

CLOSER TO HOME

An NHS consultation on providing more
healthcare in the community in North Cumbria

27 September 2007 to 4 January 2008



Introduction

Cumbria Primary Care Trust (PCT) has been developing a strategy to provide more health services closer to people's homes. We have worked together with our key health and social care partners in preparing these proposals for how to do this across the north of Cumbria – North Cumbria Acute Hospitals NHS Trust, North West Ambulance Service NHS Trust and Cumbria County Council.

We have established proposals for a framework for providing more services in primary care and in the community, including the transfer of some services from the hospitals in which they have traditionally been provided. This consultation document explains how this new model of care would operate and how these proposals might be developed and implemented in Allerdale, Carlisle, Copeland and Eden. Importantly, it explains how hospital services in north and west Cumbria would need to change as we move certain services into the community. The document invites your comments on our proposals.

This consultation does not cover the whole of Cumbria. We are now working with our partners in south Cumbria on the development of proposals to move services closer to people's home in the south of the county. This work will include continuing engagement with the public. Early next year we will set out how our model of care might operate in south Cumbria and how it might be implemented in South Lakeland and Barrow.

We will also seek your views in 2008 on proposals for how mental health services might be provided across the whole of Cumbria. These proposals will also be developed with the involvement of service users, carers and the wider public.

The Health and Wellbeing Overview and Scrutiny Committee of Cumbria County Council has a formal role in the consultation process. It will be checking that:

- The proposals we are consulting on are in the best interests of the health service and the people in Cumbria
- The content of the consultation and time allowed for it are satisfactory.

We will consider and respond to any recommendations made to us by the Scrutiny Committee at the end of the consultation, and to try to reach agreement with them over the issues they raise. The Scrutiny Committee has powers to refer the consultation to the Secretary of State for Health if, in the last resort, it remains dissatisfied with our proposals or with how it has been consulted.

We will share any feedback we receive from you on this consultation with the Scrutiny Committee. If you wish, you may also contact the Committee directly either to meet them or to give them written information or views. You can get in touch with the Committee by writing to the Scrutiny Unit, Cumbria County Council, The Courts, Carlisle CA3 8LZ or by emailing scrutiny@cumbriacc.gov.uk

We have applied the relevant provisions of the Cabinet Office Code of Practice on Consultation. The Code of Practice specifies the following six criteria for carrying out consultations:

1. Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of the policy.
2. Be clear about what your proposals are, who may be affected, what questions are being asked and the timescale for responses.
3. Ensure that your consultation is clear, concise and widely accessible.
4. Give feedback regarding the responses received and how the consultation process influenced the policy.
5. Monitor your department's effectiveness at consultation, including through the use of a designated Consultation Co-ordinator.
6. Ensure your consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if appropriate.

The NHS in Cumbria



A letter from the lead clinician

We have a unique chance in Cumbria to build, as one of my GP colleagues said, the best primary care service in the country, if not the world. The time is right to begin shifting healthcare from our hospitals to closer to our homes where appropriate.

Some people would say that Britain is 20 years behind in making this shift. Other countries such as France, Finland and Sweden started this move many years ago. They now have first class medical care where it is most needed – in the community.

That is why Cumbria PCT calls this document Closer to Home, because that is precisely where we want to deliver more care.

The time is right because we need to take action now before our larger acute hospitals become overwhelmed with people who don't really need to be there.

The population of Cumbria is getting older and will put more demand on our larger acute hospitals. Already we treat too many people in hospital when they could be treated in other ways and they are staying there too long.

No one wants to go to hospital unless they have to and everyone wants to get back home as quickly as possible.

This document spells out how we could treat people nearer to home and, indeed, in their own home. It also explains how we aim to ensure that those people who need hospital care can get it when they need it.

We are proposing that family doctors – GPs – will take a leading role in designing local services for local people. We intend to work closely with other health and social care professionals to achieve this and to ensure that patients have a strong voice in helping us shape the future of care in Cumbria.

The proposals in this document would help us get better value for money from the NHS by making it more efficient. They would also make it easier for patients to get the right care they need, in the right place and at the right time.

Our proposals build on previous consultations about health and healthcare services in north Cumbria, and our thinking has been informed by extensive engagement with patients, carers and stakeholders about how health services can be improved.

Your views on these proposals are vital. We need to build a health and social care service in our county in which people have confidence and belief. Indeed, we need to look forward to a future in which health and social care services in Cumbria are built around the needs of patients.

I am pleased, on behalf of family doctors and other health professionals in Cumbria, to recommend the proposals in this consultation document to you.

Dr Ian Mitchell

Chair, Professional Executive Committee
Cumbria Primary Care Trust

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Introducing the consultation

In this section we set out the background to the consultation. We describe how health services are currently organised in Cumbria and explain why they need to change. We list the criteria against which we have tested the new model of providing more services in the community. We also explain how the views of patients, carers and the public have been sought and how these views have influenced our thinking about the future of health services in Cumbria.

Context

Cumbria Primary Care Trust (PCT) is responsible for ensuring that health services are available to meet the needs of a population of nearly 500,000 across the county. We are responsible for ensuring that a full range of community based health services, primary care services and hospital based care is available. We have an annual budget of £693 million.

Primary and community care

- There are 94 primary care general practices in Cumbria with an average list size of 5,493. These practices are served by 326 GPs – 287 whole-time-equivalents.
 - There are 73 dental practices with 174 dental practitioners, 92 pharmacies and 71 opticians.
 - Out of hours GP services are provided by CueDoc in north Cumbria and Baycall in the south of the county. They both have treatment centres in a number of hospitals and satellite facilities in GP surgeries.
 - Community care and treatment is provided in health centres, clinics and community hospitals across the county as well as for people in their own homes.
 - There are nine community hospitals across north Cumbria providing more than 200 beds. Some of these beds provide forms of intermediate care (a level of care between an acute hospital and care in a patient's home), although many are occupied by patients with predominantly social rather than medical needs.
 - There are 22 community beds in south Cumbria provided in partnership with social services and the independent sector.
 - District nurses, health visitors, midwives and other staff provide a range of healthcare services in the community.
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Hospital services

Hospital services for north Cumbria are provided by North Cumbria Acute Hospitals NHS Trust. It provides services from the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven.

Hospital services for south Cumbria are provided by University Hospitals of Morecambe Bay NHS Trust. It provides services from Furness General Hospital in Barrow, the Ulverston Community Health Centre and Westmorland General Hospital in Kendal, together with the Royal Lancaster Infirmary and the Queen Victoria Hospital in Morecambe.

Some very specialist hospital services are provided outside of Cumbria, typically in Newcastle and Middlesbrough.



Travel times

The geography of Cumbria means that travel times into, and between, centres of population are a major cause of concern for the public. Road journeys around the county are often slow and travel by public transport can be difficult.

By way of example, the following table shows the distance and travel times between the main hospitals used by patients from Cumbria (as stated in AA Routefinder).

	West Cumberland Hospital, Whitehaven	Westmorland General Hospital, Kendal	Furness General Hospital, Barrow	Royal Lancaster Infirmary
Cumberland Infirmary, Carlisle	39 miles <i>68 mins</i>	52 miles <i>62 mins</i>	85 miles <i>110 mins</i>	70 miles <i>76 mins</i>
West Cumberland Hospital, Whitehaven		66 miles <i>92 mins</i>	49 miles <i>75 mins</i>	80 miles <i>110 mins</i>
Westmorland General Hospital, Kendal			31 miles <i>54 mins</i>	21 miles <i>30 mins</i>
Furness General Hospital, Barrow				46 miles <i>72 mins</i>

Any proposals for health and healthcare within the county have to take account of the practical realities of transport and accessibility. This is true for patients, their carers or families and for staff. It is also true for emergency ambulance and paramedic services.

Why is change needed

Continuing to provide health services in the way that we do now is not an option as we look to the future for the reasons set out below. We are not supporting the best health outcomes for the people of Cumbria nor ensuring that in the years to come we will be able to provide the best service for patients. We will not be able to make the best use of our skilled staff or of our financial resources. We need to change in order to ensure we make these improvements.

We also need to change the way we do things because health and social care in Cumbria faces a number of very specific challenges for the future.

- Over 80% of people using NHS services have a long-term condition. People with long-term conditions have historically received a high level of care from the NHS, much of it provided from hospitals. Advances in medical technology, drugs and patient education mean that many more people with long-term conditions are able to live more independent lives. We need to invest in community care so more people can receive the support they require closer to home.
- Cumbria has a higher proportion of older people than most of England. 25% of people in Cumbria are aged over 65, compared to 21.1% for England as a whole. The proportion of the population aged over 65 is forecast to rise to 29.3% for Cumbria by 2014 and to 23.4% for the whole of England. We need to provide more facilities providing care for older people in the community to support them to lead independent lives.

