

Cumbria 
Primary Care Trust

Our Ref: AG/SF

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Dear Neil

Closer to Home Consultation: Response to Copeland Borough Council

Thank you for your letter dated 24th January 2008 providing a response from the Council to Cumbria Primary Care Trust's 'Closer to Home' consultation. Firstly, please allow me to apologise for the time taken to respond to your letter, but the PCT wanted to fully evaluate all responses before responding and has only just received the final report from the University of Cumbria on the Public Consultation on the 'Closer to Home' proposals.

The PCT welcomes and greatly values all feedback on the proposals. Some of this has directly influenced the Trust Board's final decisions on the Strategic Direction and the remainder will be fed through to the work streams for consideration as part of the detailed development work.

The Board of the PCT met on 13th March and considered a report by the Director of Corporate Affairs on the consultation; and the interim report of the University of Cumbria on the analysis of responses. The recommendations are set out in the attached summary (Appendix 1).

The PCT welcomed the overall conclusion of the consultation process that most respondents did welcome the broad strategic principle of providing care for people as close to their homes as possible, albeit that some respondents, such as the Council, did raise concerns.

Set out below is a response to the Council on the issues it raised as part of the consultation process. A copy of the University of Cumbria report on the Public Consultation on the 'Closer to Home' proposals will be available on the PCT Closer to Home web site www.closertohome.org.uk We will also publish a report showing the key changes made in response to the consultation process.

As we have previously indicated, we would also wish to establish an opportunity for regular discussion with you to keep you informed of progress. This could provide a setting for further exploration of your concerns and how we address them.

General Comments

In your response you state that the Council was "generally disappointed" in the consultation document itself. You also commented on the inadequate level of information and detail to be able to make a full response.

The PCT recognises that improvements can always be made in the consultation process and will take on board the points you have made in any future consultation processes. Clearly, with a change process of this size it is difficult to find a balance between giving too much or too little information. Indeed, many of the responses commented that too much information was given. Whilst detailed information was available in background documents on the Closer to Home web site, more could have been done to sign post people to this additional resource. However, the consultation document was explicit in stating that the responses to the consultation will help inform the locality planning process. This will clearly need to be an ongoing process to ensure that, as services evolve, they meet the needs of all of our communities.

Specific Comments

(A) As the national evidence on the benefits of a specialised Stroke Unit is overwhelming, the PCT is asked to confirm that the improvement in stroke care it recently announced includes:

- 1. the retention of a specialised stroke unit at West Cumberland Hospital,*
- 2. whether this unit be in its own ward or part of another ward*
- 3. no reduction in the numbers of acute beds or rehabilitation beds in that unit; and*
- 4. the continuance of the necessary equipment and staff to support the rehabilitation of stroke victims beyond the first 72 hours post stroke at West Cumberland Hospital.*

The PCT is committed to commissioning high quality, specialist stroke services in West Cumbria. Whilst this will be through the specialist stroke unit at West

Cumberland Hospital, the decision on whether this unit will be in its own ward or part of another ward is a matter for the North Cumbria Acute Hospitals NHS Trust, providing of course it meets appropriate care standards set out in agreed service model frameworks agreed by the Care Stream and Professional Executive Committee.

Whilst there have been discussions on bed numbers overall leading to revised figures put forward by the North Cumbria Acute Hospitals NHS Trust (see point F below) agreement on numbers by the PCT board did not go in to detail for individual units. So again, the number of beds in the stroke unit would be a matter for the NCAHT within the context of the care pathway agreed by the Care Stream and the local levels of need. As stroke numbers in Cumbria and West Cumbria are continuing to fall, bed numbers would need to be kept under review in any case.

The PCT and Acute Trust are working on developing specialist supported discharge teams to get people back in to the community as soon as reasonably possible and with an appropriate level of community support. Each case would need to be decided on its own care needs, but this could, in some circumstances be within 72 hours. Where necessary, however, support beyond the 72 hours may still be required at the West Cumberland Hospital.

(B) That the nationally recognised palliative care service unit remain at West Cumberland Hospital with at least the same number of beds that currently exist to enable members of the public to choose to have their care at the hospital if they so wish.

