

Cumbria Health Scrutiny Committee 4.10.2021

Present: Chair: Carni McCarron-Holmes (CCC), Lynn Harker (secretary), David Stephens (Policy Officer), Councillors: Andy Semple, Neil Hughes, Mark Wilson, Chris Whiteside, Alan Bowness, Jim Lister, Frank Cassidy. David Blacklock (Healthwatch).

Report by Michael Hanley

David Stephens: There were 600 responses to a consultation on the Penrith Minor Injuries Unit. As a result, the opening times were changed. Closing time moved from 8 to 10 pm.

1. Impact of Covid Pandemic

(a) South Cumbria and Morecombe Bay.

There has been 20-30 admissions per day and fewer deaths. Kendal Hospital has helped maintain services. Two new wards have been opened in Lancaster Hospital. Most patients are now in single rooms, which improves infection control. There are very high levels of attendance in A and E, GPs are equally busy. The hospitals are full. It is difficult to discharge patients.

Mark Watson (MW): A lot of those patients who were discharged with no care package have had to be re-admitted two to three times. Answer: There is not the capacity in the system to give every patient a care package.

David Blacklock: We have a team of advocates to help patients with their complaints.

MW: Is there extra finance for places in care homes? Answer: Yes, we are getting extra financial help.

(b) North Cumbria: Peter Rooney/Julia Clayton.

In the recent week there has been an increase in new Covid cases. England had 330/100k and Cumbria had over 500 which is significantly above national average. Its worse in Allerdale, where its highest in the county. Its also high in Carlisle and Furness. The infection is mostly affecting the 12-18 year old age group, where it is 2000/100k. The rate in older age groups is much less. The R rate is 0.8-1. The virus is still very much present in the community. There is a reduced link between disease rate and severe illness. Last January, there was much more serious disease. The change is due to vaccination. The vaccination rate in over 18 year olds has been 90% for the first vaccination and 87% for the second. The Covid vaccine is currently being given to under 18 year olds and soon will extend to 12-15 year olds. The flu season may be more demanding compared to last year. Please take this message to the public, the NHS is open, but you may have to wait longer. Please be respectful of staff. Telephone triage and remote consultations are more common.

Neil Hughes (NH): ICCs (Integrated Care Communities), now PCNs (Primary Care Communities) were set up to improve communications with patients. How could ICCs play a role in this?

PR: We have eight ICCs in North Cumbria. These are bodies where GP surgeries' community services, social care and the Third Sector come together. They are co-terminus with PCNs (which are the groups of GP practices in each area). ICCs were never meant to be a focal point for communication.

Julia Clayton: With the vaccination programme, the PCNs were very active in communiatoin with the public.

PR: One impact of the pandemic has been increased social isolation and loneliness which increases the risk of hospital admission. There is a public health issue around isolation. There has been a rise in referrals to mental health services especially in young people. There has been increased investment in CAMHS and crisis teams. Also an increase in school support for mental

health. There has been a little surge in anti-vax protests. Recently there was public protest in Carlisle to prevent teenage school children from having the vaccine.

Andy Semple (AS): Why are Allerdale infection rates higher?

PR: Allerdale is a very large area. Last December, Eden had a very high rate. In January, Carlisle had very high rates. At those times, Allerdale had much lower rates. These are temporary phenomena. I don't think it's due to a change of public behaviour. It's school age children, that's where the rise in infection is.

Chris Whitehead (CW): During most of the pandemic, the anti-vax propaganda was much less. I think that some of it is coming from the Russian government. They have been spreading anti-vax sentiments. Another problem is that we have failed to train enough medical professionals over the last thirty years.

PR: I am not going to give any opinion on the actions of the Russian government. 70% of the NHS budget is spent on the workforce. We should hold these people in much higher regard.

Frank Cassidy: There are continuing deaths from Covid. How will the people of Cumbria accept this?

PR: About 20,000 people die per annum from flu and we don't close the county down to avoid this.

2. Update on Health and Care Bill implementation and Local Government Reform.

Neil Hughes: By 2045 49% of all government spending will go into the NHS. I am not a great fan of the 2012 Act (Health and Care Bill). We have been encouraged to form an ICS (Integrated Care System), this will come in the next year. North Cumbria will be part of the North Eastern ICS including Northumberland, Tyne and Wear. I am worried that ICC/PCNs will not be able to absorb the new functions. Social Care failure is a major issue. An extra £1.7 billion is needed nationally. The PM has said that social care needs extra resources. With the county being split South-East and North-West, will there be a need for two Health Scrutiny Committees? There is a proposed end to Health Scrutiny Committees being able to refer problems to the secretary of state. Don't be surprised if the raison d'être of HSCs disappears. This would be in line with other government actions.

CW: I think that the power of HSCs to refer to the secretary of state is important and we should watch that. Millom will go into the North-West division but be served by south Cumbria.

Answer: Yes this may cause problems. We will have to be flexible.

David Stephens: We don't know the final outcome of the affect of the local government changes on the Health Scrutiny Committee.

3. Acute Stroke Care in South Cumbria and Lancashire.

The plan is to centralise thrombectomy (mechanical removal of a blood clot, usually in an artery in the neck or higher up) in Preston Hospital. Also to increase the rate of thrombolysis (dissolving the clot in the internal brain blood vessels with an clot dissolving drug) from 8 to 15%.