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- A large proportion of health care is provided to a small proportion of people whose health is affected by their lifestyle, such as smoking, excessive drinking or obesity. We need to invest in keeping ourselves healthier for longer. Many illnesses could be avoided or their impact reduced if people were better informed about how to care for their own health. We are developing a plan for improving the health of the people of Cumbria and for closing inequalities in health. This will be launched in early 2008.
 - We admit a disproportionately high number of people to hospital and stays in hospital tend to be longer than the national average. This hospital care is not always right for the patient and usually costs more than care provided in community settings.
 - Specialist hospital services are becoming increasingly hi-tech and require increasing levels of equipment and skill. In order to provide the best clinical care for patients in line with national standards some staff and equipment will need to be concentrated in specialist centres.
 - The geography of Cumbria means that many people live at a distance from hospitals. In recent years, procedures have developed so that people need to spend shorter periods in a specialist hospital recovering from treatment. In order to minimise the disruption to patients and their families, local intermediate care facilities will be required to provide more treatment closer to home.
 - National policy has set a direction for the NHS across England of providing care locally wherever possible, backed by specialist care where it is necessary. This is particularly important in Cumbria with a population spread over a large geographical area. We need to move services into community settings to allow patients to access treatment closer to their own home.
 - We need to give our family doctors and local medical and social care professionals more authority to plan services in their own area. That way we can make sure health and social care is delivered effectively and to the highest possible standards, reflecting different local needs and circumstances.
 - To achieve the best health for the people of Cumbria and to make the best use of NHS resources, we need to ensure that people get the right care, in the right place at the right time.
 - The creation of the new Primary Care Trust covering the whole of Cumbria in October 2006 created an exciting opportunity to review health and social care services on a county-wide basis and to develop proposals for health services in an integrated way.

Listening to patients, carers and the public

It has been recognised for some time that health services in Cumbria need to change to meet future demands. This has been looked at a number of times. The proposals in this consultation paper build on these previous consultations and plans including the public consultation on the future of acute health services in north Cumbria carried out in 2004/05 by the former primary care trusts covering north Cumbria (Carlisle and District PCT, Eden Valley PCT and West Cumbria PCT).

In February 2007 Cumbria Primary Care Trust launched the Great Health Debate in Cumbria. This gave people an opportunity to say how they would like healthcare to develop in the county and to comment on proposals for Clinical Assessment, Treatment and Support (CATS) services for the county. The Great Health Debate was supported by a series of seven public meetings.

We have ensured that the Public and Patient Involvement Forum (PPIF) for the PCT has provided us with feedback from local communities and that it has been closely involved in commenting on the ongoing work of the PCT. They work in collaboration with the PPIFs for other NHS organisations in the county.

We have also discussed our developing proposals with the Leagues of Friends of the community hospitals who have been strong advocates on behalf of their communities.

Councillors and Members of Parliament across the county have ensured that we are made aware of the concerns of local communities as well as passing to us particular issues on behalf of individuals.

We have discussed our proposals and the plans for the public consultation with the Health and Wellbeing Overview and Scrutiny Committee of Cumbria County Council, who have a formal role in assessing the effectiveness of both the proposals and the consultation process

In addition, we receive regular feedback on our services and on possible developments from patient groups and voluntary organisations.

What you've told us

The feedback we have received from the public and community partners shows that people want high quality local hospitals and more healthcare delivered in the community closer to home. It also showed that people are worried about the availability of services and that they are concerned that the help they require may not always be available when they need it. People are concerned that their local hospital might close and that they would have to travel further for medical care that can only be provided in hospital, particularly for accident and emergency and maternity services.

We have also heard about:

- The high value people attach to GPs and other community health professionals.
- The importance of local community hospitals and the services that they provide, and concerns about having to travel further to receive hospital treatment.
- How some older people, who are admitted to an acute hospital with a relatively minor illness, decline and are unable to return to their own homes.
- How difficult it can be to get home carer support and how caring for an ill relative can place a heavy burden on families.
- How the lives of some people with long-term conditions are limited by the inflexibility of services and their need to spend time in hospital because of a lack of better alternatives.
- How hard it can be to get the necessary support to enable people to die at home, despite that being their dearest wish.
- How long travel times can make access to health services difficult.
- How people are worried about long ambulance journeys when they are seriously ill.
- How people can have difficulties accessing services out of hours or in an emergency.

We have identified that key concerns for the public are:

Accessibility of services – how far people need to travel to receive treatment and difficulties in receiving care at home; and

Quality of services – concerns that people want to receive the highest standards of clinical care.

We have incorporated these into our criteria for assessing changes to health services which are set out in Section 2.

How your involvement has influenced our vision

We have listened to the feedback that has been received from previous consultations and to the comments that people have made as we have developed our thinking. The proposals that we set out in this consultation build on the views that have emerged from our ongoing engagement with the public which are described in the previous section. The proposals seek to provide more care closer to home supported by high quality hospital services.

Section 1

Our vision for the future

In this section we explain our vision for the future of health and healthcare services in Cumbria, and set out the criteria for assessing proposed changes.

There are five key components of Cumbria PCT's vision for health across the county:

- We want to help more people keep fit and well for longer.
- We want to provide more services in the community by strengthening the capacity of community and primary care services, including providing local beds where necessary.
- We want to complement these local services with acute hospitals providing the specialist services that they are uniquely able to provide and to the standards of the best in the country.
- We want services to reflect local priorities, with local doctors, nurses and other professionals playing a greater role in setting local priorities.
- We want services which are more responsive to what patients and their families need, such as fewer and shorter admissions to hospital.

This is a vision in which the NHS is more flexible and responsive to the needs of patients. It places people at the centre of care and seeks to bring services and skills closer to home wherever and whenever possible.

It is a vision that will best support the health of the population and will make best use of NHS resources. It also builds on national policy to provide services at a local level. It will be developed in a way that responds to the specific demands on health services in Cumbria.

Our vision aims to bring about important benefits:

- Services will be designed to meet the circumstances of each local area, making them more responsive to the needs of patients and local communities.
- Promoting good health will help improve the quality of people's lives now and ensure healthier lives for future generations.
- People with long-term conditions will have more control over their lives and will spend less time in hospital
- Waiting times for hospital treatment will be shorter as more beds are available for planned treatment, reducing anxiety and improving patient outcomes.
- Patients with serious illnesses will receive the treatment they need in an acute hospital and will be able to receive further care closer to home.
- Families and friends will have to make fewer long journeys and it will be easier for them to visit and care for relatives who are treated closer to home.
- People's lives and social networks will be less disrupted as a result of responsive local services.
- We will be able to invest in improving our hospitals, clinics and other facilities to make them better places to be treated in and to work in.
- We will provide a consistently high standard of care across Cumbria.
- People working in health and social care will be able to develop their skills and to use them in satisfying ways, improving recruitment and retention of staff.

There are examples of good practice in Cumbria that demonstrate how the vision will lead to better services for patients

Our diabetes service has been recognised as one of the best in the country as we have begun the shift from hospital care to community care. Patients are gaining more and more control of their disease (diabetes is known as a 'long-term condition') helping them to stay healthier and out of hospital. When they do have to see a consultant, clinics are held closer to home removing the need for long journeys to hospital. We would like to treat more long-term conditions in this way.

Our community nursing teams are beginning to join up with social services to make sure older patients with long-term conditions, such as heart failure, get the right health and social care treatment to remain at home.

Some of our family doctors are already developing areas of expertise, such as in skin disease (dermatology) that has traditionally only been available in hospital.

How your involvement has influenced our vision

Since establishing our vision for health services in Cumbria we have been talking to our partners, stakeholders, patients and representatives of the public about how we deliver services closer to home. We have met with a wide range of people, organisations and groups in order to help us develop our proposals.

Through these discussions we have engaged clinicians and other health professionals, as well as patients, in a debate about the way forward for health and healthcare services in Cumbria.

In particular, we have had productive conversations with the League of Friends about proposals for community hospitals. The League of Friends has helped us to understand the strength of community feeling for our smaller hospitals and how they can to be modernised.

We have begun to engage patients and patient groups in the development of services. Our pilot scheme in modernising diabetes care will become a model for patient involvement as we start to develop other services.

In west Cumbria and Carlisle we have worked closely with North Cumbria Acute Hospitals NHS Trust and their clinicians to develop proposals for the hospital services the PCT will commission.

