

## **CLOSER TO HOME PROPOSALS**

### **PRELIMINARY QUESTIONS**

(Please note that these are only initial questions and the committee may well wish to ask further questions depending on the answers given).

#### **Questions to Stroke Link and Stroke Association:**

1. Do you know if the stroke unit is to remain at West Cumberland Hospital?
2. Do you know how many beds are currently available for stroke victims at West Cumberland?
3. Do you know what the top 25% quartile (that Cumbria PCT is aiming for) is for the number of days a stroke victim should be in hospital before being discharged to a community hospital?
4. Is there complexity to stroke cases that make this target difficult to meet without significantly reducing the quality of care?
5. Can you tell us about the Department of Health Consultation paper – “A new ambition for stroke” particularly that evidence showed that there were delays getting patients to the stroke unit due to a lack of specialist initial assessment, and subsequent referral to the stroke clinical team?
6. Furthermore is there evidence that stroke unit care delivered by a specialist multidisciplinary team is the single biggest factor that can improve a person’s outcome following a stroke?
7. Can lengths of stay in hospital be shorter when cared for by specialist stroke units?
8. What rehabilitation care is needed for stroke victims and how is that provided for currently in Copeland?
9. What is your assessment of the community hospitals in West Cumbria for providing care for stroke victims?

#### **Questions to Ambulance Trust/ Fire and Rescue:**

1. How many ambulances are there currently in Copeland?
2. How many people are taken to West Cumberland by ambulance?
3. How often are patients transferred to Newcastle and what effect does that have on the ambulance cover in Cumbria?
4. How often is there a lack of beds for accident and emergency that means that ambulances have to move patients around?

5. What is the current average waiting time for an ambulance in Cumbria?
6. Have patients ever had to be treated in the back of ambulances due to the lack of beds?
7. What is the Golden Hour?
8. Do you know if the claim in the Daily Telegraph is correct that mortality rates increase by one per cent for every extra six miles travelled to a trauma centre?
9. The additional ambulance costs associated with all emergency activity being transported to a single site in Carlisle is estimated to be in the order of £1.6m. Is this funding going to be available?

(From the Gibson Freake Edge (*GFE*) Report "The North Cumbria Whole Systems Health Review towards a Financially Viable Health Strategy Final Report")

10. *GFE* believes that many current emergency ambulance vehicles are too slow and cumbersome for the rapid transfer necessary with the road infrastructure in North Cumbria.

Should consideration be given to the use of high-powered estate ambulances?

11. *GFE* would recommend that particular consideration be given to a review of air ambulance services (a provider cost issue) particularly with regard to availability of service and increasing urgent access to specialist services such as Percutaneous Coronary Intervention.

Is there is an argument that enhanced air transfer could significantly improve access to care in an emergency situation?

12. Is the number of road casualties in Cumbria above the national average and by how much?
13. Are there improvements in how serious accidents are dealt with which reduce the amount of time someone could be trapped in a car? Is the trend in mortality from accidents decreasing?
14. How serious a threat is terrorist action at Sellafield?
15. Is there likely to be a change in ambulance procedure as a result of the increased pressure on the ambulance service?

#### **Questions about Community Hospitals:**

1. What changes would be needed in the community hospitals to do the type of work proposed under Closer to Home?
2. The financial plans for Community Hospitals under "Closer to Home" appear to show extra spending of about £10 million to cope with the extra work transferred to them, but there also appear to be proposed savings and efficiency gains which

take almost all of this money away again. How confident are you that the Community Hospitals would be able to deliver the work required under the plan with this level of funding?

3. If there is to be this investment in the community hospitals, do you think that it would be possible to recruit and retain sufficient staff?
4. Will there be a change in emphasis from palliative care to rehabilitation and how easily will this be managed?
5. Will there be a need to re train existing nurses?
6. Will there be extra travelling needed to be done by nurses as a result of these proposals?
7. Do the community hospitals in the area have sufficient access and car parking to cope with an extra number of patients and visitors?

**Questions to Cumbria PCT and Acute Hospital Trust:**

1. Can you please take us through the financial model for these proposals.
2. What is the level and type of investment planned for the community hospitals in these proposals?
3. What is the level of dual running that is proposed and when do you anticipate this new model will have sufficient community hospital provision to enable it to start?
4. Are you concerned that the recent first multi-centre UK study indicates that compared to District General Hospital-based care, the cost per patient receiving community hospital post-acute care for older people is significantly higher?
5. The over 65 in Cumbria currently comprise 25.1% of the population projected to increase to 29.3% by 2014 which compares to 21.1% and 23.4% for England.

Do you believe that this been factored in sufficiently to the bed modeling figures Bearing in mind this could lead to an increase in more complex cases which will require a more lengthy stay in hospital? (Older people are three times more likely than younger people to be admitted to hospital following attendance at A& E).

6. Has agreement now been reached on the number of beds and the number of beds per service for West Cumberland? What are the numbers now proposed to be? How many new beds are proposed in the Community Hospitals?
7. What are the plans for the stroke unit at West Cumberland?
8. What is the current level of out of hours surgery at West Cumberland?
9. What emergency surgery is it proposed will be provided at West Cumberland out of hours?

10. How many patients would require transfer to the Cumberland Infirmary for emergency surgery? The distances involved will lengthen the time to assessment and stabilisation and will this pose a significant risk to those patients.
11. Is it true that the reduction in beds at West Cumberland will leave that hospital with 42% of the acute work but only 28% of the acute beds?
12. Would the Trusts consider that there might be some specialisms which could safely and sustainably be concentrated in West Cumbria, and that this might make recruitment and retention of the highest quality doctors and other medical personnel for posts in the West of the county significantly less difficult?
13. The number of occupied bed days in Cumbria is significantly above the national average. Is this due to the higher mortality rates in Cumbria resulting from the type of heavy industry here and the significant illnesses from that type of work?  
  
If so has this been factored in sufficiently to the bed modeling figures?
14. What are the reasons for those patients who remain in hospital past the trim point on the length of stay analysis for example with hip replacements?
15. At what level of bed occupancy rates does the risk of hospital based infections become significant?
16. Can you please explain the philosophy behind the primary care assessment centres.
17. There are plans for these centres to be put into five locality areas in Cumbria. Where are these to be based and how will the financing be allocated?
18. Do you think that clinical governance, including assurance of standards of care, leadership, management and communication will be significantly complicated by care provision across multiple sites (and potentially multiple providers)?
19. How is the rurality / sparsity factor dealt with in Cumbria?
20. What plans are there to make significant progress on a number of key areas that impact on health and the use of health care services particularly smoking, overweight/obesity and alcohol consumption?
21. The changes you propose will require a huge change in culture amongst patients how do you plan to communicate those changes?

#### **Questions to County Council Adult Social Care:**

1. What do you see as the major implications on the Adult Social Care service from the Closer to Home proposals?
2. The proposals rely on greater integration of Health and Social Care. How is this going to be achieved?

3. Will Adult Social Care be supporting the Closer to Home proposals?
4. Is there a need for additional funding to cover these implications and will this funding be available?
5. Will there be a need to employ additional Social workers? If there is how easily will they be recruited? How many vacancies for social workers are there currently in Cumbria?