

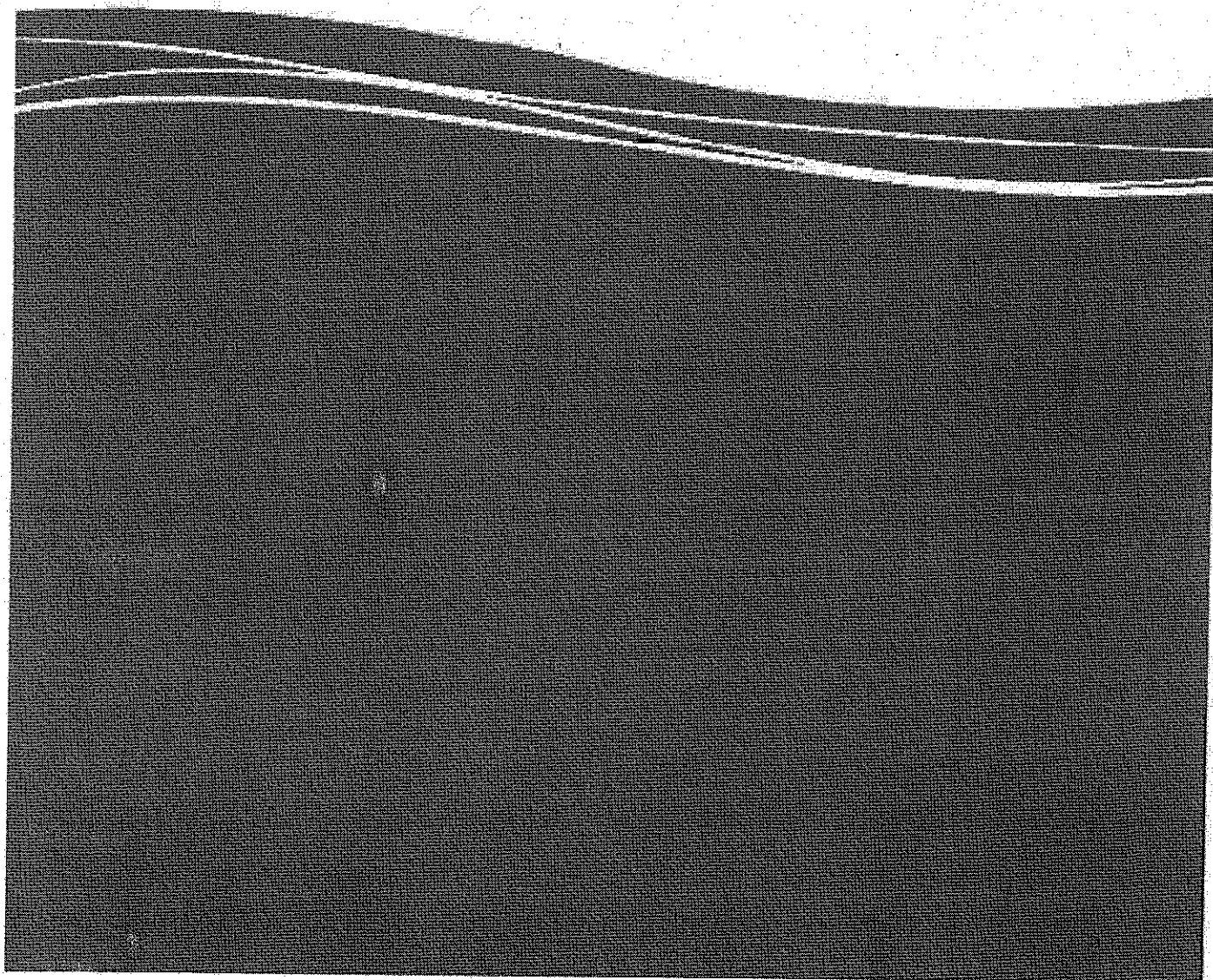
Reported to Cumbria Health and Wellbeing Committee
- Scrutiny - 15 January 2010



