From the Rt Hon Andrew Lansley CBE MP
Secretary of State for Health

Department of Health

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Councillor Ged Clarke
Chairman, Health and Wellbeing Standing Committee
Nottinghamshire County Council
County Hall
West Bridgford
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- 8 JUL 2011

Dear Councillor Clarke,

REFERRAL FROM NOTTINGHAMSHIRE COUNTY COUNCIL'S HEALTH AND WELLBEING STANDING COMMITTEE "THE NEWARK REVIEW"

Thank you for your letter of 5 April 2011 in which you formally refer proposals for "The Newark Review".

As set out in my letter of 4 May 2011, I asked the Independent Reconfiguration Panel (IRP) to provide me with initial advice on your Committee's referral.

The Panel has now completed its initial assessment and shared its advice with me.

A copy of the Panel's initial assessment is appended to this letter and the Panel will publish its advice on 8 July 2011 www.irpanel.org.uk.

In order to make a decision on this matter, I have considered the concerns raised by your Committee and have taken into account the IRP's advice.

Grounds for referral by Nottinghamshire County Council's Health and Wellbeing Standing Committee

Essentially, your referral was made on the grounds that:

(i) Inadequate consultation had taken place with your Committee. Your Committee is not confident that it is has been provided with all the relevant information by NHS Nottinghamshire County and Sherwood Forest Hospitals NHS Foundation Trust. It therefore concludes 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 it has been consulted or notified of proposals to change admission times at Newark hospital.

(ii) Proposals are not in the interests of the local 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 the public have been adequately consulted.

Consultation

The local NHS undertook full public consultation from 30 November 2009 to 6 March 2010.

I understand that following consultation, the local NHS went on to commission further work to address some concerns identified through the consultation exercise itself. These included access to GP out of hours services, access to 24 hour emergency care and issues concerning emergency and public transport.

I note your Committee's review group concluded in March 2010 it had been properly consulted and that public interest had been taken into account through appropriate patient and public involvement.

Notwithstanding this, I am always keen that all those with an active interest in local health services are able to try to resolve any issues of concern that follow consultation between themselves in the first instance.

I note the Panel's comments that with hindsight, there are always aspects of engagement and consultation that could have been done better and in light of this, I support the Panel's recommendation and expect to see the local health economy continue to engage with you Committee to address any on-going concerns you have with regard to any aspect of change concerning Newark hospital.

DH Department of Health

Local proposals for change

As you know, "The Newark Review" centres on services for planned and unplanned care and long term conditions, all of which have now been reviewed.

Service configuration for emergency care and inpatient dementia services at Newark hospital were deemed clinically unsustainable, requiring redesign to ensure quality clinical outcomes for patients.

I understand GPs have been embedded in the entire process of service design. NHS East Midlands reports there has been robust clinical validation through a range of clinical participation, and the National Clinical Advisory Team is supportive of the case for change.

The PCT maintains the vast majority of clinicians from primary and secondary care advocate the preferred models of care.

As you will be aware, the service currently provided at Newark hospital is not and never has been a full A&E, rather the unit was inappropriately labelled "A&E". As a result, I understand primary and secondary care clinicians, the leaders for driving service change in the best interests of patients expressed concern the service be renamed to ensure patients do not present inappropriately.

I understand the unit has been renamed an Urgent Care Centre and Minor Injuries Unit. Patients will not be admitted to Newark hospital with stroke, heart attack or chest pains, major trauma, head injuries, stab wounds, severe breathing difficulties or internal bleeding.

Ambulances will take patients suffering from these conditions elsewhere (either Lincoln, Nottingham or Mansfield) depending on the circumstances, and patients will be repatriated to Newark as part of recovery, when clinically appropriate.

The hospital will still receive patients who still require bed based care for planned surgery, rehabilitation and repatriation following an episode of acute care. This will include outpatient appointments for surgical specialities, a long-term conditions hub and an integrated team delivering care 24/7.

Additionally, an out-of-hours GP service will be available on site, rather than the current arrangement of service provided from Mansfield to cut down on travelling times. After midnight, some patients have previously had to travel 20 miles to see a GP.

A new Emergency Care Practitioner (ECP) service is now available at the hospital. The new ECP service will operate alongside GPs during peak periods of demand and will provide further support to the ambulance service. The ECPs will have the ability to respond to both 999 and less urgent calls.

Redesigning patient pathways in this way is the responsibility of local clinicians with buy-in from all those that use those local services.

Having said that, I am absolutely clear that where changes to services are made and implementation of those changes continues, there is a responsibility on clinicians to ensure service users are appropriately informed about those changes. They should know about what services are available to them, how and when they can access those services and participate in how those changes might affect them.

Initial IRP advice

Essentially, the Panel believes this referral is not suitable for full review. Instead, it recommends the local NHS should:

- engage with your Committee 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; and

- 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.

DH Department of Health

Conclusion

Finally, I support the IRP's initial advice in full and I am satisfied that the IRP's advice is in the interests of the local health service.

I hope your Committee will continue to work with local NHS partners in the best interests of patients.

In line with IRP advice, I myself expect the local NHS and local health scrutiny committees to keep any new model of services under review and together, evaluate its impact on meeting the health needs of the local population.

I am copying this letter to Kevin Orford, Chief Executive, NHS East Midlands, Dr Peter Barrett, Chair of the IRP and David Bennett, Chair of Monitor.

Yours ever,

ANDREW LANSLEY CBE