

Submission to the West, North and East Cumbria Success Regime Public Consultation

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Introduction

The West Cumbrian Health economy is experiencing the most prolonged period of intense pressure that it has ever faced.

Local people are well aware of the challenges that we face: the chronic recruitment problems, financial issues and issues of health inequalities; an ageing population and access challenges caused by inadequate transport infrastructure.

Together, the communities that I represent are determined to build a local health economy, fit for the 21st century, to overcome the challenges that we face.

However, this success will only be achieved when patients, medical professionals and the public are listened to both by Government and the Success Regime.

In spite of promises from Government that the Success Regime would think outside of the box and develop solutions to deep rooted challenges, including the recruitment crisis, Government has failed to provide the financial and strategic resources that we need to do this (including the release in full for the funding for phase two of the redevelopment of the West Cumberland Hospital), and the Success Regime has proven to be an expensive sham which, for the health and wellbeing of my constituents, I cannot support.

I now ask that the Prime Minister and the Health Secretary think again, step in, visit the West Cumberland Hospital, and provide us with the resources that we need to overcome the challenges that we face in a safe manner which will not damage the integrity of the principle of a truly National Health Service – something that the current proposals fail to do.

Moreover, I am concerned about the evidence on which the Success Regime has built its plans. For example, I am yet to see a detailed impact analysis of the removal of 24-hour consultant led services from the West Cumberland Hospital. Further, the consultation document claims that “By 2020 the total working age population of West, North and East Cumbria may fall and almost a quarter of all the people who live in West, North and East Cumbria are likely to be over 65 years old”. This projection is taken from flawed ONS figures which do not take into account investments such as the Moorside project which will see a significant rise in the working age population.

During the consultation process, I have received hundreds of communications from constituents concerned about the preferred proposals. I have attended a number of meetings and conferences on the issue and I hosted a public meeting in Whitehaven. Not one of those communications and conversations has been positive, or supportive of the Regime proposals.

Most recently, the recent Health Summit arranged by Allerdale Borough Council heard from the Success Regime that the proposals are driven, in principle, by the desire of central government to reduce healthcare costs in our area.

Maternity Services

I do not accept any of the options proposed by the Success Regime regarding the future of maternity services.

I wholeheartedly support the points, comments and questions raised by way of open letter dated 5th October 2016, by the Midwives and Maternity Care Assistants at the West Cumberland Hospital. They raise a number of pertinent points, including the fact that West Cumbria has pockets of deprivation and isolation, and that travel between Whitehaven and Carlisle can be extremely difficult for expectant and new mothers and their families both financially and mentally.

I also support the report of November 2016, submitted by the North Cumbria Branch of the Royal College of Midwives (RCM), which sets out that “all members of our local branch are concerned about the ‘preferred option’ Option 2 regarding maternity services within NCUHT”. The report pertinently states that “we question how the preferred option is a woman-centred approach”.

Whilst the Success Regime has persistently purported that they are consulting upon a 24-hour consultant led service at both the West Cumberland Hospital, and the Cumberland Infirmary in Carlisle (I.E. Option 1), it does not offer a solution to the recruitment crisis and it even argues that this option is unsustainable. In short, it is clear to me that the Success Regime has no intention of working to achieve a successful 24-hour consultant led service at both sites.

Neither I, nor the communities that I represent, nor the dozens of clinicians working at the West Cumberland Hospital who have contacted me regarding local maternity services, believe that it would be safe to downgrade maternity services at the West Cumberland Hospital. I am not prepared to allow the Success Regime to risk the lives of local mothers or their babies, and this is why I cannot support any of the Success Regime maternity options.

According to an FOI investigation undertaken by BBC England, a quarter of women who started their delivery in a midwife-led unit went on to be transferred to a consultant led ward. It also found that the average transfer distance was 17 miles.

The West Cumberland Hospital is a unique case, as recognised by Dr David Richmond who stated earlier this year in an interview for the Guardian that ‘geography...should be strongly factored into plans for change, with areas such as Cumbria protected’.

