

UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS TRUST

ACUTE MEDICAL SERVICES REVIEW

1. INTRODUCTION

1.1 Between June and September 2006 the University Hospitals of Morecambe Bay NHS Trust and the former Morecambe Bay Primary Care Trust undertook joint consultation on the future provision of Acute Medical Services, in particular those services provided on the Westmorland General Hospital site.

1.2 At their Board Meetings on 27th September 2006, the Morecambe Bay PCT Board and UHMB Board approved the following recommendations.

- i The Board agree that a vision for future service provision upon, and around, the Westmorland General Hospital site be developed in conjunction with relevant stakeholders, including University Hospitals of Morecambe Bay NHS Trust, Cumbria PCT, North Lancashire PCT, PPI Forum and local GP's.
- ii Within this context the Board gives approval for detailed work to be prepared on the feasibility of providing a service model based on the principles of option 3, which will include a detailed implementation plan with clear timescales.
- iii That in developing the feasibility plan on changing patient flows the following need to be addressed:
 - a. That appropriate clinical manpower and physical capacity is in place upon the Royal Lancaster Infirmary and Furness General Hospital sites to accommodate the additional patient flows.
 - b. That the appropriate level of additional support is provided within the health community to enable the ambulance service to deal with any changed patient numbers/flows.
 - c. That appropriate community based clinical and social service infrastructure is in place.

It was recommended that the detailed feasibility plan should include a number of "break points" whereby progress to the next stage will only be approved once defined requirements have been met/delivered.

1.3 The Cumbria and Lancashire Joint Health Overview and Scrutiny Committee met to consider the outcome of the consultation on 12 October 2006. They requested that the Boards of Cumbria Primary Care Trust and University Hospitals of Morecambe Bay NHS Trust and North Lancashire Primary Care Trust should respond to the Committees own report and recommendations, giving a point by point response.

1.4 Considerable public interest and concern was expressed during the consultation and following the decision of the two Trust Boards on 27 September 2006.

1.5 Through this paper and the appendices attached, the issues for consideration are explained. Recommendations are made for the Board to consider the issues arising in further detail at its next Board Meeting.

2. BACKGROUND TO THE CONSULTATION

The University Hospitals of Morecambe Bay currently provides acute medical services to a population of up to 350,000 people from three sites at Lancaster, Barrow and Kendal.

The Trust currently admits on average 47 acute medical patients per day. 20 to Lancaster, 17 to Barrow and 10 to Kendal. However over 40% of Kendal residents are currently admitted to either Lancaster or Barrow at present due to the seriousness of their condition. The Trust does not operate a full accident and emergency service at Kendal and does not admit emergency surgical patients to the Kendal site.

2.1 Clinical sustainability

In 2002, the Royal College of Physicians (RCP) published a document entitled "Isolated Acute Medical Services: Current Organisation and Proposals for the Future" (RCP 2002 London). This document is concerned with the ability of smaller rural hospitals nationally to accept acute medical admissions and provides guidance on the minimum resources required (both human and financial). The specific issues within the RCP document that are pertinent to Kendal and where the Trust currently falls outside the guidance are that:

- consultant physicians at the Trust are responsible for the emergency admission of acutely ill patients on two separate sites
- there are no intensive care or high dependency facilities or appropriate diagnostic facilities (ie. scanners) at Kendal.

The RCP guidance recommends that hospitals in this position should only provide a "step-down" facility. This means that patients should only be cared for in these hospitals following a confirmed diagnosis in a DGH, the patient's condition has been stabilised and a medical plan for the patient's care has been made.

Consultant physicians working at Kendal have, on several occasions, raised issues with the Trust regarding the admission and management of acute medical patients to Kendal. The publication of the Royal College's guidelines has focused that debate and has led to concerns about the clinical sustainability of acute medical services at Kendal.

The issue of clinical sustainability has also been raised in connection with recent and proposed changes to the European Working Time Directive (EWTD). The EWTD recently reduced the number of hours that junior doctors and other staff currently work to a maximum of 58 hours per week. Although beneficial to staff and patients from a safety aspect, this increases the number of doctors required to cover hospital rotas particularly over three sites. Serious concerns have been raised about whether or not the current medical staffing at Kendal could be sustained with the introduction of the next phase of the EWTD in 2009 when the maximum working time for staff will be 48 hours, including time spent on-call.

