multidisciplinary' approach and our digitised patient records will aid closer working with other parts of the health service through the sharing of health data (with permission), including customised electronic health records for chronically ill patients.

Conditions catered for at Hemel Hempstead Hospital will include: general medicine, older peoples' services, cardiology, dermatology, diabetes and endocrinology, neurology, neurophysiology, rheumatology, respiratory and respiratory physiology, stroke, audiology, medical oncology, children's services and some maternity services.

Our changing models of care mean that we are not planning to provide ward-based inpatient care on the Hemel Hempstead Hospital site. The main provider of adult community health services in west Hertfordshire (Central London Community Healthcare NHS Trust) will be developing and engaging on how it plans to support people following a hospital stay over the coming year.

Patients will be more involved in their care and encouraged to manage their conditions where possible, by using technology to monitor their health and update their clinical teams. Patients will also have a greater say in follow up



"The treatment of rheumatoid arthritis has advanced so much. Many patients live with it now without being in great pain or needing surgery. But these patients – and thousands of others with long term conditions – still need expert care to keep well and have a good quality of life. In creating a base for planned medical care at Hemel Hempstead Hospital, our patients can see a range of clinicians all under one roof. Great hospital care doesn't just happen on emergency sites or on busy wards – it can be in a calm environment where everything the patient needs has been thought through and is close at hand."

Dr Sundeept Bhalara
Consultant rheumatologist
and clinical director for
specialties medicine

appointments as we move towards a model of our patients (or their carer) requesting follow-up appointments depending on how they are recovering or if symptoms or circumstances change. This will replace routine follow-ups (where clinically appropriate) and is already working well for our patients in some specialty areas.

Our proposals also take into account the continued success in moving services away from hospital settings and into the community (GP surgeries, shopping centres or other premises). To date, these include diabetes, musculoskeletal (MSK) services, eye care (ophthalmology), nutrition and dietetics, ultrasound, ear, nose and throat (ENT) services and more.

More joined up working between GPs and hospital doctors is another way of making sure that patients have the care they need without having to make a hospital visit. Our 'advice and guidance' system means that GPs can quickly get information from specialists to help them look after their patients without the need for an outpatient referral. Direct routes are now in place for a large number of conditions.

And as covered already, digital technology is taking care directly into patients' homes, proving that you don't need to come to hospital to get hospital care.



We have partnered with Community Health Eyecare Ltd (CHEC) since January 2019 to manage follow-up activity before final discharge back to the patient's own GP or onward referral to secondary care where necessary.

Working with CHEC (which is a consultant-led service) has improved access to diagnostics and treatment, providing a 'one-stop' service where possible.

Nearly 5,000 virtual reviews were undertaken by CHEC between April - August 2019, resulting in 1,850 patients being transferred to the community service. This created hospital capacity for either 925 new patients or 1,850 follow ups (or a combination of the two), leading to a two week drop in waiting times.

Better care through partnership

Complications of diabetes can lead to a range of problems including – at the most extreme – foot amputation.

We lead the service in partnership with Herts Community NHS Trust and Herts Partnership NHS Foundation Trust.

A range of health professionals to help patients maintain the best foot health possible by increasing the education and support available to them and ensuring early treatment in the right place at the right time.

Our joint diabetic foot service has helped achieve:-

- a reduction of unplanned hospital admissions for diabetic foot problems (as the main diagnosis) by 70% from 98 patients in 2016/17 to 29 patients in 2018/19
- a cut by more than half of the number of total bed days (in hospital) for this patient group from 1,313 bed days in 2016/17 to 571 bed days in 2018/19
- savings in 2018/19 of £200,000 across the health economy
- seven day service provision



Harnessing the full power of diagnostics

Diagnostics is front and centre to delivering quality patient care because it determines the next steps of treatment and can provide answers and clarity when patients have been experiencing symptoms.

We're excited that there will be significant enhancements on all three sites.

