



# Newark Hospital Briefing

## Health Scrutiny Committee, March 2013

1. **Newark Hospital continues to provide a broad range of vital services for local people - on average, over 230 patients are treated there each day.**

The Health Scrutiny Committee requested further information regarding services that are available at Newark Hospital, usage of the Minor Injuries Unit and mortality rates for people with NG22-25 postcodes. This paper sets out the information that has been requested.

2. **Over one thousand people attend Newark Hospital out-patients per week, across more than 20 specialties**

This table shows the numbers of people who have clinic appointments at Newark Hospital. It also shows the range of specialties that are available. A full list of clinics is shown in Appendix 1.

Out-Patient Attendances at Newark Hospital			
November 2011 to October 2012			
Specialty Description	First Appointments	Follow-Ups	Total Out-Patients
Trauma & Orthopaedics	3,832	7,399	11,231
Physiotherapy	3,074	6,531	9,605
Ophthalmology	1,376	4,068	5,444
Podiatry	1,142	3,501	4,643
ENT	964	1,680	2,644
General Surgery	1,498	1,140	2,638
Respiratory Medicine	774	1,841	2,615
Dermatology	910	1,429	2,339
Gastroenterology	864	1,205	2,069
Rheumatology	359	1,648	2,007
Cardiology	780	953	1,733
Urology	555	1,090	1,645
Gynaecology	823	750	1,573
Obstetrics	776	562	1,338
Paediatrics	450	844	1,294
Neurology	381	454	835
Occupational Therapy	344	456	800
Geriatric Medicine	139	660	799
Clinical Haematology	206	419	625
Plastic Surgery	139	316	455
Diabetic Medicine	64	341	405
Endocrinology	130	164	294
Other Specialties	255	104	359
Total	19,835	37,555	57,390

Approximately 25 babies and children are seen at the hospital by paediatric staff every week. This covers a broad range of illnesses and conditions that can occur.

**3. Newark Hospital continues to perform a range of surgical procedures, both within day-case and in-patient facilities.**

The numbers and specialties for day-case and in-patient procedures are shown in the table below. These numbers are in addition to attendances at out-patient clinics.

**Over 120 people are admitted to Newark Hospital for a surgical procedure each week. Many procedures can now be performed as day-case procedures because of advances in techniques such as keyhole surgery and local anaesthetics.**

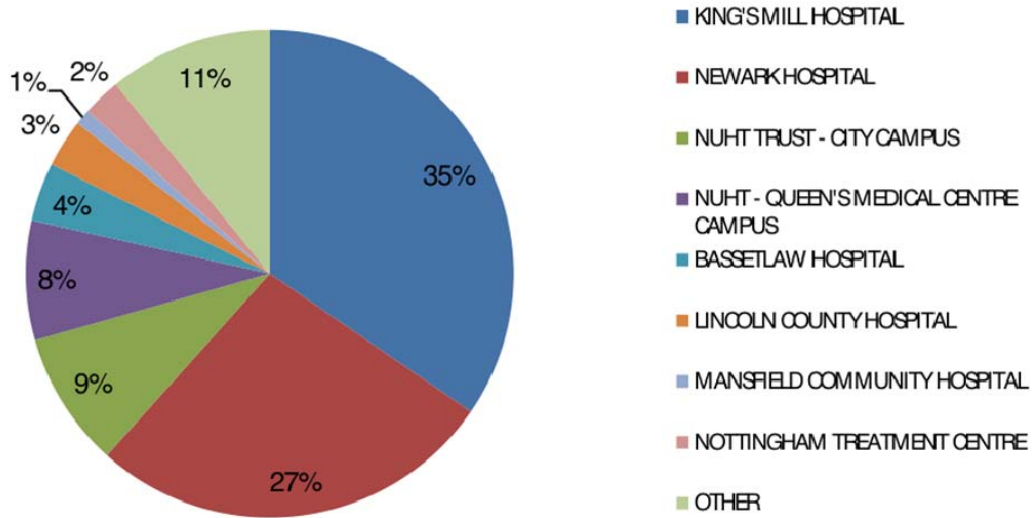
<b>Day Case and Elective Admissions at Newark Hospital</b>			
<b>November 2011 to October 2012</b>			
<b>Specialty Description</b>	<b>Day Case Admissions</b>	<b>Planned Care Admissions</b>	<b>Total Admissions</b>
<b>Clinical Haematology</b>	140	0	140
<b>Dermatology</b>	518	0	518
<b>Endocrinology</b>	1	0	1
<b>Gastroenterology</b>	1,021	16	1,037
<b>General Surgery</b>	984	64	1,048
<b>Geriatric Medicine</b>	1	6	7
<b>Gynaecology</b>	284	114	398
<b>Ophthalmology</b>	450	34	484
<b>Plastic Surgery</b>	112	0	112
<b>Podiatry</b>	754	48	802
<b>Respiratory Medicine</b>	61	270	331
<b>Trauma &amp; Orthopaedics</b>	497	183	680
<b>Urology</b>	745	38	783
<b>Vascular Surgery</b>	55	14	69
<b>Total</b>	<b>5,623</b>	<b>787</b>	<b>6,410</b>

A higher proportion of local people are now choosing to use Newark Hospital for these services. The following diagrams show attendance at different hospital sites for Newark and Sherwood CCG.

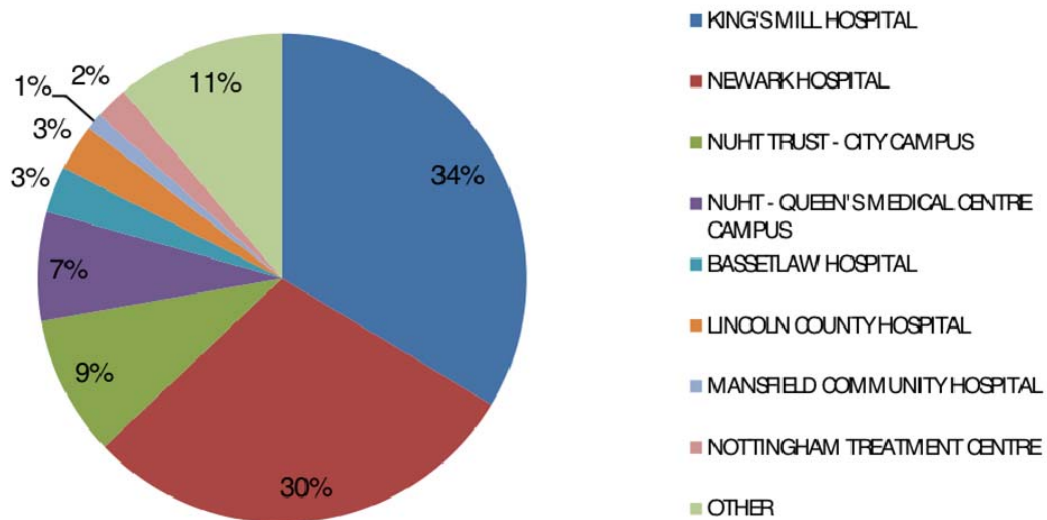
The first two slides show that the proportion of out-patient first attendances at Newark Hospital has risen from 27-30%. The second two slides also show an increase in the proportion of CCG residents having their hospital admission at Newark Hospital.

