Cumbria Health Scrutiny Committee 6th of October 2020.
Report by Dr Michael Hanley.

Present: Claire Driver (chair), Lynn Harker (secretary), Chris Whitehead and Phil Dew( Conservative members), Rebecca Hanson and Neil Hughes (Lib-Dem members), Mark Wilson (Labour member),
Dr. Michael Hanley and Helen Chaffey ( district council representatives), Helen Horne (Healthwatch Cumbria), Peter Rooney (Exec Director fir Improvement, NCIC), D Stephens (Strategic Policy and Scrutiny Adviser), Ra,on a Duguid ( System Director of Strategy, NCIC).

I was late in attending the meeting via Microsoft Teams as I had to do morning surgery ( as a GP not a councillor).

1. North Cumbria Urgent, Emergency and Elective Care.

Peter Rooney (PR) presented a report on urgent, emergency and elective care at North Cumbria Integrated Care (NCIC). Each area has particular risks. The key risk is demand. There has been a major focus on the flu vaccination programme and in infection prevention measures. Capacity has been looked at within and outside the hospital. There is a need to maximise bed use. There has been lots of work done in discharge and flow and on the workplace and the need to protect this. Plans for cooperation with the North-East are also being looked at, if there is an extreme surge.
Chris Whitehead (CW) : said that we need more up to date information on flu vaccination plans.
PR: GP practices have worked out the best way to deliver flu vaccination without increased risk of Covid. Flu vaccination will have a broader reach. I commented from my experience as a GP as we have a much larger target population to cover compared to previous years. I attended a North Cumbria Local Medical Committee meeting a few nights later. From this meeting I learned that some practices have run out of vaccines.
Rebecca Hanson (RH): What will be the impact of Brexit? PR: There will be implications to the UK but little effect on health care in Cumbria.
Neil Hughes (NH): Asked about Mental Health and whether the hospitals are discharging patients with Covid to care homes.
PR: There has been ongoing work between NCIC and Northumbria about the best way to support Mental Health. Any patient discharged to a care home is tested more than once prior to discharge. There is an Oversight Admissions Group which checks all patients prior to discharge to nursing homes. Patients who have the active virus are not being discharged to nursing homes.
Phil Dew (PD): There is concern about how elective work has been compromised. You have mentioned how the independent (private) sector could be involved. How could they be involved? ( The paper from NCIC shows a graph on elective care. This shows that 75% of patients were treated within 18 weeks in 2019 and 2020 up to February 20. From then the percentage rapidly dropped to 43% in July. )
PR: There are no large independent providers in Cumbria. The nearest is the Nuffield Hospital in Newcastle. Where patients are identified that their need to be expedited then we will do that. There are additional complications of travel and distance.
Helen Horne(HH): Is there a shortage of beds and of bed capacity? What is the bed and staff capacity?
PR: There has been a long standing problem with recruitment and retention of staff. Also there has been a higher staff absence due to the pandemic. It is a challenge. We don't have the full number of staff we require. There has to be a minimum distance between the beds and this has a knock on effect on the number of beds. We need to reserve beds for those who really need them.

If things go back to way things were in March/April it would affect the elective activity (routine operations). We want to avoid this. If we get to the point of extremis we will have to get help from the Northeast.
Helen Chaffey (HC): Nearly one million women have had missed breast scans. What is the backlog here?
PR: The local trust has maintained cancer treatment right through the pandemic. There have been some challenges around waiting times. We work closely with Northeastern Cancer Alliance. The worry is in the area of undetected cancers as there has been a fall in these patients presenting to their GPs. A lot fewer people are coming forward. There has been fewer two week rule referrals (patients with suspected cancer). We appeal to patients who have symptoms to attend their GPs.
HC: Is the system delivering in the two week rule?
PR: I think it has largely been maintained.

2. North Cumbria Winter Plan. Ramona Duguid (RD) presented this paper.

RD: The pandemic has exaggerated pressures on delayed discharges. There is a need to protect capacity and a need to get the elective programme back on a more sustainable position. There will a focus on this in the next six months.
CW: The graph for 18 week wait elective treatment for NCIC dropped from just under 90% and plunged under 50% where it still is. The 52 week wait is even worse.
RD: Over 1300 patients were over 52 weeks in August. The position was not good before the pandemic but it's got a lot worse wince then. A huge amount of work is taking pace to improve things: capacity, beds and PPE are involved. They go down the "super green pathway". We need to increase capacity for endoscopy. We have done some modelling in Ophthalmology and Orthopaedics which have the greatest pressure on their waiting lists. We are focusing on certain specialties and will have to invest in them.
PR: Its very difficult to say when we will have an impact on the waiting lists because it's wrapped up in what will happen with the pandemic. There is a high occupancy rate at the moment and we are waiting for the winter surge.
NH: How much extra funding will be required to make it sustainable? Is the government no longer asking trusts to maintain targets such as the four hour target in A/E?
RD: I am not able to give a figure on the finance. There has been a long term problem with the local deficit. We have been working closely with our CCG colleagues. We have been specific about the areas for investment especially elective care. We haven't moved away from the four hour standard and we are still measured on this.

3. Impact of ICCs ( Integrated Care Communities mainly around GP practices) in South Cumbria on Acute Settings. Presented by Dee Houghton (DH).

DH: ICCs have been focusing on preventing patient admissions by working with local communities as some areas have high numbers of patients with respiratory disease and frail elderly. With children and young people we need to change the away they think. They need to be able to deal with low level conditions such as nose bleeds. Super practices (very large, 20-30k) are better able to deliver.
I pointed out a recent incident where I tried to admit a very ill patient to CIC but was blocked by the bed manager who said as he thought the admission was for social reasons, I had to get the admissions prevention out to deal with patient. This patient was admitted as an emergency by CHOC four hours later. DH: This has happened before.
HH: Asked about discharge successes. DH: Discharge successes are shared with NCIC. We

were ahead of the game. The ICCs came up with all sorts of great new ideas. We need to work together with the Third Sector.
Claire Driver (CD): The piece on tackling homelessness is very good ( multi- disciplinary teams including health, drug and alcohol, social workers and probationary workers working closely together). The homeless are at such high risk of health problems.
DH: There were opportunities in the way that all sorts of agencies worked very cohesively together.
Meetings (on line) have been much more frequent and have been more efficient in time and staff.

Next HSC meeting: 15th December.