At all times we have been conscious that the shift of resources from secondary care to primary care needs to be made in a planned way so the impact does not destabilise our acute hospital services, and that services cannot be moved away from hospitals until there is capacity to deliver replacement services in the community.

We have established the following criteria against which we will judge our approach and which we will use as we draw up detailed plans for local services in line with our vision. These criteria reflect the feedback we have received from our engagement with stakeholders, the public and their representatives and the need to ensure that any proposals can be delivered.

Criteria for assessing health services in Cumbria and analysing planned changes to health services

Quality – Do the services provide a high quality of clinical care for patients? Will changes to services increase their quality and safety?

Sustainability – Can the services continue to be provided in the future? Are staff available to continue to provide the service in the future? Can we train staff to meet the needs of the service? Will the service comply with the European Working Time Directive and Royal College guidance on training and accreditation?

Affordability – Is the service affordable and achieving value for taxpayers' money? Will changes achieve better value for money?

Acceptability – Does the service meet the expectations of local people about their health services? Will changes help to meet these expectations?

Accessibility – Is the service easy for people to get to? Are there clinical reasons that prevent the service being provided closer to home? Will changes improve local access to healthcare and reduce travel difficulties?

Timescale – Can change be implemented in a realistic timeframe?

The proposals covered by this consultation are:

- The future of emergency care in north Cumbria (Section 3)
- A new future for our community hospitals (Section 4)
- How the acute hospitals might change (Section 5)

In addition, we will be developing and implementing proposals for improved community services closer to home. In the next section we describe the process for developing improved community services. This area of service development is not the subject of this consultation, but it does have connections to it. In particular, it will inform the development of community services provided at the community hospitals (see Section 4).

Section 2

How we will develop community health services

In this section we explain how we are organising ourselves to ensure that community health services across Cumbria reflect local priorities while meeting county-wide standards for quality, accessibility and safety of healthcare.

Cumbria covers a very large geographical area which includes areas with significant differences – from urban areas such as Carlisle, Barrow, Whitehaven and Workington to the sparsely populated rural areas of South Lakeland and the Eden valley. Our broad vision for improved primary and community services needs to be developed into detailed plans that reflect the needs and circumstances of local areas - what works best in one part of Cumbria will not necessarily be right for another.

In order to do this we are placing local health professionals at the heart of decision making about community services. GPs and other local clinical staff will play a key role in developing local health services and there will be strong local partnerships with county and district councils, other public sector organisations, and the voluntary community and faith sectors.

Proposals for future community health services will be developed based on the six districts council areas – Allerdale, Copeland, Eden, Carlisle, Barrow and South Lakeland. Locality teams to cover these areas have been put in place by the PCT, led by a health professional, usually a GP. A key role for each of the locality teams will be to engage with the public about the development of local health services in order to ensure that services evolve in response to local need. Within the context of developing detailed plans for local health services, the locality teams will develop detailed service specifications for each community hospital. This work will be informed by the responses to this consultation (See Section 4).

We will also ensure that there are local mechanisms through which there is continuing independent oversight of our planning and implementation of community health services. We will work with Cumbria County Council, the district councils and the Public and Patient Involvement Forum in order to agree these mechanisms and to ensure that they are in place following this consultation.

The locality teams will work in line with a countywide framework of standards and protocols which are being developed in order to ensure that quality and safety standards continue to be met. This framework is being developed by clinically-led 'care stream boards'.

We are currently reviewing community services within the following five care streams:

- Emergency care
- Scheduled or planned care
- Long-term conditions
- Children and families
- Mental health

Transport and accessibility is a key consideration for both locality and care stream planning. We will continue to work with the PPIF, local stakeholders and the County Council in order to ensure that these issues are addressed in the context of wider transport and accessibility planning.

Consultation questions

1 We propose to provide more healthcare services in the community, closer to home

What do you see as the advantages of providing care closer to home?

Do you have any concerns about providing care closer to home?

2 We propose that community services be planned locally in each of the four districts in north Cumbria (Allerdale, Carlisle, Copeland and Eden Valley)

What do you see as the advantages of local planning for community services?

Do you have any concerns about planning local services in this way?

3 Do you have any other ideas for how we could plan and deliver local community health services?



Section 3

The future for emergency care in north Cumbria

In this section we set out our proposed model for improving access to emergency care and out of hours health care

There has been considerable concern about how emergency medical services are to be provided in Cumbria. This is not surprising. People understandably want to be assured that they will receive high quality medical care quickly in an emergency, and are aware that this can present a particular challenge in a large rural area such as Cumbria.

Our approach to providing emergency health services is consistent with our approach to providing health services more generally. Wherever it is clinically safe to do so, we will provide care in the community closer to people's homes. However, there are occasions where patients will need to travel to specialist centres to receive the care that they require.

At the moment emergency care in Cumbria is provided by a number of different organisations – the GP out of hours services provided by CueDoc and Baycall, emergency mental health teams, the ambulance service, NHS Direct, minor injury units and hospital accident and emergency departments. Most emergency care is provided in the county but for some people with very serious or complex problems it is necessary to go to Newcastle. There are currently several ways that people can access emergency care and people have told us that this can be confusing and frustrating.

Single point of access

We propose to have one telephone number that will be a 'single point of access' for emergency health services, in addition to the service available from NHS Direct.

One telephone call to this number will provide both patients and health professionals with a rapid assessment of their condition and advice about the treatment that they need and where it can be found. The service will rely on the high quality assessment of the healthcare needs of callers and robust systems will be put in place to make sure that patients are connected with, or directed to, the service that is right for them. Some calls may be serious and involve major trauma, while others, although worrying to the individual, may be simply or easily treated, possibly through providing information or advice.

A single point of access system works well in other parts of England. It is a system that makes it possible to deliver more individually tailored responses to people. We are currently working on details of how this can be put in place for Cumbria.

The right care in an emergency

Patients seeking emergency medical care can be divided into three main streams. The first is minor illness and injuries. Patients in this category may either be treated in the community or in a **Primary Care Assessment Centre**. Patients with more serious illness and injuries will need to receive treatment in an **Emergency Treatment Centre**. Patients with very serious and life-threatening conditions will require treatment at a centre able to handle **major trauma**.

Primary Care Assessment Centres (PCAS)

Primary Care Assessment Centres (PCAS) may be located in a community setting, such as a community hospital, or may be based alongside an Emergency Treatment Centre in an acute hospital. They will be able to manage the care that is currently provided by the GP out of hours providers and minor injury units, along with some of the less serious attendances at A&E Departments. Proposals for the location of primary care assessment centres will be developed by the locality planning teams (see Section 2).

Emergency Treatment Centres

Under our preferred option for acute hospital services in north Cumbria (see Section 5) emergency treatment centres (incorporating the existing Accident and Emergency services) would be developed in each of the two hospitals – the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven. These would provide a comprehensive range of emergency assessment and treatment for adults and children. They would be integrated with GP services (in and out of hours) and primary care. Staff would have access to 24 hour diagnostic services in order to make a thorough and accurate assessment of patients and would be able to direct patients to the care that is best suited to their condition – whether that is in an acute hospital or in primary or community care services.

Major trauma

In most countries with well-developed health services there has been a move towards concentrating services for trauma and major surgery into larger units. There is much evidence that this approach leads to a better chance of survival and improved outcomes for patients. We are now moving towards this model of care in the UK and it is already established in some of the larger urban areas. The logistics of such changes in Cumbria, as with other large rural areas, are more difficult.

Serious and life-threatening trauma is best managed in hospitals where there is a full range of specialists available at all times. This means having teams of emergency specialists, anaesthetists, surgeons and x-ray specialists (radiologists) all working closely together. The days of having one generalist emergency surgeon are long gone and now we need separate consultant surgeons to operate on abdominal and chest problems, blood vessel (vascular) and bone problems. A specialist radiologist can now treat some injuries that previously needed surgery. This means having large teams of consultants and experienced clinical staff, and the sophisticated modern equipment they need, available at all times. It is simply not feasible to do this in more than one hospital in north Cumbria.

Given the existing location of specialist services, including links to tertiary centres outside Cumbria, and taking into account the transport infrastructure it is our view that Carlisle is the logical place to develop this centre so that it is available to all patients whether they have a serious accident in Whitehaven, Wigton, Appleby or Langholm.

Our proposal is for major trauma services for the whole of north Cumbria to be located at the Cumberland Infirmary in Carlisle.

If we establish a high quality modern major trauma service at one hospital then it is logical to use the same specialists and equipment to provide surgical care for patients with complex and serious emergency surgical problems. This would be a modern comprehensive emergency surgical service providing the very best treatment for patients.

