

Purpose

1. To receive the response of the Secretary of State for Health and the Health Regulator – MONITOR - to the referral of the Newark Review and to consider the recommendations arising from them.

Information

2. The County Council has a statutory duty to receive consultations from NHS Trusts for proposals for substantial variations or developments of local health services.
3. After detailed independent consideration of such proposals the Standing Committee has power to make evidence based recommendations to improve and develop the proposals for the benefit of local communities.
4. The Standing Committee also has a statutory power to refer proposals to the Secretary of State for Health where it has not been consulted or it determines that they are not in the best interests of the local NHS. Where a Foundation Trust is involved the Committee may also make a referral to the regulator – MONITOR. The local NHS is expected to put implementation of the proposals on hold once any referral has been made.
5. Following receipt of a referral the Secretary of State for Health may invite the Independent Reconfiguration Panel (IRP) to conduct an initial independent assessment to determine whether a more

independent review – to which the Standing Committee would be expected to provide detailed evidence - should be conducted.

Scrutiny of the Newark Review

6. On 15 March 2010 Members concluded a scrutiny review of NHS proposals for future health services in Newark.
7. A Review Group of elected Members concluded 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
8. Based on public concern and all of the evidence available at that time the Review Group made three recommendations for improvement which were communicated to NHS Nottinghamshire County and Sherwood Forest Hospitals Foundation Trust in April 2010. Those recommendations were taken account of in the Trust's decision making process in June 2010.
9. The Standing Committee received responses to those recommendations in July 2010. Members also assessed the proposals using revised criteria set by the Secretary of State for Health following the General Election in 2010. The Standing Committee identified two outstanding issues for further reporting – the availability of transport between hospital sites and new services for patient in Newark.
10. On 4 April 2011 the Committee received a presentation from the Save Newark Hospital Campaign reporting local concerns at the Newark Review. The Standing Committee agreed “that the proposals for services at Newark Hospital be referred to the

Secretary of State for Health, because the Trusts had failed to consult the Committee, and in doing so had lost the confidence of the committee."

11. To prevent further implementation of the proposals the Secretary of State for Health and MONITOR were notified of the referral on 5 April 2011 and provided with the background and supporting information considered by the Standing Committee in reaching its decision, consistent with the approach of other local authorities. A copy of the referral letter is attached as an appendix to this report and sets the reasons for the Standing Committee's decision within the statutory options available:

- **"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."

12. As a result of the referral from the Social Care and Health Standing Committee the Independent Reconfiguration Panel was invited to conduct an initial independent review following its standard

approach which considered evidence including the referral from the Standing Committee and information from the local NHS.

13. The Independent Reconfiguration Panel reported to the Secretary of State on 31 May 2011. In addition to the information provided by the NHS the conclusions of the initial independent review were also informed by a submission of the Save Newark Hospital Campaign and information provided by Newark Town Council.
14. The advice provided to the Secretary of State including three recommendations is attached as an appendix to the report.
15. **On 8 July 2011 the Secretary of State accepted the conclusions of this process that a full review would not be appropriate and endorsed the advice of the Independent Reconfiguration Panel's initial review.**
16. As the matter will not proceed to a full review no further information will be required from the Standing Committee and no detailed reasons or formal submission will be sought in support of the referral. Documentation prepared to fulfil such a request and reported to the Standing Committee on 16 May 2011 will not be required.
17. The response from the independent regulator for foundation trust – MONITOR – is set out as an appendix to the report, it states: "Your letter raises the concern that the Trust has failed to comply with the Health Overview and Scrutiny Regulations 2002. These regulations require each NHS foundation trust to consult the local overview and scrutiny committee where it proposes to apply for a variation to its Authorisation and, if granted, that variation would result in a substantial variation in the provision of protected goods and services. As the Trust has confirmed that the proposed changes do not require a variation to its Authorisation, it does not have a legal obligation to consult the OSC, and therefore this is not an issue

which gives rise to concern that it is breaching its terms of Authorisation”.

18. This response appears to confuse two separate statutory requirements for consultation placed on foundation trusts and is inconsistent with guidance available to overview and scrutiny committee regarding legislation in this area. Unlike the process followed by the Independent Reconfiguration Panel, the regulator has confirmed that it has no procedures in place for considering referrals such as that submitted by the Standing Committee. Members may wish to consider raising this inconsistency in approach at a national level through the local Members of Parliament who have been involved with this review.

Further Action –

Recommendation from the Independent Initial Assessment

19. The Secretary of State has asked the local NHS to work with the Standing Committee “to address and resolve its residual concerns regarding admission times 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).”
20. The local NHS have clearly stated the intention to continue to work with the Standing Committee to comply with the recommendation. A copy of a letter to this effect from the Chief Executive of NHS Nottinghamshire County is attached as an appendix to the report.
21. The areas of residual concerns and interest previously identified Standing Committee regard new services for patients and public transport. On 4 April 2011 Members also raised concern at changes to admission times at Newark Hospital.

