

# A healthy future

## for Cornwall and the Isles of Scilly

- *Supporting local people to improve their health and wellbeing*
- *Developing safe and sustainable services for the 21<sup>st</sup> century*

Andrew Williamson CBE, Chair  
Ann James, Chief Executive

With a foreword by Professor Nick Bosanquet

30<sup>th</sup> January 2007

## Foreword

Cornwall and the Isles of Scilly have a unique geography that creates unique healthcare challenges. Surrounded on three sides by water, the Cornish peninsula has no motorways and few major roads. The Isles of Scilly are 28 miles from the mainland and accessible only by air and sea, and therefore even more isolated. Travel and transport are difficult at the best of times and particularly challenging in the summer months, with up to 300,000 tourists at any one time.

A unique challenge requires a ground breaking solution. The vision set out in this document radically develops the standard approach to health and health services. In proposing to deliver more services from local hospitals, clinics, primary care and other community facilities in this area I believe the NHS has evolved a unique and innovative solution tailor made for Cornwall and the Isles of Scilly. Few health communities in Britain are proposing to devolve local services as significantly or as substantially as is now being proposed here.

The NHS proposes to take routine health services out of the major hospitals and deliver them more locally wherever it is safe and sensible to do so. I applaud that proposal. Instead of patients travelling many miles to a distant hospital for a routine outpatient appointment or a simple x-ray we should be taking the services to the patients delivering better healthcare closer to home. Only by taking this approach will we get maximum value for money for local patients and local communities - as well as reducing carbon emissions and promoting sustainability.

Of course, the main priority must be to support people in living healthier lives. The health of people across Cornwall and the Isles of Scilly is generally good, but there remain major inequalities. These must be tackled.

Cornwall and the Isles of Scilly must approach its challenges as a whole health community with different organisations working together in a co-operative search for solutions. The NHS must work closely with social care partners, with local voluntary and community groups and the public.

Over the past few weeks I have been hosting a series of select committee style hearings around Cornwall - with links to the Isles of Scilly. I have been impressed by the high quality of the evidence that local communities have placed before me and before the NHS managers who sat alongside me listening to the evidence.

Earlier this month (January 2007) the Independent Reference Group that has acted as a sounding board for this strategic review declared that the review process had been robust, open and transparent. I support that assessment. This document is very largely based on what local people told us during the review process in select committee hearings, at public meetings, in written submissions and in small group seminars. It contains the NHS vision for the future and it contains a series of immediate and concrete commitments that will serve to test the local health community's resolve.

The strategy contained in this document will take time to reach full maturity. It will only have credibility and will only secure the confidence of local communities if it shows some real results over the next twelve months. I am confident that as things change on the ground people will see that the strategy outlined in this document makes real sense for communities in Cornwall and the Isles of Scilly delivering the right care in the right place at the right time. I know the Primary Care Trust is already working hard to turn the commitments set out in this document into concrete actions.