In developing a major centre for surgical emergencies in Cumbria, it must be emphasised that the vast majority of patients who have injuries or emergency conditions will be treated at their local hospital or in the community. Only those with life-threatening conditions and serious or complex problems will need to transfer to the main surgical centre in Carlisle. Once they no longer need complex treatment and have begun their recovery they will return to their local hospital to complete their treatment.

The emphasis in developing modern emergency and surgical services in west Cumbria will be on the treatment of patients who do not need to go to the main centre. We will concentrate on more rapid assessment and treatment and, if surgery is needed, then this will be performed locally during normal working hours when there is a full range of consultant staff available. All patients will be seen by a consultant and have their surgery performed or supervised by a consultant surgeon. The surgeons in north Cumbria will work as teams so that surgeons who have been previously based at Carlisle will in future work at both hospitals. There will be a wider range of specialists available for patients who are treated in west Cumbria.

In both hospitals the emphasis will be on the highest quality of care and for patients to stay in the main hospitals for as short a period as is clinically advisable. Improved community services would help patients avoid the need to come into the main hospitals and support them to continue treatment closer to home.

Investing in the ambulance service

North West Ambulance Service (NWS) NHS Trust is a key partner in delivering robust healthcare within Cumbria. It is represented on the Emergency Care Board where future strategy and service models are developed and agreed.

In Cumbria and across the North West there is a recognition that ambulance services need to be modernised in the following ways:

- Ambulance services need to be part of the arrangements for scheduled and unscheduled care - they are not a stand alone transport service;
- Primary care trusts need to commission ambulance services differently with a new focus on the role of the ambulance service across care streams;
- Ambulance services need to be supported as they modernise in line with local and national healthcare strategies.

Nationally, a new direction for the future of ambulance services has been set. This sees more ambulance care delivered in the community by a highly skilled workforce. This is a shift from the traditional hospital focus of ambulance services and supports our proposal to provide more care closer to home

Cumbria PCT is working with North West Ambulance Service in order to build the ambulance service's capacity. There will be substantial investment in ambulance services to ensure that the right number of vehicles and staff with the right skills are in place to support the closer to home model of care.

Consultation questions

- 4 We propose providing emergency care services based on a three tier model with services available in community settings, hospital-based emergency treatment centres and one centre in north Cumbria to handle major trauma

What do you see as the advantages of providing emergency care in this way?

Do you have any concerns about providing emergency care in this way?

Do you have an other ideas for how we could provide emergency care?

- 5 We propose to set up a single point of access to emergency care services

What do you see as the advantages of a single point of access to emergency care services?

Do you have any concerns about a single point of access to emergency care services?

- 6 We propose that major trauma in north Cumbria will be treated at Cumberland Infirmary Carlisle

Do you agree that the Cumberland Infirmary Carlisle is the most appropriate place to handle major trauma in north Cumbria?

Do you have any other ideas for where major trauma could treated in north Cumbria?

Do you have any other views on emergency care services in north Cumbria?

Section 4

A new future for our community hospitals

In this section we set out our proposals for the development of community hospitals as part of the range of community services that will be complemented by acute hospital services. We describe the scale and scope of the potential community hospital services. We also outline how the detailed plans for the services at each hospital will be developed.

Cumbria Primary Care Trust operates nine community hospitals. These currently provide a range of inpatient and day care services as outlined in the table opposite.

Community hospitals in North Cumbria

Hospital	Minor injury service	Number of beds	Current services
Ruth Lancaster James Community Hospital, Alston	Open 24 hours, seven days a week	12	<ul style="list-style-type: none"> • Day hospital integrated with Age Concern • X-ray service • Out-patient clinics nurse or consultant led • Community nursing service and GP on same site • Physiotherapy and occupational therapy
Brampton War Memorial Hospital	Open 8am – 8pm seven days a week	15	<ul style="list-style-type: none"> • Day hospital integrated with Intermediate Care Team • Out-patient clinics, nurse, consultant or clinician led • GP minor surgery facility (vasectomy clinic) • Physiotherapy out patient department • Occupational therapy
Cockermouth Cottage Hospital	Temporarily closed	16	<ul style="list-style-type: none"> • Out-patient clinics • Base for children's community nursing team
Mary Hewetson Cottage Hospitals, Keswick	Open 24 hours, seven days a week	26	<ul style="list-style-type: none"> • Out-patient clinics, nurse, consultant or clinician led • Base for community dental services and community nursing services

Hospital	Minor injury service	Number of beds	Current services
Victoria Cottage Hospital, Maryport	Open 8.30am – 5.30pm, seven days a week	16	<ul style="list-style-type: none"> • Base for social work and children's services, community nursing • GP practice based on same site • Out-patient clinics, nurse, consultant or clinician led • Facility for GP minor surgery • Day Hospice one day a week
Millom Community Hospital	No	14	<ul style="list-style-type: none"> • Out-patient clinics • X-ray and ultrasound • Base for community nursing
Penrith and Eden Community Hospital	Open 24 hours, seven days a week	60	<ul style="list-style-type: none"> • X-ray • Ultrasound • Out-patient clinics, nurse, consultant or clinician led • Day services including day assessment unit, base for intermediate care and day hospice • Physiotherapy out-patient department • Occupational therapy base • Base for community nursing services • Base for Cuedoc out of hours GP service • Maternity unit run by North Cumbria Acute Hospitals NHS Trust • GP practices based on same site
Wigton Hospital	No	35 (5 closed)	<ul style="list-style-type: none"> • Day hospital Monday to Friday 9am - 5pm • Out-patient clinics, nurse, consultant or clinician led • Physiotherapy out-patient department • Occupational therapy • Base for intermediate care, children's services, British Heart Foundation heart failure nurses, Applegarth home care provider (nights) and Fellwood Mental Health Unit • Friday to Sunday base for Cuedoc out of hours GP service • Teleconferencing available on site
Workington Community Hospital	Open 9.30am – 4.30pm, Monday to Friday excluding bank holidays	15	<ul style="list-style-type: none"> • Out-patient clinics run by North Cumbria Acute Hospitals NHS Trust • Day hospital Monday to Friday 8.15am-4.15pm • Physiotherapy out-patient department • Base for community nursing services, west chronic obstructive pulmonary disease team, intermediate care, children's nursing services, speech therapy team, midwives and Macmillan nursing team • X-ray • Ultrasound • Base for two GP surgeries

There have been previous proposals that some or all of the community hospitals would close. Local people have argued that the hospitals can make a contribution to the future of health services in Cumbria. We agree that the nine community hospitals in north Cumbria have a crucial role to play in our Closer to Home proposals.

In-patient services

Under our proposed option, every one of the community hospitals would continue to have inpatient beds. These would be intermediate care beds, providing a level of care greater than that available in a patient's own home, but lower than that available in an acute hospital. They may be 'step-up' where a patient can receive a higher level of observation or support than is possible at home, or 'step down' which enable patients to be discharged from an acute hospital in order to continue to be treated more locally before they return home.

There are currently 230 intermediate care beds across north Cumbria, 209 beds in the community hospitals and 21 at the Reiver Building at Cumberland Infirmary. Some of these beds are currently occupied by patients whose needs are primarily for social care rather than medical care. We will work with Cumbria County Council to ensure that more appropriate care can be provided for these patients in community settings.

The table below shows the possible number of intermediate care beds at each site within the overall total number of intermediate beds that we are proposing.

The final number will be decided by our locality-based teams led by local GPs, specialist nurses, other health professionals and patient representatives, including the League of Friends. That is why we are asking you to comment on the range of beds, leaving the final number to local determination.

Until recently there have been no intermediate care beds in Carlisle. This meant that patients from Carlisle were unable to benefit from this level of care close to home. In order to remedy this gap, and to ensure equal access to these services across north Cumbria, we recently set up, in conjunction with North Cumbria Acute Hospitals NHS Trust, new community hospitals beds in Reiver House at the Cumberland Infirmary.

Similarly there are currently no intermediate care beds in the Whitehaven and Egremont area. In order to remedy this gap, we propose that intermediate beds should be provided at the West Cumberland Hospital. This is part of the proposal set out as our preferred option for acute hospital in services in Section 5.