22. Details of each of these area follows, the Standing Committee may wish to:

- **consider each of the issues in turn and invite comments from the appropriate representatives of the responsible public body** which will include Sherwood Forest Hospitals NHS Foundation Trust, NHS Nottinghamshire County, the East Midlands Ambulance Service, Nottinghamshire County Council and the GP Consortia.
- make further recommendations to progress the matter in the interests of patients if there are any outstanding concerns.
- consider whether further progress on implementing the proposals would be necessary in due course.

23. The report and appendices also include information and concerns provided to the Standing Committee including the views of the Leader of Newark and Sherwood District Council, Members of Newark Town Council and representatives of the Save Newark Hospital Campaign.

New Services for Patients

24. The Standing Committee previously identified new services for patients in Newark for inclusion on the agenda for the meeting on 16 May 2011. This was deferred following the decision to refer the proposals to the Secretary of State on 4 April 2011.

25. The Committee was informed during its review that the option selected for urgent care (the MIU) would influence the level of funding available for reinvestment in other services. The Review was informed that the demand for a 24/7 minor injuries unit raised questions about the benefits of providing such a service at the opportunity cost of other additional services. The National Clinical Advisory Team review of the proposals supported this position: "The public need to be clear that investing in a 24 hour service

could reduce the resource available to maintain and develop more valuable services”

26. The Standing Committee will be aware that as part of the Newark Review a special group involving local people is advising on how best to promote the right use of NHS facilities at Newark Hospital and elsewhere. The local NHS are also organising briefings for elected representatives in Newark on services being provided at Newark Hospital. The Standing Committee may wish to endorse this ongoing dialogue.
27. Representatives of the organisations progressing the development of additional services – NHS Nottinghamshire County, Sherwood Forest Hospitals NHS Foundation Trust and GP commissioners - will attend the meeting and provide an update to Members. The Standing Committee is invited to consider any further issues arising from the update.

Improved public transport for patients and carers

28. As part of the response to the Newark review Members recommended that:

The County Council, NHS Nottinghamshire County, Sherwood Forest Hospitals Trusts 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.

29. The recommendation was accepted and a draft of the review of demand for transport between Newark, Newark Hospital, Mansfield Community Hospital, Kings Mill Hospital and the Ashfield Health Village was summarised at the meeting of the Standing Committee on 6 December 2010.
30. To allow for the draft review to be finalised and for options to be explored to progress the issues arising from the Review the

Standing Committee scheduled further discussion for the meeting in May 2011. This agenda item was deferred following the referral to the Secretary of State.

31. Since then Members have been informed of concerns regarding this matter including: "There has been no resolution whatsoever of the public transport issue, a problem identified by the HWSC and also identified as a concern in the Independent Reconfiguration Panel's letter to the Secretary of State. To give you an example of the impact that the lack of public transport between Newark and Sutton in Ashfield has on individuals, a Town Councillor recently visited Kings Mill Hospital using the bus service; he had to take three separate return bus journeys in total he spent nearly five hours on the return bus trip which, added to the time spent visiting the patient, meant he was out of his house for over seven hours. This situation is just not acceptable and must not be allowed to continue. The implementation of the Newark Health Care Review without a satisfactory transport solution being in place does a major disservice to the people of Newark and undermines any confidence in the professionals and elected representatives who are entrusted in taking such decisions about the future healthcare provision of the community. As we have said before there is now a huge loss of public confidence in the health community which we feel can only be restored by an independent Review of the decisions made."
32. The initial independent assessment concluded that "The Independent Reconfiguration Panel does not consider that a full review would add any value. Instead, it advises that the local NHS should engage with the Health and Wellbeing Standing 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)"

33. In addition the review of demand for transport between Newark, Newark Hospital, Mansfield Community Hospital, Kings Mill Hospital and the Ashfield Health Village was also conducted independently by consultants JMP. The Summary is attached as appendix 8 to the report.
34. The review noted the difficulties associated with travel between the hospitals and identified existing services such as
- an hourly commercial bus service connecting Newark and Mansfield.
 - a taxi (once or twice per week) provided by the Mental Health Trust for a next of kin to visit a patient, if they have no other way of making the journey.
 - a voluntary car service in the Newark area, provided by the Council for Voluntary Service to help people reach medical appointments.
 - patient transport services to and from hospital provided EMAS For those patients eligible on medical grounds
35. The review states that the likely numbers of users of public transport are unlikely to justify significant enhancements to conventional bus services, and certainly not the provision of new services. The review recommends a number of options that could be explored including considering travel options when scheduling appointment and greater provision of travel information to patients.
36. Representatives of the organisations who commissioned the review – including NHS Nottinghamshire County, Sherwood Forest Hospitals NHS Foundation Trust and Nottinghamshire County Council - will attend the meeting and provide an update to Members. The Standing Committee is invited to consider any further issues arising from the update.

