

Urgent care

- Newark Hospital should continue to provide sub-acute care¹, based on the existing ambulance diversion protocol.
- Refine the ambulance protocol to include additional sub-acute presentations that could safely be treated at Newark Hospital as new information comes to light.
- Develop ambulatory care (rapid assessment for patients who are able to walk in) services at Newark Hospital in line with learning from King's Mill Hospital developments.
- Stroke and heart attack protocols should remain as they currently are. Outcomes will be monitored to ensure that mortality and morbidity from these conditions continues to improve.
- Sub-acute medical admissions to Newark Hospital will continue until 7pm.
- GP out-of-hours services should be integrated with MIU (6-12pm, weekends, bank holidays). Clear plans should be in place by the end of December.
- Potential GP out-of-hours walk-in facilities will be explored at Newark Hospital, in line with PC24 at King's Mill Hospital. This should be determined by the end of December.
- The Fernwood Evaluation Group should consider the feasibility of extending GP admissions to cover weekends as well. This will need further consultation with the GP out of hours provider. If no operational or safety issues emerge then this extended service should be operational by the beginning of 2014.

Elective care

- The Keogh Review team asked NHS England to conduct an external assessment of surgical care at Newark Hospital. Recommendations have been received, although the full report has not yet been published.

Sherwood Forest Hospitals and commissioners fully accept the NHS England recommendations, set out below:

“The review team does not consider that the site in its current format and with its current staffing structure is suitable for the provision of inpatient surgery.

The review team felt that the current out of hours cover was insufficient to allow the safe management of a surgical emergency and that the management of a medical complication was likely to fall below the standard expected from that available in a fully staffed general hospital.

The review team considered that the current level of surgical support from King’s Mill Hospital was inadequate and that the current process of transferring sick patients from Newark to King’s Mill was unsafe.

The surgical review team recommends that abdominal cavity surgery (general surgery and gynaecology) remains excluded from the range of surgery provided at Newark hospital. The review team considers that the Trust should urgently consider the issue of out of hours care for the remaining surgical inpatients and either improve the cover or relocate major joint surgery to King’s Mill Hospital. In the meantime, all major surgery should be undertaken on morning lists with onsite afternoon surgical and anaesthetic cover and daily post-operative ward rounds by a surgical specialist doctor.”

The local working group also developed a set of recommendations that are in keeping with the NHS England findings:

- Consider extending hours of diagnostic and outpatient facilities (after 5pm and Saturdays).
- Develop Newark Hospital and supporting community facilities into a high-quality local diagnostic assessment and outpatient unit, allowing the people of Newark & Sherwood to avoid travelling for these procedures.
- Deliver as much non-complex surgery and medical treatment (such as day case surgery) as possible on site. Procedures of either a certain level of complexity or degree of specialisation (i.e. very rare) would then be referred to a main centre.
- The trust and commissioning boards will consider the recommendations of the working group at their October meetings and will determine a direction of travel for elective services. Plans for elective surgery at Newark Hospital will be drawn up by the end of December, in light of the full NHS England report.

Communications and engagement

- Promote Newark Hospital at local events (e.g. Southwell show) and through local groups (e.g. patient participation groups, trust members).
- The trust and CCG should jointly provide consistent information and messages to the public using a variety of methods (e.g. websites, facebook and twitter).
- Proactively release positive stories to reduce negative speculation.
- Use trusted sources to communicate (e.g. hospital staff, mail drops, village magazines, The Voice).
- Ensure staffs are well-informed and can act as ambassadors for the hospital.
- Hold regular open days.
- Ensure on-going and honest dialogue with local communities through a variety of methods and groups.
- Provide regular information to GPs so that they are aware of the services at Newark Hospital.
- Ensure information about Newark Hospital is available in GP surgeries.
- Maintain and publicise directory of services.

Workforce, training and development

- Create a sustained publicity campaign to help change the perception of Newark Hospital.
- Develop a targeted and specific approach to the recruitment of staff at Newark Hospital.
- Improve the working environment at Newark Hospital.
- Introduce career pathway and succession planning development.
- Improve the accessibility of Trust specialist training courses and launch of Trust wide initiatives and development opportunities.
- Ensure that the current and future workforce is supported in their continuing professional development requirements.

Transport

- Review hours of operation of Newark and Sherwood urgent care ambulance and consider whether capacity needs to be increased at peak times / overall operating hours need to change. The review should be completed by the end of December and commissioned for 2013/14.
- Monitor transfer rates out of Newark for acute care. Link with urgent care refinement of the ambulance diversion protocol.
- The pilot of community paramedic additional cover in rural areas should be supported and the impact of this scheme should be closely monitored.
- Review the impact of sobering up schemes elsewhere in the country. This should be completed by the end of December in order to inform commissioning decision for 2013/14.
- Ensure that ambulance response times are reported at CCG level. Encourage good community first responder cover across the community.
- Undertake further analysis of voluntary driver schemes and Non-Emergency Patient Transport. This should be completed by the end of December 2013.
- Investigate whether out-of-hours doctor vehicles could support non-emergency transport in hours. This should be completed by the end of December 2013.
- Influence the bus company to extend the 28 bus route to Newark Hospital and King's Mill sites or to develop a shuttle service. The viability of such a service would need to be taken into consideration.