

Cumbria Health Scrutiny Committee 21st July 2021.

Chair: Carrie McCarron-Holmes,

Present: Councillors: Phil Dew, Mark Wilson, Chris Whiteside, Neil Hughes, John Kane, A Semple, V. Hughes, D Shepherd, T Allison, M. Hanley.

Report by Michael Hanley.

1. We discussed the future workplan.

(a) A new level of healthcare organisation will be introduced: CCGs which are more local like that in north Cumbria will be taken over by a Cumbria and North Eastern ICS (which I think stands for integrated care system). This will mean more centralisation into somewhere in the north east which will be in control of health in North Cumbria.

(b) Retention and recruitment of medical staff: overseas nurses and doctors. 50% of GP posts in the west are vacant. One member recommended the adoption of Walk in Centres which he said do a great job in London. I urged caution as these could destabilise GP practices, if not introduced without proper consultation with the Local Medical Committee.

(c) Building new hospitals.

(d) I asked that the ambulance situation in Alston Moor be examined by the committee. The committee plan to ask NWS to attend the next meeting in October.

2. South Cumbria Update: Kate Maynard (KM), Morecambe Bay Hospitals.

There have been very few Covid patients in critical care over the past few months, thanks to vaccination. In the last three weeks there has been a big increase in cases. There are now 40 Covid patients in the local hospitals. Half have had the two vaccinations, a quarter have had one and a quarter had none. Most were admitted for other reasons and were found to have Covid after admission. The hospitals have been trying to catch up with routine cases but have been held back by increasing Covid. The hospitals have been very full with 100% bed occupancy. There is a plan to expand the bed base. Staff sickness and self isolation have caused an increased absence rate at 8% which has caused difficulties. If critical care demand increases this will reduce elective care. The over one year waiting time which contained 2,500 patients had recently been reduced to 1,300. Staff double vaccination is at 90%, the public is at 65%. Of 40 Covid patients, one is now being ventilated.

Mark Wilson said that there had been some anti-vaccination protesters out in Ulverston. He is a vaccine champion and the local council had agreed that the vaccination rate needed to be improved. KM said that the CCG were leading on vaccination and they were talking about going into hotels to support the hospitality industry. The age profile in this wave of Covid is younger than previous waves. Another councillor asked about whether the virtual consultation would become standard in the future. KM said that patients will be asked whether they are happy to have phone appointments. If not, a face to face appointment would be arranged. David from Health Watch Cumbria said they had conducted a survey and most patients were comfortable with virtual consultations, there was less travel and things could be dealt with quicker.

3. North Cumbria Secondary Care: Peter Rooney.

The picture in the north of Cumbria is similar. Peter thanked Claire Driver for being the chair of this committee for the last few years. She has been a great ally of the NHS plus her local population. As of the 16th of July, the R rate has been between 1.2 and 1.4. Cases have been

rising. The rate in the Northeast has been higher. The case rate for Cumbria per 100k last week was 403, 339 for England. The previous week it was 240. The peak will probably be higher than in January. The vaccine is highly effective at preventing severe disease though it does not prevent severe disease in everyone.

There have been a small number of deaths. It will probably reduce long Covid. Patients are now coming forward with non-Covid illnesses and they are more ill due to the delay. A/E is very busy. There have been increased mental health referrals due to isolation. There has been disruption in mental health in-patient facilities. 87% of North Cumbrians have had the first vaccine and 72% have had both. The same stats for London are 65% and 43%. This is higher than most other areas. Cumbria is not behind and never has been. There will be a booster in the Autumn/Winter around the flu vaccination. It is not known whether they will be given at the same time.

There are about 20 patients with Covid in hospital, most were admitted for other reasons. Peter did not think there were any patients in ICU with Covid. There has not been much anti-vaccine activity in Cumbria and it has mostly been families sharing anti-vacc sites. The press and large employers have been pushing positive information about the vaccine.

4. New Hospital Programme: Jerry Hawker, Executive director of Lancashire and South Cumbria New Hospitals Programme

£3.8 billion has been set aside to build 40 new hospitals. No decisions have been made yet. In building the hospitals of the future, a strong focus on digital technology and environmental friendliness is made, to deliver better outcomes. There is a need to make hospitals more attractive so that more indigenous people come to work there rather than those from overseas. There is also a need to involve local companies in construction. The two main sites are Lancaster and Preston. There will be investment in Barrow. Furness General is in better condition than the other two, which were designed in the 1950s. The hospital facilities are not in a good condition. Most have big wards. In the future 79% of patients will be in single rooms. I asked whether there will be a computerised record system rather than paper notes. This is being developed separately. There used to be four different IT systems in the area and this has been reduced to one. In England there are eight new hospitals in the pipeline in the first tranche, Lancashire and South Cumbria will be in second tranche and building should start no later than 2025.

5. CQC Action Plan for NCIC (Cumberland Infirmary): Jill Forster, NCIC

The Care Quality Commission made an unannounced visit to CIC A/E dept in August 2020. A warning notice to improve immediately was given. There were 51 must do actions. All these actions have been started. Discharges have been improved. Mental health care and Deprivation of Liberty procedure has been improved. Records have been reviewed. Electronic patient records has been implemented. The staff appraisal system has been improved. There is an international nurse recruitment programme. I asked about the reputation that CIC has with patients, a lot of patients prefer to be referred to the Northeast for outpatient appointments and often reluctantly accept admission to CIC because there is no alternative. Jill said that she is aware of the reputation and has been working with staff to improve their behaviour when communicating with patients and external medical professionals such as GPs.

6. North Cumbria Stroke Service: Dr Paul Davis.

All acute strokes in North Cumbria now go to CIC (none to West Cumberland Hospital). Due to the need to provide a 24 hour service, this had to happen. The HASU (Hyper Acute Stroke Unit) was built and opened in 2019. There is a consultant ward round every day. When Covid started

there was a big drop in numbers. Over the last year there has been about 1000 admissions, 600 of which were strokes. The unit is in the top 25% for quality in the country. In 2019 it could take up to 19 hours to get treatment for stroke from the time the patient arrived at the hospital. This is now down to 3-4 hours. 90% are due to a blocked artery and 10% due to bleeds in the brain. A scan is needed to make this distinction. If it is a clot, then the treatment is thrombolysis. Often the patient can be scanned and onto the ward within 30 minutes of arrival. 59% go home after three days, others go to the rehab ward. Mechanical removal of clots from the brain arteries can be very effective and is carried out in Newcastle. Currently the emphasis is on early discharge as the patient will do better in their home environment. Continued occupational therapy is needed at home which is provided by the Early Supported Stroke Discharge Team. There are three teams, one for Eden Valley based in Penrith. There is no team for the Allerdale area.

7. Community Hospital Bed Review (South Cumbria and Lancashire).

There are three sites: Langdale Unit at West Moreland General, Millom Hospital and Abbey View in Furness General. The Langdale Unit was closed at the beginning of the pandemic. There was an opportunity to test different ways of working: community teams with advanced medical practitioners coordinating care and diagnostics in the patient's home. Most patients want to be looked after locally and not in the general hospital.