Admission times at Newark Hospital

37. As part of the Newark Review the clinical protocols for the range of conditions that could be admitted to Newark Hospital were reviewed in detail, by the hospital consultants, GPs and senior nurses this included when admissions can take place - to ensure clinical quality and patient safety.
38. At the meeting on 4 April 2011 the Standing Committee were informed that clarification had been sought on the progress being made by the local NHS in implementing these protocols and how they were consulted on.
39. At that time this matter appeared to have become an issue for misunderstanding and public concern. Sherwood Forest Hospitals NHS Foundation Trust and NHS Nottinghamshire County were invited to include details of how this public concern would be addressed as part of the discussion scheduled for the meeting on 16 May 2011. Following from the decision to refer the Newark Review to the Secretary of State on 4 April 2011 the presentation of this information was deferred.
40. Concerns communicated to the Standing Committee include: "NHS Nottinghamshire has clearly failed to consult services users and the Health and Wellbeing Standing Committee on the decision to close Newark Hospital to all admissions between 6pm and 8am, 365 days of the year. Moreover the Office of Government and Commerce Gateway review 2009 clearly stated that NHS Nottinghamshire should "Ensure current members of Nottinghamshire County Council OSC structure are fully aware of PCTs plans and promotes coordination of any respective reviews." NHS Nottinghamshire has been negligent in its duty to consult service users and has failed to fulfil its responsibilities to the Health and Wellbeing Standing Committee."

41. The NHS has reported that these protocols involve a very small number of patients – on average one a day - and that a flexible approach is being adopted - based on clinical safety – so that admissions are considered based on what is the most appropriate for the patient.
42. Following the initial independent review the Independent Reconfiguration Panel concluded that “Concern about the future of services at Newark Hospital has been renewed following changes to the hours of admission at the hospital. The Independent Reconfiguration Panel 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 Independent Reconfiguration Panel does not consider that a full review would add any value. Instead, it advises that the local NHS should: engage with the Health and Wellbeing Standing 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”
43. Representatives of Sherwood Forest Hospitals NHS Foundation Trust will be present at the meeting to explain how these protocols are working in practice, how they can be communicated to patients and to respond to any further questions from Members.

Other concerns and correspondence

44. A number of other local concerns that have been brought to the attention of the Standing Committee regarding:
- Consultation and Communication
 - Urgent Care

- Provision of Emergency Ambulances
 - Equity of services across the County
 - Support from GP commissioners
 - Strengthened public and patient engagement
 - Patient Choice
 - Friary Ward
45. Details of each concern are attached as an appendix along with actions that have been requested or proposed by those raising the concerns. Where the concern has already been considered and resolved by the Secretary of State for Health details are provided. Evidence provided to the Standing Committee between November 2009 and September 2011 addressing each matter of concern has also been included.
46. The Standing Committee has received requests that a further referral be made to the Secretary of State. **In the first instance Members may wish to consider the information available to the Standing Committee and ask questions of the representatives of the appropriate organisation present at the meeting as relevant.**
47. If any additional concerns remain the Standing Committee may also seek further information or make evidence based recommendations for improvement as appropriate. As the Secretary of State has asked the local NHS to work with the Standing Committee to address and resolve its concerns any possible referral is likely to be hindered if attempts are not made to resolve matters locally. This is consistent with the advice from the Department of Health and Centre for Public Scrutiny in the use of this statutory power.
48. In particular, whilst the ambulance service has provided additional dedicated resources in Newark through an Emergency Care Practitioner, Members may wish to consider whether the provision and performance of emergency ambulances across the whole of

Nottinghamshire should be proposed for inclusion on the programme of work for the Standing Committee or the Joint Health Scrutiny Committee. The Joint Health Scrutiny Committee regularly considers the Quality Accounts for the ambulance service and this information could be considered as part of that process.

Format for the Meeting

49. The format below summarises the advice and approach for the meeting set out in this report:

- a. **New Services for Patients** – The Standing Committee receive further information from representatives of the organisations progressing the development of additional services as set out at paragraphs 24-27.
- b. **Public Transport** – consider the information set out at paragraphs 28-36 and invite representatives of the organisations who commissioned the review of transport demand (NHS Nottinghamshire County, Sherwood Forest Hospitals NHS Foundation Trust and Nottinghamshire County Council) to respond to the recommendations arising from it.
- c. **Admission Hours** - consider the information set out at paragraphs 37-43 and invite representatives of Sherwood Forest Hospitals NHS Foundation Trust to provide further details of how protocols for admission to Newark Hospital are working in practice.
- d. **Other concerns and correspondence** – the Standing Committee give consideration as appropriate to a number of other local concerns that have been raised – as set out at Appendix 1. Whether further information is required the Standing Committee can question the appropriate NHS representatives present or request for it to be provided in writing.