Not only is the distance between the West Cumberland Hospital and the Cumberland Infirmary Carlisle 43.1 miles (over twice the distance of the average transfer), but the A595 is also entirely unsuitable for an emergency transfer. According to police figures, the A595 is the most dangerous road in Cumbria. There were 528 road accidents along the between 2011 and 2015. The road, which is in desperate need of an upgrade which does not appear to be forthcoming from Government, is regularly congested and often closed in sections owing to poor weather conditions and flooding.

The Success Regime cites a concerning and unrealistic transfer time between the West Cumberland Hospital and the Cumberland Infirmary Carlisle for high risk births of 43 minutes. However, as is set out in report of the North Cumbria Branch of the RCM, a far more realistic transfer time is 1 hour and 30 minutes before allowing for stop-offs for treatment along the way.

I have seen no evidence as part of the Success Regime planning to demonstrate what will happen to the one in four mothers who may need to be transferred in an emergency, should the long and uncomfortable journey be impassable.

On 18th July I wrote to the then Prime Minister, David Cameron, calling for the retention and improvement of 24-hour consultant led services at the West Cumberland Hospital and enclosing correspondence from Midwives and Care Assistants at the West Cumberland Hospital setting out their concerns about the Success Regime proposals.

The new Prime Minister, Theresa May, responded three months later on 13th October. In her response, Mrs May wrote that;

“I am advised that, whilst there are some dissenting views as outlined in your letter, the Success Regime considers a general consensus exists amongst clinicians that a consultant-led maternity unit is unsustainable in Whitehaven”.

This is clearly an endorsement for the preferred proposal to remove 24-hour consultant led maternity services from the West Cumberland Hospital. This evidently undermines the consultation process. This is because a) it is incorrect to claim that a consensus exists amongst clinicians based at the West Cumberland Hospital that the 24-hour consultant led unit is unsustainable, and b) for the Prime Minister to express this opinion demonstrates that the consultation process is nothing more than an expensive sham – a sham which has cost the taxpayer £1.2 million, £774,000 of which was spent on consultancy fees, and £20,000 on legal advice which the Regime has refused to publish.

I received the letter from the Prime Minister shortly after Health Minister Philip Dunne MP’s visit to the West Cumberland Hospital, during which time he met with two new mothers who had been admitted to the hospital as low risk cases. Both had experienced unforeseen difficulties, and both they and medical staff at the hospital made it clear to the Minister that the transfer to Carlisle would have resulted in fatal consequences.

In October of this year, the Prime Minister stated during Prime Minister’s Questions, that *“what matters is a safe maternity service for mother and baby”*. However, as was witnessed by her Minister, the removal of a 24-hour consultant led service from the West Cumberland Hospital would be unsafe, and this erosion of access to a vital NHS service for West Cumbrian families cannot be allowed to happen.

Finally, I note that I have received a response to an FOI submitted to the Trust which indicates that they currently have no consultant vacancies in Obstetrics and Gynaecology, and I therefore cannot accept recruitment to this unit as an excuse for the downgrading of this service.

Children's Services

I recognise the importance of understanding that maternity and children's services are inextricably linked.

For those children admitted during the night, and for those that require more than a short stay in hospital, the Success Regime preferred option would see them admitted to the Cumberland Infirmary Carlisle. The Regime recognises that this would have a travel impact upon families. It is for this reason that I cannot support this preferred proposal. This is because there are pockets of poverty in West Cumbria to which I have previously referred, and as such low-income families would be unfairly penalised under this proposal. They would struggle to afford to, and travel, to Carlisle to visit their child, and this would have a detrimental economic and mental effect on both patient and family. To ensure a truly National Health Service, a 24-hour consultant led paediatric including inpatient beds must be retained at the West Cumberland Hospital.

Community Hospital Inpatient Beds

In order for the NHS to withstand future challenges, patients must be able to receive more treatment in their homes and communities. Therefore, the principle of Integrated Care Communities is a welcome step toward a sustainable, 21st century NHS. However, I am clear that they must be introduced alongside access to high quality community care.

Scandalously, the social care system is currently malnourished, and there are no Government plans to turn this around. As such, beds at community hospitals remain a necessity for patients and their families. I therefore cannot support proposals for the removal of any community hospital beds until the Success Regime can satisfy both me and my community with a detailed strategy that patients will be better cared for in their own homes as part of an Integrated Care Community and that pressure upon families will not be increased as a result of this.