The need for a balance of palliative care in both community and acute settings to provide choice for the public has been recognised. On the 11th January 2008, a joint letter from Dr Ian Mitchell, Chair of the Professional Executive Committee of the PCT and Simon Rimes, Medical Director of North Cumbria Acute Hospitals NHS Trust was sent to GPs, practice managers and consultants summarising the outcome of consultation activity in early January. This states: "There is an ongoing need for specialist palliative care beds to form part of the medical and surgical beds in the acute hospital bed numbers (currently five specialist in-patient palliative care beds at West Cumberland Hospital). In addition, appropriate palliative care beds and services could be provided from the community hospitals, including the proposed 20 intermediate care beds at West Cumberland Hospital."

The PCT Board at its meeting in March agreed: To address concern about palliative care services and to delegate work on developing new service models which take account of concerns raised in the consultation to the long-term conditions care stream. This work is now being progressed.

- (C) That Cumbria PCT and the North West Ambulance Service Trust agree on a service model that ensures that at least the same level of ambulance service is available under Closer to Home that currently exists; and*
- (D) Cumbria PCT confirms that it will provide sufficient funding to ensure that the service model is maintained*

The PCT is committed to working with the North West Ambulance Service (NWAS) NHS Trust to modernise and improve the ambulance service. There will be an investment of a further £2m between 2006 and 2008 to improve ambulance performance. This is being used to provide new ambulances, recruit and train additional staff and improve technology. This investment will help to address issues in West Cumbria.

Implementation of the new models of care arising from the Closer to Home proposals will have an impact on the demand for ambulance services across Cumbria, including, in some cases, reducing that demand. We are working closely with NWAS to forecast the changes in demand arising from Closer to Home, in order to ensure that improvements in ambulance performance are maintained.

- (E) That the support of local GPs is crucial in ensuring the success of Closer to Home and the PCT is urged to seek and resolve any necessary issues so that all GPs in Cumbria can support the proposals.*

A number of meetings with the medical community took place in January as part of the consultation process. By and large these did seek and resolve issues to ensure GPs could support the proposals.

The PCT is committed to working with GPs; indeed, the ethos of Closer to Home is to ensure GP-led planning of more effective services delivered locally in the community. Hence, GPs are the focal point of and the lead for, the locality teams who are developing proposals for future community health services in each of the 6 district areas, including Copeland. The lead GP for Copeland is Dr Dave Rogers who will be happy to keep the Scrutiny Committee updated about the perspective of the GP community in the area.

- (F) The PCT be thanked for agreeing to increase the proposed numbers of beds at West Cumberland Hospital to 220 with the possibility of increasing this to 250.*

The PCT Board at its meeting in March accepted the revisions to the bed numbers which provided for 220 beds at West Cumberland Hospital. It also reiterated support for NCAHT in its pursuit of funding for a new hospital for West Cumbria and it was noted that the new hospital would be designed and built with a contingency for a 30 bed expansion.

- (G) *This Council publicly supports the retention of the young disabled unit, the consultant led maternity unit and paediatrics and asks the PCT to publicly announce as soon as possible the proposed number of beds per service for all the services that will be provided at West Cumberland Hospital; and*
- (H) *The PCT be requested to regularly review the number of beds and provide the Council with its analysis.*

As stated above, the issue of bed numbers for each unit within West Cumberland Hospital is really a matter for NCAHT. However, the PCT is working with NCAHT on an implementation plan to achieve the overall bed numbers and details will be made available as soon as this is completed.

- (I) *The Council through its Overview and Scrutiny Committee would wish to continue to monitor the progress and may ask the PCT to come to its meetings at appropriate times to explain the current position.*

The PCT welcomes the thorough and constructive challenge which scrutiny involvement in the Closer to Home process can bring and would be pleased to attend future meetings at appropriate times to discuss progress with the initiative.

- (J) *The Council notes and strongly endorses the view of several consultants at West Cumberland Hospital that the original wording of the consultation document as affecting major trauma was unworkable and unacceptable.*

This Council welcomes the fact that the Trusts have moved forward from that position and now recognise that patients with significant trauma would be taken to the nearest Emergency Treatment Centre for stabilisation.

.....
This Council would like to see a clear statement of policy about the treatment of patients with significant trauma agreed between the trusts and consultants as a matter of urgency and published.