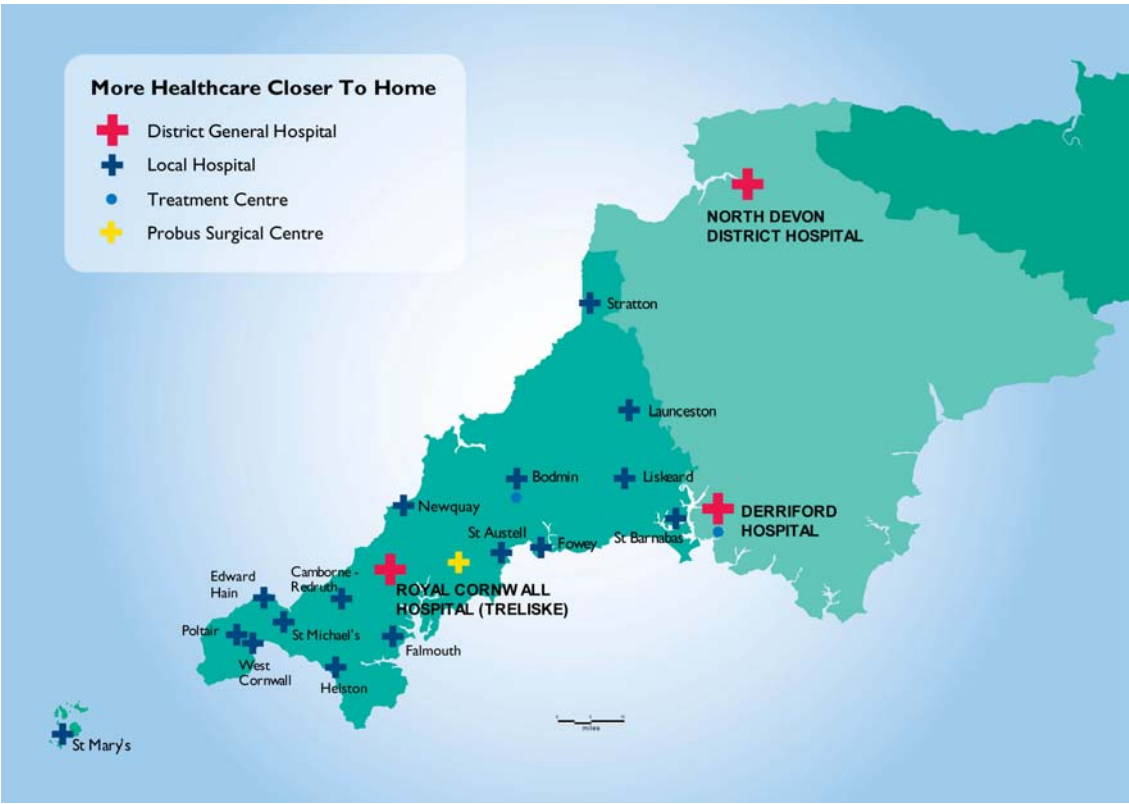
The Cornwall and Isles of Scilly Primary Care Trust has invited me to continue to work with the local health community over the next few months in order that I might judge their success in delivering the strategy outlined in this document. I am pleased to accept that challenge, and look forward to the more detailed plans that will follow.

Only by delivering this strategy with commitment and dedication - and a continuing programme of open engagement with the people of Cornwall and the Isles of Scilly - will the local health community be able to restore trust and confidence in the local NHS.

**Professor Nick Bosanquet**

*Nick Bosanquet is Professor of Health Policy at Imperial College London, adviser to the Parliamentary Health Select Committee and independent chair of the Cornwall and Isles of Scilly strategic review of healthcare.*

**Major health facilities for patients in Cornwall and the Isles of Scilly**



## Our vision for a healthy future

This is a defining moment for the people of Cornwall and the Isles of Scilly. This document **A Healthy Future** sets out an ambitious vision which will leave a positive legacy for future generations.

- **Improving health and well being is a key goal for the NHS.**

There are significant pockets of severe deprivation in Cornwall but much of it is hidden by the beauty of the landscape and seascape. Penwith and Kerrier are amongst the 60 most deprived districts in England, indeed every local authority in Cornwall is in the bottom 20% of UK local authorities when ranked on the basis of “gross domestic product”, a key economic indicator.

There are also some significant inequalities in health. People who experience poor housing, lower educational attainment, low incomes or insecure employment are among those more likely to suffer poor health and to die prematurely. If you live in the east of Penzance the average life expectancy is 75 years, but if you live in Feock or Kea the average life expectancy is 83 years. It is clearly unacceptable that if you live in one part of Cornwall you can expect to live 10% longer than if you live in another. Health services must be targeted to ensure the needs of the most vulnerable are being addressed.

Cornwall also has an ageing population and increasing numbers of people who suffer from long term conditions such as diabetes and asthma. This requires the NHS, in partnership with local authorities and others, to focus more on promoting good health, improving well being, increasing self esteem and independence and anticipating peoples’ health needs.