**The proportion of local people who use Newark Hospital for out-patient clinics and planned surgery has risen by 3% in 2012.**

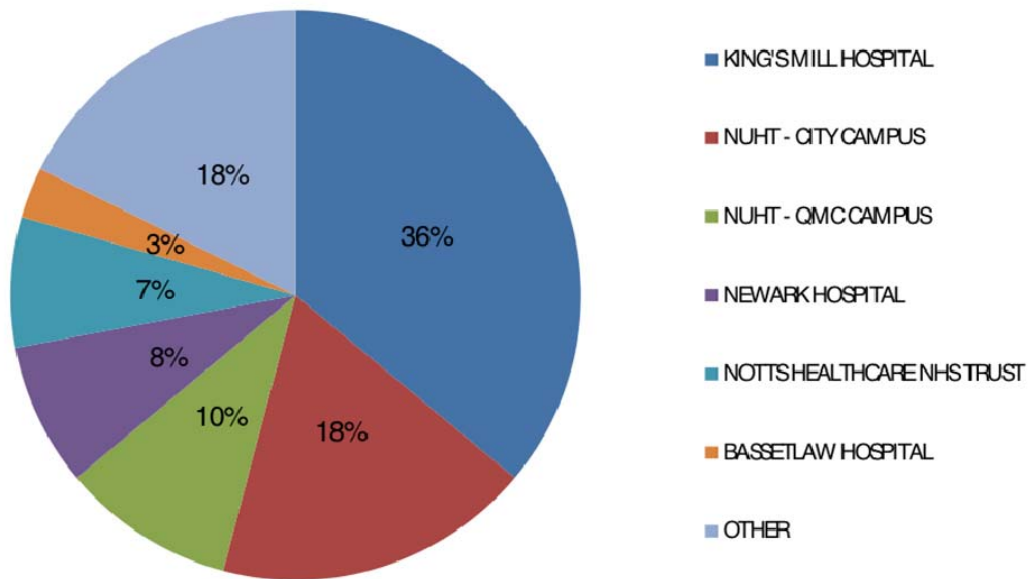
### OP first Attendances- July 11 to Sept 11



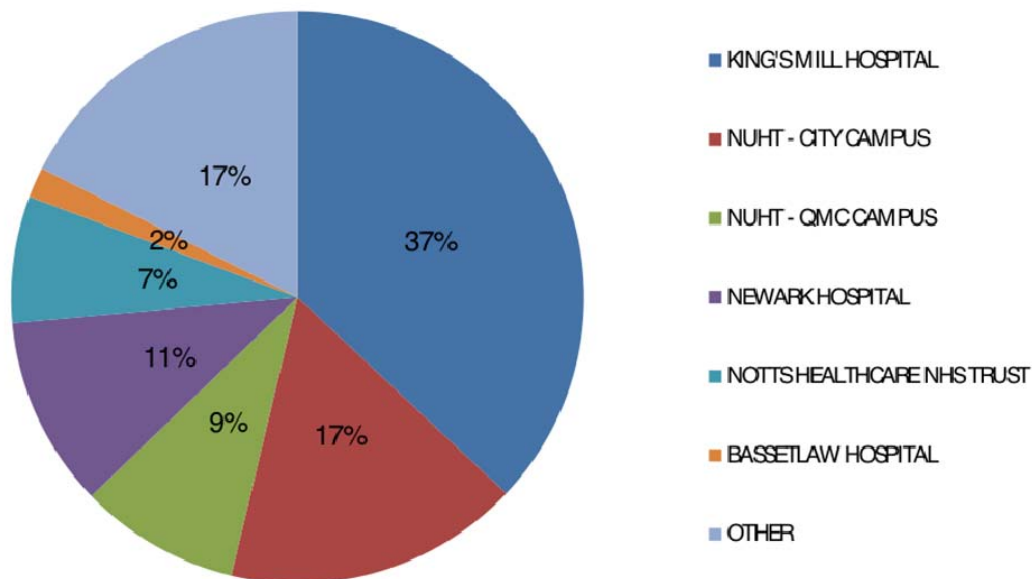
### OP first Attendances- July 12 to Sept 12



### Elective Admissions- July 11 to Sept 11



### Elective Admissions- July 12 to Sept 12



#### 4. Newark Hospital Accident and Emergency Department was re-designated as a Minor Injuries Unit in April 2011.

The Accident and Emergency Department had not met national standards for many years and so changes were required to make this apparent to local people who may otherwise have thought the hospital was equipped to deal with all emergencies.

The National Leadership Network, 2006<sup>1</sup> defined the minimum set of acute services needed to support an A&E in a local hospital, provided that emergency care networks could ensure prompt access to other important services at partner hospitals. The minimum set of services required on-site to support an A&E are described below:

**Supported on-site by 24 hour access to:**

- Acute medicine
- Level two critical care
- Non-interventional coronary care unit
- Essential service laboratory\*
- Diagnostic radiology\*\*

**Supported by 24 hour local multi-hospital network access (not necessarily on-site) to:**

- Emergency surgery
- Trauma & orthopaedics
- Paediatrics
- Obstetrics and gynaecology
- Mental health
- Specialised surgery
- Interventional radiology\*\*\*

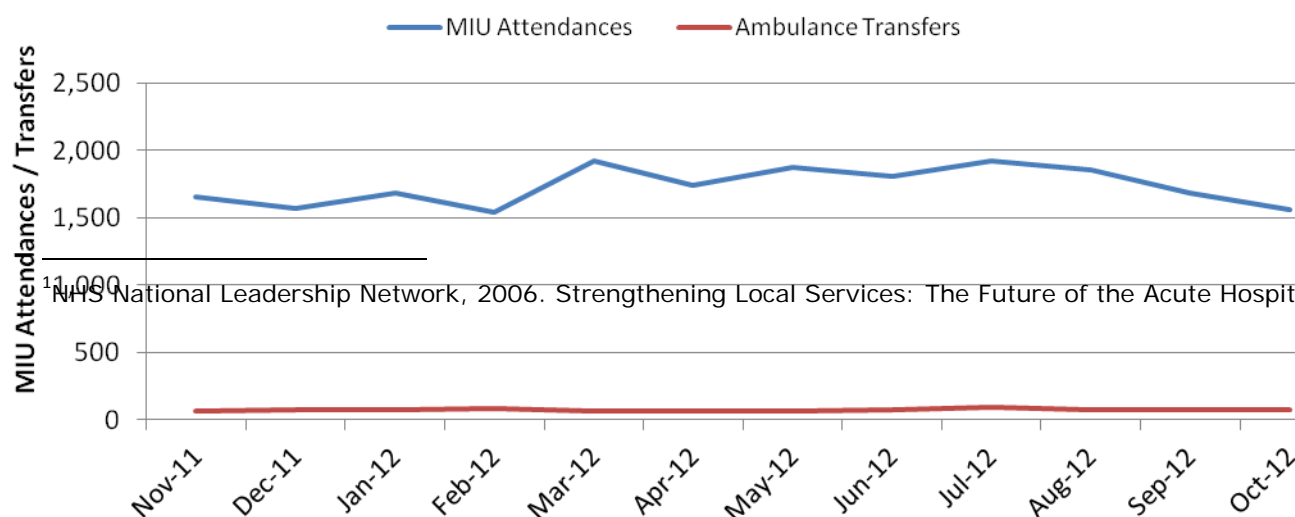
\* ESL comprising rapid access to biochemistry, haematology, blood transfusion, basic microbiology, infection control and mortuary services.

\*\* Comprising X-ray, ultrasound and CT scan.

\*\*\* The same rationale of networked support in the identified services also applies to a wide range of other specialised service.