Recommendations

50. It is recommended that the Standing Committee

- i. note the report and responses of the Secretary of State and MONITOR
- ii. identify any additional actions required to further progress the Newark review in the interests of patients

New Services for Patients

- iii. recommends that commissioners and providers continue to engage with patients, public and elected representatives as appropriate in the districts of Newark and Sherwood, Rushcliffe, North and South Kesteven to further develop services at Newark Hospital

Admission Hours

- iv. recommends to the Members of Parliament for Newark and Sherwood that representations be made to the Government regarding MONITOR's absence of any proper procedure for considering the findings of the Standing Committee

Other concerns and correspondence

- v. informs the Joint Health Scrutiny Committee of the concerns at the provision and performance of emergency ambulances across the whole of Nottinghamshire to inform their next consideration of EMAS' quality accounts.

Councillor Ged Clarke

Chairman of Social Care and Health

Lead Officer: matthew.garrard@nottscc.gov.uk

Background papers:

Letter from the leader of Newark and Sherwood District Council - 28 July 2011

Letter from group leaders of Newark Town Council – 3 August 2011

Letter from Peter Jones to the Leader of the County Council – 14 August 2011

Letter from the Save Newark Hospital Campaign Group – 1 September 2011

Submission of the Save Newark Hospital Campaign Group

Letter to SFHFT – 3 March 2011 and 21 March 2011

NHS Nottinghamshire County, Trust Board Papers – Newark Review – 26 November 2009 & 18 June 2010

NHCT – Friary Ward – Post Closure Review - November 2009

Newark's Healthcare Review – Consultation document, November 2009

CfPS Substantial Variations and Developments of health services, a guide 2005

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

Consultation and Communication

Concerns	<p>Concern has been raised at the adequacy of the public consultation carried out by NHS Nottinghamshire County between November 2009 and March 2010. Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> ▪ “A report was produced by TCC which confirms the lack of engagement and involvement of the local population. To a question asked by the TCC of the public “have you heard of the Newark healthcare Review?” it is recorded that “in some wards over 60% of respondents were unaware of the review” and “in five of the seven wards, there are greater numbers who are unaware of the review than aware. In addition since November 2010, many local town and parish councils whose communities use Newark Hospital and are outside of Newark and Balderton have written letters to the Secretary of State for Health requesting an independent review on the grounds that they have not been consulted.”
Solutions requested	<p>Those concerned requested an independent review</p>
Evidence available	<p>Both the Independent Reconfiguration Panel and the Secretary of State specifically considered consultation and communication as part of the Standing Committee’s referral. Both accepted that whilst some elements of the consultation could have been improved on, the concerns are not significant enough to reverse the implementation of the Newark Review. Following the initial independent review the IRP concluded that</p> <ul style="list-style-type: none"> ▪ “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.

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

The Standing Committee has previously considered the consultation in detail and was provided evidence that:

- The PCT have had regard to the consultation and provided additional information as requested. This is further demonstrated by the option for the MIU changing in response to the consultation to provide increased opening Hours above those proposed in the original preferred option
- Official consultation ran from 30 November 2009 until 6 March 2010 incorporating 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
- 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.
- As part of the consultation Parish and Town Councils across the Newark and Sherwood District were offered briefings on the Newark Review on two separate occasions.
- Consultation materials were also circulated to every GP practice across the district

The Standing Committee should also note that the local NHS were not invited to discuss and attempt to resolve the concerns of the parish and town councils that requested a referral to the Secretary of State.

In response to concerns at consultation the Secretary of State has recommended that the local NHS should:

- 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"

The Standing Committee's report also includes a recommendation supporting this ongoing engagement

