



North Cumbria
Clinical Commissioning Group

Healthcare For The Future Update

NHS North Cumbria Clinical Commissioning Group
Cumbria County Council's Health Scrutiny Committee

15 May 2018

1. Introduction

The purpose of the report is to provide an update to members of Cumbria County Council's Health Scrutiny Committee on progress since the decisions were made in March 2017 following the Healthcare For The Future Consultation.

More than a year on there has been a huge amount of work to make changes to the services consulted on, as well as significant progress to the way the NHS in north Cumbria works with our communities through co-production.

2. Update on Maternity and Paediatrics

Maternity

The Alongside Midwifery-Led Unit (AMLU) is developing well at the West Cumberland Hospital (WCH) and this has been informed by the valuable input of the Maternity Voices Partnership (MVP).

As you are aware the 12 month period for testing the sustainability of consultant-led services at WCH started on 1 April 2018. The progress will be considered regularly by the Independent Review Group (IRG) which is chaired by Dr Bill Kirkup.

Initial work with paediatricians and obstetricians to identify the 100-200 women who may be carrying babies which can be identified as potentially needing more paediatric input is ongoing. Comprehensive work with a range of clinicians – paediatricians, obstetricians, midwives and anaesthetists – will be starting soon to analyse the data from these categories to work out further operational detail about which women will be advised to give birth at the Cumberland Infirmary in Carlisle (CIC). A representative from Health Scrutiny Committee has been invited to join three meetings in May, June and July when dates are confirmed.

The audit of cases through the AMLU is running. This will also be considered by the IRG.

Paediatrics

Work to establish Short Stay Paediatric Assessment Units (SSPAU) at CIC and WCH is progressing. This model is used extensively across the UK and reflects the changing nature of childhood illness – most children admitted to hospital are discharged within 14 hours. We know the remote and rural nature of our geography means we can't lift a model off the shelf, we have to make sure it works for us and we will phase in this service, with no change to overnight beds at WCH until we reach phase 4 of the process. The timelines are indicative and not confirmed.

Currently we are in Phase 1:

- The SSPAU is opening 14 hours a day (8.00am-10.00pm), Monday-Friday at CIC and from 9.00am-5.00pm Monday- Friday at WCH
- Children and their parents/guardian should not notice a difference other than they will be seen more quickly by a senior decision maker
- The SSPAUs are situated on the ward areas at both CIC and WCH

We hope to move into Phase 2 (early summer)

- The SSPAU will open 7 days a week at CIC (8am-10pm)
- At WCH, the SSPAU will open 14 hours a day (8am-10pm) and still no change to inpatient beds at either site

Phase 3 (late Autumn)

- WCH SSPAU will move to 7 days a week in line with CIC
- Still no change to inpatient beds at either site

Phase 4 (date to be determined)

- Both SSPAUs open 14 hours a day, 7 days a week so long as all safety and logistical issues have been addressed
- This phase introduces the low acuity beds at WCH and extra overnight beds at CIC

All of this is dependent on recruitment of staff.

It is important that we capture the learning from phases 1-3 in developing phase 4.

These changes are being clinically led, with feedback from staff and service-users being fully taken into account. Feedback from staff, parents and patients has been positive.

Co-production

The next meeting of the Working Together Steering Group – overseeing the working groups focusing on maternity and paediatric issues - is on 30 May 2018.

3. Community Hospitals

Since the decision was made to consolidate inpatient beds across six sites - with the closure of inpatient beds at Alston, Maryport and Wigton - there has been substantial input from local clinicians and the community through local alliances.

This opportunity to help shape services to support those communities in alternative ways has meant the NHS, social care, third sector, primary care and community members sitting together to assess the needs of that community and consider

alternative provision, especially for frail elderly and palliative care cases that should be offered care close to home.

These community alliances have also considered the care and treatment of people in these areas, the amount of travel from those communities to treatment appointments and develop plans to bring some closer to home.