The Minor Injuries Unit has continued to support similar numbers of patients since April 2011, although a small proportion of patients need to be transferred to other main hospitals. This is shown in the chart below:

**MIU Attendances at Newark Hospital and Ambulance Transfers from Newark to Other Hospitals**



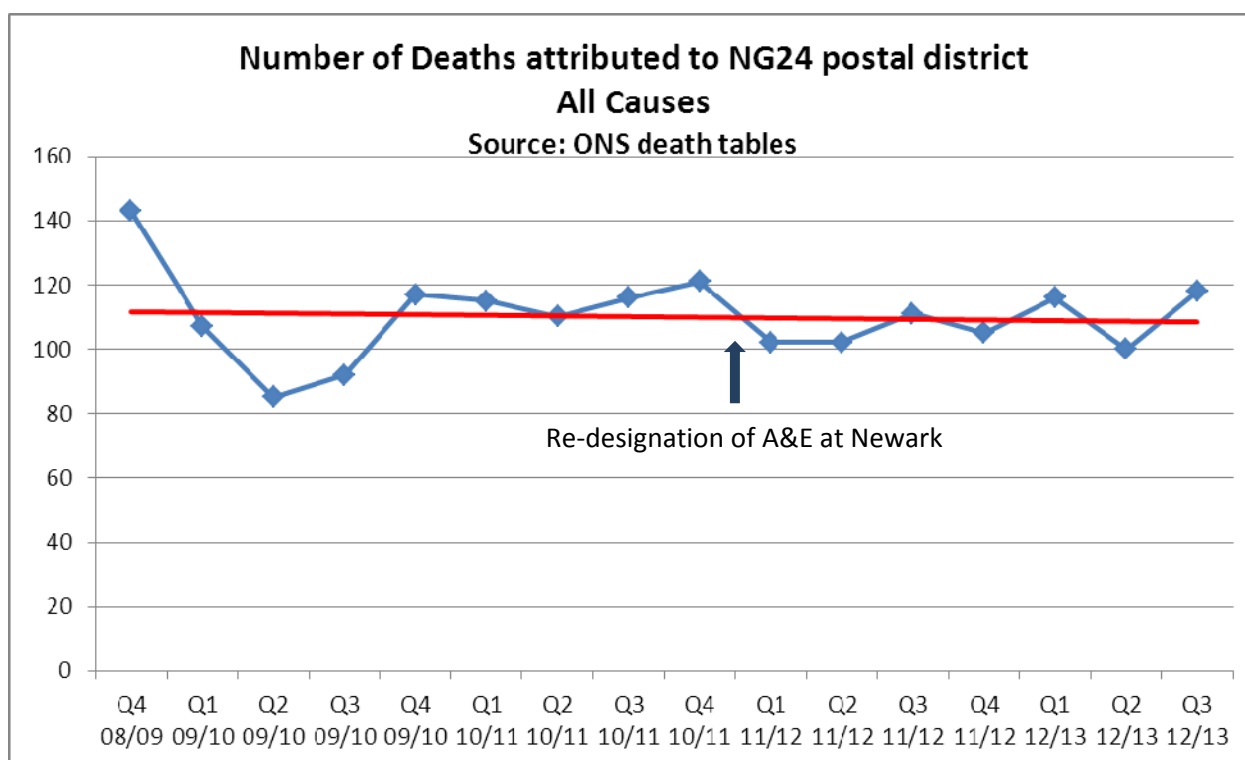
<sup>1</sup> NHS National Leadership Network, 2006. Strengthening Local Services: The Future of the Acute Hospital.

The red line on the graph shows the number of transfers to other main centres.

Newark residents primarily attend their local hospital for urgent medical care. Presentations at different hospitals are shown in Appendix 2.

**5. Mortality rates for Newark residents do not appear to have deteriorated, following the re-designation of the Accident and Emergency Department at Newark Hospital.**

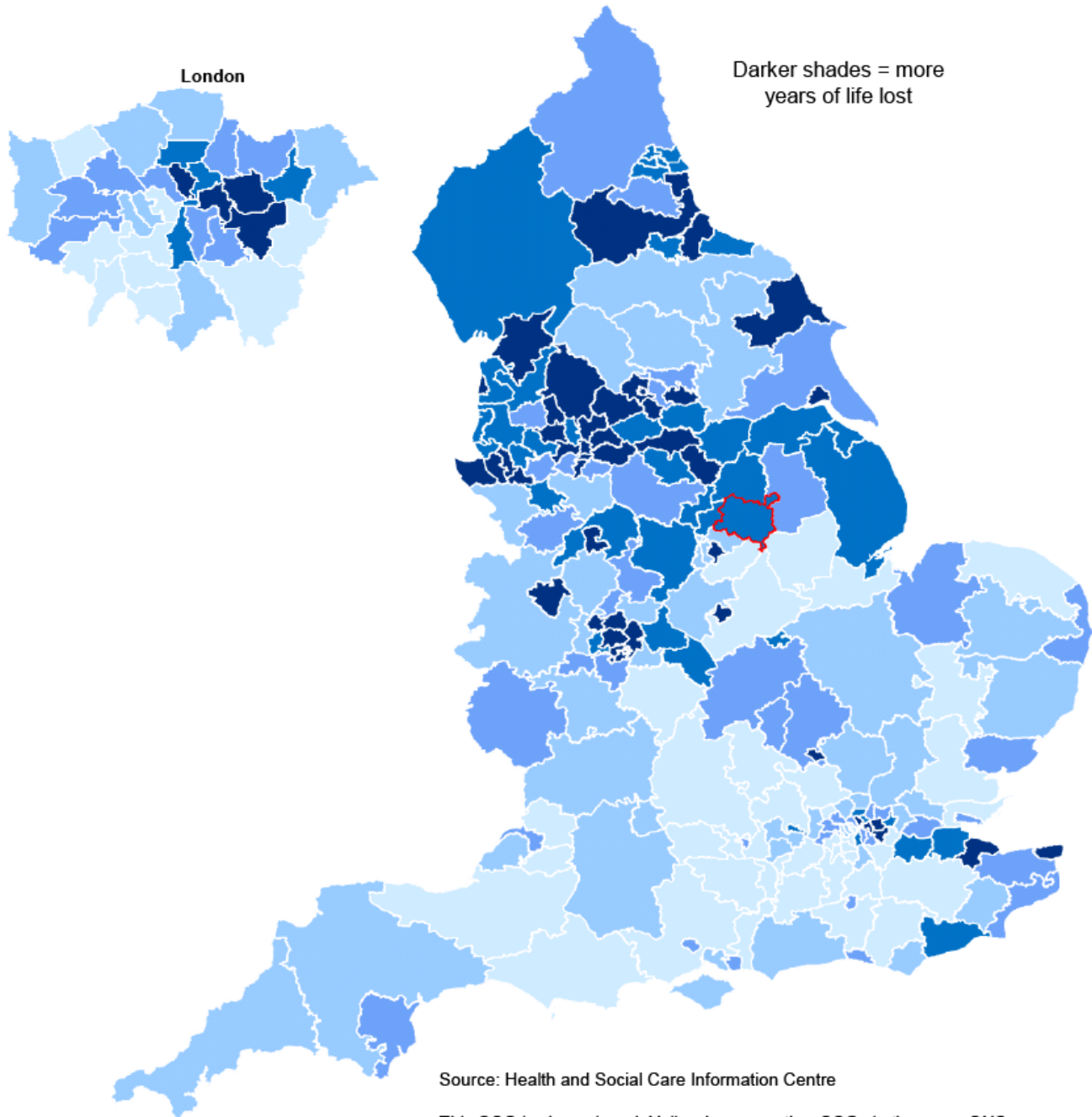
Death rates for Newark residents have continued to decline since April 2011, when the Accident and Emergency Department was re-designated. Newark residents are likely to have experienced the biggest changes in travel time to an Accident and Emergency Department when the changes were made.