We are aiming to create a new rapid diagnostics centre at St Albans, offering MRI, CT and other diagnostics including endoscopy and nuclear medicine (a medical imaging and treatment specialty using a gamma camera). This

will provide extensive support to all patients, especially cancer patients and underlines our clinical strategy to have St Albans as our main planned surgery and cancer site.

We are also planning to improve diagnostic resources on the other two sites and have started work on a detailed diagnostics and imaging strategy, drawing on recommendations from the [national diagnostics strategy](#). This will confirm future requirements in more detail.

In the case of Watford, which will be our emergency care site, we will

be updating and expanding the diagnostic services to best provide rapid and accurate diagnoses for our most unwell patients.

Hemel Hempstead will be our planned medical centre, with a diagnostic strategy to support that function including plain film x-rays, MRI, CT, ultrasound and DEXA scanning (bone density test).

Making our sites right

We felt it was important to tell the story of our services before concentrating on our sites.

Your nearest hospital might not always be the best site for your needs but it will be the best site it can be in terms of the quality of the care it offers and the logical way the services are grouped together.

A summary of what our sites will offer is set out below and tables showing in more detail where services have moved from and to follows later.

To be provided at the Watford General Hospital site ...

- a well-designed and technology-enabled building for your healthcare services
- extended and improved emergency and specialist care services

We understand that news of construction at Watford might make you worry about disruption but please bear in mind that we are not rebuilding on the same footprint as our current buildings. The construction is taking place on land next to the current buildings. Also, in line with the other frontrunners in the New Hospital Programme, we will be using 'modern methods of construction' which means that many components of our new building will be made off-site. This reduces the amount of on-site building work.

- an urgent treatment centre
- larger emergency department with assessment areas
- acute inpatient admissions
- high risk surgery
- critical care
- a fracture clinic next to the emergency department
- complex diagnostics
- women's and children's services (obstetric and midwifery-led births, neonatal care, children's inpatient care and surgery, and emergency and specialist gynaecology)
- wide range of outpatient and clinical support services
- new specialist services (such as inpatient neurology, inpatient chemotherapy and some additional cardiology) so that local people will no longer need to travel outside of west Hertfordshire for care
- new multi-storey car park
- reworked access routes and drop off points
- a vastly improved working environment for staff
- a lower impact on the environment from using greener ways to power, heat and light our new building and through using materials with a lower carbon emission count



"It's been a really tough last twelve months. We've been pushed to the limits and so have our buildings! Covid-19 has taught us a lot about managing during a pandemic and there are definitely lessons for the future about being able to rapidly expand our critical care beds and the importance of having a Covid-free site. Like many staff, I can't wait to have new and better facilities and that's why I'm so pleased that the trust has chosen an option that means we can make a start soon. It's going to be such a morale boost to see a new building rising out of the ground."

Vicky Houghton
Intensive care matron and chair of the staff joint consultative committee

- ability to accommodate services from Mount Vernon Cancer Centre
- landscaped green spaces, coffee shops, restaurants and leisure facilities.



St Albans City Hospital will...

- have a new and unique purpose as the site for specialist planned surgical care and cancer services for people in west Hertfordshire
- broaden its range and volume of surgery (including surgery that was previously provided at Watford)
- provide better and faster diagnosis following a significant upgrade to its MRI and CT provision
- offer nuclear medicine (a medical imaging and treatment specialty using a gamma camera) – moved to this site as it sits better with cancer care
- become the location for a new endoscopy unit to support cancer care and other specialties
- offer gastroenterology and associated hepatology services
- provide urgent care services (a review will take place in Spring 2021 to establish the exact type and level of services)
- be the location for an increasing number of 'one stop' clinics
- offer cancer-related support services and an information centre
- undergo a complete replacement of theatre and procedure room facilities
- offer pre and post-surgery appointments
- benefit from enhanced technology
- provide improved facilities for breast care services
- provide spaces for multidisciplinary meetings so that staff from different specialties can work together for the benefit of our patients
- offer refurbished recovery areas following surgery
- provide wheelchair access for audiology (not previously available at this site)
- remain as our 'clean' hospital; ie a site we can protect from infectious disease outbreaks and where we can continue to provide services whilst our main site provides care to patients with infections, such as Covid-19.