NHS North Cumbria CCG's Governing Body considered feedback from the Implementation Reference Group (IRefG) and agreed in April that the beds in Alston – which had been closed since April 2017 because of staffing challenges – could be formally closed immediately, while the beds in Maryport and Wigton would close between April and October. The Governing Body wanted assurance that alternative services would start to be available with final operational sign off from the System Leadership Board.

4. Integrated Care Communities (ICCs)

Although not part of the consultation itself, the development of ICCs is crucial to deliver the changes planned.

The development of ICCs is also closely connected with the community hospital work.

We are starting the first phase of ICC implementation which will see the development of:

Co-ordination hubs – each ICC will have a hub which co-ordinates care for the local population. The hubs will co-ordinate the multidisciplinary teams (MDT) and gather information from community, GP and social care to proactively identify those in need of preventative care. By monitoring where people are in the health and care system, the hub will help people stay in their own homes and get home from hospital quicker. It will also provide administrative support and a single point of contact for any professional referring people to ICC services.

In phase one the hub will operate 8am-6.30pm Monday to Friday, with CHOC covering out of hours, bank holidays and weekends.

Rapid response services – when someone's health or care needs deteriorate they will be referred to their ICC hub via a health or care professional. The hub will then arrange a rapid response, within 2 hours, which sees nurses, therapy staff or adult social care put steps in place to help them avoid a hospital stay.

A **lead practitioner of the day** will be responsible for decision making within the hub. They will manage a daily huddle (meeting) and the ICC caseload, including Rapid Response. They will be allocated on a rota and will come from a range of disciplines – working with other leads for advice on areas outside of their specialism. The lead practitioner will allocate a **case navigator** who will carry out the initial rapid response assessment and arrange appropriate support.

This short term support will last up to 72 hours and will operate seven days a week, 8am to 8pm.

Discharge to assess – planning for home will start as soon as someone is admitted to hospital and when they leave they'll have their ongoing needs assessed at home. This means they don't have to stay in hospital to wait for assessments and their personal circumstances can be taken into account.

Reablement – this aims to help people regain their independence following an illness, injury, disability or loss of personal support network by providing targeted, short term support.

Frailty co-ordinators – people living with moderate frailty will be proactively identified and supported to prevent deterioration in health and maintain independence.

There will also be investment in **GP services** to ensure the capacity to attend regular multidisciplinary team meetings and provide more care in the community.

Recruitment - In order to provide the above services, we need to recruit more health and care staff to community teams. Cumbria Partnership NHS Foundation Trust (CPFT) and Cumbria County Council (CCC) advertised a number of vacancies in December and have now recruited to some of these posts. More vacancies will be advertised soon to provide the additional resources necessary to deliver more out of hospital care.

Each ICC has a management 'trio' consisting of a Community Health Manager, an Adult Social Care Manager and a GP lead.

A short animation has been developed to explain why we need ICCs and how they will work: <https://youtu.be/DeysdmvzHoE>



5. Emergency and Acute Services

Despite serious challenges to staffing, the decision was made to retain A&E services at both the Cumberland Infirmary Carlisle (CIC) and the West Cumberland Hospital (WCH).

The most challenging staffing issues were at WCH therefore an innovative new staffing model in acute medicine, the 'composite workforce model' has been introduced which means traditional non-training junior and middle grade medical roles can be replaced by suitably trained and experienced clinicians from a variety of clinical backgrounds. The roles include advanced clinical practitioners, academic fellows, GP trainees and physician associates. This shores up the acute medicine service which supports emergency care.

The model won the 'Innovation in HR' award at the 2017 HPMa awards and the Royal College of Physicians also paid tribute to the innovation when the President, Jane Dacre recently visited the Trust. Her feedback included: "I think the work done at Whitehaven in the creation of the Composite Workforce is really innovative, and should be shared nationally as an example of good practice. I left feeling quite inspired by what you have all achieved. So keep going!"