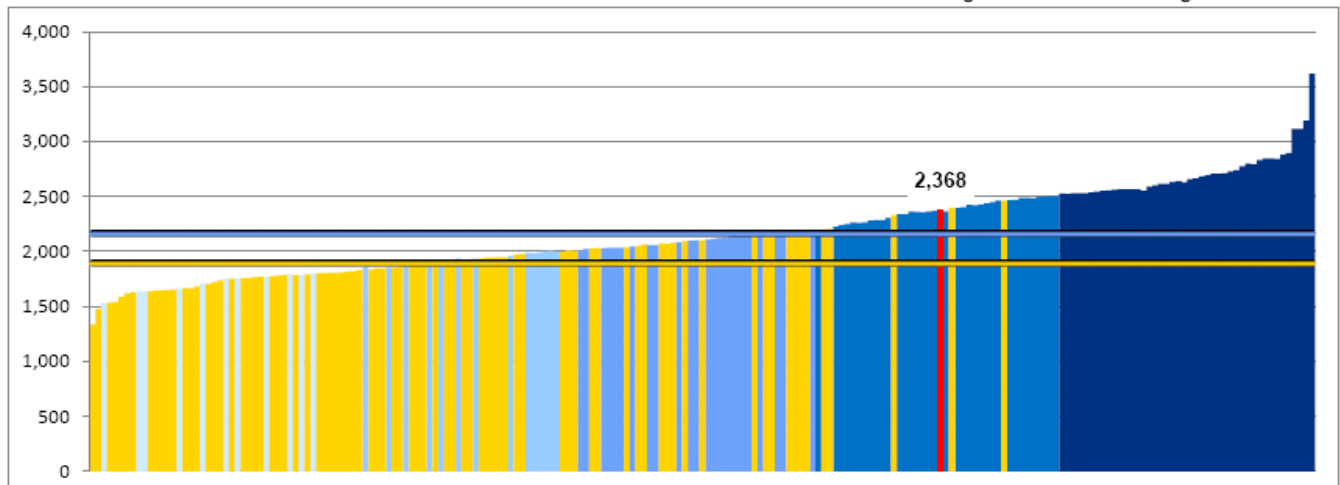
The committee has asked how death rates in NG22 – NG25 compare with neighbouring areas. Clearly, death rates and life expectancy are determined by a wide range of factors outside of health service provision, including lifestyle. A series of map showing different measures of death rates are shown below. Geographical comparisons can be made. There does not appear to be a direct relationship between death rates and proximity to an Accident and Emergency Department, as highest rates often occur within city areas.

# 1a Potential years of life lost (PYLL) from causes considered amenable to healthcare

Age/sex standardised rate per 100,000 population



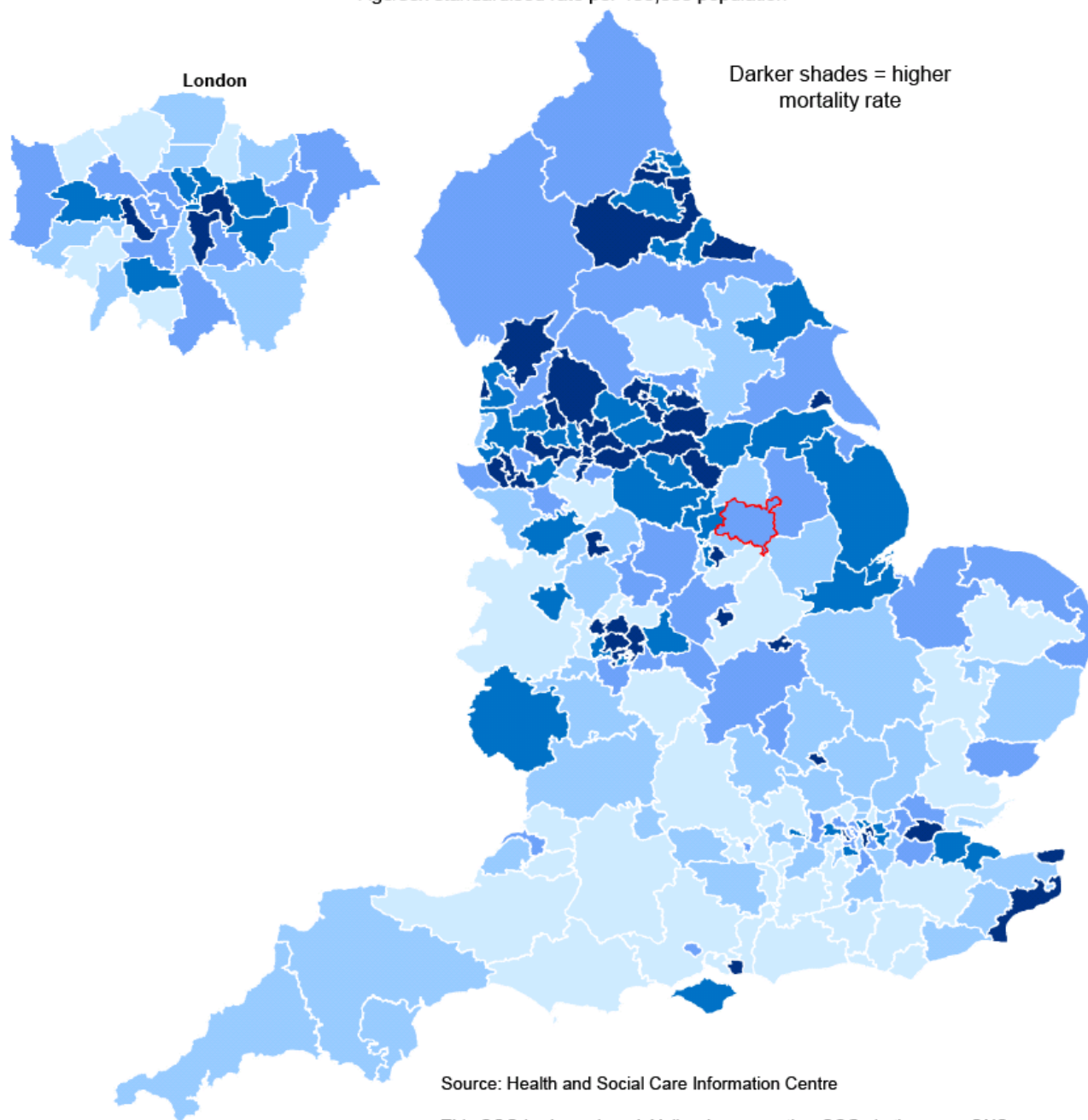
This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.



