

Cumbria Health Scrutiny Committee 7.12.21.

Present: Chair: Carrie McCarron-Holmes, Councillors: Frank Cassidy, Jim Bland, Neil Hughes, Phil Dew, Trevor Allison, Mark Wilson, Michael Hanley. Officers: David Stephens (Strategy Policy and Scrutiny Advisor), Lynn Harker (Senior Democratic Services Officer).

1. Review of Work Programme:

Upcoming items: Enquiry into Urology Dept at Morecambe Bay.

Phil Dew (PD): Suggested that a Youth Council member present a video to the committee. This was agreed.

Chris Whiteside (CW): We will want to discuss the report on the Urology Dept.

Neil Hughes (NH): Asked about DOLS (deprivation of liberty) changes. (DOLS are mainly used with severely demented patients in Care Homes and hospitals).

David Stephens (DS): There will be changes to DOLS in the new year and guidance has not been published yet.

2. Cumbria and Lancashire Joint Health Scrutiny Committee.

There was a recent inspection of Lancashire Infirmary. There were 90 recommendations for improvement, 57 must dos and 33 should dos. There is work taking place with Stroke Services and recruitment: 9% staff turnover and sickness absence is also 9% (normal level is 4.5%). Bed occupancy rates are very high at 98-100%.

3. Update on Covid 19 in South Cumbria/Morecambe Bay. Dr Hunshall, Clinical Lead.

Dr H: There are currently 40-60 inpatients with Covid. There has been an increasing acuity in patients presenting to A/E dept, some have been very ill. Patients have been waiting at home and presenting very late. There has been significant pressure on hospitals, impacting elective care.

Michael Hanley (MH): I asked whether pulse-oximeters (little instruments that are attached to a finger to measure blood oxygen level) would be helpful in distinguishing those patients who needed to go to hospital.

Dr H: I don't have any information on this. When we have struggled our GP colleagues have been fantastic in working along with us.

NH: Asked about delayed discharges.

Dr H: We worked with local GPs and the local councils and very much reduced the delayed discharges. I will provide the figures on the delayed discharges. We haven't cancelled any operations recently.

Dr H: We have different codes, for example P1, P2 etc, which tell us how quickly these patients need to have their surgery.

Carrie McCarron-Holmes (CMH): I have heard that most people are admitted for something else, then are found to have Covid.

Dr H: No, most patients are coming in now with a primary diagnosis of Covid. We have the normal pressures and the added burden of Covid. Everyone is working flat out. We have staff off with or due to contact with Covid. It has been a very challenging few months. I am really proud of the teams. The Lancashire and South Cumbria vaccination programme was the most successful in the north west. People are getting very tired and this has been going on for 18 months.

PD: Has the ICC (Integrated Care Community) been helpful?

Dr H: I lead Radiology. It's important that all cancer patients have a scan. We have extra capacity

so that patients from other parts of the area are coming to us for urgent scans. We have increased the range and number of surgical operations provided at Kendal. We had to stop all face to face outpatient appointments and we moved to telephone appointments. We offered those who needed face to face appointments. Prostate and ovarian cancer patients are the experts here and we have started patient-initiated follow-up. If they started having further symptoms they will be seen.

PD: I know of an 86 year old woman who was unable to walk. She had a 13 hour wait for an ambulance and had no electricity. A rapid response team responded and was able to treat her at home.

Another councillor said that a friend of his had to wait 14 hours for an ambulance and that has to change.

Phil (another South Cumbria Hospitals representative) : NWAS has a really difficult job. GPs are working at 125% capacity.

Frank Cassidy (FC): We are dealing with an off the scale public health emergency. How are we filling the job vacancies?

Dr H: With locum and agency staff. We are looking for international recruits. There are also innovative roles: GPs coming in to help with the Breast Services.

Phil: There is an 8-10% vacancy in doctors and consultants. We have allocated £2.5m to take on new consultants. We have reduced the vacancy rate for nurses down to 1% recently.

Mark Wilson (MW): We have discussed the HARI van (Health Advice Resilience Information) which comes to Barrow. This works very well.

Councillor: What is the impact of unvaccinated patients on services?

Dr H: There is increased morbidity (sickness) and mortality in these unvaccinated patients.

FC: Has there been much Omicron?

Phil: There was a single case in Lancaster.

4. North Cumbria Secondary Care: Ed Tallis (ET).

ET: There are 8 Covid cases in hospital in North Cumbria. The unvaccinated have much poorer outcomes. Among pregnant women, those who haven't been vaccinated can have multiple complications.

Chris Whitehead (CW): While there are relatively few patients in hospital with Covid, the pressures are still very high, how are you coping?

ET: When the hospital becomes full there is a backlog of ambulances outside A/E. Patients are delaying seeing their GPs. Patients with cancer have delayed diagnoses. The whole system is under massive pressure.

NH: The idea of ICCs is good. ICCs could get the message out to people about the pressures on GPs if there was better communication.

ET: Communication is very important. We are trying to get messages out. The ICC is a connection between primary, secondary and mental health care. The demand has been more intense than its ever been.

NH: All practices should have a patient participation group. These bodies could help. The media don't help.

Julie Clayton (JC), (Head of Communications, North Cumbria CCG): We have shared a lot of messages about the impact on primary care. Its not the job of the ICC to give corporate messages.

NH: The demand on mental health services has increased by 1000%. What more can be done in the community?

