

Member Briefing – Full Council 27 September 2016

Questions from Members to:

Stephen Eames, Chief Executive, North Cumbria University Hospitals

Gina Tiller, Chair, North Cumbria University Hospitals Trust

Dr Rod Harpin, CIC Site Associate Medical Director North Cumbria University Hospital Trust

<p>Cllr Fee Wilson</p>	<p><i>Millom has serious concerns about access to WCH and I would welcome a recognition that while Millom falls into Morecambe Bay Trust many in our community opt to go to WCH. We have a major problem if Duddon Bridge is impassable which it often is we face isolation, especially at night when Helicopters can't fly. I would welcome reassurances that ALL remote areas in Copeland are being taken into consideration.</i></p> <p>Response Stephen Eames: There is no barrier in people attending from Millom. To some extent the ambulance service will make the decision based on where a person is. For example if someone had a very serious heart problem they wouldn't necessarily got to anywhere in Cumbria. Generally speaking access to our hospital is not restricted in any way for emergency care. Routine care we want to do as much as we possibly can so GP's and patients have the choice to say we want to go there and that request should be respected.</p> <p><i>Mayor: In terms of the consultation that's taking place and the isolation of that area 3 Weeks ago floods in Bootle and the roads were impassable. The infrastructure around West Cumbria is not the best – will those issues be taking into consideration when you are going through this consultation?</i></p> <p>Response Stephen Eames: Transport and access is the biggest issue in the consultation because it's not like other places where you are 6 or 7 miles from a hospital, there are big distances here so some of the planning and discussion has taken in transport issues. If these changes are going to happen there is going to have to be further investment in ambulances, a serious look at helicopters. I think that the view is that this would only help with very serious traumas. One of the reasons why we want to bring as much back to local areas is so that people don't have to travel. There is a lot of information about the travel times and the risks involved.</p>
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	<p>Response Dr Rod Harpin: I think it's important to realise that there is a difference between travel times and getting the expertise, particularly some of the movements that have occurred. You have to separate it from travelling for an elective procedure to travelling for emergencies, particularly where the skills are best concentrated on one site. I think its fully recognised by the Success Regime and the Clinicians who have been involved with this and some of our other partners who have been involved in working through the options that travel times in Cumbria are a significant</p> <p>Why we are particularly keen, especially in this area to focus on rural medicine, I don't think this is providing helicopters on every corner because they do have their restrictions but we do have to work with ambulance partners and make this the best transport system we can factor that in but not lose sight of other transport issues which is the personal transport. we need to look at aspects and once we know the configuration we are designing for, we have done some of the transport time work but we would have to work with NWAS and others to make sure we can provide the best system there is.</p>
<p>Cllr Paul Whalley</p>	<p><i>In view of the 6 consultants of obstetrics & Gynaecology open appraisal in last week's Whitehaven news and also the outgoing Clinical Director, who in their belief, that the only safe method for both West Cumberland and Cumberland Infirmary is a 24 Hour 7 days a week consultant led Maternity.</i></p> <p><i>Given this option put forward by the Consultants and also widely supported by the vast majority of people in West Cumbria of 24 hour Consultant led care. Why then do the Success Regime continue to insist on yet another (costly to the NHS) round of Public Consultancy when for the umpteenth time they have been told what the people of West Cumbria both need and prefer??</i></p> <p>Response Dr Rod Harpin: I do accept that this is an issue that has been going on for many years. Some of the issues that are behind the sustainability, the regulatory authorities that di feed into the decisions/options that we have gone out to consultation with. You have to bear in mind this is a consultation document and these are options.</p> <p>To comment on the six or five or four we are following on a piece of work that really was instigated in 2014 with the Royal College of Gynaecologists. They presented these options in that document. If we couldn't sustain the two consultant led units that it would flow on to further work and consideration of the options two of which are in this consultation document. All 3 options existed in that previous document from the Royal College of Gynaecologists report if would flow onto further (3 options) 2 options are in this consultation.</p> <p>They are there to take the point of the wider, this is not just providing maternity services or providing the consultant obstetricians we have had various meeting with the wider clinical leadership which includes paediatrics,, general surgery, anaesthetics – they are all required to support the safe and sustainable delivery of obstetric services. I think it's important to emphasise that when we have sat down with the consultant obstetricians that yes they would all prefer to have kept as 2</p>