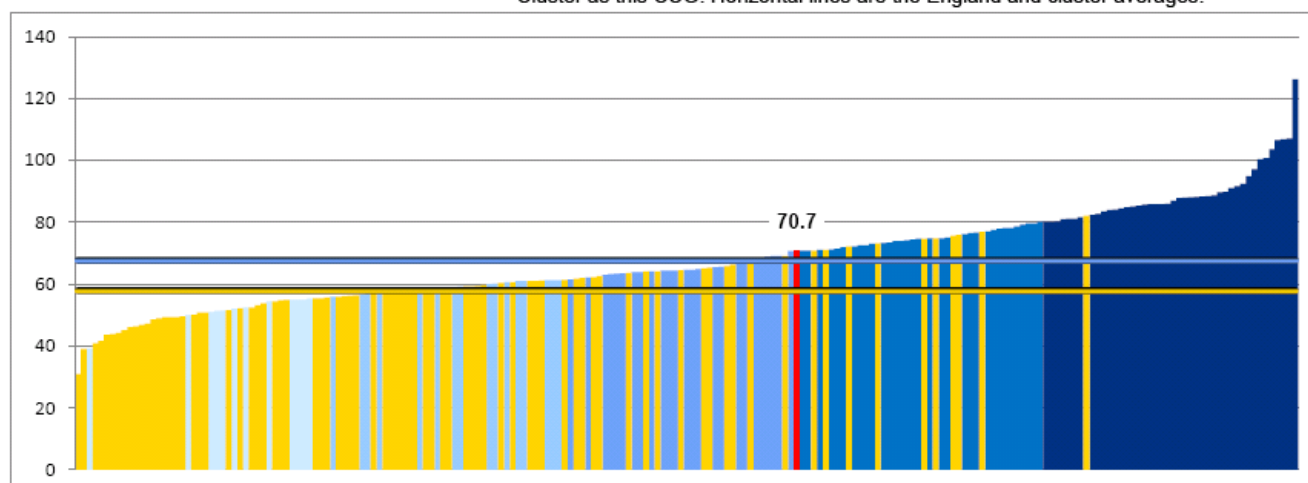


## 1.1 Under 75 mortality rate from cardiovascular disease

Age/sex standardised rate per 100,000 population



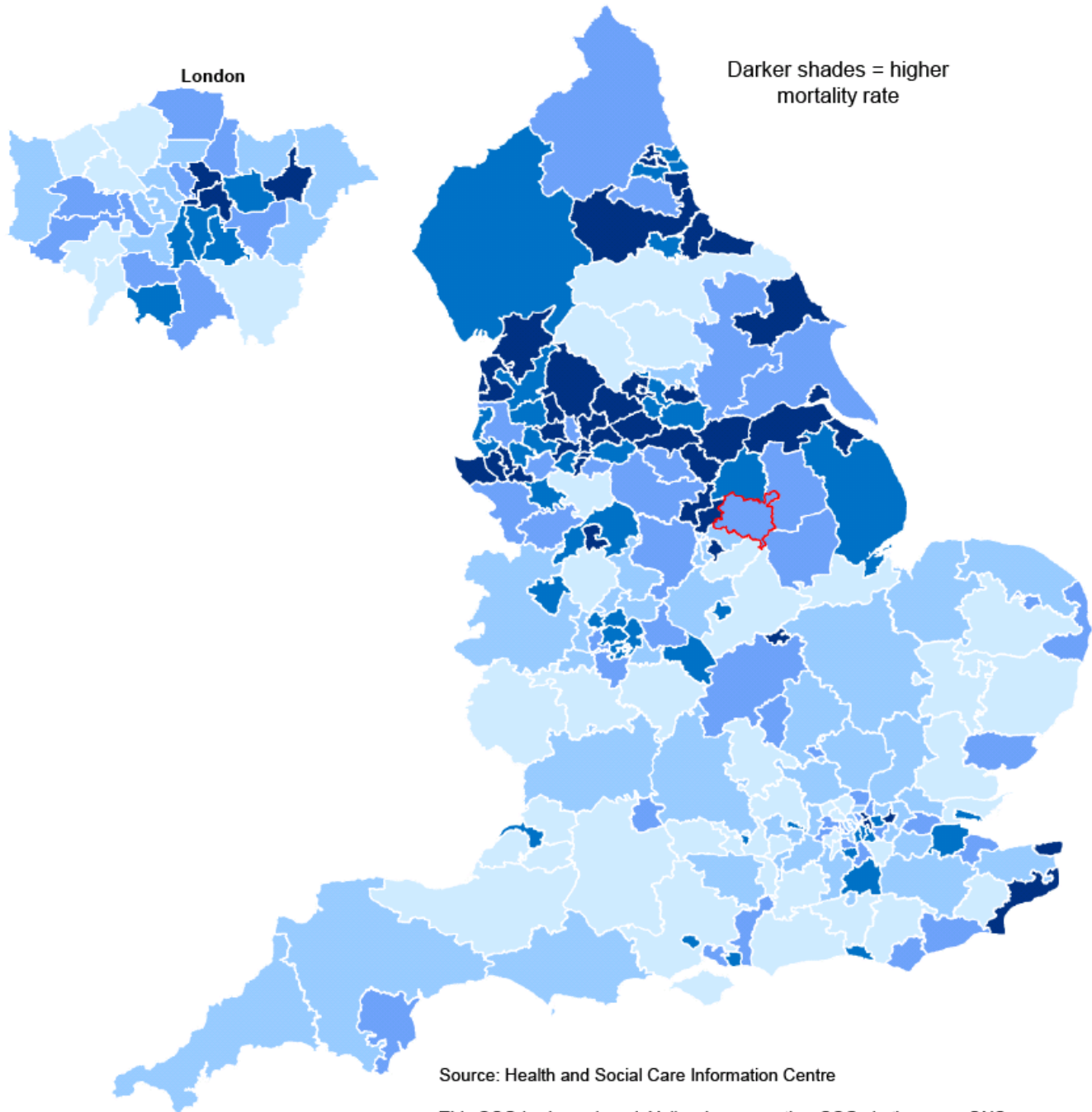
This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.