Hemel Hempstead Hospital will...

- have a new and unique purpose as the site for specialist planned medical care site for people in west Hertfordshire
- provide urgent care services
- broaden its range and volume of care for people with long term conditions
- become our site for specialist diabetes and rheumatology
- benefit from enhanced technology
- expand outpatient services for paediatrics, respiratory, cardiology and dermatology

- provide better and faster diagnosis, with MRI, CT and DEXA scanners
- be the location for an increasing number of 'one stop' clinics
- offer health and wellbeing support for a wide range of long term conditions
- provide spaces for multidisciplinary meetings so that staff from different medical specialties can work together for the benefit of our patients
- offer refurbished outpatient facilities
- become a model for how planned care can be delivered from a multi-specialty site, embracing the latest best practice

- provide a calm and supportive environment where services are logically grouped together and where there is an ethos of keeping people as well as possible in their own homes.

With around 30% of the population having a long term condition, our changes at Hemel Hempstead have the potential to bring huge benefits to tens of thousands of people in west Hertfordshire.

Our proposals will see a number of new 'hubs' at this site – the tables on the following pages show how many services will now have their centres of expertise at Hemel Hempstead Hospital.

The following tables outline our proposed changes to outpatient services: where services are located now, and from where they will be provided in the future.

Medicine and long term conditions

Outpatient services:		Hospitals		
		WGH	HHH	SACH
cardiology	now	✓	✓	✓
	proposed	✓	✓	✗
	appointment changes	=	↑	↓
dermatology	now	✓	✓	✓
	proposed	✓	🏠	✗
	appointment changes	=	↑	↓
diabetes and endocrinology	now	✓	✓	✓
	proposed	✓	🏠	✗
	appointment changes	↓	↑	↓
gastroenterology and hepatology	now	✓	✓	✓
	proposed	✓	✗	✓
	appointment changes	=	↓	↑
general medicine	now	✓	✓	✗
	proposed	✓	✓	✗
	appointment changes	=	=	=
haematology	now	✓	✓	✗
	proposed	✓	✓	✗
	appointment changes	=	=	=
medical oncology	now	✓	✗	✓
	proposed	✓	✗	✓
	appointment changes	=	=	=
neurology	now	✓	✓	✓
	proposed	✓	✓	✗
	appointment changes	=	↑	↓
neurophysiology	now	✓	✓	✗
	proposed	✓	✓	✗
	appointment changes	=	=	=
older peoples' services	now	✓	✓	✓
	proposed	✓	🏠	✗
	appointment changes	=	↑	↓
rheumatology	now	✓	✓	✓
	proposed	✓	🏠	✗
	appointment changes	↓	↑	↓
respiratory and respiratory physiology	now	✓	✓	✓
	proposed	✓	🏠	✗
	appointment changes	=	↑	↓
stroke	now	✓	✓	✗
	proposed	✓	✓	✗
	appointment changes	=	=	=
TIA (transient ischaemic attack - or 'mini stroke')	now	✓	✗	✗
	proposed	✓	✗	✗
	appointment changes	=	=	=

✓ Service provided 🏠 Hub ✗ Service not provided = No change ↑ increase in service ↓ Reduction in service

This information may be subject to change.