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

Urgent Care

Concerns	<p>Specific comments brought to the attention of the Standing Committee include</p> <ul style="list-style-type: none"> ▪ “NHS Nottinghamshire stated that they were commissioning a “24 hour, seven day a week service, offering patients treatment for minor injuries, minor illness and urgent care”. In February 2011 Newark Hospital closed to all admissions between 6pm and 8am and Sherwood Forest Hospital Foundation Trust (SFHFT) informed service users that “Patients assessed as requiring admission to hospital outside of these hours (6pm to 8am) will be admitted to an alternative hospital.” This applies to all patients who require treatment for minor injuries, minor illness and urgent care and could be treated at Newark. Moreover, service users were informed in the consultation document that, “A minor injuries unit plus (MIU) is staffed by doctors”. It is clear from the changes as they have been implemented that there will be only one doctor staffing the MIU and Urgent Care Centre, and that doctor will also have to cover the MIU and the wards. This change will also impact on the delivery of medical techniques that require two doctors such as sedation.”
Solution requested	
Evidence available	<p>This concern was reported to the Independent Reconfiguration Panel as part of the initial assessment. To avoid confusion it should be separated into two distinct matters –</p> <ul style="list-style-type: none"> ▪ the provision of a minor injuries unit plus, 24 hours a day, 7 days a week and ▪ admission to wards in Newark Hospital between 8am and 6pm. <p>The Trust Board decision reported to the Standing Committee on 5 July 2010 was that a 24-hour, 7 days a week service, offering patients treatments for minor injuries, illness and unplanned care be provided at Newark Hospital. In reaching this decision the Board had regard to the consultation responses which supported a 24-hour service over the preferred option which would not have been available 24-hours a day.</p>

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

	<p>The Standing Committee has been informed that Admission Times at Newark Hospital do not prevent the treatment minor injuries 24 hours a day, 7 days a week at Newark Hospital. The Standing Committee's concerns regarding admission times are included as a separate item elsewhere in the report.</p> <p>The Trust has reported the number of doctors working in the MIU at anyone time is dictated by the caseload and clinical procedures. This means that there will not always be more than one doctor present at all times if it is not necessary to do so. The consultation documents states that "A minor injuries unit 'plus' (MIU) is staffed by doctors and specially trained nurses to treat people with minor injuries such as broken bones and minor illnesses." The consultation document does not specify that more than one doctor would be present 24/7 and it would not be an appropriate use of resource to do so if not required.</p>
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Appendix 1 – Concerns reported to the Standing Committee and Correspondence

The provision of Emergency Ambulances

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> ▪ “NHS Nottinghamshire informed the HWSC on the 6th December 2010 that 878 more ambulance journeys would be released. At the time that the analysis was carried out it was planned that Newark Hospital would be open to admissions 24/7. Following the change to admissions policy; for over 50% of the time for 365 days of the year all patients whether they are picked up by ambulance, referred by GP's or self present will be taken to an alternative hospital even though they could have been admitted and treated at Newark Hospital. Additionally, these patients will have to be repatriated. According to the consultation document and from the evidence presented to the HWSC; NHS Nottinghamshire have stated that one of the key drivers for service change was to reduce the number of ambulance journeys, transfers and car journeys by relatives. It is clear that these changes will have the opposite effect. Moreover there is evidence to show that both ambulance journeys and pressure on alternative A and Es has increased. NHS Nottinghamshire County Performance Report presented to the Trust Board on 28th March 2011 states that “At Nottinghamshire division level East Midlands Ambulance Service (EMAS) has carried out 3,604 (3.0%) more journeys than contract plan” this is against an EMAS average increase of 1.3%, indicating that most if not all of this increase is likely to be in Nottinghamshire. In the same report it was also stated that A and E “is experiencing a higher level of attendances than average for the time of year. ▪ Undoubtedly displaced Newark patients will be contributing to this rise. Lastly in April this year it was announced that EMAS would be fined £5 million for missing its performance targets for life threatening and serious, category B, calls, providing further evidence that the closure of Newark A and E was affecting ambulance availability and performance. ▪ There continues to be a deterioration in Category A ambulance response times. In the NHS
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Appendix 1 – Concerns reported to the Standing Committee and Correspondence

	<p>Nottinghamshire Performance Report for May it states that performance in Nottinghamshire “has fallen again from 68.17% to 58.98%, nearly 40% below target of emergencies responded to within 19 minutes.</p> <ul style="list-style-type: none"> ■ We believe that the reconfiguration of services at NH is contributing to increased pressure on ambulance services, increasing both the number of journeys made and the time it takes to complete those journeys. In the NHS Nottinghamshire Performance Report for May 2011 it that’s that the “number of journeys East Midlands Ambulance Service is making is above contract plan. ■ Transfers from NH have increased. According to EMAS there were 86 and 79 transfers in March and April respectively which is up on the average of the previous seven months by 36%. One of the key drivers for the reconfiguration of services was to reduce transfers of sick patients from 1610 on 2009/10 to 80 in 2010/11 and NHS Notts stated that “by getting sick patients to the right place first time emergency transfers from Newark Hospital will fall significantly”(Newark Healthcare Review Results)”
Solution requested	
Evidence available	<p>Information provided to the Standing Committee was that the most widely expressed concern from the public during the consultation was whether current ambulance provision would be adequate to ensure rapid response times and transport to a major hospital in an emergency. The Standing Committee requested that an external analysis of this matter be undertaken and that an easy to read summary be produced and made available to the public.</p> <p>The NHS agreed and a summary was included in the You Said We Did publication communicating the outcomes of the public consultation - a copy is attached as a further appendix to the report..</p>

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

	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

Information available to the standing committee from the external analysis identifies that the impact on the ambulance service of the changes to Newark Hospital should lead to 878 more ambulance journeys being made available. To support this a new Emergency Care Practitioner is now based at Newark Hospital providing a dedicated additional service. The reported from the external review should now be updated to reflect the changes in admission practices at the hospital which were finalised following this work.

