Together for a healthier future – plans to improve health and care services for people living in north Cumbria

The ‘Together for a healthier future’ programme is a group of organisations who make sure that health and care services are there when people need them, working together.

They include

- NHS Cumbria Clinical Commissioning Group (CCG)
- North Cumbria Hospitals NHS Trust,
- Cumbria Partnership NHS Foundation Trust and
- Cumbria County Council
- NHS England
- Healthwatch Cumbria

Together these organisations want to make a difference.

Since spring 2014 they have been supporting NHS Cumbria Clinical Commissioning Group, which is led by local GPs, to develop a five year plan for better health and care services.

To help with this we’ve been talking to:

- local people
- patients using our services
- community and voluntary sector organisations
- local councils
- doctors
- nurses
- other health and care professionals working in our services
We’ve also worked with independent experts to give us a better understanding of the problems we need to solve and about how some of our services are being used.

What they have told us has helped to give us a better idea of how we can move forward.

Introduction

We want the best health and care services in north Cumbria.

This means everyone living in Allerdale, Copeland, Carlisle and Eden getting the best and safest health and care services when they need them.

This has not always happened in north Cumbria. We want to make sure it does happen in the future.

We want people to be able to get the care they need close to home, but most important we want to make sure they get the care they need, when they need it, so they can get better.

We want people who work for us to work together well.

We also want to help people to stay well and healthy so that they need health and care services less.
To make this happen we need:

- Good people working for us
- To be good at what we do
- To make sure we spend the right amount of money.

We need to make some changes.

This year health and care organisations in north Cumbria have been working together to look at what changes could be made to make sure that services are safe and sustainable and provide a good experience for everyone using them and for staff.

This leaflet explains:

- Some of the problems we have – Challenges for Cumbria
- What could be done to give the people of north Cumbria better health and care services.
- The work we’ve been doing
- Next Steps – what we are planning to do now

Challenges for Cumbria

There are many challenges and problems facing our health and care system which means that things need to change.

Our problems in north Cumbria have been around for a long time, but over the past year they have come to a head.

National organisations who checked us have said that we were not good enough at looking after people. We have become better at looking after people now, but we still need to improve. They will check us again in the autumn.
There is no one reason for the problems that we face, here are some of the challenges:

- Cumbria is very big, and people live spaced out, so they can be hard to get to.
- We have lots of older people in Cumbria.
- People who are very sick are now living longer.
- People in Cumbria have different health problems depending on where they live.
- It’s hard to get people to work for us, because our hospitals are small and lots of doctors want to work in bigger hospitals.
- It’s hard to get people to work for us permanently in other services too, and short term workers (called Locums) can be very expensive.
- It is hard for us to provide good services in two places, Carlisle and Whitehaven, so we have had to move some services to just one hospital.
- We’ve not always been able to meet national standards for waiting times for treatment.
- Sometimes people have to be treated in hospital because we don’t have the right services anywhere else, when we could do. This means people who really need hospitals have to wait longer.
- Every year we spend more money than we have. This year we’ll spend around £30 million more than we get.
What could be done to give the people of North Cumbria better health and care services?

We have split what we do into three sections.

1. ‘Out of hospital’ services
2. Community hospitals and minor injury units
3. Hospital services

We have told you some more about our plans below.

1. ‘Out of hospital’ services

We want to make the most of all of the local services that are already available to us, including those provided by community and voluntary sector organisations. We also want to make more use of new technology which can help people to look after themselves.

All of this means developing a new way to provide care which will cost extra money, however, we think it will help us to reduce costs in hospitals.

Community and voluntary sector organisations have told us that they want to be able to work more closely with the NHS

People have told us how important it is for patients to be supported to look after themselves better

‘Local people want better access to their GPs. They don’t want to have to wait for an
This model of care has five parts:
Primary care communities
These are GP practices working with other professionals, sharing their skills, to make sure people can be seen urgently in their own community.
• The first one of these will be launched soon in Workington.

