North Cumbria
Clinical Commissioning Group

Healthcare For The Future Update

Cumbria County Council Health Scrutiny Committee

9 October 2017

1. Introduction

The purpose of the report is to give an update to members of the Health Scrutiny Committee of Cumbria County Council on the service areas where decisions were made following the Healthcare For The Future Consultation.

Appendix 1 contains a short reminder of the decisions made on 8 March 2017.
Appendix 2 contains Terms Of Reference for the co-production groups and Governance Diagram

2. Maternity and Paediatrics

Co-production

The Working Together Steering Group (WTG) has been established and has met three times. It brings together NHS leaders, staff, GPs members of the public, members of the West Cumbrians' Voice for Healthcare, members of We Need West Cumberland Hospital group and representatives from Local Authorities.

It is chaired by the Venerable Richard Pratt, the Archdeacon of West Cumberland.

Several smaller working groups have been established and cover a range areas including – telemedicine, children's, recruitment and retention and care at a distance. These smaller groups are looking for practical steps that can be taken to support the sustainability of Option 1 Maternity.

The next meeting is on 12th October between 6-8pm at Lakes College at Lillyhall.
All information from the group is publicly available at:
www.northcumbriaccg.nhs.uk/ournhs

The Independent Review Group (IRG) was due to meet for the first time on October 2nd and will be chaired by Dr Bill Kirkup. It will be made up of an independent obstetrician, paediatrician, anaesthetist, neo natal nurse and a midwife. There are no members of the group from NHS North Cumbria Clinical Commissioning Group (CCG) or North Cumbria University Hospitals Trust (NCUH). The IRG will be made up of independent experts who will assess whether enough progress has been made.

Maternity

The maternity referral to the Secretary of State has been sent to the Independent Reconfiguration Panel (IRP) for investigation. The IRP has requested information from the NHS which we have provided in a full and timely manner.

a) Developing the Alongside Midwife Led Units (AMLU):

- Phase one – further development of midwifery led care on both sites by using designated rooms has started and there is encouraging take up among women booking.
- Phase two – implementation of AMLU's on both sites. An area has been identified at West Cumberland Hospital (WCH) and the work is currently at design stage due and to be operational by the end of the year. The date for phase 2 at Cumberland Infirmary Carlisle (CIC) is likely to be January 2018.
- Clinical and patient experience audits are being agreed with Maternity Voices Partnership (MVP) and community representation.
- Development of an audit has started with community input.
- There has been significant input from MVP including visits to the units and full involvement in the design proposals.

b) Other maternity developments

- Staff engagement sessions are taking place on the hospital sites
- The report from the Royal College of Anaesthetists (RCoA) highlighted again the challenges of sustaining a safe obstetrics service and the challenges of maintaining a fully recruited anaesthetics rota, but didn't tell us anything we didn't know. We are grateful to the RCoA for taking the time to visit both sites and see the challenges for small district general hospitals for themselves.
- Work is ongoing to develop the wider Better Births agenda, and the Local Maternity System (LMS) as a Sustainability and Transformation Partnership (STP) requirement, is well advanced. Work on development of community maternity hubs will be co-produced with women and midwives. The overall LMS plan is due for national submission in the Autumn.

Paediatrics

The children's work stream infrastructure is in place and includes a Short Stay Paediatric Assessment Unit (SSPAU) implementation and data and performance group.