Surgical, anaesthetics and cancer services

Outpatient service		Hospitals		
		WGH	HHH	SACH
audiology	now	✓	✓	✓
	proposed	✓	✓	✓
	appointment changes	=	=	=
breast	now	×	×	🌀
	proposed	×	×	🌀
	appointment changes	=	=	=
clinical oncology	now	✓	✓	✓
	proposed	✓	✓	✓
	appointment changes	=	=	=
ENT (ear, nose and throat)	now	✓	✓	✓
	proposed	✓	×	✓
	appointment changes	=	↓	↑
fracture clinic	pre-covid	✓	✓	×
	now	×	×	✓
	proposed	🌀	×	×
	appointment changes	↑	↓	=
general, colorectal and vascular surgery	now	✓	✓	✓
	proposed	✓	×	🌀
	appointment changes	=	↓	↑
ophthalmology and orthoptics	now	✓	×	✓
	proposed	✓	×	✓
	appointment changes	=	=	=
oral surgery and dental	now	✓	×	×
	proposed	✓	×	×
	appointment changes	=	=	=
orthopaedics and spinal surgery	pre-Covid	✓	✓	✓
	now	×	×	🌀
	proposed	×	×	🌀
	appointment changes (from pre-Covid)	↓	↓	↑
pain management	now	✓	×	✓
	proposed	✓	×	✓
	appointment changes	=	=	=
upper gastrointestinal surgery	now	✓	×	✓
	proposed	✓	×	✓
	appointment changes	=	=	✓
urology	now	✓	✓	✓
	proposed	✓	×	🌀
	appointment changes	=	↓	↑

✓ Service provided 🌀 Hub × Service not provided = No change ↑ increase in service ↓ Reduction in service

This information may be subject to change.

Women's and children's services

Outpatient service		Hospitals		
		WGH	HHH	SACH
children's services	now	✓	✓	✗
	proposed	✓	✓	✗
	appointment changes	=	=	=
gynaecology	now	✓	✓	✓
	proposed	✓	✗	🚨
	appointment changes	=	↓	↑
gynaecology oncology	now	✓	✗	✗
	proposed	✓	✗	✗
	appointment changes	=	=	=
obstetrics and maternity	now	✓	✓	✓
	proposed	✓	✓	✓
	appointment changes	=	=	=

✓ Service provided
 🚨 Hub
 ✗ Service not provided
 = No change
 ↑ increase in service
 ↓ Reduction in service

This information may be subject to change.

Diagnostic scans

Outpatient service		Hospitals		
		WGH	HHH	SACH
plain film Xray	now	✓	✓	✓
	proposed	✓	✓	✓
	changes	=	=	=
MRI	now	✓	✓	New in 2021
	proposed	✓	✓	✓
	changes	=	=	↑
cardiac MRI	now	✓	×	×
	proposed	✓	×	×
	changes	=	=	=
CT	now	✓	✓	New in 2020
	proposed	✓	✓	↑
	changes	=	=	↑
nuclear medicine	now	✓	✓	×
	proposed	🌀 upgrade	×	✓
	changes	↑	↓	↑
DEXA	now	×	×	✓
	proposed	×	🌀	×
	changes	=	↑	↓
ultrasound (obstetrics)	now	✓	✓	✓
	proposed	✓	✓	✓
	changes	=	=	=
ultrasound (non-obstetrics)	now	✓	✓	✓
	proposed	✓	✓	✓
	changes	=	=	=
endoscopy and cystoscopy	now	✓	✓	×
	proposed	✓	×	🌀
	changes	=	↓	↑
fluoroscopy	now	✓	×	×
	proposed	✓	×	✓
	changes	=	=	↑
mammography	now	×	×	✓
	proposed	×	×	✓
	changes	=	=	=

✓ Service provided 🌀 Hub × Service not provided = No change ↑ increase in service ↓ Reduction in service

This information may be subject to change.

Please note, you'll find a description of each of the above diagnostic tools in the glossary at the end of this document.



Design principles

We have developed a set of detailed design principles for the redevelopment and improvement of our three hospitals with input from members of our stakeholder reference group and the public.