Hospital	Proposed number of step-up/step-down beds	Current number of beds
Reiver Building, Cumberland Infirmary, Carlisle	16-23	21
West Cumberland Hospital, Whitehaven	20	0
Ruth Lancaster James Community Hospital, Alston	6-8	12
Brampton War Memorial Hospital	6-9	15
Cockermouth Cottage Hospital	6-9	16
Mary Hewetson Cottage Hospitals, Keswick	13-18	26
Victoria Cottage Hospital, Maryport	10-14	16
Millom Community Hospital	6-9	14
Penrith and Eden Community Hospital	28-40	60
Wigton Hospital	16-22	35 (5 closed)
Workington Community Hospital	13-18	15
Total	140-170	230 (5 closed)

Out-patient and community services

We are proposing to develop the in-patient services based at the community hospitals so that more care can be provided locally and the acute hospitals can focus on their specialist role. Alongside this we propose to provide a wider range of outpatient and community services from the community hospitals. These could include primary care assessment centres, dermatology, podiatry, physiotherapy, diabetes clinics and other specialisms that can safely be delivered outside acute hospitals.

Some community hospitals will be able to develop their own specialisms perhaps serving patients' needs across north Cumbria. They could, for example, develop specialist services in stroke rehabilitation, minor surgery or long-term conditions management. Clinics for long-term conditions such as diabetes, chest and heart disease and Parkinson's disease, for example, could also be run from community hospitals. This would mean patients do not need to travel so far to get consultant and specialist help in managing their long-term conditions.

A menu of services which could be provided by community hospitals is shown below. Localities will be responsible for developing proposals about which of these services is appropriate for their area depending on the size of the hospital and local need.

Menu of services which could be provided by our community hospitals

- Primary care assessment centre
- Diagnostics
- Health and Social Care Team (HSCT) bases
- GP practice(s)
- Local authority resource/children's facilities
- Respite care
- Nursing home provision
- Dentistry
- Pharmacy
- Podiatry
- Mobile diagnostic and screening
- Multi-use consultation and treatment rooms (hospital outpatients, mental health teams, physiotherapists etc).
- Voluntary and community sector space
- Social and fitness facilities including libraries
- Other commercial outlets

Integrating community care services

Cumbria County Council Social Services is about to embark on a major review of care for elderly people. This gives us a unique opportunity to combine health and social care in a way not seen before in north Cumbria.

The county council has identified six of our nine community hospitals which could also be redeveloped to provide residential and respite care. These community hospitals are at Alston, Brampton, Keswick, Millom, Penrith and Wigton.

While the County Council has yet to decide on its overall strategy for elderly care, and, therefore, the number of beds to be provided, it recognises that it makes sense to join up with health care to make a combined service.

The County Council is also looking at working with GPs to provide residential care closer to GP surgeries. We envisage 'health villages' being created where health services are provided right next to social care.

This would provide a much more efficient service for patients and people who use social care. Single assessments for health and social care needs could take place making the system simpler and more effective for patients.

Discharge from hospital would be smoother with GPs and social services working hand in hand to provide the right care for patients in their own homes or community hospitals.

Furthermore, health and social care professionals could combine to form Health and Social Care Teams in order to deliver the right support to people recovering at home or coping with long term conditions. This would be an important part of the strengthened capacity of community services and of ensuring that, at a local level, people receive an integrated service based on a care plan that reflects their needs, not organisational boundaries.

Next steps

Cumbria PCT has been accepted in the pilot of the national Community Ventures scheme and is bidding for £80 million to modernise our community hospitals and provide extra training for staff.

The end of this consultation will not mark the end point for the development of our community hospitals. We are now seeking your views on our proposal for intermediate care beds to be based at each hospital in north Cumbria and the range of services that would be provided at each. Subject to the outcome of this consultation the PCT will make a decision on the number of intermediate care beds at each hospital. Responses to the consultation about the range of services at each community hospital will be considered by the locality planning teams (see Section 2). The locality planning teams will work with local stakeholders and the public to develop detailed service specifications for each community hospital drawing from the menu of services. There will be extensive public engagement (including with the community hospitals League of Friends) and involvement of the Health and Wellbeing Overview and Scrutiny Committee as these details are developed. This process will ensure that each community hospital will develop in response to local needs and circumstances.

Consultation questions

Intermediate care beds

- 7 We propose to provide intermediate care beds in hospitals, including community hospitals, and have set out proposals for a range of bed numbers both in total and at each hospital

What do you see as the advantages of providing intermediate care in hospitals across north Cumbria?

Do you have any concerns about providing intermediate care in hospitals across north Cumbria?

Do you agree with our proposed range of intermediate care beds both across the whole of north Cumbria and at each individual hospital?

- 8 Do you have any other comments on our proposed use of intermediate care beds in north Cumbria?

Community hospital services

These responses will be used to inform the work of locality planning teams in developing proposals for community-based health services

- 9 We propose a menu of health services that could be provided at the community hospitals in the future

Do you agree with the proposed range of services to be provided in the community hospitals?

Do you have ideas about what other services could be provided at the community hospitals?

Section 5

How the acute hospitals would change

In this section we set out our proposals for changes in the acute hospitals to reflect the strengthened local and community services. We describe the current services provided at the Cumberland Infirmary in Carlisle and the West Cumberland Hospital in Whitehaven. We describe our preferred option for the future and outline the alternative options that we have considered

Hospitals play a central role in any health system. We know that the public value their hospitals and are concerned about the possibility of them being undermined. Our strategic vision emphasises the role of primary and community services that are close to people's homes. Such services depend upon the back-up of excellent hospital services that are available when needed.

Current services

The following table shows the services that are currently provided from the Cumberland Infirmary in Carlisle and West Cumberland Hospital in Whitehaven.

Services	Cumberland Infirmary 465 beds	West Cumberland Hospital 336 beds
A&E	Y	Y
Intensive Treatment Unit/Special Care Baby Unit	Y	Y
Medicine Elective	Y	Y
Medicine Nonelective	Y	Y
Medicine Outpatients	Y	Y
Care of the Elderly	Y	Y
Surgery Elective Complex	Y	Y
Surgery Elective	Y	Y
Surgery Nonelective Complex	Y	Y
Surgery Nonelective	Y	Y
Surgery Outpatients	Y	Y
Paediatrics Elective	Y	Y
Paediatrics Nonelective	Y	Y
Paediatric Outpatients	Y	Y
Trauma and Orthopaedic Nonelective complex	Y	Y
Trauma and Orthopaedic Elective Complex	Y	Y
Trauma and Orthopaedic Elective	Y	Y
Trauma and Orthopaedic Nonelective	Y	Y
Trauma and Orthopaedic Outpatients	Y	Y
Gynaecology Elective	Y	Y
Gynaecology Nonelective	Y	Y
Gynaecology Outpatients	Y	Y
Obstetrics	Y	Y
Obstetrics Outpatients	Y	Y
Community Midwifery	Y	Y
Outpatients	Y	Y
Rehabilitation Acute	Y	Y
Rehabilitation Long Term	Y	Y
Radiotherapy	Y	N
Palliative Care	Y	Y
Oncology	Y	Y

In 2004/05 the former North Cumbria PCTs undertook a consultation about the future of the acute hospitals. The outcome of that consultation has not been fully implemented. We know that there has been widespread public concern about its implications for the people of West Cumbria in particular.

We have reviewed public responses to that consultation and have considered the particular concerns about the level of emergency care and maternity services at the hospital and the wider concerns about the sustainability of the hospital and the difficulties of road travel in the area.

We have worked to find an approach which will address these concerns, while being in line with the overall vision to provide more health services in the community and which is also affordable in the long-term.

Options for future acute hospital services in north Cumbria

The PCT has worked with North Cumbria Acute Hospitals NHS Trust to identify four options.

One of these was to maintain the current configuration of services. We have not considered this option further in our proposals, since on evaluating this against the criteria for services (page 14) it was established at an early stage that the way that we currently provide services in our hospitals is neither clinically nor financially sustainable.

We assessed the other three options (described below) against the criteria. Based on this assessment we have identified a preferred option which would continue to provide hospital services in both Carlisle and Whitehaven while simultaneously providing more healthcare in primary and community settings.

The key objective in undertaking this appraisal is to ensure that we design and deliver sustainable hospital services as part of an integrated health and social care system that will be fit for the next generation of Cumbrians.

We would like you to comment on these options and how you think they meet the criteria for improving health services across Cumbria.

The three options we have considered are set out below.

Option one (preferred option)

Two hospitals for north Cumbria supported by a range of community services including community hospital beds

This option is for two acute hospitals in north Cumbria: one in Carlisle and one in west Cumbria. The two hospitals would each have specific clinical responsibilities and would be supported by the redeveloped community hospitals, proposals for which are set out in the previous section.

The Cumberland Infirmary Carlisle (CIC) would function as the large acute centre. A smaller, West Cumberland Hospital would provide a full range of services, the exception being that some paediatric, complex elective and emergency surgery (including major trauma) would transfer to CIC.