MH: Discussed changes that took place in the Eden area about ten years ago which increased contact between GPs and mental health practitioners/community psychiatric nurses which

improved coordination. Sadly a lot of the improvement has been lost due to administrative changes in the last few years.

ET: 6 PCNs have a mental health practitioner. Also dementia workers have been employed. David Storm has been working to have CNTW (Cumbria, Northumberland, Tyne and Wear) provide more services on the ground.

CMH: Colin Cox has been excellent in his delivery at all times. The committee commends him.

ET: There are no confirmed Omicron cases in the county at the moment but they will come. There is a huge amount of work to be done with the booster vaccination programme.

JC: About 600k vaccines have been delivered in North Cumbria in the last year. 77% have had their boosters in the eligible groups.

ET: Our performance vis-a-vis England is very high. The younger they are the harder it is to get them to come in to be vaccinated.

5. Access to Primary Care and Pharmacy

ET: There is a lot in the media about patients having difficulty getting GP appointments. People are frustrated. Recruitment and retention are dire. More and more GPs are retiring. There has been a big increase in patient demand. Some practices have taken on more multi-professionals (physios, physicians associates, counsellors) to be able to cope.

What's worked well? Things changed overnight with Covid (need to protect GPs and practice nurses getting Covid from face to face consultations). Red Centres were set up. If a patient potentially had Covid, they were seen in an isolated centre (with increased protection for the clinician). The vaccination programme has taken a huge of capacity out of the system (GP surgeries have done a lot of the vaccinating). It is said that patients do not like being phoned, but a lot do. We only hear about those who don't. GPs have never stopped seeing patients face to face. As of September 21, face to face appointments were two thirds of all appointments. Before Covid one third of appointments were taken up with non-medical problems. The number of patients in practices has increased but the number of GPs has dropped. The pressure on GPs is higher than its ever been. There has been a drop in the number of partner and a rise in salaried GPs. The more deprived an area is, the more difficult it is to recruit. There are more appointments available, with increased numbers of other clinicians such as social prescribers, physios and primary care paramedics. A lot of GP surgeries have been very active in their vaccination programmes as they know that this will reduce illness in their patients. We would not have been so able to vaccinate so many patients without the pharmacies. The average NHS pharmacy has around 17 consultations per day. These patients would have otherwise gone to their GPs.

CW: We are paying the price for not training enough doctors over the last 30 years.

ET: Vacancy rates vary from practice to practice. Dr John Howarth (Cockermouth GP, head of a group of GP practices in west Cumbria) spoke to 30 doctors out of county last week who are looking for work and none of them applied for a job in Cumbria. We are looking for GPs locally who can do consultations from their homes to help practices throughout Cumbria.

CW: Can we share more information (patient records) with pharmacies? Maybe they could have access to patient records.

ET: This is being looked at nationally as part of the winter access fund but its fraught with problems with information governance. We did have a PCT (primary care trust) which didn't have enough primary care capacity but they worked with a pharmacy where patient details didn't need to be accessed.

PD: We shouldn't be dictated to by a minority of people who don't like the phone and the press picks up on the negative aspects. Also some GPs will be attracted to do locums as the earnings here will be high.

ET: We hear about the people who don't like telephone consultations. Some locums are charging £1000 per day and will do no visits. We are trying to create a north Cumbria locum agency. Receptionists need to be able to recognise the red flags. The receptionists are getting a lot of abuse, some are resigning. Staff need to be treated with respect. Before Covid, how many patients were seeing GPs who didn't need to? At least one third: they had social and other non-medical problems.

MW: Where does 111 fit in? Where have health checks gone?

ET: A lot of patients who ring 111 will be directed to their GPs. GPs completely stepped up to the plate when the vaccination programme arrived but recently a lot have had to get back to chronic disease management (involving diabetic, hypertension and other chronic disease reviews, ie health checks).

6. Lancashire and South Cumbria Pathology Collaboration. Mark Hindle (Managing Director) (MH2).

50% of the pathology tests (routine blood tests) are done for GPs. Different labs in the various hospitals have different reference ranges (for normal/abnormal). There is 33% job vacancy in some services. This is not sustainable at the moment with four hospitals. Three out of four premises are in very poor repair. A new standardised IT system is planned. Tenders are in the range of £15-20 million. If this was brought in for each hospital the costs would be 20% higher. Pooling budgets will allow more state of the art equipment. There still will be a small lab in each hospital doing urgent tests called the Essential Services Laboratory. The cost will be £38m. For every pound spent there will be a return of £8.32. The hub will open in December 2023.

MW: Will there be job losses? How long will the buildings last?

MH2: I don't expect any job losses. There will be a job reduction of 7% through retirement. There will be no redundancies. The buildings are expected to last 60 years.

CW: What are the savings from?

MH2: Most of the savings are in the avoidance of expenditure: three out of four labs need knocking down and rebuilding. The green agenda also affects this as well as automation: some £5m per year here.

MH: If GP surgeries are going to have to send their blood samples over longer distances, the samples will have to be spun. For about ten years, we in Alston have spun our afternoon samples. What will your local GPs think of this extra work and will you be providing them with centrifuges?

MH: Yes, we have been negotiating with GPs and working with the Local Medical Committee (GP representative body). We will have to look at transporting the samples from GPs and hospitals. We are looking at drones to help with this with flight paths along rivers. We plan to build a drone pad at the new site.

Next meeting: Tuesday, 22 February 2022.