These tried, tested and trusted principles will help us set the foundation for safe and cost-effective quality healthcare. They are explained in full in our [clinical brief document](#) and summarised below:

- flexible, cost-effective design
- services designed around patients
- facilities for patients, visitors and staff that promote healing and wellbeing
- flexibility to grow
- multi-purpose, adaptable approach to design to make full and efficient use of space
- maximising clinical space and creating bespoke administrative space

Travel and access

We know that access and travel are commonly cited concerns associated with health and hospital care in west Hertfordshire. As well as reducing the need for people to visit our hospital sites through adopting new models of care, we will also continue to work with partners to find ways to make it easier to get to our hospitals and address the issues with car parking on all three sites.

We are committed to engaging with local people around the impact of our service provision upon local access and travel, and there will be many ongoing opportunities to get involved and have your say. We will be setting up a travel and access reference group, and we welcome applications from members of the public. Details of how to apply can be found on our [website](#).

We understand that our plans may mean that some people will need to travel further than they do now for some services, but many will have shorter journeys and certainly there will be fewer journeys overall.

We expect that this reduction in journeys will have a positive impact on the wider environmental situation. So, while some people will find some of our proposed changes inconvenient, overall there will be considerable benefits of the new service model for local people.

In addition we know that some patients do not always choose the hospital nearest to where they live, and this is for a range of reasons including personal choice and convenience, for example opting to attend a hospital near to where you work. This will



continue to be the case. Depending on where you live, you'll have other options regarding where you choose to access planned care, such as outpatient care and surgical treatments, for example Luton & Dunstable, Stoke Mandeville, Barnet and other London providers.

We will conduct an indicative travel impact analysis for several of our key areas. The outcome of this analysis will be available for the trust board to consider alongside the engagement feedback.



Conclusion

We hope you are as excited about our plans as we are!

We have listened to feedback from staff and patients about the future shape of our services and have given our ideas a great deal of thought, using the latest information about new models of care as well national policy and clinical best practice guidance.

And now, with the promise of significant investment, we can achieve

our goal of transformational redesign of our services and our hospital facilities together. We have a once in a generation opportunity to make a positive and lasting impact on the healthcare services we provide and we intend to grab it with both hands!

We believe that the results will be three fantastic hospitals, all with a unique and different purpose but all geared towards our vision: the very best care for every patient, every day.

How you can get involved

We want to enable feedback from our staff, patients, carers, stakeholders and other members of our local community to be considered as part of our decision-making. We are therefore planning a two phase engagement programme. The first phase will run until 24 March 2021.

We will review and analyse feedback at the end of each phase of engagement to ensure that any conflicting suggestions can be considered together. We have arranged for the feedback from this first phase of engagement to be independently analysed to help us consider the feedback as we develop more specific plans. We will share the independent analysis, our response and updated proposals through a second phase of engagement in mid-May. This will enable us to test our proposals in more detail and get further feedback from our community and stakeholders.

We will address feedback from the formal engagement through a response document and during any follow-up engagement activities, rather than responding to individual responses while the formal engagement is taking place. We will, however, monitor feedback as it comes in and will clarify any frequently asked questions or common misunderstandings on our dedicated [website pages](#).

Take part in our phase one survey

We would like as many local people as possible to give us their views by completing our online survey. This survey asks for your views on our draft clinical strategy, draft clinical brief, and our proposed three site model.

Please read this briefing document before completing [the survey](#).

Closing date for the survey is midnight on Wednesday 24 March 2021.

In addition to completing the online survey, there are several other ways you can get involved and share your views with us.



Attend online meetings and events

We will be running an extensive community engagement programme, hoping to talk with and hear from a wide range of people including patients, carers, community and voluntary groups, in dialogue with healthcare organisations, professional partners, and our managers and staff. There will be opportunities to learn about the many aspects of our redevelopment programme including costings, design and planning.