Update on Closer to Home

What we have done since the Closer to Home
Consultation in Allerdale, Carlisle, Copeland and
Eden

June 2009



Introduction

A consultation on the future of health services in Allerdale, Carlisle, Copeland and Eden was held from September 2007 until February 2008. This **Closer to Home** consultation set out the plans of NHS Cumbria, the county's primary care trust, to strengthen local health services (in conjunction with the social care services of Cumbria County Council) in order to help more people get the treatment and care they need, in their own homes or closer to where they live. As part of this approach, we proposed to preserve and develop the county's nine community hospitals and focus the acute hospitals in Whitehaven and Carlisle on the work that specifically needs an acute attendance. In order to take forward these plans we proposed to put local GPs more in control and to focus investment where it is needed for strong local services. These plans were all set out in the consultation document **Closer to Home** which is available online at www.cumbria.nhs.uk/YourSay/Consultation/home.aspx

At the end of the consultation a detailed report was considered by the Board of NHS Cumbria.

In April 2008 we published a document setting out:

- What we proposed
- What you said
- What we decided

This is available on the NHS Cumbria website www.cumbria.nhs.uk

Six months later in November 2008 we published the first update on what we had done. It gave a summary of the proposals and decisions, and then explained what had been done in the first six months. This is also available on the NHS Cumbria website www.cumbria.nhs.uk

Now, six months later, we want to tell you a bit more about what we have been doing. We plan to go on producing short updates every six months so that you can see what has happened as a result of the consultation process.

Closer to Home – the proposal

The central theme of **Closer to Home** was the need to develop more local services that can:

- Help people stay well
- Offer early diagnosis and treatment
- Provide long term support that helps people stay in control of their illness
- Provide more local hospital services
- Provide more appropriate emergency/urgent services

Alongside this we wanted there to be access, when it is needed, to high quality hospital treatment in Whitehaven and Carlisle.

If there are more and more effective local services, fewer people will need to be admitted to these hospitals and those who are admitted will often stay for shorter periods. Less pressure on them should enable them to provide better, more specialist services.

Our aim is to make sure people receive the right treatment in the right place at the right time, closer to home. And we want local clinicians to lead this.

What we are doing

1. Local decision making

We have put local family doctors in charge. A GP has been appointed to lead each of the four localities (Allerdale, Carlisle, Copeland and Eden) – working with other GPs and clinicians, supported by a locality team. These four lead GPs, together with the leads for South Lakeland and Furness, form the heart of the clinically led decision making group for NHS Cumbria as a whole – the Professional Executive Committee.

At a local level they and their locality team are responsible for deciding how they turn national policy and Cumbria-wide standards into better services for local people. They increasingly make the key decisions – closer to home and clinically led.

We are now exploring how we can take this a step further and give them more autonomy and control along with more local accountability. In Allerdale we are piloting a new way of working (called Integrated Care Organisations) in Maryport and Cockermouth. There is another larger pilot in South Lakeland and over the next six months we will be exploring more options to see how the organisational arrangements for the NHS in Cumbria can best support high quality local services that reflect the different needs and circumstances of the communities that make up the county.

What matters more than the organisational arrangements is the nature of the full range of local services available to patients.

2. Keeping people well

We said we would invest in helping people to stay well. That is what we have been doing.

A major campaign has been launched to get people across Cumbria thinking about their health. Called 'Health Counts', the campaign has seen posters, billboards, adverts and leaflets deployed across the county with messages advising people how they can take small steps to improve their health.

The primary care trust is also offering free health checks at various locations around the county as part of a Health, Wealth and Happiness tour organised by BBC Radio Cumbria. Alongside financial and other advice services, NHS Cumbria staff provide information at the roadshows of how to quit smoking.

A mobile health unit has also visited Workington to provide free blood pressure checks and health advice to residents. Mobile health check sessions in other parts of Cumbria are also being explored.

