



NHS
Nottinghamshire County

Newark's Healthcare Review

The results of the consultation:
Your views counted

A summary of the consultation on Newark's Healthcare Review, what was said about the proposals and what will happen now.



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Welcome

Welcome to our summary of the results of Newark's Healthcare Review. Engagement and involvement for the review started more than 18 months ago. The formal consultation ran between last November and March.

Led by doctors, the review has proved a major talking point locally. We are extremely pleased that it has created so much interest.

We want the NHS in Newark to be the best it can be – fit for the 21st Century, in line with rising standards, and something local people can continue to take pride in. We know the people of Newark care about their NHS.

We heard what you had to say and we used this feedback in the proposals which were approved by NHS Nottinghamshire County's Board on 17 June 2010.

Now we will continue to work with clinicians to put the plans into action, so that the people of Newark get high-quality, safe healthcare.

“

We heard when people said **more ambulances for emergency care** were needed (find out more on pages 5 & 6).

The views we have heard have helped shape the future of the NHS in Newark. For those who took part in the consultation, a huge thank you.

We look forward to working with you, the people of Newark, to continually improve the service.

“

During the consultation **almost 2,000 responses were used** to shape Newark's Healthcare Review.





Changes to specialised healthcare – specialist centres are being set up, in line with best practice, to care for those patients suffering from heart attacks, strokes or major trauma.

1

Quality and safety – services need to meet new national guidelines based on the latest in medical advances and best practice. This meant that Newark's A&E had to change and Dementia care moves into the community, in line with national policy.

2



Growth point status – we know the population of Newark is going to grow. There will be more older people requiring different forms of healthcare.

3



Why do it?

We knew that the healthcare services in Newark had to change. This was for three main reasons.

The review proposals, shaped by insight from clinicians and local people, were all designed to extend and improve lives both now and in the future.

Why is A&E not an option?

For reasons of safety, sustainability and affordability, having a full A&E in Newark is not an option and never can be.

There were good reasons why it was not possible to consult on having a full A&E. Newark Hospital does not have the facilities (for example, intensive care) or patient numbers to sustain an A&E unit. All local doctors agree on this. Currently, 1,600 patients a year have to be transferred away from Newark Hospital because it is not equipped to treat them. Doctors say that is not good for patients.

What we consulted on



Unplanned Care (A&E):

Option 1: Minor Injuries Unit Plus – open 24/7

Option 2: Minor Injuries Unit Plus – open 7am–midnight

Option 3: Your suggestions...

Mental Health - Older People

Option 1: Utilise existing resources at Ashfield Community Hospital, Lincoln

or Grantham (beds) and Byron House, Newark (day services). Develop community services alongside.

Option 2: Transfer challenging behaviour beds to Ashfield Community Hospital and develop a small 'step down' unit in Newark Hospital. Utilise existing resources at Byron House, Newark (day services). Develop community services alongside.

Consultation

Engagement started on the proposals for Newark in April 2009. This included involving local people in deciding how the consultation feedback would be assessed.

Official consultation ran from 30 November 2009 until 6 March 2010. There was a wide range of activity, including: media liaison, advertising, public events, tailored website content, mail drops to 30,000 households, newsletters, market stalls and roadshow presentations to local people. Telephone surveys and links to public and community groups were also used.



Confirmed

Nottinghamshire County Council's Overview and Scrutiny Committee has welcomed and praised the consultation and confirmed that it met all the four criteria for service change:

1. Clinicians leading and supporting the proposals
2. Clinical evidence
3. Consistent with patient choice
4. Patient and public engagement

Results:

- More than **1,900** individual comments made through written submissions and at public and group meetings.
- **807** written responses were received - 703 clearly indicated a favoured option.
- Respondents were positive about the changes proposed to primary and planned care.
- Local media and websites were also monitored to pick up on themes and comments.
- The most widely expressed concern was that current ambulance provision would be inadequate to ensure rapid response times and transport to a major hospital in an emergency.
- People also expressed a need for a prompt return to Newark to aid recovery and reduce the inconvenience of travelling.
- Respondents significantly preferred the option to close Friary Ward but maintain a step-down unit at Newark Hospital. A total of 332 official responses chose this option, compared to 57 which supported the complete closure of the unit. More than 380 responses did not comment.
- There was strong support for improving mental health services within the community.
- Most respondents (508) supported the option of a 24/7 Minor Injuries Unit Plus, rather than reduced opening hours (7am-midnight).



You said, we did

The future of A&E

There were concerns expressed over closing A&E. Many people asked for current urgent care provision to be maintained or enhanced.

Our response:

Retaining A&E is not possible (see page 2). But the PCT has commissioned a 24/7 replacement. As a result, up to 85% of patients will still be treated at Newark, 24 hours a day, seven days a week.

The general view is that if people can be treated at Newark safely, then they will be. But if specialist care is needed, patients will be taken to the most appropriate place.

This will save more lives and mean quicker recovery from conditions such as heart attacks or strokes.

Information about services

Anecdotal evidence from public meetings suggested that some patients are travelling unnecessarily to other centres for procedures or issues that could be dealt with locally. This highlights a need for better information to support the choices that patients make.

Our response:

A special group involving local people is advising on how best to promote the right use of NHS facilities at Newark Hospital and elsewhere.

There will be a major campaign to explain the changes to local people. This will ensure that everyone knows how to get the 'right care, first time'.