The figures contained within the concerns relate to ambulance services across the whole of Nottinghamshire. A possible link can not be fully demonstrated due to figures not being specific to Newark. Concern regarding the provision and performance of emergency ambulances across Nottinghamshire may be an area for providing additional accountability, potentially through the scrutiny of the EMAS Quality Accounts undertaken by the Joint Health Scrutiny Committee.

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

Equity of services across the County

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> ▪ “From the Freedom of Information Act request Councillors learned that at a Newark Strategy Project Team meeting on the 16 January 2009 it was reported that “Figures for the registered population of Newark and Balderton were noted by GP practice. An increase from 50,000 in 2008 up to 63,000 by 2030; with Growth Point added in this figure could rise to 77,000. There is an additional population of 21,000 if Collingham, Sutton-on-Trent and Southwell practices are added.” Service users of Newark Hospital have expressed their concern with regard to the inequity of provision of facilities across the County which can best illustrated by the attached map, see appendix 2, which maps the provision of health facilities against population distribution by district. From information presented to the HWSC there appears to be an unequal distribution of health facilities across the County that has not been addressed by NHS Nottinghamshire and SFHFT in the planning and development of the Newark Healthcare Review. In fact the reconfiguration of services at Newark Hospital would appear to compound these inequalities.”
Solutions requested	
Evidence available	<p>The sub-committee considered population growth as part of the original review. Information provided to the Standing Committee indicates that 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.</p>

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

Viability

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> ▪ “The PCT failed to inform the HWSC that “the financial shift of around £3m of non-elective (unplanned care) income from Newark Hospital (NH) would threaten its viability” (Professional Medical Committee May 2010), They did however tell the HWSC that the investment required to “run a fully operational A&E (eg equipment, extra staff, theatres) would cost at least £2 – 2.5 million in addition to the current budget” (report to the Health and Wellbeing Standing Committee January 2010). None of this was stated in the Business Plan or the Risk Register and the changes are having an adverse effect on the suitability and viability of NH.” ▪ “Whilst NHS Nottinghamshire stated that the investment required to “run a fully operational A&E (eg equipment, extra staff, theatres) would cost at least £2 – 2.5 million in addition to the current budget” (report to the Health and Wellbeing Standing Committee January 2010). They failed to inform the HWSC that that “the financial shift of around £3m of non-elective income from Newark Hospital would threaten its viability” (Professional Medical Committee May 2010). In this context there appears to be a lack of any detailed financial assessment of the impact that such significant changes in funding could have on the viability of Newark Hospital. Whilst some of the above mentioned loss in income will be picked up by Kings Mill Hospital and thus retained within the same Sherwood Forest Hospitals Foundation Trust, it will not be allocated to Newark Hospital, furthermore it is clear that significant proportion is now going to Lincoln Hospital, reflecting the admission of patients to their A & E Department. We are concerned therefore that the long term future viability and sustainability of Newark Hospital is being undermined by the gradual withdrawal and reduction of services provided and that a full financially costed business plan is now urgently required”
Solutions requested	Political group leaders at Newark Town Council have requested a full financially costed business plan