In Carlisle, work is progressing with partners to secure Healthy City status from the World Health Organisation. To achieve this international accolade, cities must demonstrate a commitment to putting health at the centre of decision-making in areas such as planning and recreation.

NHS Cumbria is also leading a new national stroke campaign in the county. The campaign is designed to teach people about the dangers of strokes and how to spot them. It is estimated that this year (2009) over 12,500 people in Cumbria will have a stroke or be living with the symptoms of stroke.

3. Local community services

We said we would invest in helping develop more local services in the community. That is what we have been doing.

NHS Cumbria has launched a new education programme for people newly diagnosed with type-2 diabetes. Called DESMOND (Diabetes and Self Management for Ongoing and Newly Diagnosed), the programme offers participants advice on diet and exercise as well as empowering people to self-manage their condition.

Thirty health care professionals across Cumbria, including nurses, podiatrists and dieticians, have been trained to become DESMOND educators.

Community based pulmonary rehabilitation courses are now being delivered closer to where people. These courses help to help ease discomfort and encourage more exercise in patients suffering from breathing problems such as COPD, bronchiectasis and lung fibrosis.

Community night nursing services in north Cumbria have also been expanded. NHS Cumbria has increased the number of night nurses who can treat patients in their own homes in Allerdale, Copeland and Eden.

Previously one community nurse cared for patients during the night in Eden, and another in Allerdale and Copeland. As a result of extra investment each of the three districts now has its own special team led by a nurse with the support of a healthcare assistant.

As lone night workers, the two nurses previously providing the service were limited to visiting patients already known to the community nursing service. This means the GP out-of-hours service or an ambulance had to respond at night to calls from new patients, regardless of their clinical need.

Now the community night nursing teams can respond to first-time patients – thereby reducing unnecessary hospital admissions and visits to A&E during the night.

4. Improving Emergency Care

We said that we would improve services for people needing to go to accident and emergency departments, and that is what we have been doing.

Most people who might go to A&E have minor injuries or straightforward illnesses. So our first step has been to ensure that there is a service that meets these needs quickly and directly. We have established new 'Primary Care Assessment Services' in which GPs and nurses are available at the front of the hospitals:

- Penrith
- Whitehaven
- Carlisle

These services provide skilled and prompt assessment or treatment. In doing so they make it easier for the A&E specialists to focus all their skills on people with more major injuries or illnesses. We are now working with the North Cumbria University Hospitals Trust on improvements in the way those departments work.

In addition, the primary care trust has used a web campaign called 'Choose Well' to make sure people know how and where to get the best NHS care for any illness or injury.

5. New future for Community Hospitals

One of the big issues before the consultation was the future of Cumbria's community hospitals. There are nine in the four localities:

- Alston
- Brampton
- Cockermouth
- Keswick
- Maryport
- Millom
- Penrith
- Wigton
- Workington

They had all been threatened with closure.

We decided to keep all of them open. We also decided that the services they deliver should be available in Carlisle and in Whitehaven.

The plan was not just to keep them open but to develop them so that they could play an active role in the system of care – acting for some people as a 'step up' between home and either West Cumberland Hospital or Cumberland Infirmary, and for other people as a 'step down' following treatment in one of those hospitals and before a return home or elsewhere.

We did not just want the community hospitals to be about beds. We wanted them to be the hub of local services, able to support people in their own homes offering almost a 'hospital at home' service. We also wanted them to have more diagnostic tests and other services to save people the journey to the big acute hospitals.

Developing the community hospitals therefore was about developing practice within them, building up the range of services, better linking them with the two acute hospitals and adapting the buildings to make them fit for purpose. We have started this process.

We have opened a unit in the Reiver building at Carlisle's Cumberland Infirmary and are now well on our way to opening another at West Cumberland Hospital to serve the Whitehaven area.