Among the planned events, we will hold dedicated events for specific service areas:

- diagnostics (endoscopy, DEXA bone scanning and nuclear medicine)
- medicine
- surgery

Everyone is welcome! Please also visit our website as we will continue to update it with additional content, such as interviews with key staff and bitesize presentations on key topics.



Join our stakeholder reference group

We've already set up a stakeholder reference group (SRG) involving patients, carers, community and voluntary groups in thinking about our emerging ideas. We will continue to keep the SRG informed and involved as we move through the statutory process of business cases and approvals.

New members are always welcome. If you would like to join this group, please visit our [website](#).



Join our travel and access group



We are setting up a travel and access reference group to make sure that transport and other access issues are fully considered as we look at various options and develop our plans. We very much want patients, carers and community groups to be represented on this group, working alongside transport planners from local councils, public transport providers and East of England Ambulance Service.

You can sign up to join the travel and access reference group by completing the form on our [website here](#).

Get involved in the design and planning process



There will also be opportunities for community engagement as part of the design and planning process. Running in parallel with the engagement work outlined in this document, our architects BDP will be inviting members of the local community to have their say on the design and access proposals which are being created as part of the [planning application process](#).

The next steps

Thank you for reading this and thank you again if you have completed the survey!

We are grateful to all those people who have taken part in our various engagement activities over the past five years.

We look forward to hearing more from those we have already engaged with and we also hope to reach new audiences who haven't yet had their say on the future of health services in west Hertfordshire.

The next milestone is to review the shortlisted options in more depth to identify the final preferred option (the one that provides the best overall balance of benefits and costs) which we will take forward to the next stage – full business case. We expect to make this decision this summer and then submit our proposal for approval from NHS England, the Department of Health and Social Care (DHSC) and by Her Majesty's Treasury.

We expect to hear if all the funding we have applied for has been approved by the end of 2021 or early 2022. It is possible that the impact of the current pandemic may lead to movement in some of these timescales.

Glossary of abbreviations

A&E

Accident & Emergency

Acute services

Treatment for a severe injury, period of illness, urgent medical condition, or to recover from surgery, including emergency departments, inpatient and outpatient medicine and surgery

Clinical brief

Our document which describes how the changes we see as important can be delivered

Clinical strategy

Sets out the transformation we need to achieve over the next five years to deliver the commitments of the NHS Long Term Plan

Clinical transformation

Assessing and continually improving the way patient care is delivered at all levels in an organisation

Community services

Healthcare that usually takes place in people's homes. Teams of nurses and therapists coordinate care, working with professionals including GPs, health visitors and social care.

ED

Emergency department

ENT

Ear, nose and throat

HHH

Hemel Hempstead Hospital

HVCCG

Herts Valleys Clinical Commissioning Group

Primary care

Care provided from your GP and community services

SACH

St Albans City Hospital

Secondary care

Care provided by hospitals and specialists

WGH

Watford General Hospital

Diagnostic techniques

Cardiac MRI

Magnetic Resonance Imaging - uses strong magnetic fields and radio waves to generate detailed images of the heart

CT

Computerised Tomography - uses computers and rotating X ray machines to create cross sectional images of the body, more detailed than normal X ray images, used in trauma, looking at the brain, chest and abdomen in more detail

DEXA

A high-precision type of X ray that measures bone density and bone loss, used to monitor bone health and conditions such as osteoporosis

Endoscopy & Cystoscopy

Involves the insertion of a long, thin tube directly into the body, usually via the mouth or anus, to observe an internal organ or tissue in detail, used in the monitoring of bowel conditions, or the bladder

Fluoroscopy

A type of medical imaging in which an X-ray beam is passed through the body, and shows a continuous moving X-ray image on a monitor, used for barium studies and urological procedures

Mammography

The process of using low-energy X-rays to examine the breast for diagnosis and screening, primarily to allow early detection of breast cancer

MRI

Magnetic Resonance Imaging - uses strong magnetic fields and radio waves to generate images of organs in the body, used primarily in soft tissue, to look at joints, the brain and the spine