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

Evidence available	<p>Decisions regarding the Newark Review were taken by the NHS Nottinghamshire County Trust Board who had to satisfy their own governance arrangements in doing so. The board papers and business cases bringing forward the proposals in the Newark Review were reported to the Standing Committee on 5 July 2010. They include consideration of risks to the sustainability of the hospital and the financial implications of the proposals. The review informing the strategy has been assessed by two independent bodies during November 2009. These assessments were completed by the Office of Government and Commerce (OGC) and by the National Clinical Advisory Team (NCAT).</p>									
	<i>Extract Risk Register:</i>									
	<table border="1"> <tr> <td>Sustainability of Newark Hospital</td><td>AMBER</td><td>Business case for unplanned care addresses all key risks, assumptions and mitigating actions</td><td>June 2010</td></tr> <tr> <td>Financial reinvestment not realised - retaining and re-investing current resources (provider resources as well as commissioner) into new services</td><td>AMBER</td><td>Performance management of new services Monitoring of benefits realisation</td><td>July 2010</td></tr> </table>	Sustainability of Newark Hospital	AMBER	Business case for unplanned care addresses all key risks, assumptions and mitigating actions	June 2010	Financial reinvestment not realised - retaining and re-investing current resources (provider resources as well as commissioner) into new services	AMBER	Performance management of new services Monitoring of benefits realisation	July 2010	
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<p>The un-attributed extracts from the minutes of the Professional Medical Committee do not appear in context and refers to figures valid in May 2010. This meeting took place after the review of the Standing Committee had concluded. Information available to Members from the Board papers in June 2010 includes the appropriate figures and context which were considered as part of the decision making process.</p> <p>The Committee's review was informed of a number of issues in addition to the financial reasons which would prevent an A&E service being provided at Newark including clinical reasons. This is acknowledged by NCAT review "The public will need to understand that they presently do not have what could be classified as an A&E service at Newark Hospital, and that it would be impossible to create an affordable model that delivers that level of service to this small population."</p>										

Appendix 1 – Concerns reported to the Standing Committee and Correspondence

Support from GP commissioners

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> ▪ “GP commissioners have not confirmed that they support the closure of Newark Hospital to admissions from 6pm to 8am. This change will directly affect the quality of care of their patients and the viability of the hospital. A medical ward has since been closed as a direct result of this change. ▪ Service users were told that the minor injuries unit (MIU) would be GP led and that it had the support of local GPs. Currently we understand that there are no local GPs working in the MIU and no plans to employ any. We would contest that service users in the area have been grossly misled by NHS Notts.”
Solutions requested	
Evidence available	<p>In March 2011 the Standing Committee was informed by the Chief Executive of Sherwood Forest Hospitals Foundation Trust that the change sought to maintain the highest quality of care for patients and that “GPs and hospital specialists have now fully agreed which patients will be treated in Newark, and which will need to go elsewhere, they have also agreed the detail of how the model will be put into operation. This ensures that Newark Hospital only takes cases it is fully equipped to deal with” and that “Patients will continue to be admitted during the hours of 8am and 6pm with conditions within the clinical protocols agreed between GPs and hospital specialists”. The Independent Reconfiguration Panel confirmed that that the change in admission times resulted from discussions between local GPs and their hospital counterparts as part of the ongoing implementation of the proposals that have been agreed.</p> <p>The concern regarding local GPs working in the MIU appears to arise from a misinterpretation of the consultation in which service users were informed that “the minor injuries unit would be GP led and that it had the support of local GPs.” This does not equate to “local GPs working in the MIU” and therefore service users would not appear to have been grossly misled.</p>

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Strengthened public and patient engagement

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> Information presented to the HWSC on the 4th April 2011 and gathered by the SNHC from a freedom of information act request, has led the Councillors to call into question the openness, transparency and validity of the consultation. Section 242 of the National Health Service Act 2006 requires local health organisations to ensure that users of services such as the public, patients and staff are involved in the planning, development, consultation and decision making in respect of the proposals. The consultation was unpopular and NHS Nottinghamshire failed to gain the support of service users. Only 219 people chose to respond to the consultation, less than half of one percent of the population and an analysis of the responses clearly demonstrates that the proposed changes were unpopular and concerned about the lack of emergency care, travel, poor performance of ambulances and inequality of services. During the consultation process a telephone survey was also carried out by NHS Nottinghamshire that indicated that 44.6% of those surveyed were unaware of the planned reconfiguration of services. Once again service users highlighted the same concerns, “about the distance travelled for serious emergency conditions. Distance is a key concern in both acute and community care. Care in the community and recovery at home are highly valued. Access to 24 hour care provides reassurance that one’s health is safe at all times. Increased ambulance numbers would reinforce perceived health security.” Lastly by not consulting communities outside of Newark, NHS Nottinghamshire automatically excluded between 15 to 25% of service users. (Minutes of a meeting of the Professional Executive Committee, Wednesday 19 May 2010)
Solutions requested	
Evidence available	Both the Independent Reconfiguration Panel and the Secretary of State specifically considered consultation and communication as part of the Standing Committee’s referral. Both accepted that whilst some elements of

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the consultation could have been improved on, the concerns are not significant enough to reverse the implementation of the Newark Review.

The Standing Committee has previously considered the consultation in detail and was provided evidence that:

- 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.
- As part of the consultation Parish and Town Councils across the Newark and Sherwood District were offered briefings on the Newark Review on two separate occasions.
- Consultation materials were also circulated to every GP practice across the district
- A special group involving local people is advising on how best to promote the right use of NHS facilities at Newark Hospital and elsewhere.

