

28th January 2013

The Boards of Northampton General Hospital and Kettering General Hospital have agreed that both hospitals should look at ways in which they can work more closely together to ensure high quality patient services are provided to people living in the county.

‘We are already working with colleagues at Kettering to provide some services across the county’ said Gerry McSorley, Chief Executive of Northampton General Hospital. ‘We now recognise that there is a need for a wider Northamptonshire approach to services and will be working together to design and jointly agree the best ways we can provide the highest quality patient care. This will involve exploring a full range of options, up to and including a full merger of the Trusts. Any recommendations made would, of course, be subject to a formal approval process and would have to support our joint aims of providing effective, high quality care to our patients.’

Kettering General Hospital’s Chief Executive, Lorene Read, said ‘Many patients will be aware that Kettering and Northampton hospitals already do a lot of work together around certain specialties and treatments. For example we run the county’s 24/7 emergency cardiac service and Northampton runs the emergency stroke service.

‘At a time when health services are under considerable pressure the next obvious step is to consider how we can take this principle forward and develop it more broadly.

‘However it is important to remember we are only in the very early stages of looking at how this might work so it is too early to say what sort of options might be viable.

‘We also need to look at how any joint working might fit with the themes emerging from the regional Healthier Together review of which both Trusts are still active partners.’

At a clinical summit in December 2012 a considerable amount of work was done with the emphasis on ensuring local services are provided by local hospitals, supported by community and primary care services. Clinicians at the summit advised that the work could be better aligned if the two acute trusts could work more closely together, both clinically and organisationally.

A statement of intent has been agreed, which supports the need to look at available options for partnership, collaboration and even, if appropriate, merger. This will be read and discussed at a

second clinical summit that will take place on Wednesday, January 30, (at the end of this month), which will include patient and public representatives, to take forward the work begun in December.

Staff at both Trusts have been informed of the approach being taken and the Chairmen of both Trusts have written to local MPs and will be briefing them to ensure they are kept fully aware of developments.

E N D S

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