

11 January 2008

To: All Cumbrian General Practitioners and Practice Managers in Allerdale, Carlisle, Copeland and Eden
All Consultants, North Cumbria Acute Hospitals NHS Trust

Dear Colleague

Closer to Home an NHS consultation on providing more healthcare in the community in North Cumbria

As you will be aware the Closer to Home public consultation on providing more healthcare in the community in the districts of Allerdale, Carlisle, Copeland and Eden concludes on 1 February. Cumbria Primary Care Trust, together with North Cumbria Acute Hospitals NHS Trust, is currently very active in consulting on the proposals with both the public and with clinical staff. We would like to provide you with an update on the consultation activity that has taken place over the last couple of weeks.

Public meetings

We are holding five public meetings across the region covered by the consultation throughout January. Two meetings were held last week. On Monday 7 January, a public meeting in Penrith was attended by around 30 people. The public meeting held on Thursday 10 January in Carlisle was attended by around 40 people. These were two good sessions in which members of the public as well as some NHS staff provided constructive and challenging feedback on the proposals.

Next week our focus switches to west Cumbria with public meetings in Whitehaven on Monday 14 January and in Workington on Wednesday 16 January. A final public meeting is being held in Millom on Monday 21 January. These meetings are scheduled to run from 7pm to 9pm, with the exception of the Millom meeting which runs from 2pm to 4pm.

Clinical meetings

Cumbria PCT and North Cumbria Acute Hospitals NHS Trust are, of course, aware of the concerns that have been expressed about the Closer to Home proposals, particularly in west Cumbria. Over the course of the last week we have embarked on an intensive round of discussions with clinical staff to try to identify the way forward on a number of areas. We are pleased to report that good progress has been made at these meetings. The outcome of these meetings will be fed into the formal evaluation of the consultation responses which will commence at the beginning of February. However, we thought it would be useful to provide a short summary of these meetings to help inform

debate and address anxieties around the Closer to Home proposals over the remaining three weeks of the public consultation.

The meetings have considered:

- Emergency and complex surgery
- Trauma services
- Comprehensive geriatric assessment
- Palliative care; and
- Bed numbers

The key points of these meetings are set out below.

Emergency and complex surgery

Much of complex planned (elective) surgery for north Cumbria is currently undertaken at the Cumberland Infirmary. The intention is to continue to develop services for complex surgery and other complicated procedures at the Cumberland Infirmary. North Cumbria Acute Hospitals NHS Trust is confident that safe surgical cover out of normal working hours can be provided at both hospitals. There would be 24/7 cover for orthopaedic surgery at both hospitals. Emergency vascular surgery would be centred in 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 5 cases a year). The details of the on call rotas would evolve in stages over a number of years, but for present purposes “out of hours” would be considered as after 9pm on a weekday and probably after 6pm at weekends. Because elective complex surgery would be mainly carried out in Carlisle, some patients in west Cumbria would be transferred to Carlisle if they need emergency complex surgery. This would only occur if they have been stabilised to allow safe transfer, if not then the surgeon would come to West Cumberland Hospital. Many of the changes in surgery would be led by the changes in practice that continue with new developments in surgical and radiological care.

Trauma services

Patients with significant trauma will be taken to the nearest Emergency Treatment Centre for stabilisation. Senior clinical assessment at all times is essential and will require a clinical decision making approach to consider onward transfer internally and externally. Small numbers of patients, around 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.

Comprehensive geriatric assessment

The meeting was attended by Dr Richard Curless an experienced Consultant Geriatrician from Northumbria. There was good general agreement on the principles of service development for older people across secondary and primary care. There is a collective will around a number of issues that emerged and a desire for greater collaboration across primary and secondary care.

Palliative care

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.

Bed numbers

North Cumbria Acute Hospitals NHS Trust presented revised bed modelling for the two hospital sites. The revised figures propose inpatient bed numbers of 415 beds at Cumberland Infirmary and 220 beds at West Cumberland Hospital. These numbers include 20 beds on each site for step down/step up patient care facilities. The new West Cumberland Hospital would be designed and built with the contingency for a 30 bed expansion. The Trust's bed modelling exercise confidently predicts bed numbers that would allow both sites to meet current patient demand at all times.

Full minutes from all of these meetings will be available shortly, and will be placed on the Closer to Home website at www.closertohome.org.uk. It is worth re-iterating that the outcome of these meetings will be considered by the Board of Cumbria PCT alongside all other responses to the Closer to Home consultation in due course.

Community developments

One of the recurring themes as we have spoken to both the public and to NHS staff about the Closer to Home proposals has been frustration about the lack of detail in the consultation document about what improved community based health services will look like and what they will deliver. The consultation document is quite explicit in stating that the responses to the consultation will help to inform our locality planning process. This will clearly need to be an ongoing process to ensure that, as services evolve, they meet the needs of our local population.

However, the locality teams have not been waiting for the end of the consultation before beginning their work on identifying priority areas for new and better community services. For instance, a meeting of the PCT's Professional Executive Committee on Thursday approved plans from the Copeland locality commissioning team for a new integrated assessment and rehabilitation unit for Copeland. This is the first step in further developing community services to make them more responsive and to provide a broader range of services that will enable more people in Copeland to be cared for at home.

In the other localities clinicians are also leading the local development of community services. In Allerdale, for example, GP led work has begun in

three community hospitals, while in Carlisle plans are being taken forward to improve services for people with diabetes.

We hope that these developments will go some way to re-assuring you that the PCT is serious about putting in place the community-based alternatives to hospital care that are central to achieving the aims that we have set out in Closer to Home.

Investment in health services in Cumbria

Finally, we are also aware that there are concerns that the resources are not available to implement the Closer to Home programme. The proposals are backed by real financial resources that will enable major improvements in the way that we care for patients across the whole of Cumbria while keeping the PCT in financial balance.

These include:

- £19.2m to improve community services and infrastructure across Cumbria over the five years of the Closer to Home plan;
- an additional sum of around £8m a year over the five years of the Closer to Home plan above agreed national tariff costs for North Cumbria Acute Hospitals NHS Trust to cover the unavoidable costs involved in providing hospital services in a rural area with a dispersed population;
- investment of a further £2m between 2006-2008 to improve ambulance performance. This is being used to provide new ambulances, recruit additional staff and improve technology and is particularly addressing issues in West Cumbria.
- NHS North West is providing £28.4m of financial support to clear a substantial part of the PCT's historic debt;
- Being free of debt will release around £2m per year for investment in direct patient care which was previously lost in interest payments;
- We will strive to make the best use of taxpayers' money and plan to reduce our costs by £35.3m over the five years of the Closer to Home plan by working more efficiently;
- Transitional funding of £14m over three years will support service change;
- The PCT is planning for a small surplus in future years that will underpin health services in Cumbria;
- We are also making significant investment in other areas to ensure that the NHS in Cumbria provides care for patients in line with national targets, and to meet the needs of our changing population. This includes investment in learning disabilities and mental health services, and sexual health and public health.

There should be no doubt that major organisational change, such as that set out in the Closer to Home consultation document, and returning to financial balance is very challenging. But it is achievable. One of the key purposes of public consultation is to subject our plans and assumptions to close scrutiny, and to consider the proposals in the light of this scrutiny. We all share the

same objective of achieving the highest standard of healthcare for the people of Cumbria on a sustainable footing. We feel that we have made considerable progress in recent weeks in moving towards a consensus on how we can achieve this.

Yours sincerely

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Cumbria Primary Care Trust

Simon Rames
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