

ALSTON MOOR

Medical Practice

League of Friends

RESPONSE TO THE PUBLIC PROGRESS REPORT OF FEBRUARY 2016

The Alston moor profile

- Alston Moor is, according to HMG indices, the most isolated rural community in mainland England and is about an hour away from the Cumberland Infirmary and Penrith Community Hospital by road (assuming good weather).
- It is one of a very small number of remote rural communities in England.
- It has a population of about 2,400.
- The main population centre is Alston and environs with 1800 and the remaining 600 are spread over c65 sq miles of high moorland.
- It has a high proportion of elderly people with over 500 of the 2400 people living in the area being over the age of 65 years. This means that 1 in 4.5 people are over 65 years compared to the national average of 1 in 6.
- Employment opportunities in the area are limited resulting in many younger people moving away to find work and therefore being distant from their older relatives.
- There is a severe shortage of Health care Assistants available in and around Alston to support the frail and elderly in their own homes.
- Public transport to Carlisle and the Cumberland Infirmary is limited to twice a week in term-times with the bus arriving at 11am and the return bus leaving 2 hours later. There is no bus service at all during school holidays. There is no bus service to Penrith.
- In good weather and assuming an ambulance is readily available response times are about 1hr.
- The GNAA helicopter can only fly in daytime (very short during the winter months) and high cloud cover. It often requires a land unit to access or move the patient due to the terrain creating landing difficulties.

While rural isolation effects all people in the community its greatest impact is on the frail elderly, especially those who do not drive, those that do not have close family support and those that live alone. For this group of people ensuring that the services they need are available close to home is fundamental to providing good care. This is especially true for people requiring end of life care.

Caring for ill, frail, elderly patients and for people at the end of life

- Frail elderly people have low functional reserves, usually caused by multiple chronic conditions. They are at high risk of rapid deterioration from these conditions as well as acute illnesses. They are also at increased risk of depression and falls. Frail elderly people who become unwell often become confused and physically weaker commonly resulting in:
 - Inability to mobilize, feed or toilet themselves without assistance.
 - Falls and injuries from these falls.
 - Poor compliance with treatments needed to keep them well or help them recover.
 - A prolonged recovery period. Acute deteriorations are often associated with a permanent worsening in their general functional capacity and increased dependency.
- Frail, elderly patients who become unwell require a multidisciplinary approach that does not just focus on managing the condition that has made them unwell. For the frail a co-ordinated approach involving by doctors, nurses, physiotherapists, occupations therapists and social workers is often essential in managing not just the cause of an acute deterioration but also other issues such as their nutritional status, mobility and balance, continence and safety around the home. Managing these issues is as important as any medical intervention to allow them to live as safely and as well as they can after they have recovered from their illness.
- People approaching the end of life usually become increasingly frail and dependant on others for personal care such as feeding, washing and toileting. At the same time symptoms such as pain, nausea, agitation or breathlessness often need managing.
 - While some people prefer to remain at home with professional support, for many the prospect of managing at home without professional support available 24 hours a day can be frightening and stressful.
- Most Alston patients living in the community choose to come into the community hospital end of life care.

Effective care of frail elderly patients who are significantly unwell requires a multidisciplinary and well-co-ordinated approach. This approach gives the person the best possible chance of recovering quickly and reduces the risk of injury from falls and reduces their risk of long-term dependency.

How care is provided for the frail elderly in Alston at present

- Acute care is provided by the Cumberland Infirmary and for less unwell patients by direct admission to Alston Community Hospital when beds are available (although this is often not available as ACH operates at near 100% bed occupancy).
- Step-down care at Alston community hospital following discharge from the Cumberland Infirmary is available for Alston and other practice's patients. This allows for early discharge from the Infirmary following treatment for acute illnesses, injuries and following elective surgery.
 - It does so by providing continuing treatment and rehabilitation for frail elderly patients as well as making suitable arrangements for people requiring home care following discharge.
 - It provides the multidisciplinary approach needed, with all the resources concentrated into one site that enables good communication between health care professionals needed to ensure well-co-ordinated care.
 - This multidisciplinary approach is provided by GP's, hospital and district nurses, physiotherapists, occupational therapists and a Community Psychiatric Nurse for the elderly who discuss hospital patients as well a frail elderly patients in the community that are cause for concern. There is also support from a Care of the Elderly specialist who review patients on a monthly basis.
- End-of-life care can be provided in people's homes or in the Community hospital. In reality most people choose admission to the Community hospital when they reach the final stages of their illness.
- Preventative care for frail elderly patients is provided by the Day Hospital that allows people who are at risk of admission to be monitored more closely and will, in the near future, provide a falls service.
- Services available for all Alston patients including frail elderly people includes:
 - General medical services provided by Alston Medical Practice.
 - A nurse led minor injuries unit open 24/7.
 - District nurse services.
 - Radiology.
 - Physiotherapy.
 - Dietetics
 - Speech and language therapy
 - Podiatry
 - Retinopathy clinics
 - Optician assessments
 - DESMOND training in self-management of diabetes

- Cognitive behavioural therapy and counselling
- CPN support
- Dental care

Between Alston Medical Practice and Alston Community Hospital a multi-disciplinary range of services are provided close to where people live that are particularly important in supporting frail elderly people. Weekly multi-disciplinary meetings and regular palliative care meetings ensure good communication and co-ordinated delivery of services to both hospital and community patients.