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Patient Choice

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> <p>“In meeting the choice test, commissioners will want to make a strong case for the quality of proposed services and improvements in the patient experience in their submission.” (Sir David Nicholson CEO NHS 29 July 2010) The College of Emergency Medicine recently stated that if a hospital A and E unit is to be downgraded to an urgent care centre, the nearest A and E unit should be no more than 12 miles away. (Hansard 25 Jan 2011 : Column 165). In Newark’s case the nearest A and E unit will be 20 miles away. According to the Doctor Foster Website United Lincoln Hospitals (ULH), where many Newark patients will be taken, performs less well than hospitals in SFHFT. The National Clinical Advisory Team 2009 report states that “present satisfaction levels and experience on the Newark site is indeed very good, and better presently than King’s Mill.” From the same report “As many as 95% of patients in Newark would choose Newark (Hospital) for their outpatient and other care.” A recent visit by the Care Quality Commission commended Newark Hospital on the quality of its care and Newark Hospital has the lowest infection rate in the East Midlands. Additionally, service users at Newark will have to travel much further and wait longer. It is clear from these facts that the key test of patient choice for services users at Newark has not been met. That the quality of the services will not maintained and the patient experience will not improve.</p>
Solutions requested	
Evidence available	<p>For reasons accepted by the sub-committee it would not be in the interests of patients to continue to label the service at Newark as an accident and emergency department. The quote stated from the College of Emergency Medicine in January arises over 6 months after the decision to open an MIU was taken. The NCAT review considered in the decision making process states “The public will need to understand that they presently do not have what could be classified as an A&E service at Newark Hospital, and that it would be impossible to create an affordable model that delivers that level of service to this small population.” Patients can continue to receive other services at Newark if that is where they choose to receive their care.</p>

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Repatriation and follow up appointments

Concerns	<p>Specific comments brought to the attention of the Standing Committee include:</p> <ul style="list-style-type: none"> ▪ “Repatriations are not happening as planned. Perhaps not surprisingly patients who are sent to alternative hospitals are, in the main being retained and not repatriated as promised in the consultation document and at the meeting of the HWSC on 6th December 2010.” ▪ We have evidence that the follow up work that goes with patients is also being retained by the alternative hospitals, increasing the journeys that local people have to make for remedial and recuperative care and reducing income to Newark Hospital still further.”
Solutions requested	
Evidence available	<p>The Standing Committee does not yet have any information regarding the operation of the new arrangements following from the referral to the Secretary of State. The Standing Committee will be updated on services at Newark Hospital at the meeting on 20 September 2011.</p>

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Friary Ward

Concerns	Concerns have been raised regarding the reasons for the closure of Friary Ward (with patients admitted at the Ashfield Health Village) following the publication of a Nottinghamshire Healthcare Trust report critical of the management of the ward during 2010. Additionally concern remains regarding travel options to Kirkby-in-Ashfield.
Solutions requested	The possible option to re-open Friary ward has been reported
Evidence available	<p>The business case presented to NHS Nottinghamshire County Trust Board sets out the reasons for relocating patients from Friary Ward to the Ashfield Health Village. These are based on changes including new national guidance and improving patients care and pathways. Concerns regarding the management of the ward do not contribute a significant reason for the changed service.</p> <p>Since the closure of Friary Ward a new specialist mental health intermediate care team has been based on the Newark Hospital site, providing care at home.</p> <p>Following the introduction of this service there have been one or two admissions per month to the ward at Kirkby in Ashfield. Friary Ward had capacity for 15 patients. Due to the reduction in demand and to improve access to support from other mental health service the ward will be relocated to the Kings Mill Hospital site. Additional care is also available for patients at the Queen's Medical Centre and City Hospital.</p>

Conditions that can be treated at Newark Hospital MIU	
Cuts and grazes	Urinary tract infections
Sprains and strains	Rashes/dermatology
Bites and stings	Fever
Infected wounds	Any problem present for more than a day such as
Suspected broken bones	headache, back pain, non traumatic
Minor head injury	joint pain
Uncomplicated fractures	Phlebotomy services including blood tests
Minor burns	Anti-coagulation
Suturing/gluing	Respiratory infections
Wound closure	

Conditions that cannot be treated at Newark:	
Stroke, heart attack or major trauma	Deep wounds i.e. stab wounds
Chest pain	Internal bleeding.
Head injuries, unconsciousness	

Patients with medical conditions who can be admitted to Newark Hospital	
Cellulitis (inflammation) requiring intravenous antibiotic	Exacerbation of Bronchiectasis requiring intravenous antibiotics
Urinary tract infection	Mild gastroenteritis requiring intravenous fluids
Lower respiratory tract infection with or without underlying chronic lung disease	Mild dehydration
	Palliative care for cancer