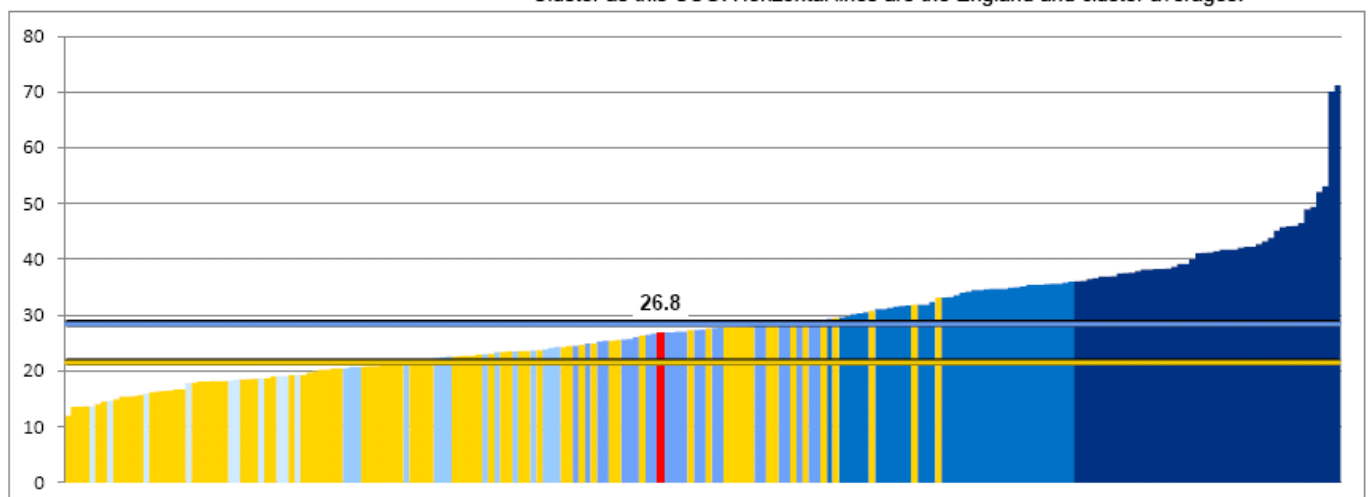


## 1.2 Under 75 mortality rate from respiratory disease

Age/sex standardised rate per 100,000 population

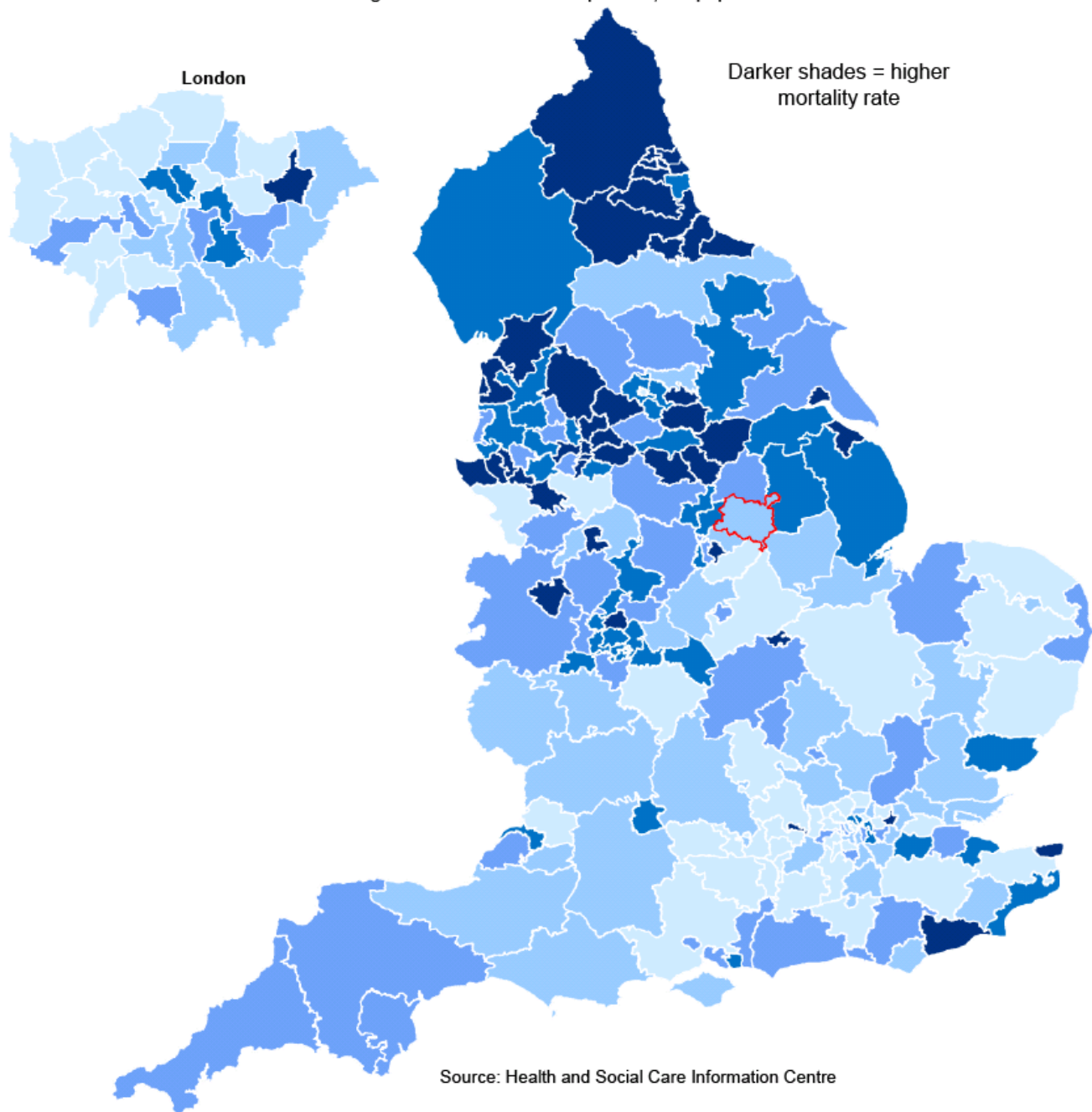


This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.

