

September 2014

together for a healthier future.



Plans to improve health and care services
for people living in north Cumbria



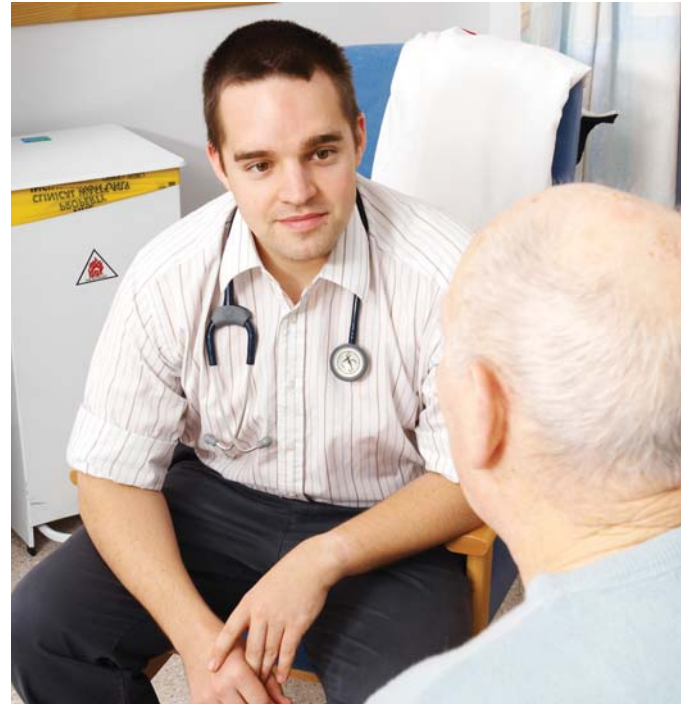
Introduction

We all want our health and care services in north Cumbria to be as good as the best. This means everyone living in Allerdale, Copeland, Carlisle and Eden getting the best and safest possible health and care services when they need them. We know this hasn't always been the case and that our system has had a lot of problems. Some of our patients haven't always received the care they might have expected. We want to put this right.

We recognise that in an area such as Cumbria, this means having as many services as possible close to where people live. We also want to make sure that when people do need hospital services, if they become very ill, that they have the best chance of a good recovery. Our services need to be much more joined up so that patients don't need to worry about which organisation is providing their care. We also want to help people to stay well and healthy so that they have less need for our services.

To do this, our services need to be seen as a good place to work and we need to be able to recruit talented and experienced staff.

It's also important that our services are affordable and that we don't over-spend on our budgets.



All of this means making some changes to the way that services are currently provided.

Since earlier this year, health and care organisations across north Cumbria have been working together to look at what changes could be made to make sure that services are safe and sustainable and provide a good experience for everyone using them and for staff.

This leaflet explains the work we have been doing, some of the problems we need to tackle and also some of things we feel could be done to give the people of north Cumbria a better deal over their health and care services.

What is together for a healthier future?

The together for a healthier future programme brings together a number of organisations which between them make sure that health and care services are there when people need them. They include NHS Cumbria Clinical Commissioning Group (CCG), North Cumbria University Hospitals NHS Trust, Cumbria Partnership NHS Foundation Trust, NHS England and Cumbria County Council. We have been very pleased to have representatives from Healthwatch Cumbria working with us to provide an independent patient and public voice.

Together, these organisations want to make a difference. Since spring 2014 they have been supporting the CCG, which is led by local GPs, to develop a five year plan for better health and care services.



To help with this, we have been talking to local people, patients using our services, community and voluntary sector organisations and local councils to seek their views on what we need to do. And we have been talking to doctors, nurses and other health and care professionals working in our services. The views received have helped to shape our thinking, some of which is highlighted in green text throughout the leaflet.

We have also worked with independent experts to give us a better understanding of the problems we need to tackle and about how some of our services are being used.

All of this has given us a better idea of how we can move forward.



Why are changes needed?

There are many challenges and problems facing our health and care system which means that things can't stay as they are.

Our problems are long-standing but over the past year they have come to a head. National organisations which have a role in making sure that the local NHS performs well and provides high quality services, have identified Cumbria as a challenged health economy as a result of the serious problems that exist.

Also, North Cumbria University Hospitals NHS Trust, which manages both West Cumberland Hospital at Whitehaven and Cumberland Infirmary at Carlisle has been placed in special measures. This followed a national review which happened because the trust had higher than expected death rates but following actions taken these are now back within expected levels. A more recent review has shown that more improvements are needed to make sure services remain safe and of high quality. A further review will take place in the autumn.

There is no one reason for the problems that we face and the following sets out some of the background.