In this option, more beds would be available for the treatment of acute patients at CIC due to the transfer off-site of specialist rehabilitation beds and by the availability of the new intermediate care beds at the Reiver Building. There would also be a down-sizing of bed requirements in medical specialties as a result of improving organisational efficiency and the provision of more rehabilitation care on the community hospital sites.

The CIC would retain its current bed base of 465 beds.

The Cumberland Infirmary Carlisle would facilitate:

- The provision of complex elective and emergency surgery along with a Emergency Treatment Centre/Trauma Centre providing 24 hour assessment by senior clinicians; this would also provide emergency cover for gastro-intestinal bleeds and cardiology;
- The further development of CIC's role as a sub-regional centre for the population of Cumbria and the Solway Basin for certain specialities.
- All other current services would continue to be provided at CIC.

The West Cumberland Hospital (WCH) would be reduced in size, with general medical wards to treat medical emergencies, but any complex medical patients, such as those with gastro-intestinal bleeds, would be stabilised and transferred to CIC.

The West Cumberland Hospital would provide:

- An Emergency Treatment Centre (ETC), Primary Care Assessment Service (PCAS) and Clinical Assessment Unit, which would include 10 beds for assessment, a 48 hour treatment paediatric unit, and 35 adult assessment and treatment beds (up to 72 hours stay); this would be backed up by medical and elderly wards for longer in-patient spells;
- Critical care beds (Intensive Treatment Unit/High Dependency Unit) - in line with patient demand;
- Maternity and obstetric services - in line with patient demand;
- Special Care Baby Unit facilities for low complexity cases retained on a nurse-led unit, with more complex cases transferring to Carlisle or as now to Middlesbrough;
- Paediatric Assessment and Treatment Services (PATS), alongside PCAS/ETC staffed by paediatric trained specialists offering rapid assessment and support for children for up to 48 hours;
- Acute stroke beds (stroke rehabilitation beds would be re-provided within the community hospitals);
- Elderly care wards, which would reduce their bed numbers as patients are treated closer to home;
- Palliative care beds would be transferred to the community, ideally in a community setting or a hospice;
- Uncomplicated elective surgery would be maintained on this site; however patients requiring complex elective surgery (for example vascular, and gastro intestinal surgery) would be transferred to the CIC, in line with clinical governance recommendations; and
- 20 intermediate care beds.

The reconfigured WCH would have 192 beds. North Cumbria Acute Hospitals NHS Trust will examine the options for the provision of a new fit for purpose hospital to provide these services.

This option would provide a total of 657 beds across the two hospital sites, supported by a further 104-147 intermediate care beds within the community hospitals.

The use of beds and the length of time patients stay in hospital would change as a result of the development of intermediate care facilities in the community hospitals and the strengthened community and primary care services. Both hospital sites would work closely to support the community services, particularly in the care of people with long-term conditions. Specialist staff based at acute hospitals would provide advice and support to clinicians and patients using services in the community. This would enable patients to receive specialist support without having to travel to hospital. This approach would be supported by new communication technology.

Assessment of this option against the key criteria

Criteria	Score	Assessment
Quality	Y	Offers 24/7 consultant cover
Sustainability	Y	Meets European Working Time Directive and Royal College requirements to attract consultants. Some potential vulnerability in paediatrics and obstetrics in terms of clinical staffing
Affordability	Y	Approximately £8 million revenue shortfall due to operation of services across two sites. Some inefficiency due to patient numbers. PCT will have a surplus to support services across Cumbria
Acceptability	Y	Retention of paediatrics and obstetrics in West Cumbria addresses local concerns. Requires assurance that services will be safely reprovided in the community.
Accessibility	Y	Very few patients would need to travel to Carlisle – rare exceptions would be complex surgical cases and out-of-hours surgical emergencies
Timescale	Y	Culturally and operationally this is a deliverable option.

Option 2

One hospital for north Cumbria in Carlisle with all other services provided in community settings

This option is for one acute hospital in north Cumbria based at Carlisle with all other services provided in community settings.

All hospital treatment would be provided at the Cumberland Infirmary which would provide a full range of emergency and scheduled treatment. There would be a single accident and emergency department in Carlisle for north Cumbria supported out of hours by a primary care assessment service at the Cumberland Infirmary with two further primary care assessment services in the east and west of the area. This option is not compatible with the proposed model for emergency care set out in section 3.

Outpatient facilities would be provided from the Cumberland Infirmary and two Clinical Assessment and Treatment Services centres provided by the independent sector. Consultant led obstetric services would be available in Carlisle, supported by two midwifery-led units to support low-risk births closer to home.

This option would provide 635 acute hospital beds at the Cumberland Infirmary.

Assessment against the key criteria

Criteria	Score	Assessment
Quality	Y	Offers 24/7 consultant cover
Sustainability	Y	Meets European Working Time Directive and Royal College requirements to attract consultants
Affordability	Y	Delivers financial balance but assumes delivery of efficiency at above national average levels.
Acceptability	N	Closure of West Cumberland Hospital will be seen as detrimental to the local population, and would have a negative impact on future regeneration plans for the area.
Accessibility	N	Patients and relatives would travel more frequently to Carlisle.
Timescale	N	The need to expand the Cumberland Infirmary would lead to a building programme beyond three years.

Option 3

Two hospitals in north Cumbria with a reduced level of in-patient secondary care services in West Cumbria

In this option there would be one acute hospital in Carlisle and a smaller second hospital in west Cumbria providing an Emergency Treatment Centre 24 hours a day, scheduled day case treatment and outpatient services.

Most specialist and inpatient hospital services would be provided at the Cumberland Infirmary in Carlisle. A second hospital in west Cumbria would provide a reduced range of services including an emergency treatment centre, a clinical assessment centre, paediatric treatment and assessment and short stay units for children and adults. The west Cumbria hospital would assess and stabilise acutely ill patients who would be transferred to Carlisle. Non-complex short stays of up to 72 hours for adults and 48 hours for children would be managed at the west Cumbria site.

Day case surgery would be carried out at both Carlisle and west Cumbria, with all inpatient surgery carried out at Carlisle. Consultant-led maternity services would be available at Carlisle, with a midwifery-led unit based in west Cumbria.

This option would provide 530 acute hospital beds at the Cumberland Infirmary and 105 beds at West Cumberland Hospital.

Assessment against the key criteria

Criteria	Score	Assessment
Quality	Y	Offers 24/7 consultant cover
Sustainability	Y	Meets European Working Time Directive and Royal College requirements to attract consultants
Affordability	N	Delivers financial balance but assumes delivery of efficiency at above national average levels.
Acceptability	N	Significant reduction in size of West Cumberland Hospital will be seen as detrimental to the local population, and would have a negative impact on future regeneration plans for the area.
Accessibility	N	Patients and relatives would travel more frequently to Carlisle.
Timescale	Y	Possibly deliverable in three years but would have major operational implications that present a risk to delivery.

Summary of the assessment against the key criteria

The outcome of the option appraisal was:

Criteria	Option 1 – preferred option	Option 2	Option 3
Quality	✓	✓	✓
Sustainability	✓	✓	✓
Affordability	✓	✓	X
Acceptability	✓	X	X
Accessibility	✓	X	X
Timescale	✓	X	✓

The following table illustrates the range of services that will be provided in the Cumberland Infirmary and West Cumberland Hospital under each of the options. This allows a comparison of each option with the current position.