	<p>consultant lead units, however I think that a wider number of them do accept that if we can't provide that we need to consider other models. That is the view we have gained from our clinical leads.</p> <p>Response Stephen Eames: We want your views The overwhelming clinical view point is towards change. At West Cumberland Hospital we have less than one full time paediatric consultant, we have attempted to recruit with the support of UCAS and we cannot recruit those doctors. We have particular challenges, the lack of children's doctors is a national problem that we are trying to resolve. You cannot provide a consultancy lead maternity service without the right number of consultant paediatricians and the associated expertise. we need to get across when people talk about maternity it's about all the things you need</p>
<p>Cllr B O'Kane</p>	<p><i>With respect to the asset stripping of WCH that has occurred over recent times, could we please have a fully detailed list of departments and services that have been removed to CIC over the last five years, and in addition other areas that are under consideration for the near future.</i></p> <p><i>Are the main three areas being used as a smokescreen for the constant stripping and downgrading of our Hospital?</i></p> <p>Response Stephen Eames: I hope my slides suggested that we are not asset stripping because we wouldn't be spending the sort of money I was describing earlier on. On our website and happy to share with the council we have done an analysis. Understandably this question comes up all the time. We can show you exactly what has gone and what hasn't gone. I have talked about what's on there. Recent example what was reported in the media was that we have just taken the switchboard services away and we actually haven't. What we have done is created an automated exchange. This basically means that if you want to get hold of someone you can do this more quickly than with the old system. The staff and all that goes with it are all working in west Cumberland. These things sometimes get a little bit distorted. We will provide you with this information. Can I emphasise as I tried to say at the outset all the things that we are actually doing</p> <p>Action: To provide information List attached that Stephen Eames referred to regarding service moves from WCH – note this is dated May 2016 but there have been no further changes apart from Switchboard has now been implemented as described in the document</p> <p><i>Could Mr Eames confirm that he will allow hospital staff to comment freely during this consultation period in line with his continual promise of openness and transparency?</i></p> <p>Stephen Eames: Yes</p>

<p>Cllr J Forster</p>	<p><i>At the meeting last Thursday we saw an all-male panel supported by male consultants who are based at Carlisle or Northumbria. Are there no women that would support such a nonsensical notion of no consultant lead maternity between the hours of 8 pm to 8 am, which would appear to be the best option being offered?</i></p> <p><i>We heard common sense statements from midwives and very respectable consultants from the West Cumberland Hospital, are their opinions to be seriously considered or are you going through the motions and the decision has already been made?</i></p> <p>Response Stephen Eames: There are no decisions – any decisions have to be made after a public consultation and has to be taken by all the health services locally and input from yourselves and all the councils locally. Unfortunately in the meeting last week we did try to say this but there were three consultants from West Cumberland, three consultants who work between West Cumberland and Carlisle and one failed to say he was from Northumbria, in that particular case he has sessions in Northumbria Carlisle and in West Cumberland so I think it’s wrong to say that we heard from West Cumberland consultants. I think it’s a very fair point about female consultants. We do have some female consultants who are participating in the consultation they just weren’t available for that particular evening. I think that a very important point’</p>
<p>Cllr M Holliday</p>	<p><i>A key focus of yours is to establish "A long-term and sustainable clinical strategy fit for the future". With one of the most sensitive nuclear facilities in the world and potential nuclear new build, coal mine and all of the support services required here or on the horizon what justification exists for exploring a reduction or elimination of key services at WCH</i></p> <p>Response Stephen Eames: In the context of what we do now in relation to the communities that work in those industries not all the services we provided were provided by West Cumberland Hospital a lot were provided in Carlisle. You could also argue that people may need specialist care and they would need to go slightly further afield to Newcastle.</p> <p>One of the things that is in the consultation document is the very important investment we are bidding for - £35M worth of capital and 6M of revenue to replace cancer facilities that happen to b at Carlisle – they are virtually on their last legs, if we don’t replace then there won’t be a cancer service locally and people will have to travel further. We can’t just look at the WCH in the context of that growing population.</p> <p>The Majority of care provided for the type of population – younger people, young families and so on generally will be around routine assessment diagnostic elective care – we want to make that more local as you have heard.</p> <p>The Pub health experts that have looked at the growth as it is planned have said that this would negligible effect on demand, people may want to debate that in the context of this conversation but that is what they say that it doesn’t make a lot of difference on the overall demand of the health service</p>

