

BRIEFING NOTE

**Elective Care**

A review of services and feedback from patients has revealed significant room for improvement in the delivery of elective care in west, north and east Cumbria. The waiting time for outpatient appointments has been too long and patients have been offered little choice but to attend the Cumberland Infirmary even though they may live some distance away.

Patients requiring surgery have often had to wait a long time and, when they were eventually given dates, this was usually with little notice. Not infrequently dates for surgery were altered or cancelled at the last minute.

Many patients have sought treatment outside the area. Although patients who sought treatment out of the area may have been seen more promptly, there is some evidence they were more likely to undergo operations which may not have been the most cost-effective way to treat their condition. We face, therefore, not only issues of access to and capacity for high quality planned care, but also an unsustainable high cost burden.

Added to this, the decision in 2014 to centralise emergency and high risk elective surgical admissions to the Cumberland Infirmary has presented an opportunity and need for us to re-think the delivery of elective care across west, north and east Cumbria. We intend to improve the current services in west, north and east Cumbria so patients can receive prompt, high quality evidence based advice and treatment locally. By re-designing some of the traditional models of service delivery we except to be able to offer not only a better, timelier and more efficient service for patients, but also one that is more sustainable and more cost-effective.

Work is already underway to develop a number of new Integrated Care Pathways, in particular for the high volume ophthalmic, orthopaedic and gastroenterology conditions. This will result in more elective care being delivered outside the acute hospitals by a more appropriate integrated workforce. This will release substantial capacity in the acute hospitals in terms of workforce and facilities and, in turn, will mean patients who do require planned hospital care will have better access to local elective care services and fewer will need to seek treatment out of this area.

In the future, more outpatient appointments will be provided in local communities in new and different facilities, rather than within the acute hospitals. We have also begun to use telephone, email and other technologies to further reduce the need for hospital based outpatient appointments. Patients should see a service that is more responsive to their needs. For example, being offered choice of place and date of surgery at the time of consultation, rather than being told that they are on a waiting list with vague expectation, should become the norm.

Considerable work has also been undertaken to improve the efficiency and reliability of services in the acute hospitals. There has been a substantial investment in state-of-the-art elective care facilities in the new West Cumberland Hospital. We expect this unit to become the main centre for all but the highest risk elective care in west, north and east Cumbria.

*QUESTION: Is there truth in the rumours about removing all services from Whitehaven and shutting the hospital to save money?*

Far from running down services at West Cumberland Hospital (WCH), we are seeking to expand elective services. The change in service delivery has already allowed staff in WCH to concentrate on developing specific skills in managing patients with multiple complex problems and in maximising their rehabilitation. The cost savings come from using resources more efficiently, avoiding the need for patients to seek what may be unnecessary – or at least less cost effective – treatment elsewhere.

*QUESTION: Surely developing Integrated Care Pathways is just routine and will not create additional capacity?*

There is wide variation across the country with some areas successfully managing patients to a much greater extent through the use of much better joined up pathways without the need to refer to hospital. These are the sorts of models we intend to replicate locally through our new elective pathways and delivered by our Integrated Care Communities.

Reducing the need for some traditional outpatient appointments through better community-based management, as well as altering how we deliver those that are still required, frees up time and allows clinical staff to concentrate on delivering more surgical procedures, enabling waiting lists and waiting times for operations to be reduced.

Re-locating clinics from Cumberland Infirmary in Carlisle to other sites will make appointments more accessible for patients and allow the space to be used for more efficient urgent or particularly complex care which should be the prime focus at the Cumberland Infirmary.

*QUESTION: How can I be sure that there will be good and safe care services at both sites?*

As part of concentrating high risk elective and emergency surgical care to the Cumberland Infirmary site, there has been an inevitable concentration and focus of 24/7 specialist resource on that site as well. This is necessary to realise the improvement in outcomes centralisation is expected to achieve. This has required a re-configuration of resource at WCH.

Currently at WCH there are trained surgical nurse practitioners, middle grade anaesthetists and physicians on site 24 hours a day, supported by consultant anaesthetists and clinicians no more than 30 minutes away. In addition, there are daytime on-site consultant surgeons and anaesthetists seven days a week. This level of cover, along with robust escalation and transfer policies, makes WCH a safe place to undertake all but the highest risk procedures.

In developing plans to improve services we used guidance issued by specialist organisations such as the British Orthopaedic Association and the Royal College of Surgeons of England. We liaised with other high performing trusts and have consulted with clinical experts and with national organisations such as NHS England.

Some facts and figures…

* More than 500 annual elective and day case procedures have been transferred from Carlisle to Whitehaven since January 2015.
* Of the current 300,000 outpatient consultations each year in Carlisle, more than 31,000 are for patients living in west Cumbria postcodes. In our proposals it is planned for many of these patients to receive local care in future.

****