Emergency and Acute Care

The Success Regime is right to raise the rise in A&E attendances of 10% in West, North and East Cumbria over the past four years as a serious challenge to the provision of emergency and acute care. According to the GP Patient Survey published in July 2016, 126,000 people in Cumbria are waiting over a week to access a GP appointment, and 3,900 people turned to overstretched A&E Departments. It is clear that Government's failure to provide the NHS with the funding it needs, and its management of access to General Practice, has had a concerning impact, alongside additional factors such as the recruitment crisis, upon Emergency and Acute Care in Cumbria.

Whilst I welcome the principle of the retention of a 24-hour A&E at the West Cumberland Hospital, I am clear that this should be a consultant led unit. Moreover, the answer to the challenges faced by the local NHS is not to transfer the most seriously ill patients in West

Cumbria along the dangerous A595 to the Cumberland Infirmary in Carlisle. I have already outlined the inappropriate nature of this sometimes impassable road.

It is clear that Government must intervene directly, provide the Cumbrian Health economy with the financial resources that it needs to reduce A&E attendances, and to undertake a meaningful recruitment programme which will see staff employed by the Trust (reducing excessive locum spend) to overcome the existing recruitment crisis in local emergency medicine.

In the wake of the Cumbria Shootings, the then Prime Minister gave his personal assurances with regard to the future of services, including Emergency and Acute Services at the West Cumberland Hospital, and just last year Simon Stevens explained that the Hospital must not be asset stripped during a visit made at my request. It is imperative that Government ensures that the Success Regime fulfils these assurances. Disappointingly, the current preferred proposal in relation to Emergency and Acute Care fails to do this.

Hyper–Acute Stroke Services

I cannot accept the preferred option to centralise a hyper-acute stroke service in Carlisle. This is because it would leave the people of West Cumbria at a disadvantage with potentially dangerous consequences. According to the Stroke Association, “Immediate treatment may minimize the long-term effects of a stroke and even prevent death.” It would be unsafe, and unfair for people in West Cumbria to be at a disadvantage compared to those in North Cumbria, should they suffer a stroke and be expected to travel along the unsuitable A595 in order to seek treatment.

I therefore ask that the provision of a Hyper-Acute Stroke Service be established at the West Cumberland Hospital so as to ensure that there is no Cumbrian postcode lottery for stroke patients.

Emergency Surgery, Trauma and Orthopaedic Services

When setting out its preferred proposal for the future of Emergency Surgery, Trauma and Orthopaedic Services, the Success Regime consultation document references “a survey of patients who transferred between hospital sites in 2014 showed 85% of patients rated their experience as excellent, very good or good”. The document neglects to include the figure for 2015, which it press released on 19th October 2016, stating that “70% said their overall experience of transfer was either excellent, very good or good”. If the patient transfer experience has declined by 15% in the space of one year, I consider this to be a cause for concern and that all plans to transfer services, and therefore patients from Whitehaven to Carlisle should be halted and reassessed. As such, I cannot support the Success Regime preferred option to continue to make permanent its asset stripping of emergency surgery, trauma and orthopedic services at the West Cumberland Hospital.

Conclusions

The Success Regime has been an expensive wasted opportunity, owing to a lack of support and resource from Government, and a lack of consideration of the consequences of these proposals for communities in West Cumbria. I have yet to find any support for the proposals made by the Success Regime.

It is evident to me that the initial expectations of the West Cumbrian community with regard to the Success Regime have been betrayed. What should have been a comprehensive re-design of local health services in order for the NHS to meet the needs of the local population has become a Trojan horse for a cost and service reduction programme driven by central government. More than ever before, I call upon Government to re-commit to support our communities to overcome the deep rooted challenges that we face, implement an ambitious recruitment programme, and develop options that retain the principle of a truly National Health Service here in West Cumbria. As part of this, Government must release the funding in full for phase 2 of the redevelopment of the West Cumberland Hospital.

The former Prime Minister's assurances during our darkest hour, the clarity of Simon Stevens' assertion that the West Cumberland Hospital should not be asset stripped, and the serious safety concerns posed by these proposals all lead to the same answer: West Cumbrians deserve no less than a fully functioning hospital complete with 24-hour consultant led services.