	<p>In overall terms we serve that population now and we want to continue.</p>
<p>Cllr J Bowman</p>	<p><i>Q1. Can you please tell this council and our residents how many consultants will be based at WCH?</i></p> <p><i>Q2. How many anaesthetists will be based at WCH?</i></p> <p><i>Q3. How many consultants / anaesthetists will be dedicated to maternity services?</i></p> <p><i>Q4. How many porters and support services are taken from WCH to Carlisle?</i></p> <p><i>Q5. What services will WCH specialise in?</i></p> <p>Response Stephen Eames: In general terms we are not expecting workforce numbers to change dramatically, we are expecting that some of things our workforce does to be different. Remember that part of this strategy is also about moving a lot of services into the community. Some of the staff will work in the community in the future or at least work between hospital and community</p> <p>Example – We are talking today about the new services we are setting up such as the Elderly frail service – and our expectation is that our consultants will work in hospital and community to prevent people coming in in the first place which is the main purpose and also work in the community with GP’s and nurses with patients in their homes and or within GP practice. Some of the shift in workforce is about more people working locally. If you work ion hyper acute stroke care and we are concentrating that in Carlisle it might mean two or three people are affected by that change. In those circumstances some people may say I’d like to pursue my professional interest and I’d like to go with that service, some people say my family are local, it’s difficult for me to get somewhere else, I can’t get child care can I do another job. Our main staffing problems are not about the people we have it’s the massive amount of money we are spending on temporary staff which we are trying to reduce. That’s the general approach to that question, the specific points about anaesthetic and maternity we could respond in writing later.</p> <p>As explained in the presentation our thrust is to try and find a way to recruit Doctors and Consultants to Whitehaven. That mix will vary with what options we end up with after the consultation particularly with the role of anaesthesia regardless of the maternity model which ends up is actually going to be key to what we call our composite medical model to deliver the medical care for people that need to be admitted to hospital with medical background conditions and particularly if they are unwell so we will not be withdrawing anaesthesia in the middle of that process – we will work as a single department across the trust. It will change the distribution depending on the reconfiguration but we have every intent to recruit people to work locally.</p>

	<p>We have ten maternity consultants between the two hospitals they are working as a single team and whatever we do in the future they are going to be working as a single team so we will see the Carlisle consultants working in Whitehaven and the Whitehaven consultants working in Carlisle, the reason for that is because the national standards require consultant presence around things like labour wards and complex outpatient or accidental care in this context. 24 hour consultant care there is a challenge to doing that and that is what part of the consultation is about but we will have consultants present on both our sites in maternity and they will be working closely together. This is true of all of our services. We cannot develop either of our hospitals unless we do that. They are two of the smallest seven hospitals in the country. They need to work together much more than they have done in the past.</p> <p>Action: Provide written details (Attached)</p>
Cllr L Hogg	<p><i>It would be interesting to know why it has taken so long to consult, is it because the last consultations did not give them the answers they wanted. On news and look around tonight it would appear we are to be left with an empty building. How can we expect parents with sick children to travel to Carlisle the issues being</i></p> <ol style="list-style-type: none"> <i>1. They would be left in a strange place without parents</i> <i>2. How would they afford the costs of travel especially if there were living on benefits?</i> <p><i>And lastly the overspend did not exist at Whitehaven until they joined up with Carlisle when the surplus from Whitehaven went towards paying for the PFI.</i></p> <p>Stephen Eames: I can't answer because I was not here. The last consultation was around two of three years ago The consultation is happening now for three very specific reasons, one is workforce the second is providing safe care and the third is national standards.</p> <p>The hospitals have been in special measures for three and a half years. Our regulator who is a quality regulator says that some of our services in current form are not sustainable. The quality standards they expect of us cannot be met. We have not made a great deal of that in the consultation but it is a fact. One of the reasons behind the consultation is to give reassurances to the Care Quality Commission is that our services in the longer term will be safe. If we don't do something then we could be in difficulty in provision of services not just in Whitehaven but in Carlisle as well.</p> <p>People say we don't mind if the regulator says that because we want services locally but we have to mind because we are the guardians of quality we have the legal responsibilities to deliver quality care.</p> <p>PFI - When I was asked to come here I asked what the financial position is and I was told its 65M deficit – that is over a third of the operating budget – if it was a business you'd be insolvent.</p>