- Geography – we live and work in a beautiful part of the country but the area we cover is vast with some of our population living in isolated towns and villages. This makes delivering some services more difficult.
- We have an increasing older population with more people living longer with chronic health problems so the right services need to be available to help them.
- The health of our population varies depending on where people live, with people in parts of Allerdale spending twice as long in their lives suffering ill health than those in the Eden Valley. Copeland is classed as the most obese locality in England and we have high levels of children and adults being treated for type 2 diabetes.
- Recruitment is a big problem because some professionals don't want to work in small hospitals. They sometimes prefer to go to big hospitals in large cities where they work in larger teams and get more experience. This is made worse by fewer doctors joining national training schemes to train in some specialties. But it's not just in the acute (general) hospitals where we're having this problem. Recruitment is difficult across the board, including for nurses and GPs. Many of our services are feeling the pressure of vacancies that can't be filled by permanent staff. This means we are relying on locums and agency staff who generally work on a short term basis so there's no continuity for some patients. It also costs much more to use locums and agency staff. The scale of the problem is seen in the wages bill for North Cumbria University Hospitals NHS Trust and Cumbria Partnership NHS Foundation Trust

which shows more than 10% being spent on locums. While recruitment efforts continue in this country and abroad, we're still working day to day with many more vacant posts than we would like.

- Our acute hospitals at Carlisle and Whitehaven are struggling to provide a full range of services for local people on two sites. For safety reasons we have had to move some services onto one site. This is partly due to the recruitment problems and the reliance on large numbers of locums but also to changes in national policies to drive up safety and quality. Even if we are successful in recruiting more doctors in the right specialties, there is now a national requirement for more seven day services by the NHS to ensure safer emergency care. This is the right thing to do but adds to our pressures.



- We have not always been able to meet national standards for waiting times for treatment. At one end of the scale this includes patients waiting for cancer treatment and, at the other, people waiting for routine planned surgery who sometimes have their operations cancelled because an emergency takes priority. Meanwhile, our work over recent months tells us that many patients in both the acute and community hospitals could have been cared for in another setting if we had the right local services in place.
- Year on year we overspend. This year it's forecast that we will spend £30m more on providing health services in north Cumbria, than we receive. If we don't do anything to address this, the deficit will continue to grow.

What might future services look like?

'Out of hospital' services

We want a much greater emphasis on patients being at the centre of the care they receive, with much more support for them to manage long term conditions such as chronic chest conditions, heart disease and diabetes so that they stay as well as possible. And when they do become unwell they should only go into hospital if they really need to be there, with much more care being provided 'out of hospital'.

Many people have told us how important it is for patients with long term conditions to be supported to look after themselves better to avoid becoming unwell.

To help us do this, we want to make the most of all of the local services that are already available to us, including those provided by community and voluntary sector organisations.

We also want to make more use of new technology, such as tele-health and tele-care, to provide more responsive and convenient services for local people.

All of this means developing a new model of care. This will need investment but we think it will help us to reduce costs in hospitals. We also strongly believe it will help to bring about big improvements to the quality of care that people receive to help them to stay well and when they do become ill, will improve outcomes to give people a better recovery.

Sir Bruce Keogh, the Medical Director of the NHS in England officially opened the new Cockermouth Community Hospital and Health Centre in August



This model of care has five parts:

Primary care communities

These are clusters of GP practices working with health and care professionals from other organisations in a joined up way to make the most of the staff and the skills they have between them. They will cover populations of between 15,000 and 40,000 and provide a more responsive service for frail older people, for people with long term conditions and for housebound people, supporting them to stay independent, ideally in their own homes. They will make it easier generally for people to get same day urgent care, providing GP services 8am to 8pm Monday to Friday and at weekends.

A strong message from local people was that they want better access to their GPs. They don't want to have to wait for an appointment when they become unwell.

The first primary care community will be launched soon in Workington. This follows a successful bid to the Prime Minister's Challenge Fund which resulted in more than £500,000 extra funding.

Urgent care coordination

Health and care organisations will work together to make sure that patients who need urgent care get to the right place in the system as soon as possible. The care coordination will support professionals working in primary care communities by providing a single point of contact and will make sure that patients aren't admitted to hospital if the care they need can be provided at home. It will also help hospital staff when they are discharging patients by coordinating the care package patients may need at home so that they are not staying in hospital for longer than they need to. Care coordination is already working at Cumberland Infirmary and will be extended to cover all of north Cumbria.