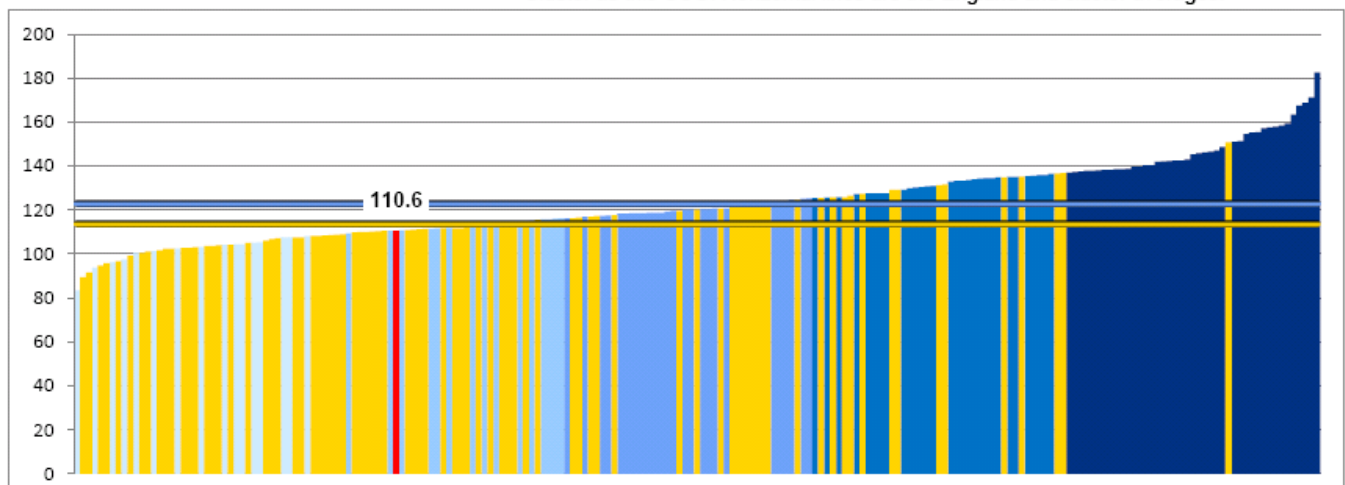


## 1.4 Under 75 mortality rate from cancer

Age/sex standardised rate per 100,000 population

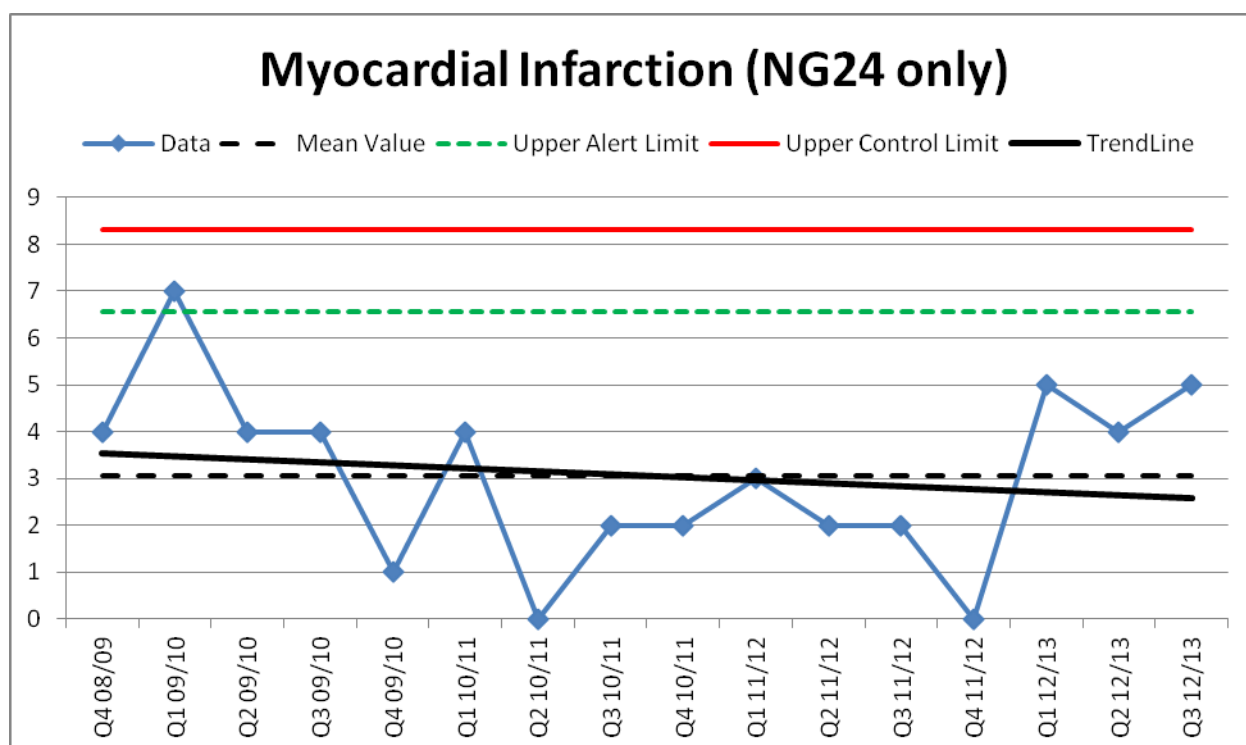
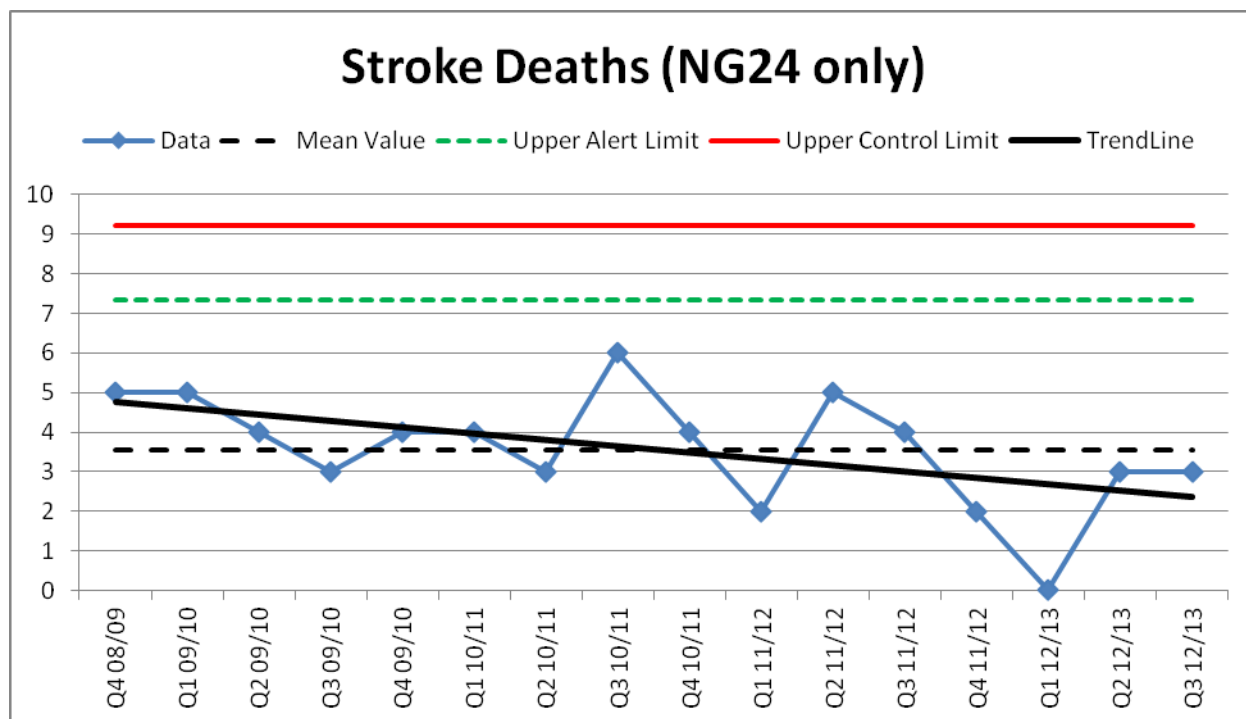


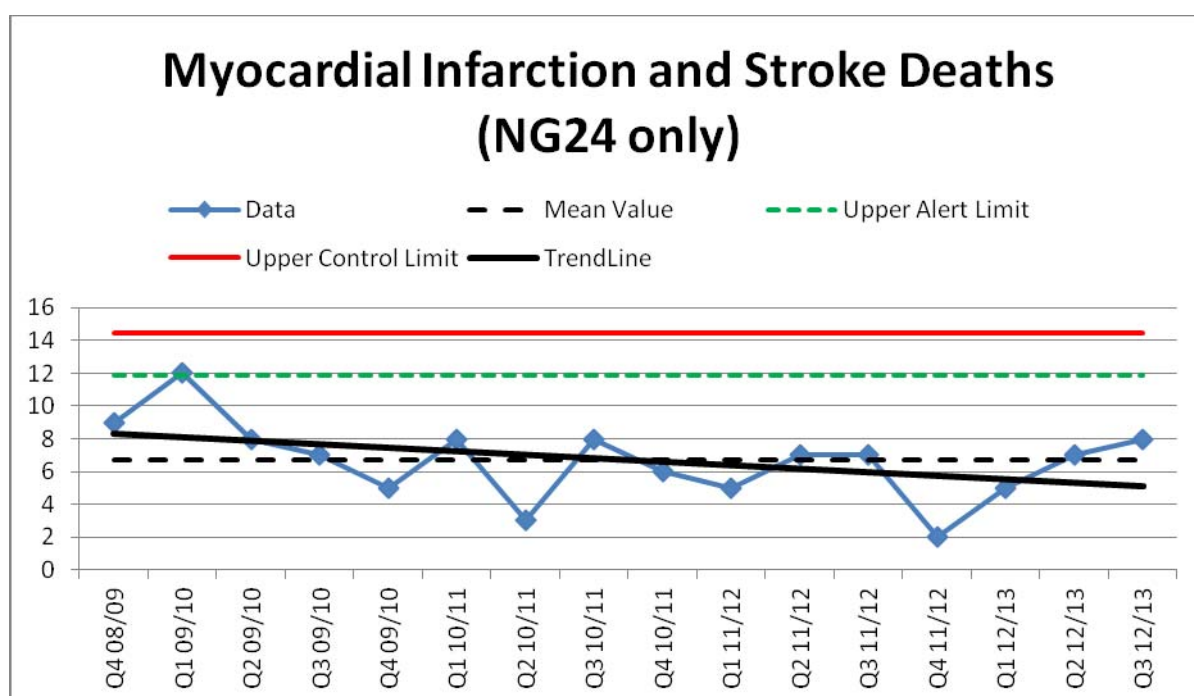
This CCG is shown in red. Yellow bars are other CCGs in the same ONS Cluster as this CCG. Horizontal lines are the England and cluster averages.



**6. Changes to the heart attack and stroke pathway, whereby ambulances take patients to main centres, do not appear to have caused more deaths for people who live in Newark**

Local deaths from stroke and heart attacks thankfully affect small numbers of people. Overall numbers have continued to decline since the changes.





#### 7. Newark Hospital continues to provide a broad range of services that are needed by the local population

Over 70% of Newark residents attend Newark Hospital Minor Injuries Unit for treatment, as opposed to other main Accident and Emergency Departments. Only around 4% of these people are transferred elsewhere and rates of transfer have remained stable.

There is no evidence that mortality rates have been adversely affected by the changes at Newark Hospital. Indeed, it appears to be better for seriously ill patients to go to main centres with specialist staff and equipment.

However, Newark Hospital is a centre for excellence for some types of care. The new Fernwood Community Unit has now opened on the old Friary Ward. This provides essential rehabilitation and care for patients who are not yet ready to be discharged home. There is a growing population of people who are frail or have long-term conditions and the new facility has been designed for this group of people. The name of the unit was chosen in honour of the site of the old Balderton Hospital. Fernwood is a vibrant and growing area and this also reflects our ambitions for the service.

The CCG is currently working with EMAS to enable more patients to be taken to Newark Hospital. It is likely that more conditions can be safely cared for at Newark Hospital. These may include falls and some conditions that are common in old age.

Dr Amanda Sullivan

Chief Officer

## APPENDIX 1 - Newark Hospital Clinics

The table below shows all the clinics currently available at NewarkHospital. Those clinics specifically for children are highlighted in yellow.