As you rightly recognise, following several discussions with medical colleagues, the Trust Board at its meeting in March have agreed revisions to the implementation of the acute sector emergency services, as follows:

- Services for complex surgery and other complicated procedures will continue to be developed at the Cumberland Infirmary.
- There would be 24/7 cover for orthopaedic surgery at both hospitals
- Emergency vascular surgery would remain centred on Carlisle as part of the network arrangement with Dumfries and Galloway
- Some out of hours cover for emergency general surgery would be provided by a first on-call consultant in Carlisle with a second on standby for life-threatening emergencies (fewer than five cases a year), which would enable safe surgical cover to be provided out of hours at both hospitals

- Out of hours would be considered as after 9pm on a weekday and after 6pm at weekends
- Some patients in West Cumbria requiring emergency complex surgery would require transfer to Carlisle. This would only occur if they had been stabilised to allow safe transfer, if not then the surgeon would travel to West Cumberland Hospital
- Patients with significant trauma will be taken to the nearest Emergency Treatment Centre for stabilisation. Small numbers of patients (two to three a year) require immediate surgery but most could be stabilised and transferred to the most appropriate place (Newcastle, South Tees or Carlisle) for ongoing best clinical care.

The Professional Executive Committee of the PCT will oversee emergency care service planning and will develop the detailed operating framework within the policy steer approved by the Board. We will be happy to keep the Scrutiny Committee informed.

(K) The Council remains concerned that the West Cumberland Hospital needs a base of support services such as pathology and microbiology if it is to provide safe and sustainable care which patients need, and urges the Trusts to continue to address this issue.

The Trusts will continue to address this issue. The outcome of the consultation confirmed the continued existence of a West Cumberland Hospital and it follows that there is a shared commitment to the necessary clinical infrastructure.

(L) The development of community facilities and the necessary support infrastructure including an adequately trained workforce should be put into place before the reduction in acute beds is started. The Council would not look favourably at any reduction in service at West Cumberland Hospital without a sufficient level of service and care being available for the people of West Cumbria.

The PCT is committed to ensuring that robust alternatives are in place before reducing the level of hospital-based services as a result of the changed pathways and models of care arising from Closer to Home. The PCT is developing, with its partner organisations and in consultation with staff, detailed workforce plans to support the transition of services from secondary to primary care and to identify the need for additional initiatives. An early development will be the opening of the "community hospitals beds" in Whitehaven.

(M) There is some concern over the funding of the community care proposals and what happens if the Community Venture Funding is not awarded.

The PCT is preparing a Strategic Outline Case to be submitted to the Strategic Health Authority and is confident that this will be well received by the SHA.

However, it is important to realise that this is foremost a delivery plan for much (but by no means all) of the Closer to Home proposals and funding will come from a variety of sources, some of which may be through the community ventures process. But Closer to Home will not stand or fall by the decision on Community Ventures and no doubt the funding package will change over time on an iterative basis; hence, it is not a case of needing a 'Plan B'.

(N) The lack of a fall back position if the necessary savings are not achieved is also of concern particularly any effect on the proposed new build for West Cumberland.

There is no doubt that the major organisational changes underpinning the delivery of savings are challenging; but they are realistic and achievable. Significant work went in to the development of the financial planning of the Closer to Home proposals and the PCT remains confident that the proposals continue to be based on a sound financial basis and that the financial assumptions remain current.

(O) The PCT is urged to continue to listen the concerns of the public as it develops its proposals and continues to be willing to change its proposals to reflect those concerns.

The PCT has demonstrated its willingness to listen and amend its proposals where appropriate, in issues like bed numbers, trauma care and so forth. It is committed to community engagement to ensure the people of Cumbria are part of the development of Closer to Home not passive recipients of a medically-imposed model of care. That is why each Locality Commissioning Team is now required to agree a local engagement plan and to demonstrate how this is being implemented in order to ensure local communication and engagement. A particular focus is being placed on ensuring that local networks extend to minority groups and to those whose voice is seldom heard. A continuing relationship with Scrutiny Committee will help us maintain a transparent and responsive process.