	<p>Financial issues are a system problem not just about the trust – we have to do our bit in saving money like every other public service, we are expecting to make lots of efficiencies on the way we are looking to change services in taking care, closer to home, building single teams and things like that over the next few years.</p> <p>The deficit has built up over three or four years and its not been in one place and the main reason for the underlying deficit in my professional opinion is that while the trust was making savings they were not recurring savings, they were one off savings so the underlying problem was just getting worse. We are focussing on and so far doing successfully are recurrent savings PFI has no impact as the Trust receives a subsidy. We do have some issues with the way</p> <p>Issues with how Co-operating performs</p>
Cllr J Lewthwaite	<p>On 20th of this month A5086 was closed for several hours due to major RTA and C4002 was closed due to burst water main This left A595 a virtual car park as far as the eye could see bearing this in mind and also future heavy use anticipated on our roads (Nugen for instance) do you agree that serious consideration should be given to a road system already under stress. How on earth can all emergencies in maternity for instance get to Carlisle in time to avoid unthinkable consequences? Please stop consulting and listen.</p> <p>Response Rod Harpin: Part of that question is something I can't answer and that is the road system and its capacity – the responsibility of the council. One of the thing we have to be able to cope with in every eventuality along with our ambulance providers – they are remarkably adapt at getting people around this area along with the police.in the event that all of those access roads are closed this would became a major incident and we would manage that accordingly with our emergency partners. These are well rehearsed plans. We do work through desktop situations with the Council.</p> <p>I think the key is that you have a very experienced and well trained paramedic service and would plan in all those scenarios it does become the case in health care that these become major incidents</p> <p>Stephen Eames: This is a very important point and we would not support any plan that would lead to the consequences that council is asking about. Anything we do would have to be a s safe as or safer than anything we do now that is one of the acid tests of these proposals a.</p> <p>Response Stephen Eames: We have looked in depth at transfers – we are transferring people all the time, both ways between the hospitals because a lot of people who have a serious condition will rightly go to their local hospital but will often be stabilised and then be moved on, quite often that can be up to Newcastle. There is absolutely no evidence whatsoever that there has been any detriment to those we have treated even though the roads have been closed. You have experienced the dreadful winter and the floods which had a massive impact on both of our hospitals. We managed within those circumstances to keep people safe. I think there is common cause in the general headline that the best thing you can do in all circumstances if try and improve the ride.</p>

	<p>Rod Harpin: I just want to emphasize that these movements are made to improve our outcomes and there has been considerable improvement in our outcomes in some of the areas of complex surgery where we have moved people.</p>
<p>Further Questions Received</p>	
<p>Cllr R Gill</p>	<p><i>Is it still the preferred option of the NCUHT to have a Consultant led Maternity unit at West Cumberland Hospital, if not, when did the policy change.</i></p> <p>Response Stephen Eames: The Trust’s clinical leadership has always made it clear that a consultant-led maternity service at West Cumberland Hospital would be our preferred option if the service was safe and sustainable for the long-term future. However, as stated in the Royal College of Obstetricians and Gynaecologists (RCOG) review published in 2014, if option 1 (maintaining both units) <i>“could not be achieved and patient safety continued to be compromised through non-compliant staffing, there would be no alternative than to consider reconfiguration of services.”</i></p> <p>Given the challenges we face relating to recruitment of doctors across the range of specialties needed to provide consultant-led maternity units, our reliance on locums and low numbers of births, we have to look at other options in order to make the service safe and of high quality for the future.</p>
<p>Cllr A Bradshaw</p>	<p><i>How they are going to solve the problem with bed blocking which costs hundreds of pounds and is caused by not being able to have in place the community support provided by Adult Social Care (ASC) this is funded by Cumbria County Council. There needs to be a clear partnership approach and pooling of funding. I would like to know what Mr Eames plans are to get this working seamlessly and is there an agreement going to be in place to pool some funding to allow this to happen. It would also solve the problem of re-admittance into hospital thus putting a strain on Acute resources.</i></p> <p>Response Stephen Eames: Reducing the number of Delayed Transfers of Care (DToCs) forms part of the work around the introduction of Integrated Care Communities which is the term used to describe the ambition to join up health and care services in a given community, tailored to the needs of the local population.</p> <p>An ICC will see health and social care professionals, GPs, the voluntary sector and the community working as one team within one system to support the health and care needs of population it serves. It will focus on helping the population to manage long term health conditions and improve access to information about healthier lifestyles locally.</p>