- **Tackling the causes of ill health and helping people to stay healthy is our number one priority.**

Over the past four months - since the new Cornwall and Isles of Scilly Primary Care Trust was established in October 2006 - we have been meeting with local people and listening to what they tell us about their local NHS and the challenges it faces.

Transport, access to services and the local geography are key challenges. But, of course, for people on low incomes this challenge can become a serious problem. It’s not just a question of how long it takes to travel for healthcare services but how much it costs.

In order to address this challenge we have developed a new approach to transform the provision of health services in Cornwall and the Isles of Scilly. Our fundamental aim is to ensure that as much care as possible is provided closer to home. Patients really value the local access and quality of services provided by local General Practitioners (GPs) and their teams. We can ensure many more services are provided more locally. To achieve our aims of improving health and reducing inequalities, increasingly we will also need to provide services in local settings, reaching out to local communities and taking services to people where they can be more easily accessed.

In time patients will only go to a District General Hospital when it is absolutely necessary. Instead they will go to outpatient clinics, have routine diagnostic tests, even day case surgery closer to where they live. Patients with the most complex needs will still be seen at District General Hospitals because that is the care they excel at providing, but with the support of our hospital colleagues, we propose to move many of the less complex services out into local hospitals and other community facilities. This approach will apply to all services including those for children and young people, older people, those with mental health problems and learning disabilities, and those with long term conditions.

Our District General Hospitals provide a much valued and expert service. While patients will continue to receive care from the three District General Hospitals (Treliske in Truro, Derriford in Plymouth and Barnstaple in North Devon) much more healthcare will be delivered in local communities. In effect the larger hospitals will support the network of community services rather than the other way round. Increasingly District General Hospitals will focus on excelling at the more specialised services that only they can provide and people will expect to be treated locally with a visit to a distant District General Hospital as a relative rarity.

Over time the most specialist areas, such as urological cancer and paediatric surgery, will need to be concentrated in fewer major District General Hospitals if we are to ensure the very highest standards of safety and quality.

Our ambition is to ensure all of our services are centres of excellence. We will not seek to impose a single model of care across the county. We do not believe in a health service where “one size fits all”. For us the key test is “what works for patients and service users”. The larger local hospitals will provide the most comprehensive range of services but all of our local hospitals will be part of a managed network, providing much more care closer to home.

- **Our intention is to offer more healthcare closer to where patients live.**

This will require us to increase the level of investment in our community based services. We will invest more in local hospitals, family doctor services, community services such as district nursing and physiotherapy and in services provided by the voluntary, community and independent sectors. We propose to use our network of community facilities more effectively and more efficiently than we do now.

This new approach will require NHS staff to work differently. Doctors will move around the county more as patients move around less. GP practices, working with local communities, will be empowered to commission more services on behalf of their local patients, making best use of their knowledge of local needs. There will be much closer working with staff in social care. We will need to shift resources into public health and health promotion as we place greater emphasis upon things like tackling childhood obesity and supporting people to give up smoking.

The Primary Care Trust will deliver best value for money. We will do this by continuing to explore how health services are best provided to ensure the highest quality whilst retaining an absolute commitment to the provision of NHS services provided free at the point of delivery.

**This is the vision the NHS will now commit to... the provision of safe, free, high quality healthcare delivered to patients closer to home.**

There are many examples of successful regeneration across Cornwall. The NHS has contributed to this social and economic renaissance with the development of the Knowledge Spa and the Medical and Dental Schools. We are also committed to reducing our carbon footprint, both to help the environment, and the future health of the population, but also to reduce energy costs so that more resources can be concentrated on clinical and preventative services.

The NHS in Cornwall now wishes to make a step change, and to become a national beacon of best practice in providing high quality healthcare closer to home.