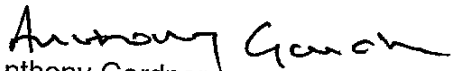
(P) That Cumbria County Council carefully reassess the financial implications from the Closer to Home proposals as the increases in the early discharging of patients from hospitals could have profound effects on the social care it provides. It will be very difficult to provide an acceptable level of service without additional funding or greater integration between health and social care.

Whilst this is a recommendation for Cumbria County Council, it is important to point out that the PCT is committed to working in partnership with the County Council. The PCT also accepts the need for a coherent process that ensures that the NHS and County Council are making optimum use of the full range of resources available.

The PCT is seeking to further develop its commissioning in partnership with Cumbria County Council. The strategic management of the partnership agenda will be led by the Health and Well Being Board for the County. The Health and Wellbeing Board is the delivery arm for the Health and Wellbeing theme of the Local Area Agreement and reports to the Cumbria Strategic Partnership.

I trust that this addresses the issues raised by the Council. As stated above, the PCT is more than happy to attend future meetings at appropriate times to update the Council on progress with Closer to Home and address any concerns which may arise.

Yours sincerely



Anthony Gardner
Associate Director – Strategic Development & Partnerships
Cumbria Primary Care Trust

CLOSER TO HOME
RECOMMENDATIONS APPROVED BY TRUST BOARD
ON 13 MARCH 2008

Our Vision for the Future

1. To confirm the five key components of the PCT's vision for health in Cumbria
2. To confirm the criteria for assessing health services in North Cumbria
3. Develop mechanisms to ensure that future health service developments are demonstrably based on the vision described in the consultation and are assessed against the six criteria
4. To approve the proposed structure for developing health services in Cumbria based on locality teams and care stream planning

The Future of Emergency Care

1. To confirm introduction of single point of access for emergency care
2. To confirm introduction of three tier system of emergency care
3. To accept revisions proposed to implementation of acute sector emergency services
4. Implementation of Primary Care Assessment Services by locality commissioning groups
5. Allow the development of Emergency Treatment Centres by emergency care stream board
6. The PEC will have overview of emergency care service planning in North Cumbria

Community Hospitals

1. To confirm that the community hospitals have a key role to play in Cumbria PCT's vision to provide care close to home, and that all nine will continue to provide inpatient services
2. To approve the additional provision of GP-led, step-up/step-down beds at Cumberland Infirmary, Carlisle, and West Cumberland Hospital, Whitehaven, and to work with North Cumbria Acute Hospitals NHS Trust to implement this
3. To confirm that the total number of inpatient beds at the community hospitals will be in the range of 140-170, and to request further work to establish a timeline to achieve this
4. To delegate to locality teams responsibility for determining the final number of inpatient beds required at each community hospital
5. To delegate to locality teams responsibility for determining the range of services to be provided at each hospital site
6. To plan for redeveloped community hospitals to provide single room patient accommodation

7. To agree the PCT's pursuit of capital funding to develop the community hospitals

Acute Hospitals Change

1. To approve option one as the preferred option
2. To accept the revisions to the bed numbers proposed by NCAHT, and to work with the Trust to develop an implementation plan to achieve this level of service
3. To reaffirm the commitment that hospital services will not be removed until robust alternative services are available in the community
4. To reiterate Cumbria PCT's support for NCAHT in its pursuit of funding for a new hospital for West Cumbria
5. To note concern about palliative care services and to delegate work on developing new service models to the long-term conditions care stream. This work will take account of concerns raised in the consultation.
6. To note concern about maternity services and to delegate work on developing new service models to the children and maternity care stream. This will take account of concerns raised in the consultation.
7. To note concern about long-term rehabilitation services and to delegate work on developing new service models to the long-term conditions care stream. This will take account of concerns raised in the consultation.

Finances

1. Agree that the Closer to Home proposals are based on a sound financial basis and that the financial projections remain current

Overall Recommendations

Taking account of the interim report on responses to the consultation, the Board agreed to:

1. Receive the Director of Corporate Affairs report as a true and fair record of the process and outcome of the consultation
2. Agree the recommendations contained within the report (as above)
3. Delegate powers to the Non-Executive task group to oversee the further evaluation of responses and their incorporation in the Closer to Home planning process
4. Delegate powers to the Non-Executive task group to agree the response to the Overview and Scrutiny Committee recommendations