a) Developing the SSPAU

- The current assessment processes on both sites have been mapped
- A workshop to define new service flow for delivery of SSPAU in line with Royal College standards on both sites took place on 16 June 2017. The SSPAU operational policy is now being finalised.
- The detail on data capture for the SSPAU is being assessed and an alternative to the current inpatient episode recording system is under consideration.
- Patient story work is underway to add to the voice of service user as we change services
- Detailed work on the transfers of Paediatric and Maternity cases is being undertaken, including work to plan for the dedicated ambulance vehicle (DAV).
- Work is underway to identify written protocols in other trusts covering the emergency response where no paediatric doctors are on site.
- A phased plan is being developed detailing steps towards an SSPAU model including the DAV ambulance work as outlined at decision making.
- A review of the environment at both WCH and CIC to improve patient flow and enable a more fit for purpose unit giving the SSPAU its own defined area.
- Clinical staff are developing an audit to capture a range of information from current short stay patients at both WCH and CIC.
- Plans are being developed to address a range of specific issues e.g. Child and Adolescent Mental health Service (CAMHS), oncology, radiology, emergency department (ED) and anaesthetics.
- A business case is being developed to include investment in staffing including the community infrastructure to support the SSPAU.

b) Workforce

- Considerable work is underway, increasingly with community input to improve the recruitment of paediatric staff.
- The development of nurse practitioners continues.
- The staffing business case is being produced as per expected investment requirements in the Pre Consultation Business Case and the workforce planning tool for medical and nursing work force.
- There is the possibility of a development with the University of Central Lancashire (UCLan) to provide a research base for our remote model and in so doing aid recruitment.

c) Links with Integrated Care Communities

- Consultant / GP and Multi-disciplinary Team (MDT) clinics: the Brampton pilot is underway. A pilot in Workington is also in its early stage where a joint clinic and MDT will be held every four weeks. A pilot in Penrith is currently under development.
- Guidance notes and flowcharts have been produced to support consistency across North Cumbria.

d) Integration

- A Children and Young People Asthma workshop was held on 28 June to support development of a whole system pathway. Work is underway to develop a whole system End Of Life pathway with support from the Children's co-production group.

4. Community Hospitals

There has been considerable focus on working with the community alliances which developed in the three communities where community hospital inpatient beds will close.

In Alston the beds are currently closed because of staffing challenges, and alternative arrangements with access to beds in residential care are being trialled. Hospital staff have been redeployed within the community and feedback has been positive. This has been done with close contact with the community group.

In recent weeks workshops have been held in Maryport and Wigton. These sessions are being led by Cumbria Partnership NHS Foundation Trust (CPFT) with support from Cumbria County Council and input from NHS North Cumbria Clinical Commissioning Group (CCG). Future sessions will be used to consider and appraise the proposals developed by the community.

Work has focused on:

- Developing a model agreed by community groups and develop a summary of operational and financial factors relating to alternative proposals.
- Wider engagement with community groups, local health and care teams and local GP practices.
- Agreement from all 3 Alliance groups in Alston, Maryport and Wigton to a non-medical bed model (acknowledging the concerns still held by some members of those groups).
- Testing of flexible community model in Alston (April - current time) where beds have temporarily closed due to staff shortages - indicating very positive results and good patient experience.

- Merging of the Integrated Care Communities (ICC) and Community Hospital work streams (August 2017) to dovetail work happening in Alston, Maryport and Wigton with the ICC strategy and business case.
- Acknowledgement of the leadership shown by senior clinical nurses and allied health professionals (AHP) leads in working with Community Alliance Groups to gain their support in developing community based plans.

5. Emergency and Acute Services

Progress to date
There has been considerable work in recent months to establish the 'Composite Workforce' model which won a Healthcare People Management Association (HPMA) Excellence Award in June.

Work continues to develop strong links with UCLan at the West Cumberland Medical Education Campus.

High-risk patient pathways are already in place.

Recruitment progress:

- 8 x Advanced Care Practitioners (ACPs) now recruited and working at Senior House Officer (SHO) level.
- 10 x Trainee ACPs (not all nurses) recruited, along with 1 x Professor (Cardiology), 1 x Academic Fellow, 2 x Physician Associate Lecturers, and 2 x ST3s, 1 x Registrar.
- 3 x Trainee Senior ACPs will join new UCLan MSc in Hospitalist Medicine Course in September to qualify as 'Registrar' equivalents.
- Academic Fellow and Senior Lecturer recruitment underway jointly with UCLan.