Urgent care coordination centre
One place to contact making sure people get care in the right place at the right time. Helping to make sure people only go to hospital if they really must. Helping to organise care in people's own home when they leave hospital.
• A care coordination centre is already working at Cumberland Infirmary.

Integrated rapid response and community services
Making sure that when someone who is vulnerable gets ill at home, they can have the help and equipment they need from a 'hospital at home service'.
This will make sure people only go to hospital and stay there for the time they must be there. People don't stay in hospital longer than they need to.
These teams will be available seven days a week.

Specialists working in the Community
Specialist doctors will help patients in the community. They will also help GPs by giving them specialist advice to help their patients and helping them learn new skills.
• New technology will be used to save patients from having to travel to hospital to see a specialist unless they have to.

Referral support systems
Making sure we use our referral systems in the best way, to make sure people in the community get seen quickly, and in the right place.
2. Community hospitals

In North Cumbria we have eight traditional community hospitals at Alston, Brampton, Cockermouth, Keswick, Maryport, Penrith, Wigton and Workington.

We think they should have two main uses:

1. For step down and step up care for older people.

Step down means after a patient has had a short stay in hospital and they still need more care before they are well enough to go home, but are not ill enough to need the main hospitals.

Step up means when a person needs some care that can’t be provided in the community but is not ill enough to need to go into one of the main hospitals.

2. One stop assessment for frail older people

One stop assessment centres for frail older people. These would make sure that patients received the right care and support to help them stay at home and also to stay well. To help do this, the centres would work with community and voluntary sector organisations.

3. Hospital services

We’re committed to making sure that both Cumberland Infirmary and West Cumberland Hospital have successful futures.
However, we’ve some real challenges in delivering safe and quality care, which we wrote about earlier. Because of these problems our hospital services can’t stay the way they are.

We feel strongly that we need to consolidate some services. This means bringing together more services onto one site.

**We are looking at different possibilities and haven’t developed any of the options.**

We’d like to reassure local people that we could not – and would not- make any permanent changes without talking to the public about it first. This is called consultation.

**Changes we are thinking about:**

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<tr>
<th>Medical admissions</th>
<th>More Information:</th>
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<tr>
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<td>Some changes are being thought about which include:</td>
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<td>• West Cumberland Hospital not taking medical admissions</td>
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late at night
• Acute medicine being consolidated at Carlisle Infirmary.

These changes would need lots of planning and risk assessment.

We would have to think about the challenges of emergency transport.

We would have to be sure this was the right thing to do for medical reasons.

**Elective (planned) care**

Develop an elective centre of excellence at West Cumberland Infirmary for low risk operations which lots of people need.
• This would reduce the risk of operations being cancelled due to emergencies.

Develop Cumberland Infirmary as a centre for high risk operations
• This would make sure the right specialist support was available for more complex cases.

We’d continue to have appointments, day cases and tests at both hospital sites so people would only be travelling for their surgery.

‘Patients are frustrated that their operations and other procedures were cancelled due to emergencies. Some also commented on long waiting lists.’
| Unscheduled (not planned) care | This is the unplanned care that would usually come into the hospital through accident and emergency departments.

We would deal with higher risk and more complicated unscheduled care at Cumberland Infirmary, in some cases, after patients are stabilised first at West Cumberland Infirmary.

There would still be accident and emergency services at West Cumberland Hospital. |
| --- | --- |
| Maternity services | We have **consultant-led** maternity services at both Cumberland Infirmary and West Cumberland Infirmary.

North Cumbria is also one of the few areas in the country that does not offer pregnant women a choice of having their baby in a midwifery-led unit.

The size of the units means that it’s difficult to recruit staff. There are also recruitment problems with some of the services that are closely related to maternity, such as **anaesthetics** and **paediatrics**.

