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Secretary of State for Health
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31 May 2011

Dear Secretary of State

REFERRAL TO SECRETARY OF STATE FOR HEALTH
Nottinghamshire County Council Health and Wellbeing Standing Committee
Newark Review – NHS Nottinghamshire County and Sherwood Forest Hospitals
Foundation Trust

Thank you for forwarding copies of the referral letter and supporting documentation from Cllr Ged Clarke, Chair, Nottinghamshire County Council Health and Wellbeing Standing Committee (HWSC). NHS East Midlands provided initial assessment information. A submission and supporting documentation was also received from representatives of the Save Newark Hospital Campaign group. A list of all the documents considered in the initial assessment is at Appendix One.

The IRP has undertaken an initial assessment, in accordance with our agreed protocol for handling contested proposals for the reconfiguration of NHS services. The IRP considers each referral on its merits and its advice in this case is set out below. **The Panel concludes that this referral is not suitable for full review.**

In accordance with the IRP's Code of Practice, the IRP Chair, Dr Peter Barrett, and two Panel members – Brenda Howard and Ailsa Claire - declared a conflict of interest and consequently took no part in the consideration and production of this initial assessment.

Background

In January 2009, NHS Nottinghamshire County (the PCT) established the Newark Strategy Steering Group to develop proposals for future health services in Newark, including those provided at Newark Hospital - part of the Sherwood Forest Hospitals NHS Foundation Trust (SFHFT). The Steering Group included practice-based commissioning, cross-organisational and clinical membership.

Early engagement activities, from April 2009, included the mapping of interested parties, publication of the first in a series of newsletters, establishing a task and finish group of lay representatives and making contact with local councils. Over the period July to September 2009, GPs and consultants worked in task and finish groups to develop service models for

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planned care, unplanned care and mental health services. In October 2009, a period of pre-consultation to inform the drafting of specific proposals took place. Focus groups were held with members of the public, clinicians and staff. Briefings were also held with local MPs and councillors. In line with current Department of Health guidance, reviews were undertaken by the Office of Government Commerce (OGC) and the National Clinical Advisory Team (NCAT) before the decision to proceed with public consultation.

A public consultation document, *Newark's Healthcare Review: Help to shape the future of Newark's NHS*, was produced and public consultation launched on 30 November 2009 to run until 6 March 2010. The consultation document set out a range of proposals for new local services, and also changes to the existing Accident and Emergency Department and Friary Ward which had provided inpatient mental health care for older people. The changes to A&E reflected concerns about the clinical safety of the current service, with none of the relevant back up services such as intensive care, emergency surgery or anaesthetics being present. Instead, two options were outlined for the operation of a Minor Injuries Unit 'Plus' open either 24/7 or 7am – midnight. The changes proposed for Friary Ward reflected concerns that patient's needs could be better met by a combination of more specialist inpatient care elsewhere and enhanced local services that supported more people at home for longer.

The HWSC was consulted and formed a review group which concluded in March 2010 that:

- i. *as a statutory body, the Overview and Scrutiny Committee had been properly consulted within the consultation process;*
- ii. *in developing the proposals for service changes, the health body concerned had taken into account the public interest through appropriate patient and public involvement and consultation;*
- iii. *the proposal for change is in the interests of the local health service.*

However, based on public concern and the evidence available, the Review Group made three recommendations:

1. *the independent report into emergency ambulance services in and around Newark should be made available to the public. A clear and concise version should also be made available and its findings communicated.*
2. *the County Council, NHS Nottinghamshire County, Sherwood Forest Hospitals Trusts [sic] and others should commission work to review demand for transport between Newark, Newark Hospital, Mansfield Community Hospital, Kings Mill Hospital and the Ashfield Health Village.*
3. *NHS Nottinghamshire County should consider an option to provide additional urgent care services on Friday and Saturday nights. These services should be in addition to the services that would be provided at a minor injuries unit plus operating 7am – midnight.*

The PCT Board approved the Strategy and Business cases for unplanned care and mental health in June 2010. The Board agreed that *“the current Accident and Emergency Department at Newark hospital is reconfigured to a 24-hour, 7 days a week service, offering patients treatments for minor injuries, illness and unplanned care”*.