7. Emergency Surgery, Trauma &Orthopaedics at WCH

Progress to date:

- Additional General Surgery fortnightly operating session and Out Patient clinic at WCH in place from June.
- Additional Orthopaedics being undertaken at WCH from July.
- Minor trauma now routinely undertaken at WCH in daily elective lists to ensure efficient, timely trauma care.

8. Stroke

The work to develop the Hyper Acute Stroke Unit will also include wider work on the Early Stroke Supported Discharge pathway. There are significant workforce challenges within the department.

The Stroke Association (SA) is working with the clinical teams involved and is committed to running events with members of SA, recent survivors of stroke and their families to support the process. These meetings are likely to happen in October and will be open to all interested members of the public.

Appendix 1

Please find below a reminder of the decisions that were made on 8 March 2017 following the Healthcare For The Future consultation.

More details can be found in the Decision making Report which was previously shared with Health Scrutiny members and can be found here. http://www.northcumbriaccg.nhs.uk/about-us/how-we-make-decisions/Governing-Body-Meetings/2017/2017-8-march/index.aspx

The consultation document can be found at:
http://www.wnecumbria.nhs.uk/consultation-document/

MATERNITY
Option 1 involves the provision of a consultant led maternity unit at both Cumberland Infirmary Carlisle and at West Cumberland Hospital, an alongside midwife-led maternity unit at both sites, a full range of antenatal and postnatal care at both sites and the continued option of giving birth at the Penrith Birthing Unit or at home. There would be a special care baby unit at both Cumberland Infirmary Carlisle and West Cumberland Hospital but the reduced availability of paediatric expertise at West Cumberland Hospital (see option 1 in children's services) would mean that some higher risk births would take place in Carlisle.

Recommendation 2.1: To test the viability of Option 1 over a 12 month period
Recommendation 2.2: If Option 1 is not proven to be deliverable or sustainable then implement Option 2 at the end of the 12 month period
Recommendation 2.3: Whilst testing Option 1, to prepare for Option 2 by implementing a Midwifery Led Unit (MLU) in Whitehaven alongside the Consultant Led Unit, in order that the MLU can be audited as if it was freestanding
Recommendation 2.4: To implement Option 3 if Option 1 is not proven to be deliverable or sustainable and, following audit of the MLU, Option 2 is not deemed to be safe.
The Governing Body is requested to **endorse** the following actions to be undertaken in order to deliver recommendations 2.1 – 2.4:
• Strenuous efforts will be made with local communities, GPs, patients and staff led by an independently chaired 'co-production' steering group to test to the limit the deliverability and sustainability of Option 1
• The criteria for testing the viability of Option 1 will be jointly agreed by the independently chaired 'co-production' steering committee. The criteria are likely to include the following: o The staffing and number of filled posts at agreed progress points
• Evidence of adequate future supply of staff to maintain improvement with recruitment and retention
• Monitoring of serious incidents / near misses / clinical outcomes

- Measures of staff and patient satisfaction
- Demonstrable change in ways of working for quality improvement including: a hub and spoke approach with risk stratification and transfer of high risk care, development of Short Stay Paediatric Assessment Units (SSPAU), development of the midwifery agenda including the MLU model, restructuring of medical working practices, arrangements for emergency cover, skills maintenance and improved leadership
- The criteria will be reviewed by an Independent Review Panel, involving regulators and Royal College experts, for a 'stop/proceed' decision at each milestone.
- Co-production approaches will be used to develop other care model innovations including development of the MLU(s), and proposals to mitigate the challenges of providing care at distance
- The audit of the Whitehaven MLU will be undertaken using pre-agreed criteria and the outcome of the audit will be received by the Independent Review Panel which will decide if a free-standing MLU in Whitehaven could be safely instated.
- The Co-production Steering Committee and Independent Review Panel will fit within an agreed governance structure with jointly agreed terms of reference.
- There is an acknowledgement that much work will be required to collaboratively plan for and deliver a successful 'co-production' and this will begin in earnest as soon as possible should the recommendations be approved.