Mental Health - Older People

People agreed that improvements need to be made in this area. There was concern about the burden of travelling outside the area and a desire for more support for carers.

Our response:

130 dementia patients and their carers will be supported in their own homes or locally in Newark. This reduces stress and prevents early admission to long term care.

GP access

You told us that GP access when your surgeries were closed was a problem. Many patients have to travel to Byron House on the King's Mill Hospital site to see a GP out of hours.

Our response:

For the first time, there will be a GP presence at Newark Hospital through the night. This means people will no longer have to travel outside the town to see a doctor.

Equity of services

Many comments reflected a fear that the review was diverting resources away from Newark.

Our response:

Money to pay for healthcare is allocated according to a national formula which looks at local health needs and issues.

Every person is allocated £1,515, the total of which provides all Newark's healthcare - £174million. This allocation will not change, even if services do.

We and local doctors are fully committed to ensuring a vibrant Newark Hospital.

More ambulances

Improved ambulance provision

The feedback was clear.

“You wanted improved ambulance provision for Newark.”

This was to ensure response times were met, to allow safe transfers to major hospitals with specialist centres.

Key issues raised were:

- Increasing the number of ambulances.
- The length of time taken to transport seriously ill patients to other centres.
- Better response times to reach patients more quickly.



As a Result:

- A new Emergency Care Practitioner will be based at Newark Hospital. The ECP will have a vehicle to respond to 999 calls, and will combine home visits with clinical support for the hospital.
- The ECP role will be dedicated to Newark, operating 12 hours a day, 7 days a week. The role will free up ambulances for patients with life-threatening conditions or injuries.
- 878 more ambulance journeys will be available each year.

Public transport

- Comments about ambulances reflect a wider concern about transport links for people in Newark. We have jointly commissioned an external review of public transport links around Newark and to surrounding hospitals. This is being led by Nottinghamshire County Council and will be completed by the end of 2010.

Ambulances: More detail

NHS Nottinghamshire County commissioned an external organisation to assess the impact of Newark's Healthcare Review on the ambulance service.

We are sharing the results of that assessment with you here, as requested by the Overview and Scrutiny Committee.

There are already systems in place so that an ambulance does not bring a patient with major injuries or conditions requiring specialist care to Newark Hospital. This will not change.

Complex analysis was used to understand the way patients are treated. This meant we were able to calculate the number of ambulances required in many different circumstances.

Data analysed included looking at the demand on ambulance services by time of day and day of week. This showed a future need for more capacity, particularly between 8am and 1pm. We are working with EMAS to make sure we have the right staff on duty at the right time.

Accident and Emergency data for 2009/2010 was also included for emergencies taken to Newark Hospital and patients transferred elsewhere.

Under the new model of care, ambulances will take patients to A&E in Lincoln (or the most appropriate place). The analysis of ambulance demand has taken this change into account.

We also calculated from the time the ambulance was called to the scene to the time it left the hospital and the type of vehicle used.

We have considered changing needs over the next 15 years, including population growth.

Another important factor was the number of ambulance journeys needed to take patients back to Newark for less acute/serious care after treatment at other hospitals.

Results:

	Ambulances	2009/10	2010/11	Difference
1	Journeys	2,570	4,220	+1,650
2	Repatriation	232	1,116	+ 884
3	Transfers	1,610	80	- 1,530
4	Extra demand	4,412	5,416	+1,004
5	ECP	n/a	1,460	-1,460
6	Other changes	n/a	422	- 422
7	Extra capacity			- 1,882
8	Balance of additional ambulance journeys			878

Line 1:

The demand for ambulance journeys will rise, because more patients will be taken to specialist units to get the "right care, first time".

Line 2:

More journeys will also be needed to bring patients back to Newark for care, after emergency treatment elsewhere. This is called "repatriation".

Line 3:

However, by getting patients to the right place first time, emergency transfers from Newark Hospital will fall significantly.

Line 4:

When all these factors are taken into account, **1,004** additional ambulance journeys will be needed each year.

Line 5:

The new Emergency Care Practitioner will bring around **1,460** more ambulance journeys to the Newark area.

Line 6:

422 journeys will be freed up by launching new initiatives in partnership with the NHS community.

Line 7:

Together, the ECP and more efficient working will provide about **1,882** additional journeys across a year.

Line 8:

When all the extra provision on line 7 is compared with the extra demand on line 4, there is total additional ambulance capacity of **878** journeys – more than 70 per month.

Even after taking into account all the additional demands, there will be an increase in the number of ambulance journeys for the Newark area which will be monitored.



Next steps

We know there is a lot of work to do, to bring about the changes. We will continue to work hard with, and for, the people of Newark. This process will be led by clinicians - your doctors and nurses - and we will ensure that you are fully informed on the changes and how they will affect you.

- Doctors and nurses are currently working out the ways that patients will be treated and cared for, according to new developments.
- In the autumn, this will then be tested and confirmed across both primary care and in hospital settings. Services once confirmed will then be commissioned and any recruitment and training needs will be addressed.
- We and Nottinghamshire County Council are also conducting a review of transport

links in and around Newark Hospital and across the county. We expect to finish this in December 2010.

- Nottinghamshire County Council's Overview and Scrutiny Committee will receive an update on progress in November 2010. The NHS Nottinghamshire County Board will also receive an update in January 2011.

We expect all the new developments to be in place by April 2011.

This information is available in different languages and formats. For more information please contact 0800 022 4230.