The HWSC received responses to its recommendations in July 2010 and also assessed the proposals against new criteria set by the Secretary of State (the “four tests”). Having received a progress report on implementation and concluded that the NHS had met the four tests criteria, the HWSC concluded its scrutiny of the proposals.

Since July 2010, implementation has continued to agree clinical protocols for urgent care services, recruit staff for community mental health teams, increase public awareness of the changes to services and introduce some of the new services such as next day clinics and the emergency care practitioner.

In February 2011, the HWSC agreed to receive a presentation from the Save Newark Hospital Campaign (SNHC), a group first formed in 2009 and re-launched in March 2010 to voice opposition to the perceived downgrading of services at Newark Hospital.

In March 2011, changes to the hours of admission to Newark Hospital were introduced. Admissions within agreed clinical protocols between 08.00 and 18.00 will continue. Patients requiring admission outside these hours will be assessed according to needs and severity of condition.

The HSWC had previously identified two issues from its review on which further reporting had been requested – transport and new services for patients in Newark. A meeting was scheduled for May 2011 to consider these issues and it was suggested that SFHFT be invited also to discuss hours of admission to Newark Hospital. However, following the referral to the Secretary of State for Health, the meeting with the SFHFT was postponed pending the outcome of the IRP’s initial assessment.

The SNHC made its presentation to the HWSC on 4 April 2011 stating its aim *“to maintain and develop Newark Hospital with a fully operational emergency care centre....”*. The presentation argued that the NHS had failed to consult properly initially, had changed the reconfiguration proposals without consultation (specifically the hours of admission at Newark), had failed to deliver its commitments and so had failed the four tests. The HWSC agreed to refer the proposals to the Secretary of State for Health.

Basis for referral

The referral letter states that:

“The overview and scrutiny committee considers that

- ***inadequate consultation has taken place with the Overview and Scrutiny Committee.*** *The Standing Committee is not confident that it has been provided with all the relevant information by NHS Nottinghamshire County and Sherwood Forest Hospitals Foundation Trust, It therefore concludes that it has not been properly consulted. The Committee includes MONITOR in this referral as Sherwood Forest Hospitals is a Foundation Trust and the Committee does not believe that it has been consulted or notified of proposals to change admission times at Newark Hospital.*
- ***the proposals are not in the interests of the health service. This is by virtue of insufficient involvement and consultation of the public.*** *Resolutions passed by parish and town councils and Newark and Sherwood District Council leaves the Committee with insufficient assurance that the public have been adequately consulted.”*

IRP view

With regard to the referral by Nottinghamshire County Council Health and Wellbeing Standing Committee, the Panel notes that:

- Newark Hospital has no intensive care unit, emergency surgery or anaesthetic back-up and the previous model of A&E care resulted in approximately 1,600 sick patients each year having to be transferred to other hospitals by ambulance for appropriate care
- the clinical case for the changes to minor injuries/illness and urgent care is in line with national clinical standards
- the HWSC review group concluded in March 2010 that it had been properly consulted and that the public interest had been taken into account through appropriate patient and public involvement
- following further action by the NHS in response to its recommendations, the HWSC signed off the changes, including the application of the four tests, in July 2010
- the NHS has proceeded with implementation in the context of continued local scrutiny from interest groups and has maintained open dialogue with the HWSC which had identified two issues from the review where it requested further reporting – transport and new services for patients in Newark.
- following the SNHC presentation on 4 April 2011, the HWSC was alerted to weaknesses with the original consultation process, including the limited geographical scope
- changes to the hours of admission to Newark Hospital have triggered renewed local concerns about the future of services at Newark and have been challenged on the basis that they fall outside the original consultation and agreed proposals
- the potential growth of population in Newark and its implications for future hospital services are a source of ongoing consideration
- an HWSC meeting with the NHS was due to have been held in May 2011 to consider these matters further but was postponed in view of the referral to the Secretary of State
- the NHS remains committed to resolving the issues raised locally, with local GPs fully engaged
- the involvement and actions of SFHFT, which is regulated by Monitor, are crucial for securing the best possible services for Newark residents

Conclusion

The IRP offers its advice on a case-by-case basis taking account of the specific circumstances and issues of each referral.