2.2 Financial sustainability

In the financial year 2005/06 the Trust incurred a deficit of £6.5 million. In order to break even in 2006/7, which is a statutory duty, the Trust needs to deliver cost savings of £11.8 million. In order to understand the financial position the Trust has compared the cost for each specialty with the national average. In the financial years 2003/4 and 2004/5 the medical specialties showed a higher than average cost of £3.3 million and £7 million respectively.

Based upon the new funding arrangements (Payment by Results), the Trust is in a position where the income received for the acute medical patients it treats is less than the cost of providing the service.

The acute medical service review also explored the possibility of providing clinically safe services in a more cost effective manner thus ensuring the long term financial sustainability of both the Trust and the medical directorate.

2.3 Public Consultation

In order to address these concerns, during the course of March to May 2006, a period of Pre-Consultation was entered into, in addition to the discussions previously held with staff in 2005.

Following Pre-consultation, two additional options were developed ready for full Public Consultation, which ran from 8th June to 13th September 2006.

The four options for Public Consultation were:

Model	Description
Option 1	Transfer all Medical beds to RLI & FGH
Option 2	WGH - 1 acute/emergency admissions ward + 1 rehab ward remains All other admissions transferred to RLI/FGH
Option 2a	As Model 2 but leaving CCU at WGH
Option 3	Transfer of acute/emergency medical beds, but bring patients back when appropriate to a rehab ward at WGH

The Public Consultation document is attached as Appendix A.

3. RESPONSE TO THE CONSULTATION

There was significant response to the consultation. The attached Summary of Submissions made by Stakeholders (*Appendix 2*) details these.

A number of key themes emerged, from written responses and the large numbers of members of the public who attended Public Meetings. These were summarised in the Morecambe Bay Primary Care Trust Board Report (*Appendix 3*) as:

3.1 Future vision of services

- 3.1.1 A number of people commented on the lack of detail in the consultation paper particularly in relation to the vision for services across the Westmorland area in the future, including the role that Westmorland General Hospital (WGH) would play in it. Much of this concern has centred on whether the proposal will be the first of a number of consultations leading to 'death by a thousand cuts' or the 'domino effect'.

Detailed work therefore continued through the sub-groups during the consultation process with a stated aim from both University Hospitals of Morecambe Bay NHS Trust (UHMB) and the Morecambe Bay Primary Care Trust (MBPCT) not to pre-empt a decision, but this has not enabled this concern to be fully addressed and it remained a major issue for a number of stakeholders and the public in general.

3.2 Transport and travel issues

- 3.2.1 The issues relating to transport and travel raised through the consultation fall into three main categories; travel for patients, relatives and staff.

- 3.2.2 One of the key concerns throughout the consultation has been the increased travel implications which a removal of services from the WGH site might cause. This has been a particular concern to residents in some of the more rural localities. As a result, of their concerns a consultancy firm ORH, who were already undertaking an independent review of ambulance service provision in Cumbria, were commissioned to undertake a specific independent review of the potential impact for emergency journeys. This work has been finalised subsequently and is now available for consideration.
- 3.2.3 An area of more specific concern has been in relation to the provision of Thrombolytic drugs to patients who have experienced a heart attack. To be most effective the drugs should be given within 1 hour of calling for help. The concern is that the change in service model will increase the travel time to such an extent that this will not be possible. This concern is reduced under Option 2a and work is on-going with the Ambulance Trust to ensure that as many patients as possible who would benefit from Thrombolysis and are able to be treated by the paramedics are able to be.
- 3.2.4 Concerns were raised repeatedly regarding the increased travel for relatives and the problems with parking at the RLI site, and to a slightly lesser extent FGH. This is a particular risk under option1. The changes in options 2 and 2a and to some extent option 3 would reduce the number of journeys to RLI or FGH for relatives, either because smaller numbers of patients would need to go to either of these sites or because patients whose stay is likely to be lengthy will be repatriated to WGH after their acute phase.
- 3.2.5 The final area of concern relates to the increase in travel time for staff who are involved in the discharge process for patients. Whilst all options increase the number of patients being discharged from the other sites, Option 1 presents particular difficulties for Social and Community Services. Option 1 would see all patients, even those with the most complex discharge packages being discharged from a different site requiring staff to travel further for assessment on the wards and patients to travel greater distances for assessment at their home if this was required. Options 2, 2a and 3 would reduce this, as patients who need more complex discharge packages would be repatriated to WGH before discharge or would have been admitted their first. In addition the work on the wider vision would also encapsulate this.

