

West Cumbrians' Voice for Health Care

Comments on Success Regime Stakeholder Update Briefing August 2016

Representatives of West Cumbrian's Voice for Health expressed concern at the West Cumbria Community Forum meeting on August 26th about some statements in the document and about the stakeholder meeting itself. We would like to challenge some of the statements made and register continuing disappointment:

- The lack of time for stakeholders to truly engage at the meetings on issues as expected, most of the meeting being taken up by Sir Neil, Sue Stevenson and Stephen Singleton's presentations
- A continuing lack of clarity about and detail to support the proposals about different models of care
- Some inaccurate and misleading statements e.g. regarding Maternity – see below
- An apparent and ever-present gulf between public understanding of issues of safety and those of the Success Regime and providers with no attempt to address this
- The initial statements by Sir Neil Mackay about 'this part of the NHS overspending [and]...run using funding from other areas of the country for a long time' was well challenged at the West Cumbria Community Forum meeting for being emotive. It is only valid if the assumption that the current - and simplistic - per capita funding allocation is accepted to be equitable.

We note that there is no suggestion that the Pre-Consultation Business Case will provide evidence to back up the proposals, only detail on how the changes will work in practice. This is not what we have been asking for. We would like to see evidence from risk assessments, evaluations, tested scenarios and properly piloted schemes.

The response of the Success Regime to the CQC has already been commented upon by the Group. Our concerns remain about lack of evidence of relevant patient involvement and experience, impact assessments and any demonstration of compassionate care in planning many of the changes described.

We have supported the overall thinking behind Integrated Care Communities from the beginning, but have grave concerns that time is needed for these new ways of working to be embedded before any reliance on a reduced need for in-patient beds. There is staggeringly little evidence of detail on this to date and we are glad to see some acknowledgement of the challenge.

Key areas of potential change

References to 'do nothing' scenarios regarding paediatrics and maternity are both inaccurate, emotive and negative. The original suggestion was to look for innovative ways of attracting staff. We remain unconvinced that these have been well explored, or made good use of, when successful. We understand there is considerable dissension among clinicians and midwives about the proposals, despite Stephen Eames's description of a consensus regarding maternity. We would like to understand better the range of consultant views, and the points of difference, as part of an open discussion. These are important services for West Cumbrians and we particularly wish to hear from

those who deliver maternity care to us in this community at the moment. Certain references to the views of West Cumbria Maternity Services Liaison Committee were ill-informed and inappropriate as he agreed.

We would also like to see the safety concerns voiced by members of the community addressed. They see the dangers in not getting to qualified help in a timely manner as a high risk, which is being exacerbated by the proposed changes. There are also social and hardship problems which will be caused by some of the plans. It would be useful to know how these have been assessed and planned for.

Community hospitals

West Cumbrian's Voice for Health support looking closely at how these can best be used. We are glad to hear of some innovative ideas but again long-term planning is essential before any bed closures are enacted. However, we were a little surprised to read that the strength of feeling in the community has an influence on the thinking about Community Hospitals. We know the strength of feeling in the community regarding maternity services is at least of equal magnitude, but does not seem to be being taken into consideration to the same extent.

Transport

West Cumbrian's Voice for Health have welcomed involvement in the updated transfer experience survey. We hope that it again produces 'some rich experience' qualitative data, which must, this time, be analysed on an equal footing with quantitative data. This free text data was largely unused nor even analysed last time. This is a source of concern, reinforcing feelings that patient experience is neither well understood nor truly valued. There was much in it that could have been useful used before now.

We note the changes to the previously exciting and innovative ideas for both heli-medicine and the Doctors Partnership Scheme, along with suggestions of a stroke scanner being provided in ambulance. The reality does not appear to be measuring up to early hype.

Engagement

Our views on this are well known and will not be repeated here except to say that a great leap forward is required.

Briefing document conclusion

West Cumbrian's Voice for Health is well aware and in support of the need for discussion and action on improvement in mental health service provision, and the development of general practice. We are keen to work on moves to address these issues with providers and commissioners.

However, it is important to keep the people at the centre of the services that are changing, both staff and users. We would have liked to see and hear more commitment to involving lay people and patients in the long term planning of the re-organised services. We know that the Community Hospital Leagues of Friends have been useful in making constructive suggestions and the Transport Workgroup has benefited from lay membership.

We look forward not only to an acknowledgement of our comments but a considered response as soon as possible.

Liz Clegg
West Cumbrians' Voice for Health Care
8th September 2016