Integrated rapid response and community services

When a vulnerable person becomes ill at home, a rapid response team will be called to make a quick assessment of his or her medical, nursing and care needs so that a package of care can be provided through a 'hospital at home service'. This will make sure that patients are not admitted to hospital unless they have a clinical need to be there. It will also make sure that when patients are admitted to hospital that discharge arrangements, with the right support, can be quickly put into place so that they don't stay there for longer than they need to. The staff in these teams could include nurses, occupational therapists, physiotherapists, social workers and pharmacists, depending on the patient's needs. They would also be able to get equipment and aids quickly to support patients in their own homes. These teams will work closely with community and voluntary sector organisations.

Community and voluntary sector organisations have told us that they want to be able to work more closely with the NHS. They feel that much more needs to be done to prevent admission and to keep hospital stays short.

Specialists working in the community

Specialist doctors will work with the community teams to provide prompt advice to GPs and patients outside of hospital. These specialists will provide care to patients and will also help GPs and other health professionals working in the community to develop new skills. New technology, including video-links, will also be used to save patients from having to travel to hospital to see a specialist unless there is a clinical need for them to do so.

We know from discussions with local people that travelling to and from hospital appointments is often difficult and that they would like more services closer to where they live.

Referral support systems

There will be a more consistent use of systems to provide faster diagnosis and referral to the right hospital care when this is needed. This could include outpatient consultations in the community involving specialists and members of the community teams working side by side.

Community hospitals

In north Cumbria we have eight traditional community hospitals at Alston, Brampton, Cockermouth, Keswick, Maryport, Penrith, Wigton and Workington. They are very much valued by local people and they play a vital role in communities. We are committed to making sure that these community hospitals have a positive role in the future.

We think they should have two main uses:

- For step down and step up care for older people. Step down means after a patient has had a short stay in the acute hospitals at Carlisle or Whitehaven and they still need more hospital care before they are well enough to go home but are not ill enough to need the level of care provided in the acute hospitals. Step up means when a person needs some care that can't be provided at home but is not unwell enough to need to go into one of the acute hospitals. We would see these beds as an important part of the overall bed base for older people. They would be clinically-led by a team of GPs from local practices working as one team with elderly care hospital specialists. Included in the bed base as described above would be the beds in the step up, step down unit at West Cumberland Hospital.
- One stop assessment centres for frail older people (replacing outpatient clinics). These would assess patients to make sure they received the right care and support to help them stay at home and also to stay well. To help do this, the centres would work with community and voluntary sector organisations. This would result in fewer people being admitted to hospital when their care could be provided at home.

Many people have said to us that services should be much more joined up and responsive, especially those for older people and people with complex needs.

Hospital services

We are committed to making sure that both Cumberland Infirmary and West Cumberland Hospital have successful futures. Both are highly valued by local people and provide local access to vital hospital services.

However, we have some real challenges in delivering safe, high quality care, which are set out earlier. These continue to be the subject of attention by the national bodies which regulate the NHS and must be addressed. As such, hospital services can't stay the way they are and we feel that we need to consolidate some services. This means bringing together more services onto one site to make the most of the skills and staff that are available across the trust.

We continue to look at different possibilities across a scale of change. We would like to reassure local people that we could not – and would not wish to - make any permanent substantial changes to services without carrying out formal public consultation.

Medical admissions

Pathways for patients with very serious acute illnesses are being reviewed to see if their care should be centralised on one site. Such changes would need extensive planning and risk assessment, including consideration of the challenges of emergency transport. Such changes would also need to be supported by strong clinical evidence.

Elective (planned) care

We also believe that there would be real advantages in consolidating elective care. We have an opportunity to develop an elective centre of excellence at West Cumberland Hospital for low risk, high volume procedures. This would reduce the risk of operations being cancelled due to emergencies taking priority which result in delays in some patients being

treated. We would also want to develop Cumberland Infirmary as a centre for high risk elective procedures, which would make sure that the right specialist support was available for more complex cases.

A theme during local discussions was about patients being frustrated that their operations and other procedures were cancelled due to emergencies. Some also commented on lengthy waiting lists.

We would continue to provide outpatient appointments and procedures, day cases and diagnostic tests at both hospital sites so people would only be travelling for their surgery.

Unscheduled care

This is the unplanned care that would usually come into the hospital through accident and emergency departments. For high quality care to be provided on a seven day a week basis there needs to be the right skills and the right numbers of staff available. Going forward, we feel that there should be consolidation of the higher risk and more complex unplanned care at Cumberland Infirmary. We are currently reviewing some pathways for patients to see which may need to be centralised, in some cases after patients are stabilised first at West Cumberland Hospital.

There would still be accident and emergency services and intensive care support at West Cumberland Hospital.

An important message during local discussions was that speed and accuracy of diagnosis and treatment are crucial.