3.3 Equity of care

- 3.3.1 Concerns have been raised regarding the apparent inequity of service provision which is being created by the proposed changes. Members of the public have expressed concern that not enough has been done to raise the issue of rurality and the potential additional cost of providing services in rural areas with government, which from a financial standpoint might make the current proposal unnecessary. There is a perception that the Westmorland area is 'shouldering' the burden of service reduction, whilst other areas are not seeing the same impact. The different options cause this concern to different degrees, and are heightened by the lack of description of wider service provision.
- 3.3.2 The Payment by Results system is a national financial regime about which the local NHS has very limited influence over. The difficulties it presents to an area of this kind need to be addressed with the health community as a whole and the re-design of services across the area should enable this to happen.

3.4 Whole systems issues

- 3.4.1 Many of the responses to the consultation have been concerned with the impact on the wider health community and the need to take a whole systems approach, the need to not only consider the impact on the acute services, but community, social and primary care services as well as the wider issues of demography and environment.

- 3.4.2 The wider concerns for social and community services fall into three areas:
- Impact on services currently provided.
 - Impact of changes on the complexity of patients in the community.
 - The need to develop services to make the whole system function appropriately.
- 3.4.3 The impact on services currently provided would vary with each option, but would be more significant for option 1 than for options 2, 2a or 3. Each hospital currently has a district nursing liaison team and social work assessment team or equivalent. Option 1 would see these needing to be radically different from the current model as the numbers of complex discharges from WGH would radically reduce and the numbers from FGH and RLI would increase significantly. Cumbria Social Services confirmed as part of their formal response that it would encounter an added difficulty at RLI as Social Services are provided by a different county council from that in Kendal.
- 3.4.4 One of the stated aims of the Trust as part of this process has been the overall reduction in length of stay in an acute setting. If this is the case, whilst the overall numbers coming through the system may be the same, patients would enter the community system earlier and the complexity of the care which they will require is likely to increase. As a result, the range of services which are in place will need to provide care to a potentially more dependent range of patients who might require a greater input of therapeutic services to prevent re-admission. This can provide an improved patient journey and with this in mind the sub-group looking at community issues discussed the range of services which might be put in place to support this, but further work is required.
- 3.4.5 The issues relating to the impact on the ambulance services have to some extent been addressed in the transport section. In addition, there are other impacts on the ambulance service which have not been costed as part of this exercise as they involve additional patient transport journeys which require further quantification. Depending on the different options these would include; journeys to repatriate patients to WGH, journeys home on discharge, and some additional journeys where patients who may previously have been taken by a relative for services at WGH may request an ambulance if they need to go to RLI or FGH. The completion of the Independent Review of the Ambulance Service by ORH will provide much of the information required to address the issues raised.
- 3.4.6 Tourism is a vital part of the Westmorland economy and the area accepts a significant number of tourists each year who swell the population and increase pressure on services at a time when most of the NHS experiences a reduction in pressure. The concern from the responses to the consultation has been as to whether this impact has been considered. The impact of these issues is considered in planning of emergency services in the area, but the concerns are acknowledged.
- 3.4.7 Issues of capacity were raised most frequently (but not solely) in respect of the RLI. Concerns were expressed about both the site's physical capacity and the impact the additional workload would have on standards of care there. These concerns were not restricted to "direct" effects (beds, nursing staff) but also the effect on other services (eg. diagnostics, pathology, pharmacy). The likelihood of achieving the required reductions in average length of stay (with the implication of needing fewer hospital beds) was questioned given current concerns around delayed transfers of care. This is returned to again in the concerns raised by the GPs and other professionals.

