

**‘Save Our Services’  
Response to Cumbria NHS Primary Care Trust  
‘Closer To Home’ (An NHS consultation on providing more  
healthcare in the community in North Cumbria).**

**Background**

The ‘Save Our Services’ Group was formed following the public march held in Whitehaven on the 9<sup>th</sup> December, 2006. Five thousand individuals from the various communities of West Cumbria took to the streets in order to show their concerns and dissatisfaction about the uncertainties that had existed over the previous seven years in relation to the future of West Cumberland Hospital as a continuing fully resourced District General Hospital. At that time the community of West Cumbria made clear its expectation that West Cumberland Hospital should continue to function as a fully functioning and resourced District General Hospital providing the whole range of core clinical services that have been part of its function over the past forty years. Concerns were strongly expressed that given both the geographical and demographical challenges of West Cumbria along with its uncertain economical future, any suggestions of a downgrading of West Cumberland Hospital were totally unacceptable. This position was fully supported by the Member of Parliament for Copeland Jamie Reed, together with the full elected membership of Copeland Borough Council.

**Current Position**

Since December 2006, the ‘Save Our Services’ group have met frequently to monitor the situation in relation to the security of the future of WCH and to keep the public informed of any developing issues of concern. It has sought to develop constructive processes of communication with the management of both the Primary Care and Acute Hospitals Trust’s. Since the publication of the ‘Closer to Home’ proposals, the group have met regularly with the PCT Public Engagement Team as well as initiating, in partnership with Jamie Reed, meetings with the Chief Executives and management of both Trust’s, together with WCH Consultant’s Group. The Group wish to make note that they consider the aim’s of the ‘Closer To Home’ document to be the first real and genuine attempt to acknowledge and address the challenges of providing health care across such an area as North Cumbria. In particular we are impressed by the documents recognition of the unique challenges that West Cumbria presents, and its attempts to address those, especially in relation to the future of WCH. No previous reviews have managed to address these issues. Following its initial consideration of the ‘Closer to Home’ proposals, the Group have made a written response to the PCT seeking further details and evidence to support the aims of the proposals contained within the document. The group have carefully considered the response given by the PCT and has sought to consider this with

the assistance of information gained from several public and professional bodies such as the Department of Health, the World Health Council, the Royal College of Nursing, the Royal College of Surgeons, the Royal College of Physicians, the European Observatory on Health Systems and Policies as well as national professional and advisory bodies for Trauma Services. The group has also, consistently, sought to check and validate its concerns and views by seeking professional medical views and judgements on all issues. The 'Save Our Services' Group now feel able to give a fully informed response to the 'Save Our Services' proposals.

## **Response**

### **Status of WCH**

We are concerned and unhappy with the proposed re-designation of WCH from that of a District General Hospital to one of 'Acute Local Hospital'. If, as has been stated in the press by Dr Ian Mitchell, Chair, Professional Executive Committee, it is simply a matter of words, then **we ask that the status of the hospital remains that of District General Hospital. We consider this important to the future security of WCH.**

### **Proposed Bed Numbers at WCH**

Based upon the figures given in the DOH 2005 report on bed numbers, the proposal to reduce bed numbers to 172 is, we feel, unrealistic, even considering the plans for enhanced community services. In its report the DOH recommend a figure of 3.9 total beds per 1000 population, and 2.4 acute beds per 1000 population. Given that WCH serves a population of around 130,000 the number of beds proposed is significantly below the DOH guidelines. **In order for WCH to be viable as an acute hospital and to secure its longer term sustainability we believe a minimum of 260 acute beds is required. We do not accept that the proposal of such a reduction in bed numbers adequately reflect the current or future demand on beds even given further developments in efficiency. We are of the view that such a reduction would be harmful to patient care.**

### **Trauma Services**

The proposal to focus all major trauma at CIC is of great concern to us. Our concerns are based upon the lack of clarity and evidence within the proposal to support the claimed benefits. These include the absence of any definition of the nature of major trauma; no real evidence of the resources and ability of Cumbria Ambulance Service to service such a model; no recognition of the evidence currently available in relation to the increase in mortality rates in the transporting of very sick patients. We are concerned that the proposal fails to

recognise the already established high level of audited and evidenced trauma care provided at WCH as part of its inclusion in UK Tarn whose results for WCH consistently show a performance well within national average. In comparison CIC had no such independent audit data to show the outcome or process of its care! We believe that the proposal overstates the view that only specialist centres can provide safe and efficient trauma services. Based upon our research, **it is untrue that small hospitals are unable to deliver high quality initial trauma care. We believe that ‘Closer to Home’ fails to acknowledge the health and safety disbenefits to the people of West Cumbria in its proposal on Trauma Services. No change should be made unless Cumbria PCT can provide solid evidence of both patient safety and benefit and the resources to support the proposal.**