Maternity services

We have consultant-led maternity services at both Cumberland Infirmary and West Cumberland Hospital. They are small units and are among six consultant-led units across the country with less than 2,000 deliveries a year (1,800 at Cumberland Infirmary and 1,400 at West Cumberland Hospital). North Cumbria is also one of the few areas in the country that does not offer pregnant women a choice of having their baby in a midwifery-led unit (although there is a home birthing unit at Penrith).

The small size of these consultant-led units means that it's not always possible to meet all of the clinical standards and to comply with national guidance. There are also recruitment problems with some of the services that are closely related to maternity, such as anaesthetics and paediatric services on the same site.

Future arrangements for maternity services depend on what happens to services such as anaesthetics and paediatrics. For example, the safe provision of a consultant-led unit is only possible if there's a sustainable model of anaesthetics and a full paediatric service on the same site.

We need much more detailed work to understand all of the potential risks and benefits that would be associated with different models of care for maternity services. We are also working with NHS England and the Royal Colleges (the national professional bodies for the midwives and consultants working in maternity and children's services) to seek an independent review across the whole of Cumbria to identify the best way to arrange future services.

When we spoke to women with fairly recent experience of maternity services we heard that what most women want when they are having their baby is a safe environment.

Children's services

Working with partner organisations we are developing a Child Health Strategy called Building Health with Children and Young People. Under this strategy children and families should expect support to be healthy and stay well, but when required, there would be prompt access to high quality care designed around their needs. These services would be joined up and delivered as close to home as possible by professionals from different organisations working in partnership with children, their families and other agencies.

Parents have asked us to make sure that in the future services are child-friendly. Some people have said they are willing to travel to get the best care but would prefer aftercare to be closer to home.

The model of care would address the needs of all children, including children who become unwell and the ongoing needs of children and young people with complex conditions. It would also include services appropriate to young people, as distinct from younger children, resulting in a smoother transition from adolescent to adult services.

Mental health

Partner organisations across Cumbria are working to produce an Adult Mental Health Strategy by October 2014 which will set out a direction of travel for these services. So far there are two key commitments which are to develop:

- Better local access to services through a comprehensive primary care treatment service as part of the development of primary healthcare communities
- Extension of joined up delivery between health and social care.

The strategy, which will include much closer working with the community and voluntary sector, will result in faster access to services and better local recovery and rehabilitation services. There will also be greater focus on improving the physical health of people with mental health illnesses.

Faster access to mental health services was an important message during our discussions with local people.

There are real opportunities to improve home treatment so fewer people will need emergency hospital admissions and patients will spend less time in hospital. As we improve the effectiveness of these local services we will also need to consider the best way of providing inpatient services to ensure quality and safety for our most complex patients. As such, we are considering whether there should be consolidation of inpatient services onto fewer hospital sites in Cumbria. In north Cumbria this could mean consolidating inpatient services for the most complex patients at the Carleton Clinic in Carlisle and re-thinking how we use beds at the Yewdale Clinic in Whitehaven.

Specialised services

These are the highly specialised and usually very expensive services provided on a small number of sites around the country. NHS England is responsible for commissioning these services (assessing needs and arranging contracts for services to meet those needs). We will continue to work with NHS England to make sure that people in Cumbria have the right access to these services. Currently, we are keen to secure the long term provision of high quality local clinical oncology and radiotherapy services for people with cancer. This would be through a specialist trust from outside Cumbria delivering these services in our local hospitals. This is a model that could be applied to other specialist services to reduce travelling for our population.

Next steps

We have much more detailed work to do before we can propose options for hospital services. This will involve further discussions with doctors, nurses and other health and care professionals working in those services. We will also continue to have further discussions with our partners including the local councils, the MPs and community and voluntary organisations. And we are committed to making sure that going forward we continue to engage patients and the public.

But recent experience shows that transferring patients with the most serious conditions (such as stroke, heart attacks and internal bleeding) to the best place for treatment has greatly improved survival and recovery. There is a clear need to continue these improvements. No permanent changes will be made without public consultation which will be at the earliest opportunity. We will also engage with people over a Cumbria-wide review of maternity services to ensure we have the safest and best services available. It is likely that options arising from this review would be subject to consultation in the summer of 2015.

The difference between formal public consultation and the ongoing engagement that has been taking place to help shape the five year plan, is that we will have reached a stage where we have options for how services could be provided. At this point, we would produce a consultation document which sets out clearly what the specific options are and ask people for their views on them. The consultation document would include detailed information to explain the options and would set out arrangements to seek views.

In the meantime, if you have any comments about our thinking so far, please let us know. Email us at healthierfuture@cumbriaccg.nhs.uk or ring us on **01768 245 437**.



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