3.5 Nature of Consultation and decision making process

- 3.5.1 A variety of comments have been made about the consultation and the decision making process. These include:

- Lack of information in the formal consultation document on the options including cost and what this will 'mean' for patients
- A feeling that alternative solutions are not on the agenda which would better reflect the essence of a national document called '*Keeping the NHS Local*' which sets out advice to health communities considering complex service changes.
- The timing of the consultation in relation to the current re-organisation of PCTs leading to the dissolution of Morecambe Bay PCT and the creation of Cumbria PCT and North Lancashire PCT.

3.5.2 These are real concerns to the public and other stakeholders. The lack of information is acknowledged, but the process has been designed in such a way that this information would be developed as part of the consultation process for the Boards to make a decision or recommendation at the end, rather than appearing as if decisions had been made in advance and this was a 'rubber stamping exercise'.

3.6 Social Services Response

Representatives from Cumbria Social Services have been involved in some of the work of the sub-groups, but the Department's formal response to the consultation raised the following issues:

- The wider role of WGH. Following on closely from the recent consultation to re-design mental health services for older adults and their move to community based services that without details on the future vision for WGH, this could be the start of a 'running down' of services on the site.
- The accessibility of services for patients who will have to travel greater distances.
- Although option 3 facilitates a repatriation of patients to WGH, and will enable Social Services to continue to assist with complex discharges from this site, all options, but particularly options 1 and 2 will see an increase in numbers of patients being discharged directly from the other sites and then present a challenge to social services who will need to provide a permanent service in Lancaster and increase the capacity in Furness.

3.7 Views of clinicians

Several GP practices, the PCT's Professional Executive Committee and other clinical groups or individual professionals have responded to the consultation and this section contains a representation of the range of views.

The overriding concern of those GPs who responded is that whatever services are provided they should be appropriate and safe throughout the patient journey. There is recognition by several of the responders that there may be a need to review the provision of medical services in the area and that this could be used as an opportunity to develop a wider range of services between primary and secondary care. Several of the responses offer suggestions on the range and type of services which could be developed to provide a benefits to the community, particularly related to medical patients who may not require full secondary care facilities, but do require a period of assessment and treatment. However, there is concern about the way the process has been undertaken and the perceived lack of involvement in the process for primary care clinicians in particular.

Particular areas of concern are:

- That increased travel may affect morbidity and the general impact on the Ambulance Service. This issue has been discussed in the transport and whole system sections above.
- That the issue of medical cover for surgical patients on the WGH sites needs to be addressed to ensure that safe services remain available. UHMB has been a national pilot site for the national 'Hospital at Night scheme' and it is envisaged that some of the experience gained from this work could be extended within a model for WGH.

- The need to reflect an increase in bed numbers on the other sites if patients are to be admitted there. There have been strong concerns raised by the GPs, particularly in the Lancaster area regarding the need to improve capacity at the other sites if additional patients are to be treated and admitted here. The Acute Trust has undertaken bed modelling to reflect each option. In addition, the vision and clinical model sub-group has discussed different pathways of care within the Acute Trust, with a view to streamlining services in each location. It is also recognised that other options need to be pursued for the assessment and treatment of patient in the Lancaster and Morecambe area who do not require secondary care facilities. Any plans will be built into the wider costing which needs to take place around community support and will then need to reflect back to the bed modelling.

A clear consensus on a preferred option did not emerge from the consultation and most of the responses indicate that a wider service vision is required in order to make an informed decision.

3.8 General Public

Members of the public conveyed a wide range of concerns at the various meetings held during the consultation. However, there are some main themes which have come from these discussions which are listed below:

- A strong desire not to reduce services at WGH and in fact to look at ways of increasing the range of services and ‘future proofing’ provision. There were fears of a ‘domino’ effect of increasing numbers of services being removed from the site. It is evident that there is significant interest in this from the public and on-going engagement with a range of stakeholders will be required.
- Concern that the case has not been made robustly from a clinical or a financial point of view and that any savings which are made in one area will have to offset higher costs elsewhere. The finance sub-group has undertaken detailed work on the financial model for services in the Acute Trust, although no details costings have yet been undertaken on the wider community service issues. The Acute Trust costs show that all options have a similar capital cost, but the revenue consequences are significantly different. Options 1 and 3 have similar cost savings potential, at between £1.58 and £1.64 million, whilst options 2 and 2a have a lower cost saving potential of £0.9 million and £0.5 million respectively. However, the costs of increased pressure or facilities in the community have not been quantified to this degree as the overall vision and model of services required has continued to emerge during the process. This will need to continue alongside the development of a future service vision and models of care.
- Concerns that the demographics of the area have not been taken into account, in particular the increase in population the summer months through the influx of tourists.
- Specific concerns regarding what will happen to patients with particular conditions and the increased travel, particularly heart attack and stroke victims.