Nuclear medicine

(Gamma camera) A diagnostic medical imaging and treatment specialty involving the application of traceable substances in the diagnosis and treatment of disease, looks at the function of organs such as the kidneys and is used in cancer diagnosis

Plain film X Ray

Uses X rays to produce an image of the inside of the body, especially bones, to aid diagnosis; also used frequently on the chest to identify infections

SPECT CT

Single Photon Emission Computed Tomography CT – a combination of a gamma camera (SPECT) with a CT image to provide a more detailed diagnostic, used for infection diagnosis and orthopaedics

Ultrasound (obstetrics)

Sometimes called a sonogram, this scan uses high-frequency sound waves to create an image of part of the inside of the body, in this case a woman's reproductive organs

Ultrasound (non-obstetrics)

Sometimes called a sonogram, this scan uses high-frequency sound waves to create an image of part of the inside of the body, used to monitor abdominal and pelvic organs, soft tissue, joints and joint injections

Further reading

Press releases

Trust thrilled by hospital funding announcement

<https://www.westhertshospitals.nhs.uk/newsandmedia/mediareleases/2019/september/hospitalfundingannouncement.asp>

Ambitious plans agreed to transform hospital sites in west Herts

<https://www.westhertshospitals.nhs.uk/newsandmedia/mediareleases/2020/October/ambitiousplanagreedtotransformhospitalites.asp>

Another honour for first in country virtual Covid-19 hospital

https://www.westhertshospitals.nhs.uk/newsandmedia/mediareleases/2021/january/virtual_hospital.asp

Architect-led design team appointed for hospital redevelopment

https://www.westhertshospitals.nhs.uk/newsandmedia/mediareleases/2020/november/architect-led_design_for_hospital_redevelopment.asp

Redevelopment

The future of hospital services in west Hertfordshire strategic outline case

<https://www.westhertshospitals.nhs.uk/about/SOC%20Future%20of%20Healthcare%20Services%20in%20west%20Herts%20FINAL.pdf>

West Hertfordshire Hospitals NHS Trust - Site Feasibility Study

<https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/WHHT%20Site%20Feasibility%20Report%20-%20210820%20-%20final.pdf>

Engagement document on the proposed shortlist

<https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/Working%20together%20September%202020%20v6.pdf>

Design principles

https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/Design%20principles_hospital%20%20redevelopment%20final.pdf

Naxton report – WHHT and HVCCG response

<https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/Naxton%20report%20-%20%20WHHT%20and%20HVCCG%20response%2028%20Jan%202021.pdf>

FAQs

<https://www.westhertshospitals.nhs.uk/about/redevelopment/faq.asp>

Reports

West Herts Hospitals NHS Trust 2020-25 strategy

https://www.westhertshospitals.nhs.uk/about/documents/Our_strategy_A4_brochure.pdf

HVCCG 'Your Care, Your Future' programme

https://hertsvalleysccg.nhs.uk/application/files/6115/3616/0076/Case_for_Change_Summer_2015_FV.pdf

Hertfordshire and West Essex Integrated Care System's 'A Healthier Future' strategy

https://hertsvalleysccg.nhs.uk/application/files/6015/5362/0648/HWE_Integrated_Strategy_Executive_Slide_deck.pdf

NHS Long Term Plan

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

NHS Five Year Forward View

<https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

Health infrastructure plan

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/835657/health-infrastructure-plan.pdf

Clinical brief

<https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/Clinical%20brief%20final.pdf>

Clinical strategy

<https://www.westhertshospitals.nhs.uk/about/redevelopment/documents/Clinical%20strategy%20final%20version.pdf>

If you'd like to get in touch about this document, please contact the trust's communications team on 01923 436280 or email: westherts.redevelopment@nhs.net

Find us online @WestHertsNHS



www.westhertshospitals.nhs.uk