6. Emergency Surgery, Trauma & Orthopaedics at WCH

The consultation considered changes made on safety grounds in 2013 regarding moving emergency complex surgical services from WCH to CIC. The service changes have proved to be beneficial for patients across north Cumbria with mortality rates and outcomes improving, therefore the consultation decision was to make the changes permanent. The consultation also focused attention on the journeys made by some people with lower level trauma which could be done safely at WCH.

In orthopaedics, an additional theatre has opened to allow for a further increase in surgery of up to 25%. Approximately 70% of the Trust's planned orthopaedic operations are now carried out in the new theatre facilities in Whitehaven.

The team also now runs a theatre list at WCH every week for minor trauma surgery and trauma cases are also added to existing orthopaedic theatre lists as demand dictates.

In addition to orthopaedics, work has been ongoing on a range of further developments in surgery at WCH, including:

- Breast surgery including guide wire procedures and breast symptomatic clinics
- Thyroid surgery
- Urology including day case prostate resections using green light laser (only available at WCH)
- Oral surgery
- Orthodontic treatments
- Upper GI surgery – additional operating lists and clinics
- Manometry investigations

7. Stroke

NHS North Cumbria Clinical Commissioning Group (CCG)'s Governing Body considered an update from the IRefG which reviewed progress in the plans to develop a Hyper Acuter Stroke Unit (HASU) which will be supported by an Early Stroke Supported Discharge (ESSD) pathway at its meeting in April. It agreed the direction of travel - mindful of the needed investment in estates, a second CT scanner and workforce - with final operational sign off by the System Leadership Board.

There are national shortages of stroke consultants and stroke nurses and the need to make the best use of those precious resources has never been greater. There have been significant challenges in designing a service that will work for north Cumbria with requirements to increase beds at CIC and invest in equipment.

Following concerns raised around travel times we provided a briefing outlining the reasons for change and what is proposed.

www.northcumbriaccg.nhs.uk/news/2018/April/Why-are-stroke-services-changing-across-north-cumbria.aspx

The development of a HASU at the Cumberland Infirmary will mean all potential stroke patients are initially brought to the unit at Carlisle where they will have access to a specialist stroke team made up of consultants, nurses and therapists 24 hours a day 7 days a week.

Admission to this unit is likely to be for a maximum of 72 hours at which point the patient will be discharged home, or if they need more support and are from west Cumbria can be transferred to the West Cumberland Hospital. Patients from the north of the county requiring extra support will remain in Carlisle.

Considerable work has been done alongside the work to develop a HASU to ensure that robust ESSD teams support patients home, or closer to home, more quickly.

This is in line with national best practice.

Stroke treatment is about regaining independence - reducing long term disability. Access and treatment at a HASU in its own right improves mortality (death rate) and long term ability to a far greater extent than traditional models.

Currently we have two 5 day a week services - at the West Cumberland Hospital in Whitehaven and the Cumberland Infirmary in Carlisle. We have stroke rehabilitation and post-stroke services at both sites, and they will remain.

We have a brilliant team doing their best in the face of a national shortage of stroke specialist staff – consultants and nurses – that are under immense pressure. It isn't sustainable. We should have 6 stroke consultants, but in fact we have 1 substantive consultant and two locums. We have struggled to recruit for several years.

Clinicians are supporting open workshops, facilitated by the Stroke Association, to ensure the patient, family, carer and community voice shapes future plans.

8. Next steps

A year on from the decision-making which followed the Healthcare For The Future consultation significant progress has been made in Accident and Emergency, and Emergency Surgery, Orthopaedics and Trauma. There will be no further updates as this work is now well established.

The progress on Maternity and Paediatrics, Community Hospitals and Stroke Services will continue to be reported to Health Scrutiny Committee.

We would also like to confirm a member of Health Scrutiny Committee to join us in the maternity sessions mentioned above when dates are confirmed.

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