### **Out of Hours Emergency Surgery**

The proposal to cease the provision of emergency surgery at WCH is in our view too simplistic. The proposal offers no evidence of consideration for the implications of this for the support of many other services at WCH. No details are given in relation to what constitutes out of hours or if it includes week-end day time. **Our response is that provision should be retained at WCH for the small number of cases where it would be unsafe to transfer patients to CIC to undergo emergency surgery. Provision must be made for the availability of a ‘Surgeon to Patient’ rather than an exclusive ‘Patient to Surgeon’ model of care.**

### **ITU & HDU Beds**

Our view is clear that given the current demand on the number of beds in this category already provided at WCH. **there should be no further reduction of this already overstretched service at WCH.**

### **Elderly Medicine Beds**

Whilst supporting the aim contained within ‘Closer to Home’ of providing care for older adults within community settings where possible, we are concerned that the proposals for services to this patient group fail to recognise the frequent complexity of medical needs within this patient group, which if not appropriately provided for, leads only to an increase in hospital admissions. **We are of the view that sufficient and adequate resources should be provided for within WCH for the assessment needs of this patient group. Failure to provide this would, we believe, be prejudicial to this group of patients.**

### **Palliative Care**

We are especially concerned at the proposal to relocate the current specialist palliate care service provided at WCH to another, unidentified location. This, we believe, shows a marked lack of understanding of the complex medical needs of

this patient group. It also, fails to recognise the support service that this unit provides to the other wards, resulting in a reduced number of deaths on general acute wards, as well as the support it provides to the 'Hospice at Home' service. **We wish to be especially unequivocal in response to this proposal. We will not accept the proposal to re-locate the current service and its beds from within the setting of WCH. We demand its retention and development in line with the views and vision of its lead Consultant Dr Eileen Palmer, whose clinical skills in this specialism are recognised both nationally and internationally. The PCT should be doing nothing to undermine or risk the retention of such a valued clinician and her team.**

### **Rehabilitation**

The proposal to disperse these services to various community settings appears not to be in line with patient wishes or the views of voluntary groups such as the West Cumbria Stroke Association. The proposal fails to recognise the therapeutic value to patients in this group of centralised rehabilitation services which can provide essential psychological and emotional support as well as rehabilitation. The resources required to provide adequate levels of service in multi-locations is both unrealistic and uneconomical. **We ask for the retention of both acute and long term rehabilitation services at WCH.**

### **Support Services**

Inherent in all the above issues is a need for adequate support services to support the functioning of a District General Hospital. The 'Save Our Services' Group have become increasingly concerned at reports of diminishing support services from WCH to CIC. We wish to be assured that adequate services are present on site to provide safe services. These include: Haematology and Blood Bank; Chemical Pathology; Microbiology (especially in order to prevent and manage hospital acquired infections); Histo-Pathology. Radiology in terms of X-Ray and Scans (both needed for emergency care) must be robust and adequately resourced in both staff and equipment to provide an full 24hour service. In relation to MRI Scanners, we currently have only two visits a week to WCH in the form of a mobile unit. We have no MRI Scanner. We do not consider this provision adequate. The Group are sufficiently confident in the support of the community of West Cumbria in the development of its Hospital to request that provision be made in the design of any new hospital for West Cumbria to accommodate an MRI Scanner which will be paid for by funds raised by this community. **The group asks for the re-instating at WCH of support services already moved to CIC, and the strengthening of these services at WCH in**

**order to support the functioning of the hospital in the delivery of safe and efficient services.**

### **Conclusion**

The 'Save Our Services' group recognise that the vision and proposals contained within the 'Closer to Home' proposals are much wider than those which affect WCH. The ethos of the vision that is proposed for enhanced services within local community settings is worthy of support. However, the group is of the view that 'Closer to Home' fails to recognise the centrality of acute hospital services within such a framework. In particular we feel that it fails to recognise or understand the centrality of West Cumberland Hospital in the provision of health care needs to the community which it serves. We are especially concerned that, not a little, of the contents of 'Closer To Home' are influenced by the present Government's pre-occupation with such a model of care becoming the preferred model nation-wide. Whilst such a model of health care provision may be of benefit in highly populated areas which are served by much better road and public transport systems than West Cumbria's, and involve much shorter travelling distances, this model does not fit with the needs of West Cumbria. We need to be extra careful in giving credence to Government driven models that do not consider the long term health needs of communities such as West Cumbria. To evidence this view we would refer you to the 1998 Department of Health report on 'Long Term Planning for Hospitals and Related Services' Consultation Document on the Findings of the National Beds Enquiry. Following this report the then Secretary of State for Health, Alan Milburn, announced a need for **more** hospital beds!

We wish to acknowledge our thanks to Sue Page, Chief Executive of Cumbria PCT, and Marie Burnham Chief Executive of North Cumbria NHS Acute Hospitals Trust, together with their colleagues, for their engagement with us on this most important issue. The 'Save Our services' group are confident that the priorities of all concerned are towards the development of first class Health Care Services for West Cumbria, we simply address it from different viewpoints. If we are to achieve our combined aim, then we must continue to talk, listen and respect each other.

**The Reverend John Bannister**  
**Spokesperson for the 'Save Our Services' Group.**