PAEDIATRICS
Option1
This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be a short stay paediatric assessment unit for children requiring short term observation and treatment. There would also be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.
Recommendation 3.1: The Governing Body is requested to approve Option 1 for implementation. This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a Short Stay Paediatric Assessment Unit. At West Cumberland Hospital, Whitehaven, there would be a Short Stay Paediatric Assessment Unit for children requiring short term observation and treatment. There would be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.
Recommendation 3.2: The Governing Body is requested to approve that should Option 1 ultimately prove to be unsustainable then Option 2 for Children's Services may need to be implemented.

COMMUNITY HOSPITALS
Option 1
Option 1 involves no community hospital closures but proposes the consolidation of

inpatient community hospitals beds onto six sites. In total there would be 104 inpatient beds at Whitehaven (Copeland Unit), Cockermouth, Workington, Penrith, Brampton and Keswick.
Recommendation 4.1: The Governing Body is requested to approve Option 1 for implementation.

Emergency and Acute Services
Option 1
Option 1 involves a 24/7 A&E at Cumberland Infirmary Carlisle along with acute medical inpatient services, including for the most complex cases. There would be assessment and inpatient beds for the frail elderly, as well as specialist rehabilitation. The number of intensive care beds currently on site would increase slightly, as would the number of emergency assessment unit beds. There would also be a 24/7 A&E at West Cumberland Hospital along with acute medical inpatient services and rehabilitation. There would also be a small intensive care unit but some of the most seriously ill patients would be transferred to Carlisle if it was felt they would benefit from the extra support available there.
Recommendation 5.1: The Governing Body are requested to approve Option 1 for implementation.

Stroke
Option 2
This would see all acute stroke cases managed in a single hyper-acute stroke unit based at Cumberland Infirmary Carlisle. Ambulances would take possible stroke patients direct to Carlisle. Patients arriving at West Cumberland Hospital by other means would be transferred by ambulance to Carlisle. On leaving the hyper-acute stroke unit patients resident in West Cumbria would be transferred to acute stroke and rehabilitation facilities at West Cumberland Hospital if further hospital care was needed. This service would be complemented by ensuring improved, early supported discharge in both Carlisle and Whitehaven.
Recommendation 6.1: The Governing Body are requested to approve Option 2 for implementation.

Emergency surgery, Trauma and orthopaedic surgery
The document states: We are proposing that the arrangements previously made on safety grounds are now made permanent BUT with some further changes which allow additional emergency surgery and trauma care to take place at West Cumberland Hospital. Specifically we are proposing:
- Additional minor trauma surgery will take place on some days each week at West Cumberland Hospital with any displaced planned surgery being managed in an additional weekly list at West Cumberland Hospital.
- Some non-complex day case general surgery is returned to West Cumberland Hospital including key-hole gall bladder operations, surgical treatment of abscesses, and investigation of abdominal pain (with key hole procedure if necessary).

■■ Single 'Professional Point of Access' communication arrangement[s] allow the referrer (often the patient's GP) to discuss directly with the hospital based surgeon the best place to see and assess individual patients.

■■ Additional outpatient fracture clinics at West Cumberland Hospital. This proposal has been demonstrated to result in better outcomes for patients, however, some patients will continue to have to go directly to Cumberland Infirmary Carlisle or be transferred there from West Cumberland Hospital.

Recommendation 7.1: The Governing Body are requested to approve the proposal set out in the Public Consultation document for implementation.

Appendix 2

Attached:

- Terms of Reference and Success Criteria for the Working Together Group
- Terms of Reference for Independent Review Group
- Terms of Reference for the Implementation Reference Group
- Co-production groups governance diagram

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For more information contact...

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