Challenges to providing health care for Alston moor

The main challenges to providing healthcare for Alston now and in the future includes:

- The proposed closure of beds at Alston community hospital that will seriously restrict the ability to care for frail elderly patients locally.
 - The cornerstone of care for frail elderly patients is a multi-disciplinary and co-ordinated approach that is facilitated by concentrating the necessary resources into the Alston community hospital.
 - Although some people who are presently managed in Alston Community hospital could be managed in the community if significantly more resources were available the vast majority of patients could not. To support this statement there is an appendix outlining the clinical and social problems of people admitted to Alston Community hospital within the last month. Although no names have been included the details of their admissions make people easily recognizable. We have therefore sought and been granted permission from all people included in this report.
 - Providing end-of-life care is presently provided to some people in their own homes when that is what they wish. However for many people this is not what they wish and for people that do not have adequate family support it is practically extremely difficult and costly to provide the professional support they would need, often 24 hours a day and potentially for prolonged periods.
- The closure of beds at Alston would mean that the nurse led assessment unit would have to close out of hours. This is likely to increase demand on A+E at the Infirmary as well as increasing demand on the out of hours service provided by CHOC. It would mean that for the majority of the time there would be no qualified medical presence on the Moor.
- CHOC already have difficulty in responding to calls on the Moor due to the 2 hour travelling time.
- A shortage of trained nursing staff at Alston hospital in the last 12 months.
- The possible closure of Grisedale Croft in the future due to it not being fit for purpose as regulations are set to change. This provides sheltered accommodation in 12 flats and residential care for 16 residents including some people with dementia.
- A severe shortage of Healthcare Assistants to provide support for frail elderly people living in their own homes in the community.
- The potential loss of financial viability of Alston Medical Practice. Income from providing medical services to the hospital represents a substantial part of the Practice's income. If this income were to be lost with closure of the beds at Alston community hospital it is likely to make recruitment of new GP's needed in the near future more difficult. If this resulted in a reliance on long-term locums, as has happened in the recent past for over 2 years before the

last partner was appointed, this would further reduce income and threaten the financial viability of the practice.

Closure of Alston community hospital beds would seriously restrict the ability to care for ill frail elderly patients within the local community. If these closures were to occur it is likely to be an irreversible step. Is it really acceptable to transfer frail elderly and dying patients to facilities miles away from their families that are not served with viable public transport links if at all because these services are no longer available in Alston?

Issues regarding recruitment of doctors, nurses, and healthcare assistance in the area also pose difficulties.

The impending closure of the local sheltered accommodation and care home beds will require investment to replace these facilities in the near future.

Proposals to manage these challenges and support regional efforts to deliver healthcare services

We propose three principle ways by which better care could be delivered more cost effectively to the local population as well as contributing to regional efforts to do the same. These proposals being:

- Integrating medical and social care in Alston.
- Supporting the Cumberland infirmary by facilitating discharges into the community and by expanding the role of the community hospital.
- Developing preventative interventions to reduce future demand on services.

Integrating medical and social care in Alston

- The possible closure of Grisedale Croft in the future which provides sheltered housing and residential care beds and also the possible closure of the hospital beds are a challenge but also provides a clear opportunity to integrate (not just co-locate) social care with medical services on one site which is already NHS owned.
- In 2015 proposals were explored by the Partnership Trust, Clinical Commissioning Group, Practice, League of Friends and Eden Housing Association. Unfortunately, though understandably, due to other priorities the Working Group became stalled. The objective was to redevelop the hospital site to provide sheltered housing, residential care, nursing beds (including palliative care), hospital beds, a day hospital and the surgery in one site.
- Under these proposals the finances would be pooled, and the facility managed by one management team with staff shared across the facility. We believe providing a single organizational structure will have the effect of:
 - Improving accountability.
 - Reducing running costs.
 - Improving communication and co-ordination of care.
 - Reducing delays in providing services and moving patients between services.
 - Providing the ability to offer a wider range of services.
 - Increasing the workforce's ability to deal with the variability in demand of different areas of the service due to increased flexibility. Where appropriate cross-training is proposed.

- Spreading the integrated staff costs over the combined and developed Health and Social care activity. For example the nursing staff would be able to cover nursing home beds as well as medical as they would both be in the same site.
- Increasing the workforce's ability to deal with the variability in demand of different areas of the service due to increased flexibility which will also provide greater staffing resilience. Where appropriate cross-training is proposed.
- Examples of integrated working exist such as Torbay, Rye, All Hallows Suffolk and Aberfeldy Scotland. Their experience can be drawn on so the service does not have to be designed from the ground up.

Overall we believe an integrated service would allow for a more cost effective service to provide the care that is needed in the place where it is needed.