The staff in the community hospitals have worked hard, with new clinical leadership focussing on the pathways in and out of the community hospitals. The result is people are spending less time in hospital but more people are being treated. A patient survey also shows improving levels of satisfaction from patient and carers.

More patients are now being treated in Cumbria's community hospitals. Figures show an increase in the number of patients treated at hospital minor injury units. More people are also receiving inpatient care while lengths of stay are shorter

In Workington, extended opening hours at the community hospital centre means patients are finding it easier to access out of hours GP services and the town's minor injuries unit.

Over the winter months, there are always pressures on hospital beds and this year for the whole of England it was a particular problem due to the unusually cold weather. In Cumbria, because of the improvements in the way the community hospitals are working the disruption was less than in many other parts of the country.

The outcome of the consultation process was a decision that, if the community hospitals were working as effectively as they could and should, we would probably need fewer beds in total within them. However we undertook to maintain the number of beds in the nine existing hospitals for two years. We have opened 40 new beds in the units in Whitehaven and Carlisle and maintained the bed provision in the other nine.

As we plan for the future we are now looking at units that meet their local needs in the light of the full range of services and not just beds.

Through our Community Ventures Programme we have started an ambitious scheme to build new community hospitals fit for the 21st century. The first three will be in Brampton, Cockermouth and Millom. In spite of the changes in the wider economy, we are still planning to make a significant investment in replacing the existing buildings and we are working with Cumbria County Council in order to link our investment with their programme for renewal of residential care provision.

6. Improving Acute Hospitals

In Cumbria more people are admitted to hospital than elsewhere and they tend to stay longer. This means more peoples' lives are disrupted in Cumbria than elsewhere. This is in large part because the alternative services, closer to where people live, have not existed. **Closer to Home** is about developing better and more appropriate local services. As this happens, fewer people will need to be admitted to hospital and more people will have access to better alternatives.

The outcome of the consultation was a long term commitment to a West Cumberland Hospital and active support for its redevelopment. Along with this was an agreement about reducing the number of beds in line with increasing efficiency within the hospital.

We have been working with the North Cumbria University Hospitals Trust in developing the improved connections between community services (including both GP services and community hospitals) which will support the hospitals in becoming more efficient in the way they work, as well as providing better alternatives for many people and meaning that they do not require admission.

We have continued to support the case for a new West Cumberland Hospital and are now delighted to be working with the Hospitals Trust on a scheme for a major re-development on the current site.

Conclusion

Closer to Home is an ambitious programme. The approach we took as we developed the proposals has since been reflected in national policy in Lord Darzi's 'Next Stage Review' www.ournhs.nhs.uk and in 'Healthy Horizons' www.northwest.nhs.uk/projects/healthierhorizons which was the North West's contribution to that. We have also built upon it in our five year strategic plan www.cumbria.nhs.uk/AboutUs/OurPrioritiesAndHowWeDoing/FullStrategicPlan.pdf and in further doing so we are developing our response to the national 'Transforming Community Services' programme www.northwest.nhs.uk/projects/tcs/

In year one of our implementation of **Closer to Home** we have made important progress in some of the behind-the-scenes things about how we make decisions and in background planning. We have also made some real progress in delivering service improvements experienced by people we serve.

We know we have much more to do: developing new services; improving the range and responsiveness of individual services and the way they work together; and ensuring that the quality of patient or service experience is at the heart of what we are doing.

We will publish another update later this year. In the meanwhile you can keep in touch with what we are doing through our new website www.cumbriapct.nhs.uk

For further information you can also contact us through:

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For more information about the service developments in localities you can contact the locality commissioning managers (listed below)

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The **Closer to Home** consultation focused on the localities linked to the North Cumbria University Hospitals Trust. The commitment to the principles and approach of the **Closer to Home** strategy applies to the whole of the county. The two localities in south Cumbria are: Furness and South Lakeland. An engagement process relating to those two localities will be launched later this year.