We need to look closely at all of the risks and all of the benefits there would be to changing maternity services. |

‘Speed and accuracy of diagnosis (finding out what’s wrong) and treatment are crucial.’
| **Children’s services** | Working with other organisations, we’re developing a Child Health Strategy: Building Health with Children and Young People.

Children and families should be supported to be healthy and stay well but when they need it they can get good quality care quickly, and close to where they live.

The model of care would address the needs of all children, including children who become unwell and the ongoing needs of children and young people with complex conditions. It would also include services appropriate to young people as distinct from younger children resulting in a smoother transition from adolescent to adult services. |

| **Mental health** | Organisations across Cumbria are working to write an Adult Mental Health Strategy by October 2014 it will talk about:
- Better local access to services
- Joined up delivery between health and social care.
- Focus on improving the physical health of people with mental health illnesses.
- Improve home treatment so fewer people will need to go into hospital and patients will spend less time in hospital. |

Parents have asked us to make sure that in the future services are child-friendly.

Some people said they are willing to travel to get the best care but would prefer aftercare to be closer to home.
If this works well we might move *inpatient* services. In north Cumbria this could mean only providing inpatient services at the Carleton Clinic in Carlisle.

### Specialised services

These are the highly specialised and usually very expensive services provided on a small number of sites around the country.

NHS England is responsible for these services.

We'll continue to work with NHS England to make sure that people in Cumbria have the right access to these services.

At the moment we want them to develop services for people with cancer. This would be through a specialist from outside Cumbria delivering these services in our local hospitals.

This way of working could work for other specialist services to reduce travelling for Cumbrians.

Faster access to mental health services was an important message during our talks with local people.
Next steps

We’ve much more work to do before we can agree on the options for hospital services.

We have had some examples where the changes we have made have been successful. We want these positive changes to continue. We want to develop more successful changes.

This will involve further talks with doctors, nurses and other health and care professionals working in those services.

We’ll also continue to have further discussions with our partners including:

- The local councils
- MPs
- Community and voluntary organisations.

We’re committed to making sure that we continue to talk with patients and the public.

We’d like to reassure local people that we could not – and would not - make any permanent changes without talking to the public about it first. This is called consultation.

This would be a very thorough process, over a three month period, when there would be lots of opportunities for local people to make their views known.

In the meantime, if you’ve any comments about what we have told you so far, please let us know.

Email us: healthierfuture@cumbriaccg.nhs.uk
Glossary

- **Admissions**: This is when people come into a hospital to be treated.
- **Anaesthetics**: A specialist service which looks after people who need to be put to sleep for surgery.
- **Care Quality Commission**: A national organisation who check that services are doing a good enough job.
- **Clinical Commissioning Group**: A group of local GPs who make decisions about how money should be spent by the NHS.
- **Consultant-led**: A service which has doctors as the leaders.
- **Elective**: Something which has been chosen. In this paper it means when people are having a surgery which is planned.
- **Frail**: People who are elderly and may be vulnerable to getting poorly.
- **Frustrated**: A feeling when you get annoyed and there is nothing you can do about it at the time.
- **Healthwatch**: A national organisation, run by different local groups who speak up for the views of the public and patients.
- **Inpatient**: Someone who is staying in a hospital to be treated.
- **Maternity**: Services for women who are pregnant, having a baby, or have just given birth.
- **Midwifery-led**: A service which has midwives as the leaders. Midwives are specialists in looking after pregnant women and their babies.
- **Partnership**: Working together with other organisations or people in a joined up way.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Paediatrics</strong></td>
<td>Services which are specially for children</td>
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<td><strong>Referral</strong></td>
<td>A way we help someone get access to a service.</td>
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<td><strong>Sustainable</strong></td>
<td>Something which can work in the long term and might be able to look after itself.</td>
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<tr>
<td><strong>special measures</strong></td>
<td>A term used by the Care Quality Commission, it is used to describe a service which is being carefully looked at because it does not do what it should be doing.</td>
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