Summary of proposed services for each option

Service	Current Position		Option 1 – Preferred		Option 2		Option 3	
	CIC	WCH	CIC	WCH	CIC	WCH	CIC	WCH
A&E	Y	Y	Y	Y	Y	X	Y	Y
ITU / SCBU	Y	Y	Y	Y	Y	X	Y	N
Medicine Elective	Y	Y	Y	Y	Y	X	Y	Y
Medicine Nonelective	Y	Y	Y	Y	Y	X	Y	Y
Medicine Outpatients	Y	Y	Y	Y	Y	X	Y	Y
Care of the Elderly	Y	Y	Y	Y	Y	X	Y	Y
Surgery Elective Complex	Y	Y	Y	N	Y	X	Y	N
Surgery Elective	Y	Y	Y	Y	Y	X	Y	Y
Surgery Nonelective Complex	Y	Y	Y	N	Y	X	Y	N
Surgery Nonelective	Y	Y	Y	Y	Y	X	Y	Y
Surgery Outpatients	Y	Y	Y	Y	Y	X	Y	Y
Paediatrics Elective	Y	Y	Y	Y	Y	X	Y	N
Paediatrics Nonelective	Y	Y	Y	Y	Y	X	Y	Y
Paediatric Outpatients	Y	Y	Y	Y	Y	X	Y	Y
T+O Elective Complex	Y	Y	Y	N	Y	X	Y	N
Trauma and Orthopaedics Elective	Y	Y	Y	Y	Y	X	Y	N
Trauma and Orthopaedics Nonelective	Y	Y	Y	N	Y	X	Y	N
Trauma and Orthopaedics Nonelective Complex	Y	Y	Y	N	Y	X	Y	N
Trauma and Orthopaedics Outpatients	Y	Y	Y	Y	Y	X	Y	Y
Gynaecology Elective	Y	Y	Y	Y	Y	X	Y	Y
Gynaecology Nonelective	Y	Y	Y	Y	Y	X	Y	N
Gynaecology Outpatients	Y	Y	Y	Y	Y	X	Y	Y
Obstetrics	Y	Y	Y	Y	Y	X	Y	N
Obstetrics Outpatients	Y	Y	Y	Y	Y	X	Y	Y
Community Midwifery	Y	Y	Y	Y	Y	X	Y	Y
Outpatients first	Y	Y	Y	Y	Y	X	Y	Y
Rehabilitation Acute	Y	Y	Y	Y	Y	X	Y	X
Rehabilitation Long Term	Y	Y	Y	N	Y	X	Y	Y
Palliative Care	Y	Y	Y	N	Y	X	Y	N
Radiotherapy	Y	N	Y	N	Y	X	Y	N
Oncology	Y	Y	Y	Y	Y	X	Y	Y

The size of the catchment area and volume of activity support arguments for reducing the scale and scope of hospital services in west Cumbria and concentrating resources and expertise at the Cumberland Infirmary. However, the practical difficulties of travelling times in west Cumbria mean that we do not regard a significant reduction of hospital services in west Cumbria as being compatible with our strategic aim of providing more care closer to home.

Cumbria PCT supports the commitment to develop a new acute hospital in West Cumbria. This will be pursued by North Cumbria Acute Hospitals NHS Trust as part of its future development plans.

Only our preferred option fulfils all the criteria and provides for hospital services that, with the supporting development of primary and community health services, can meet the health needs of the area in line with the PCT's vision and the wider social and economic vision for the area.

Consultation questions

10 We have set out three options for providing acute hospital services in north Cumbria in the future, including a preferred option

Do you agree with our preferred option for acute hospital services in north Cumbria? Please explain why.

11 Do you have any other ideas for how we could organise acute hospital services in Cumbria?



Section 6

Our staff

In this section we set out how we would develop the skills of our staff in order to deliver care closer to home

The proposed new ways of working would mean major changes for some of our staff. There will be opportunities to retrain for different jobs in community-based care, but the PCT is aware that it will take some time to work through the details of what these new jobs will be.

Many of these changes will depend on how localities want to commission health and social care and the emerging plans of Cumbria County Council. The PCT has begun to talk with trade unions about developing a workforce plan to deliver the Closer to Home strategy.

We aim to produce, in partnership with staff and trade unions, a workforce plan which will support staff who wish to retrain to do so where it is appropriate.

The PCT will also include staff representatives from our partner organisations across the health and social care spectrum to provide the best opportunities for workforce development. This will involve full and close co-operation with staff representatives at every stage of workforce planning.

Section 7

How our plans add up financially

In this section we set out the financial plan behind our preferred option

The way that we currently provide health services in Cumbria costs us more money than is available. In 2006/07 Cumbria Primary Care Trust had a total income of £622.9 million. We spent £659.6 million on health services for people in Cumbria. So in March 2007 we had a debt of £36.7 million, £28.6 million of which had been built up in previous years.

One of the reasons for this financial situation is the relatively large amount of treatment that is carried out in hospitals in Cumbria. A lack of alternatives to hospitals means that some people have to receive treatment in hospital in spite of the distances involved even when it may not be the best option. This is inconvenient for patients and it does not make the best use of the skills of our medical staff. Nor does it make the best use of resources.

Our strategy, of providing more diagnosis and treatment in local communities so that our hospitals can focus on the specialist healthcare that only they are able to provide, will not only provide more appropriate care, but will enable us to do more with the funding that is available for health in Cumbria.

There are three key elements to our financial plan which underpins our strategy and the proposals set out in this consultation document;

- Support from NHS North West
- Cost improvement plan
- Investment in community services

Support from NHS North West

NHS North West has stated that it is confident that the Cumbria health economy now has sound proposals to return to a firm financial footing. It is therefore prepared to support Cumbria PCT with a significant injection of money to eradicate historic debt and help build wider confidence among our partners in Cumbria.

Our financial plan therefore assumes that NHS North West will put in place the appropriate actions to cover the PCT's residual debt at 31 March 2008. This will enable Cumbria PCT to begin the new financial year (2008/09) without debt and will enable it to focus on investing in improvements for patients.

Cost improvement plan

Alongside the support from NHS North West, it is essential that the NHS in Cumbria continues to strive to provide the best value for taxpayers' money. We have reviewed the efficiency and effectiveness of health services in Cumbria to make sure that our money goes as far as possible. A series of cost-saving measures are being put in place. These will reduce the PCT's costs by £8.3 million in 2007/08, £16.1 million in 2008/09 and £6.8 million in 2009/10. This is a total cost saving of £31.3 million over these three years.

Most of these savings (£20 million) will come from managing and reducing demand for hospital services. The PCT has carried out an extensive analysis of its costs looking at current activity patterns and at the experience of other organisations in order to identify how to avoid wasteful expenditure.

Investment in community services

Significant savings in hospital care could only be delivered if real investment is made in developing community services in line with the Closer to Home vision. Our five year financial plan identifies £74.5 million that can be invested in improving health services for patients. Over the first three years, £10 million will be invested in community services in order to enable more patients to be treated in the community and to reduce the demand for hospital services. A further £9.2 million is available for investment in community ventures over the three years 2009/10 – 2011/12.

We are also making significant investment in other areas to ensure that the NHS in Cumbria provides care for patients in line with national targets, and to meet the needs of our changing population. This includes investment in ambulance services, learning disabilities and mental health services, and sexual health and public health.

Investing in hospital services in north Cumbria

North Cumbria Acute Hospitals NHS Trust has prepared its own financial plan based on the preferred option for hospital services. Proposed changes to bed numbers and services at West Cumberland Hospital in the preferred option will deliver savings of £15 million per year.

Even with this saving in annual expenditure, it is not clear that North Cumbria Acute Hospitals NHS Trust can achieve financial balance in the long-term. On current forecasts the Trust will still have an annual deficit of around £8 million under national tariff arrangements. Cumbria PCT, however, expects in future years to generate a surplus (see table) and will therefore have the finances to further support health services across the county.

Financial plan for Cumbria Primary Care Trust 2007/08 to 2011/12 (£m)

CUMBRIA PCT	2007/08 £m	2008/09 £m	2009/10 £m	2010/11 £m	2011/12 £m
Forecast recurrent revenue allocation	693.2	724.3	756.8	790.8	826.4
Non-recurrent revenue allocation	18.4	18.4	18.4	18.4	18.4
Other income (Nuclear Decommissioning Agency)	7.0				
Total income	718.6	742.7	775.2	809.2	844.8
Baseline expenditure	671.4	704.5	723.5	756.9	794.9
Inflation uplift	21.4	23.8	24.8	26.4	27.7
Cost improvement - care closer to home	-4.0	-12.0	-4.0		
Cost improvement - other	-4.3	-4.2	-2.8	-2.0	-2.0
Investments - 18 week wait	9.4	-4.5			
Investment in community services	2.0	4.0	4.0		
Investment in community ventures			2.0	4.2	3.0
Investments - other	8.6	9.5	7.0	7.0	8.7
Demographic growth		2.4	2.4	2.4	2.4
Total expenditure	704.5	723.5	756.9	794.9	834.7
Non recurring items					
Other items	3.5				
Contribution to historic deficit	8.3				
Application of PCT Reserves	-1.7				
Operating Surplus	4.0	19.2	18.3	14.3	10.1
Transitional funds	-	-4.0	-5.0	-5.0	-
Net surplus available to underpin services in the Cumbria health economy	4.0	15.2	13.3	9.3	10.1



How to respond

In this section we set out how you can let us know your views about our proposals for health services in north Cumbria

This document seeks the views of people and organisations on our proposals for how community hospitals and acute hospitals in north Cumbria will develop as we implement our new model of care for Cumbria.