Supporting the Cumberland infirmary

- Alston community hospital already supports the Cumberland Infirmary by taking some admissions directly from Alston community thereby reducing admissions to the infirmary and by facilitating the discharge of patients from the Infirmary into the community. Its minor injuries unit, open 24/7, reduces demand on A+E at the Infirmary.
- We believe more patients could be discharged to Alston from the Cumberland Infirmary by more effectively managing discharges from Alston hospital. This could be achieved by:
 - Integrating social and medical care as proposed above. This would be significantly helped by having a single social worker responsible for Alston patients.
 - Dealing with the shortage of Healthcare assistants working in the community available to support frail and elderly people after discharge. While there is no shortage of people willing to work as Healthcare assistance within Alston hospital there is a serious shortage of people wanting to do the same work in the community. Lack of pay for the time to travel between clients, is an especially strong disincentive for people caring for clients in a widely dispersed community. Not paying people for the time spent travelling between clients is not only unfair but also a false economy when lack of HCA's results in longer admissions because there is insufficient support for patients to allow them to complete their recovery at home.
- Expanding the role of Alston community hospital could also support the Cumberland Infirmary for example by:
 - Undertaking pre-operative assessments for people undergoing elective procedures at Alston hospital prior to admission to the Cumberland Infirmary.
 - Providing transfusions at Alston hospital for people with haematological conditions requiring these on a regular basis.
 - Providing a continence service.

Alston Community hospital already supports the Cumberland Infirmary by taking admissions into the community hospital directly reducing admissions to the Infirmary and by facilitating discharges from that hospital. The minor injuries unit also reduces attendance at A+E at the Infirmary. Greater support could be offered if delayed discharges from Alston hospital were dealt with more effectively.

Additions services could be offered by the Community hospital thereby reducing demand on services at the Cumberland Infirmary.

Developing preventative interventions

- The falls service - Alston medical practice together with support from hospital nursing staff, a physiotherapist, and occupational therapist working from the Day hospital as well as support from the community pharmacist and Dr Billet, a Care of the Elderly specialist, are in the final stages of putting in a falls service into place for Alston patients. This could potentially be expanded to patients from other practices.
- There is great potential to support isolated lonely people in the community helping them connect with other people in the community for example by:
 - Promoting local social events for example on the Cybermoor website
 - Helping people get to social events by developing further the use of volunteer drivers
 - Recruiting more befrienders – a service presently supported by MIND but which is due to have funding withdrawn.

In summary

Alston is the most isolated rural community in England with a high proportion of elderly people and poor public transport connections to Carlisle and the Cumberland Infirmary and none to Penrith Community Hospital. Rural isolation has the greatest impact on the frail elderly so ensuring that the services they need are available close to home is fundamental to providing good care. This is especially true for people requiring end of life care.

Effective care of ill, frail, elderly patients requires a multidisciplinary and well-co-ordinated approach to support them during and after an acute deterioration. Presently this service is provided by Alston Community Hospital. Closure of Alston community hospital beds would seriously restrict the ability to care for ill, frail, elderly patients within the local community and require their transfer to other hospitals or in some cases hospices. Is it really acceptable to transfer frail elderly and dying patients to facilities miles away from their families that are not served with decent public transport links because these services are no longer available in Alston?

Alston has the advantage that the local workforces (both NHS and Social Services) are supportive of the concept of merging the facilities and integrating service delivery, as are the community. It also has the advantage of being a containable size to develop a new method of working.

Examples of innovative services that have been developed and community involvement are as follows.

A volunteer community ambulance service would also be run from this site, plans for which are already in an advanced state with the first phase of 9 volunteers already trained to Emergency Medicine Technician standard and a further 14 awaiting processing and then training. This was proposed by the LOF and developed with support from the CCG and NWAS. It is the only one in England.

In respect of Telemedicine, the LOF sponsored the development of video links between the hospital's ward and nurse led assessment unit and Penrith Community Hospital and ChocDoc (out of hours care). We have a number of suggestions how telemedicine and IT can be used to make service delivery more efficient, recognizing that is an enabler of better delivery not a silver bullet replacement for physical care in all circumstances

We recognize the need to deliver health care in the region at reduced costs and believe this could be achieved in Alston at the same time as preserving vital services by integrating social and healthcare. The need to replace Grisedale Croft, the town's main provider of residential care, in the near future represents an opportunity to combine social and healthcare on one site. Having a single accountable structure would reduce costs and improve quality of care and efficiency. It would also reduce the impact of workforce shortages by greater flexibility.

In addition Alston hospital could provide greater support to the Cumberland Infirmary by facilitating more discharges into the community by dealing more effectively with delayed discharges and providing additional services that could reduce demand on the Infirmary.

We believe these innovative proposals offer, to quote from the *Public Progress Report*, "a vision to develop within the region an international centre of excellence for integrated health and care provision in a rural, remote and dispersed community".

Proposed next steps

- We would invite a member of the Success Regime to visit Alston to see first-hand both the problem and the opportunity.
- We would welcome a meeting with the Success Regime to discuss the proposal in more detail with the intention of:
- Reforming the Working Party and giving it the brief to find the solutions to the complexities that will arise and to produce a costed plan for presentation to the appropriate Health and Social Care bodies including funding.

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