4. RECOMMENDATIONS OF THE CUMBRIA & LANCASHIRE JOINT OVERVIEW & SCRUTINY COMMITTEE

4.1 The OSC set up a joint committee between Cumbria and Lancashire to review this consultation because of its potential impacts in both areas. There have been several meetings between the Committee Officers, Senior Managers and Clinicians from both the Acute Trust and PCT. The OSC completed its report on 12th September and its overall summary includes the following elements:

- It understands the need to make changes and that the status quo is not necessarily an option.

- It felt that the consultation process had some shortcomings and would have been improved through increased involvement of the public in developing the options.
- The option preferred by the OSC is option 2a, but with significant modifications, including establishment of an emergency outpatient clinic on the WGH site, investment in community services to reduce inappropriate admissions, development of a 'community ward' at WGH, and measures to address the car parking problems at RLI and other measures to reduce the drawbacks of increased travel.

4.2 The Joint OSC's report goes on to provide a list of recommendations which set out a way forward.

The full response of the Overview and Scrutiny Committee is attached as *Appendix 4*. On 12 October 2006 the Overview and Scrutiny Committee met to consider the outcome of the consultation. It requested that all three Trust Boards (Cumbria Primary Care Trust, University Hospitals of Morecambe Bay NHS Trust and North Lancashire Primary Care Trust) should provide a point by point response to their report and will consider this response as soon as it is available.

5. CUMBRIA PRIMARY CARE

Since its inception on 1 October 2006, Cumbria Primary Care Trust has been quick to establish that it wishes to work in partnership with its local communities to develop health services across the County. The need to develop a vision for health services across the County has been identified as an early priority, seeking in particular to meet the health needs of our largely rural county through integrated working across the NHS in Cumbria.

Early discussions have begun on an innovative approach to take this work forward. Critical to this work will be the active leadership of local clinicians drawn from both primary and secondary care. The Primary Care Trust is particularly concerned to ensure that clinicians in primary care can develop services for the future working closely with their colleagues and is developing an approach to clinical leadership, including the establishment of the Professional Executive Committee (PEC) with GPs and other clinicians from across the County.

The future response to the Acute Medical Services Review and in particular the hospital and community based health services for the people of South Lakeland will form an important part of this work. Whilst this work will proceed over the next few months, it is recognised that further work on the Acute Medical Services Review does need to take place, both to respond to the Overview and Scrutiny Committee and to support our partners in the University Hospitals of Morecambe Bay NHS Trust and North Lancashire Primary Care Trust. It is therefore proposed that the Cumbria Primary Care Trust Board considers a more detailed response at its next Board Meeting. At this Meeting it will be the intention to consider a detailed response to the Overview and Scrutiny Committee and to set the direction of any further developments in the context of the broader work across the NHS in Cumbria to develop local health services in partnership.

6. RECOMMENDATIONS

The Cumbria Primary Care Trust Board are asked to:

1. Receive the attached reports, including details of the decision of our predecessor organisation, Morecambe Bay Primary Care Trust.
2. Note this Report.

3. Agree to the Board receiving a report at its next Meeting recommending how further work should be taken forward within a broader vision of health services for Cumbria.
4. Agree to debate a full response to the Overview and Scrutiny Committee at its next Meeting.

Caroline Rea
Organisational Development/Primary Care Lead
6 November 2006

Appendix 1: Acute Medical Services Review Public Consultation Document
Appendix 2: A Summary of Submissions Made by Stakeholders
Appendix 3: Morecambe Bay Primary Care Trust Board Paper
Appendix 4: Cumbria & Lancashire Joint Overview and Scrutiny Committee Response to the Consultation