The grounds for referral both relate to inadequate consultation. With regard to the original consultation, the HWSC concluded in July 2010 that it had been properly consulted and that the NHS had taken into account the public interest through appropriate patient and public involvement and consultation. Subsequent representations by local parish and town councils, and by the SNHC, led to the HWSC reconsidering its view.

With hindsight, there are always aspects of engagement and consultation that could have been done better. In this instance, there is some evidence to support the view that the future nature of urgent care services and admission protocols at Newark Hospital was not adequately conveyed to the local public. However, at this late stage of implementation, the important actions are to sustain engagement with all interested parties and to learn for the future.

Concern about the future of services at Newark Hospital has been renewed following changes to the hours of admission at the hospital. The IRP has been advised that the change in admission times, implemented in March 2011, resulted from discussions between local GPs and their hospital counterparts as part of the ongoing implementation of the proposals that have been agreed. While admission times remain under review, there has clearly been a breakdown in communication that must be redressed locally without delay.

The IRP does not consider that a full review would add any value. Instead, it advises that the local NHS should:

- engage with the HWSC to address and resolve its residual concerns regarding admission hours at Newark Hospital and other aspects of the implementation of the Newark proposals – transport, new services for patients in Newark and potential population growth in the area
- review the scope and delivery of the engagement programme for the Newark Review to ensure it covers all relevant populations and interest groups
- ensure systems are in place between all relevant NHS organisations to ensure effective and consistent communication with local people who use Newark services and their representatives

Yours sincerely



Nicky Hayes

IRP member and Chair of the sub-group for this initial assessment

APPENDIX ONE

LIST OF DOCUMENTS CONSIDERED

Nottinghamshire County Council Health and Wellbeing Scrutiny Committee

- 1 Letter of referral and attachments from Cllr G Clarke, HWSC Chair, to Secretary of State for Health, 5 April 2011
Attachments:
- 2 Committee paper for 4 April 2011 HWSC meeting
- 3 Presentation to HWSC by Save Newark Hospital Campaign
- 4 Report of HWSC NHS Services in Newark Review Group: *Findings and Recommendations on the "Newark Healthcare Review"*
- 5 Letter from Cllr Ged Clarke, HWSC Chair, to IRP enclosing submission and supporting information from Save Newark Hospital Campaign, 23 May 2011

NHS East Midlands

- 1 IRP template for providing initial assessment information
Attachments:
- 2 Joint statement from NHS Nottinghamshire County, Sherwood Forest Hospitals NHS Foundation Trust, Newark and Sherwood Health, East Midlands Ambulance Service and Nottinghamshire Community Health: *PCT Stakeholder briefing on admission times*
- 3 Letter to Cllr Ged Clarke, HWSC Chair, from Carolyn White, Chief Executive, Sherwood Forest Hospitals NHS Foundation Trust, re Newark Hospital, 4 March 2011
- 4 Letter to Carolyn White, Chief Executive, SFHFT from Cllr Ged Clarke, HWSC Chair, re Changes to hours of admission at Newark Hospital

Other information received

- 1 Submission to the Secretary of State for Health from Save Newark Hospital Campaign: *Newark Healthcare Review and the planned reconfiguration of services at Newark*
- 2 SNHC Supporting Information to Submission to the Secretary of State for Health, including: Newspaper report of Nottinghamshire Coroner comments; Newark Healthcare Case Studies; Newark Healthcare Review – public telephone consultation report
- 3 Letter to Cllr Ged Clarke, HWSC Chair, from Paul Baggeley, Secretary SNHC, re Review of Healthcare in Newark and the reconfiguration of services – Update, 15 May 2011
- 4 Letter to Secretary of State for Health from Group captain Geoffrey Culpitt OBE, Chair Basingham Cluster Meeting
- 5 Copy of letter and attachments from Mr Alan Mellor, Town Clerk, Newark Town Council, received by email 31 May 2011