	<p>Evidence shows that the most successful ICCs will reduce the overall number of people who need to be cared for in hospital and improve the health and wellbeing of communities.</p> <p>The evidence is supported locally by early work in Millom and Carlisle that has shown that providing more care outside hospital, particularly for the frail and elderly, has led to faster recovery times as well as allowing us to treat more people.</p> <p>The leaders from all partners across the system including the acute trust, Cumbria Partnership NHS Foundation Trust (CPFT), , NHS Cumbria Clinical Commissioning Group (CCCG), Cumbria County Council & GP practices have made a firm commitment to develop ICCs and have started work together to provide better support to teams locally, many of whom are already using principles of integrated working in providing care.</p> <p>See attached to read more about ICCs.</p>
<p>Questions from the Floor</p>	
<p>Cllr Mrs Bowman</p>	<p><i>I am still very concerned maternity. When you consider that the timescale from determining an emergency c section is 30minutes, even if the ambulance was on standby there is no way that you will get that mother and her child to Carlisle.</i></p> <p>Response Dr Rod Harpin: The whole basis for the safety of any reconfiguration of maternity services that one is very clear of the risk stratification and where mothers are heading and the option do differ in the way they are configured in options two and three in the consultation document. We would be planning not to get into the situation where you would have an emergency C section that needed to transfer between Whitehaven and Carlisle and the evidence is in the evolution of free standing midwifery units, their risks and management is that the outcomes are no worse and may even be better for the mothers, particularly if you take the evidence from birthplace study. The evidence that maternal and foetal outcomes are improved in situations where you don't have medical intervention. Everything we would do and our regional and national leaders feel that these models are safe and can be made safe by the work we would do, depending on the configuration that comes out of the consultation</p> <p><i>Cllr J Bowman: Regarding the consultation there a whole article in the paper today and you are here talking about it but I cannot see where you can actually give input to that consultation. No website, nothing listed.</i></p>

	<p>Response Stephen Eames: Have you seen the consultation document? We're not actually responsible for input. The consultation document is being made widely available</p> <p>Pat Graham: We will make it available to members – Action CBC</p> <p>Stephen Eames: If you need more there is a contact in the document where you can get more copies and there will also be a website for people's comments</p>
<p><i>Cllr Y Clarkson</i></p>	<p><i>Has any thought of transfer of Carlisle down to Whitehaven and to set it the other way. It's the same distance and Carlisle would also have the option of going up to Newcastle it make some sense to at least consider that option.</i></p> <p><i>Has there been much improvement to back office support. I saw a consultant recently and he was taking notes and he said he'd only had two patients that day when the note has actually accompanied the patient – clearly there is a lot of time wasted for consultants</i></p> <p>Response Stephen Eames: I agree with you about the latter point that occurred because some of the changes that were made quite recently around medical records led to that consequence for a short period of time and that was badly planned. I take full responsibility as I am in charge. I can assure you it won't happen again and should not have occurred</p> <p>I think there are a couple of paragraphs about the first point that you made. If we had been considering these changes at a time when the hospitals were completed then that might have been something you could have considered. When the work was done to look at what the options would be so many things have now concentrated on the complex side, either specialist care in places like Newcastle or Preston and most of the specialist complex care that is already happening in Carlisle it just wasn't feasible to make that change on the grounds of size of population cost and otherwise</p>
<p><i>Cllr Connolly:</i></p>	<p><i>The local paper is concentrating on the closure of stroke unit what we understand is the quicker treatment better chance of recovery. A forty minute journey to Carlisle is very detrimental to that recovery period.</i></p> <p>The issue is initial treatment, the way the stroke treatment has changed we are moving towards getting machines to try and extract the clot. That service will happen in Carlisle but after that initial treatment you then be returned to recover in Whitehaven. There would be a stroke unit in Whitehaven</p>

Stephen Eames: Please take these two messages away tonight.

There is a lot of discussion to be had about what happens at the West Cumberland Hospital and

There is going to be a vibrant dynamic hospital in this part of the world for the long term. We are totally committed to that