Thrombectomy rates are planned to rise from 2 to 10%. There are about 6400 stroke admissions per annum in this area, 2575 are true strokes and 3834 are stroke mimics (migraine, seizures and psychiatric disorders). The cost of stroke per person is £45k in the first year. With each person who is thrombolysed, there is an initial £4k savings and £6,900 social care savings. The capital costs for this service will be £5.7 million, £13.8 million recurrently. The benefits will be £150 million over 10 years comprising £17.5 million in reduced lengths of stay and £132 million in societal benefits.

4. NHS Dentistry in North Cumbria: Denise Dodgson, Pauline Fletcher and Tom Robson (Dental

Leeds, ie dentists).

North Cumbria has 39 dental practices. Eden has 10, Carlisle 15. The funding is £113 million. There has been reduced patient contact due to Covid pressures. There is a plan to improve things. Registration with a dentist is not the same as with a GP. In dental care, pay is demand driven, the the UDA (unit of dental activity). There are different bands of UDA: band 1: general dental care, dental x-ray, band 3: dental crowns. Dentists have both private and NHS patients. A few dental practices have handed their NHS contracts back, 2 in Carlisle and 1 in Maryport. Tom Robson (TR): There is a national dental workforce shortage. Younger dentist are working shorter hours. Isolated areas have particular problems. There is reluctance to move out to more remote areas. Dentists are more at risk of contracting Covid due to contamination of the air with aerosols generated by procedures such as drilling. As a result there has to be a time between patients (called fallow time). Also the waiting room will only accommodate a small number of patients. In the first six months of Covid, very little dental work was done. The rates have gradually increased and they are now about 60% of pre-Covid activity. To compensate, 1 UDA is now paid at 1.8 the previous level.

Pauline Fletcher: There is a training grant to try and attract dental students. All dental practices are open but have to prioritise those that need urgent care.

Carni McCarron-Holmes (CMH): Could you have stopped the dentist in Maryport from handing the contract back?

PF: The contractor handed back the contract due to workforce issues.

Michael Hanley (MH): Asked about access to emergency dental services

TR: Emergency dental services are accessed through the 111 service.

CW: Certain areas, such as Cleator Moor, have no dentist at all. We have not been training nearly enough medical professionals.

6. West Cumbria Dental Project: Healthwatch Cumbria, David Blacklock.

Healthwatch carried out a survey and got 128 responses. Most people in that area (mainly Cleator Moor) don't have a dentist. Their last dental visit was more than two years ago. 25% have had to travel more than 20 miles to see a dentist. There are a lot of children not accessing dental care. Private treatment is not a solution as it's too expensive for many.

NH: What is the solution for children?

DB: There are no suggestions about the solution for children at this stage.

7. Temporary Closure of Rowanwood Ward, Carleton Clinic, Carlisle.

David Muir (CNTW): This is due to a shortage of staff. Recently there has been several resignations and we were down to three qualified staff. It's a temporary closure. DM discussed various plans to recruit new staff. Rowanwood is the Psychiatric Intensive Care Unit, where the severely ill patients go, those with acute psychosis often under section (compulsory admissions). Since closure, these patients have to go to the North East (I clarified these points, saying these were very vulnerable patients.)

8. Ambulance Provision in Alston: Gene Quinn (GQ) and Rhonda Stanger.

GQ presented a paper on the Alston Moor ambulance. There has been a lot of media attention around the Alston model. There have been challenges because of the number of people available. There needs to be a more sustainable model. There have been gaps in the provision due to the reduction in staff. We need to do something different. North Cumbria CCG has been

involved. Currently there are six EMTs who received shortened training a few years ago. CFR training is in its infancy. Current media attention has not helped. We had 8 applicants for ECFR (extended community first responder), 7 have withdrawn due to media attention and fear that the ambulance will be withdrawn. There are 192 incidents in Alston Moor per annum, 200 per day in North Cumbria, 36,000 per year. The current EMT course is 17 weeks in classroom and 35 weeks filling a portfolio. The EMTs have gone down from 18 to 6 and they are around retirement age. A challenge has been in communicating with the people of Alston. We could have done better. The Cumbria police are not able to support the service.

We approached BEEP (Penrith emergency response GPs) to see what their availability would be. We have written to Dr Hudson, MP about our plans. The Working Group has been paused until we worked out the next step. A course is being developed to give extra skills for CFRs. The ambulance does not convey people. It was thought a 4x4 vehicle would be more appropriate. Nurses in the working group would be involved in developing a range of additional skills for ECFRs. This will then go to the national description. The course will be signed off next month and it was hoped that Alston would be the pilot site for this. North Cumbria is getting a really good service from NWS. We are working with the communications team to get our message across.

NH: I was appalled to see you blaming the media for adding barriers. The media is entitled to look into this. To blame the media for your poor consultation is amazing. Asking that the Health Scrutiny Committee sit in arbitration is not a job we would do.

MH: Discussed the presentation. It had been said that the EMTs do the same job as CFRs except they get paid. This is not true. EMTs have a much wider range of skills. They can attend any trauma including RTAs. They can attend ill children. They can use oxygen and Entonox (nitrous oxide and oxygen gas mixture for analgesia). They can do ECGs and measure blood glucose, use airways and carry out a primary survey (examination) before the paramedic arrives. Also cover by the EMT team during the pandemic was excellent. In the last two weeks of September, 24 out of the 28 shifts were covered.

CMH: Could the Fire Services help?

GQ: There are various problems with this. The Fire Services are told not to respond to health emergencies.

CMH: Alston may be an exception, we could look to contacting the Fire Service.

David Stephens: The head of the Fire Service is willing to look into this and he is visiting Alston in the next week, so it would be good to contact him.

MH: Suggested that this item should be reviewed in six months. DS and CMH agreed but to include a wider focus of the whole of the NWS for Cumbria.