This consultation runs from 27 September 2007 to 4 January 2008 (an extended period to take account of the Christmas holiday). The responses that we receive will be analysed by the University of Cumbria and reported to the Board of Cumbria PCT. The two Board will then decide how to move forward on the proposals set out in this document.

It is a key principle of Cumbria Primary Care Trust that we want a dialogue with the people of Cumbria about their health services. We want to hear your views about how health services should be delivered. It is important, therefore, that you have a chance to let us know about your views on the proposals in this document. We look forward to hearing your views.

There are a number of ways that you can get involved in this debate.

Response form

A response form is included with this document. It would help us if you would answer the questions as laid out in the response form. If you prefer you can visit the website www.closetohome.cumbriapct.nhs.uk and fill out the response form online.

There will also be heart-shaped response forms in local GP practices, chemists, hospitals, libraries and council information services.

Remember to return your response form by 4 January 2008.

Local media

We will be working with local newspapers, TV and radio to get the message across about how we want to reorganise healthcare services. Make sure you take your chance to take part in the debate through the letters pages and the websites of the local media.

Talk to our research teams

We will also be sending research teams on to the streets of Cumbria to find out what people think about our proposals. The researchers will be out and about throughout the county – don't forget to tell them what you think.

Attend events

We will be holding a series of open day events in which you can find out more about our proposals and ask our staff about any matters that concern you.

8 October	2-8 pm	The Solway Room, Whitehaven Civic Hall
11 October	2-8 pm	Large Downstairs Room, Penrith Rugby Club
17 October	2-8 pm	Conference Room, The Oval Centre, Workington
22 October	2-8 pm	Main Hall, Botcherby Community Centre, Carlisle
29 October	2-8 pm	Conference Room, Crossthwaite Conference Centre, Keswick

We will be organising further local events and follow-up sessions in the key centres in order to gather views on our proposals as the consultation progresses. Keep your eyes on local media or the consultation website for details of events in your area.

We are also keen to talk to community organisations about our proposals and staff from the Primary Care Trust will be happy to attend meetings of local groups. Please contact us on 01768 245317 if you would like a representative from the PCT to attend a meeting.

Website

www.closetohome.cumbriapct.nhs.uk

Further information to help you take an informed view on the proposals is available on the Closer to Home website. This information includes the feasibility study supporting this document and all the working papers from which we have built up the evidence to support our proposals.

Information sessions

There will be events and information sessions in your area, so look out for information in the local press or in public venues like libraries and health centres.

Information in other languages

The consultation proposals can also be made available in languages other than English. Please contact

You can get a copy of this document in different formats such as large print, Braille, audio, or in a different language by calling 01768 245317

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Pode obter uma cópia deste documento em vários formatos, como por exemplo em Braille, áudio, ou numa outra língua. Para tal ligue para o 01768 245317

如果您想获取该文件的不同版本，如：大字体印刷、盲文、音频或不同语言版本，请致电：01768 245317

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How you can reach us

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CA11 8HX

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Fax: 01768 245318

www.closetohome.cumbriapct.nhs.uk

Glossary

Acute Care

Medical or surgical treatment usually provided in a general hospital.

Care Streams

An agreed route an individual takes through health and/or social care services that detail the activities and professionals involved at different times and stages.

Chronic Obstructive Pulmonary Disease

Persistent or recurring disease of the lung which also affects the heart.

Clinical

Anything associated with the practical study or observation of sick people.

Clinical Assessment Treatment and Support Services (CATS)

A new service paid for by the NHS and provided by the independent sector. The service is designed to provide more community based assessment, diagnostic, treatment and support services to local people and reduce waiting times for treatment.

Commissioning

A continuous cycle of activities that underpins and delivers on the overall strategic plan for healthcare provision and health improvement of the population. These activities include stakeholders agreeing and specifying services to be delivered over the long-term through partnership working, as well as contract negotiation, target setting, providing incentives and monitoring.

Community Care

Care or support provided by social services departments and the NHS to assist people in their day-to-day living.

Community Hospitals

Local hospitals serving relatively small populations providing a range of clinical services but not equipped to handle emergency admissions on a 24/7 basis.

Community Health Services

Treatment provided to people outside of hospitals, together with preventative services such as immunisation, screening and health promotion.

Consultant

A senior doctor who is a specialist in a particular area of medicine.

Dermatology

Branch of medicine concerned with the skin and its diseases.

Diabetes

A condition characterised by a raised concentration of glucose in the blood due to a deficiency in the production and/or action of insulin, a pancreatic hormone.

Diagnostics

Procedures used to distinguish one disease from another, such as laboratory tests, x-rays and endoscopies.

Elective Care

The assessment and treatment of non-urgent conditions when a patient goes into hospital on a specific day for a specific purpose. This may require an out-patient appointment, diagnostic tests and possibly an operation.

Emergency Care

When a patient seeks medical treatment at short notice, also known as urgent or unscheduled care.

Gastrointestinal

Refers to the stomach and intestine.

General Practitioner (GP)

A family doctor who works from a local surgery to provide medical advice and treatment to patients registered with them.

Health and Wellbeing Overview and Scrutiny Committee

A committee of both county and district/borough councillors responsible for reviewing the provision and operation of healthcare services in Cumbria and any relevant issues concerning health care

Independent Sector

Private and voluntary organisations providing health and social care services.

Inpatient

Somebody who needs treatment in hospital.

Intermediate Care

Short-term intervention provided in a patient's own home or in a care environment aimed at preventing hospital admissions or facilitating hospital discharge.

Local Authority

Democratically elected local bodies with responsibility for discharging a range of functions as set out in local government legislation. They have a duty to promote the economic, social and environmental well-being of their geographical area. This is done individually and in partnership with other agencies by commissioning and providing a wide range of local services.

Locality

Areas into which the total geographical area of the PCT is divided. There are six localities within the Cumbria PCT area – Allerdale, Barrow, Carlisle, Copeland, Eden Valley and South Lakeland.

Locality Teams

Teams set up in each of the PCT's localities which include GPs and other health professionals. The teams have a critical role in taking forward proposals for the development of community health services.

Long-term conditions

Those conditions (such as diabetes, asthma and arthritis) that cannot at present be cured but whose progress can be managed and influenced by medication and other therapies.

Models of care

Guidance on ways of treating patients that are based on clinical evidence.

NHS Trust

Public bodies providing NHS hospitals, community and mental health care and ambulance services.

Occupational Therapy

Treatment of physical and psychological conditions through specific activities to help people reach their maximum level of function and independence in all aspects of daily life.

Orthopaedics

Branch of medical science dealing with skeletal deformity, congenital or acquired

Out of Hours Service

Medical cover provided outside the normal working hours of community care professionals, usually from 6pm-8am Monday – Friday and 24 hours during weekends and Bank Holidays.

Palliative Care

Treatment to relieve, rather than cure, symptoms caused by cancer. Palliative care can help people live more comfortably.

Physiotherapy

Treatment involving the use of physical measures such as exercise, heat and massage for rehabilitation and to aid recovery.

Primary Care

Services provided by family doctors, dentists, pharmacists, optometrists and ophthalmic practitioners together with district nurses and health visitors.

Primary Care Services

Care provided by GPs and other healthcare workers in the community.

Primary Care Trusts

NHS bodies with responsibility for delivering health care and health improvements to their local areas. They commission or directly provide a range of community health services as part of their functions.

Providers

Organisations providing healthcare services.

Public and Patient Involvement Forum

Patient and Public Involvement (PPI) Forums make sure the public is involved in decision making about health and health services in England. Each forum is made up of volunteers in their local community who are enthusiastic about helping patients and members of the public influence the way that local healthcare is organised and delivered.

Rehabilitation

A programme of therapy and re-enablement designed to restore independence and reduce the effects of a disability.

Secondary Care

Specialist healthcare services that treat conditions which normally cannot be dealt with by primary care practitioners or which are the result of an emergency. It includes medical treatment or surgery that patients receive in hospital following a referral from a GP.

Specialist Services

Advice guidance and assessment provided by professionals with particular expertise.

Stakeholder

Organisations and individuals with an interest in the activities of the PCT and the wider NHS. Stakeholders are involved in partnership working and are used for consultation purposes.

Tertiary care

Tertiary care often uses new technologies and therapies to treat rare conditions or unusual cases. It is usually required by patients with conditions that are too complex to be managed in the community or a general hospital, and so need to be referred to more specialist services.

Voluntary and community sector

Registered charities and non-charitable non-profit organisations, associations, self-help groups and community groups, for public or community benefit.

CLOSER TO HOME

An NHS consultation on providing more
healthcare in the community in North Cumbria

27 September 2007 to 4 January 2008

Please return your response form by 4 January 2008 to
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