<b>Audiology</b>		
<b>Audiology Children's clinic (up to 18 years of age)</b>	Audiology Clinic (18 - 55 years of age)	Audiology Adult clinic (over 55 years of age)
<b>Breast</b>		
<b>Follow up clinic</b>		
<b>Cancer services</b>		
<b>2 week wait Dermatology</b>	2ww Gynaecology	2ww One-stop Haematuria clinic
<b>2ww Respiratory</b>	2ww Urology	2ww Lower GI
<b>2ww Upper GI</b>		
<b>Cardiology</b>		
Cardiology	Rapid access chest pain	Direct access echocardiogram
<b>Colorectal and GI</b>		
Colorectal Surgery	Gallstones	Hepatology / Liver medicine
Inflammatory Bowel disease	Lower GI excluding IBD	Upper GI incl. Dyspepsia (surgery)
Upper GI incl. Dyspepsia (medicine)		
<b>Dermatology</b>		
Dermatology General		
<b>Diabetes and Endocrinology</b>		
Diabetic	Endocrine clinic	
<b>ENT</b>		
<b>ENT</b>	ENT tinnitus clinic	ENT Nurse specialist Ear Clinic
<b>ENT Rhinology</b>		
<b>General Surgery</b>		
<b>General surgery</b>		
<b>Geriatric Medicine</b>		
<b>Geriatric medicine</b>	Movement disorders	Stroke (None Acute) Related problems
<b>Gynaecology</b>		
<b>Gynaecology general</b>	Gynaecology Urogynaecology/Prolapse	
<b>Haematology</b>		
<b>Haematology</b>		
<b>Neurology</b>		
<b>Neurology</b>		
<b>Occupational Therapy</b>		
<b>Occupational Therapy (Musculo – skeletal)</b>	Occupational Therapy (Rheumatology)	
<b>Ophthalmology Services</b>		
<b>Ophthalmology general</b>	Childrens' Orthoptist	

<b>Orthopaedics</b>		
<b>Knee</b>	Back pain	Foot and ankle
<b>Hand and wrist</b>	Hip	Neck pain
<b>Scoliosis /spinal deformity</b>	Shoulder/elbow	Specialist foot and ankle
<b>Specialist hand and wrist</b>	Sports trauma	
<b>Orthotic</b>		
<b>Orthotic service</b>		
<b>Physiotherapy</b>		
<b>Musculo-skeletal</b>	Neurology	Gynaecology
<b>Rheumatology</b>		
<b>Plastic surgery</b>		
<b>Plastic surgery</b>		
<b>Podiatry</b>		
<b>Podiatric Surgery (12 years and over)</b>		
<b>Respiratory</b>		
<b>Respiratory Medicine clinic excl. Interstitial Lung disease</b>	Respiratory Medicine clinic incl. Interstitial Lung disease	
<b>Rheumatology</b>		
<b>Rheumatology</b>		
<b>Sleep studies</b>		
<b>Sleep studies</b>		
<b>Urology</b>		
<b>Urology general</b>	Vasectomy	
<b>Vascular</b>		
<b>Vascular</b>	Varicose vein	
<b>Children and Adolescent services</b>		
<b>Community clinic</b>	Allergy	Diabetic and Endocrine
<b>Plastic surgery</b>	General Medicine (including Respiratory and Cardiology)	Ophthalmology (seen in adult clinic)
<b>Dermatology (seen in adult clinic)</b>	ENT (seen in adult clinic)	Orthopaedics (seen in adult clinic)
<b>Urology (seen in adult clinic)</b>		

APPENDIX 2

A&E Attendances for Newark Residents (NG24 postcodes) by Diagnosis									
April 2011 to October 2012									
Diagnosis / Condition	NEWARK HOSPITAL	KING'S MILL HOSPITAL	LINCOLN COUNTY HOSPITAL	GRANTHAM & DISTRICT HOSPITAL	QMC EYE A&E	NUHT - QUEEN'S MEDICAL CENTRE CAMPUS	BASSETLAW HOSPITAL	OTHER	TOTAL
Diagnosis not classifiable	3,553	0	485	228	24	168	10	167	4,635
Sprain/ligament injury	2,760	19	46	9	0	28	3	46	2,911
Laceration	2,406	52	86	44	2	27	11	90	2,718
Dislocation/fracture/joint injury/amputation	1,961	269	122	52	0	43	2	74	2,523
Local infection	2,159	15	15	5	39	1	4	39	2,277
Contusion/abrasion	1,827	63	58	16	1	49	10	37	2,061
Soft tissue inflammation	1,104	80	160	88	1	5	1	54	1,493
Nothing abnormal detected	1,104	188	27	12	35	0	6	33	1,405
Respiratory conditions	611	390	225	48	0	40	3	47	1,364
Gastrointestinal conditions	503	474	256	21	0	42	5	36	1,337
Cardiac conditions	250	470	179	57	0	46	5	23	1,030
Ophthalmological conditions	556	60	11	6	336	3	2	39	1,013
Muscle/tendon injury	859	12	3	0	0	0	1	26	901
Head injury	557	58	143	12	0	0	3	19	792
ENT conditions	521	54	27	6	0	7	0	43	658



Diagnosis / Condition	NEWARK HOSPITAL	KING'S MILL HOSPITAL	LINCOLN COUNTY HOSPITAL	GRANTHAM & DISTRICT HOSPITAL	QMC EYE A&E	NUHT - QUEEN'S MEDICAL CENTRE CAMPUS	BASSETLAW HOSPITAL	OTHER	TOTAL
Urological conditions (including cystitis)	331	164	99	22	0	6	1	25	648
Bites/stings	543	6	2	1	0	4	0	16	572
Burns and scalds	527	4	4	4	1	2	0	16	558
Foreign body	491	21	12	10	0	4	0	16	554
Central Nervous system conditions (excluding strokes)	98	138	137	9	0	8	2	9	401
Poisoning (including overdose)	140	94	81	12	0	11	2	8	348
Allergy (including anaphylaxis)	293	11	8	2	7	0	0	9	330
Not Recorded	7	28	1	5	22	0	0	255	318
Gynaecological conditions	219	44	28	5	0	7	0	14	317
Dermatological conditions	177	65	2	1	0	5	3	22	275
Infectious disease	205	32	6	1	0	7	0	4	255
Facio-maxillary conditions	199	11	7	1	0	8	0	3	229
Cerebro-vascular conditions	23	58	61	6	0	56	0	8	212
Psychiatric conditions	69	61	28	4	0	1	6	7	176
Social problem (incl. chronic alcoholism and homelessness)	38	59	40	2	0	8	0	7	154

Diagnosis / Condition	NEWARK HOSPITAL	KING'S MILL HOSPITAL	LINCOLN COUNTY HOSPITAL	GRANTHAM & DISTRICT HOSPITAL	QMC EYE A&E	NUHT - QUEEN'S MEDICAL CENTRE CAMPUS	BASSETLAW HOSPITAL	OTHER	TOTAL
Diabetes and other endocrinological conditions	28	46	27	2	0	17	0	3	123
Other vascular conditions	24	56	7	1	18	0	2	3	111
Obstetric conditions	65	24	3	2	0	2	0	4	100
Haematological conditions	51	41	2	1	0	0	0	2	97
Septicaemia	9	17	22	3	0	2	0	2	55
Vascular injury	14	2	2	0	0	9	0	1	28
Nerve injury	18	0	5	1	0	0	0	2	26
Visceral injury	6	0	4	0	0	0	0	1	11
Electric shock	4	0	0	1	0	0	0	1	6
Near drowning	2	0	0	0	0	0	0	2	4
Grand Total	24,312	3,186	2,431	700	486	616	82	1,213	33,026