## What will this mean for you and your family's health?

It will mean that services are increasingly provided more flexibly at the convenience of the patient rather than the convenience of the NHS. Services will be tailored to individual needs and circumstances, and planned and delivered in partnership with social care. It will mean that services develop as the needs of local communities develop and as the population profile changes. It will mean a continuing NHS presence at all of the locations served by existing local hospitals.

It will also mean:

- More support to help people keep themselves fit and healthy, such as increased provision of Expert Patient Programmes, exercise programmes for those with chronic obstructive pulmonary disease (COPD), and earlier identification of long term conditions such as diabetes
- More outpatient clinics in local hospitals, such as rheumatology, oxygen assessment, urology and rapid access TIA (transient ischaemic attacks)
- Routine diagnostic tests such as x-rays, ultrasounds, MRI scans, echocardiograms, audiometry and blood tests being carried out locally
- Day case surgery, such as orthopaedics, gynaecology and ENT being moved into more local hospitals wherever it is safe and sensible
- More mental health services being provided from community centres or GP surgeries
- More home based support for people with dementia and their carers
- More support at home - from people like community matrons - for frail older people and those with complex long term conditions
- More services commissioned and delivered jointly by health and social care staff
- More use of new technology, such as telemedicine in Minor Injury Units, monitoring of patients in their own homes and Met Office forecasting for people with respiratory problems
- Ambulance services that treat some people in their homes or in local Minor Injury Units
- More support for pregnant women who want to have their baby at home
- More choices about the services available and how to access them - wherever people live in Cornwall
- More flexible palliative care for people nearing the end of their lives and their carers

Fundamentally our vision for the future means that:

- **The NHS will help people to stay healthy and live independently**
- **The NHS will provide more services closer to where people live**
- **District General Hospitals will concentrate on excelling at the things they do best**
- **The NHS will continue to improve the quality and safety of local services**
- **The NHS will continue to engage fully with local communities**

## Our immediate plans for action

The Primary Care Trust's immediate plans for action are set out in the following table.

Immediate Actions	Timescale
Keeping St Michaels Hospital open	Immediate
Keeping West Cornwall Hospital open	Immediate
Reviewing emergency care models in other parts of the country to inform the development of a local model	Visits to areas of best practice by teams including local clinicians and local stakeholders by end of February 2007
Resuming breast cancer surgery at St Michaels Hospital in single sex wards	May 2007
Reinstating the family history breast cancer screening service	May 2007
Reinstating outpatient therapy services for people with neurological conditions at Marie Therese House	End of March 2007
Developing a business plan to bid for funding from the Department of Health's new community hospital fund to assist us in delivering 21 <sup>st</sup> century buildings to deliver community services	End of February 2007
Completing a health equity audit on services for people with mental health problems	March 2007
Agreeing the Local Delivery Plan to underpin delivery of the commitments set out in this document	March 2007

We will also be paying particular attention to the following priorities in 2007/08:

Priorities	Commitments in 2007/08
Achieving a maximum wait of 18 weeks from GP referral to start of treatment of patients	By the end of March 2008: <ul style="list-style-type: none"> <li>• completing 85% of pathways where patients are admitted for hospital treatment within 18 weeks</li> <li>• completing 90% of pathways that do not end in an admission within 18 weeks.</li> </ul>
Achieving a maximum 4 hour wait in Accident and Emergency	Ongoing to ensure sustained delivery
Patient Choice and Booking	Ensuring 90% of GP outpatient referrals are booked electronically, for patients' convenience
Reducing cancer waiting times - achieving a maximum waiting time of 2 months from urgent referral to treatment, and one month from diagnosis to treatment	Ongoing to ensure sustained delivery
Reducing rates of MRSA and other healthcare associated infections	By the end of March 2008: <ul style="list-style-type: none"> <li>• Reducing the number of MRSA infections.</li> <li>• Reducing the number of <i>Clostridium difficile</i> infections</li> </ul>
Improving access to sexual health services, in particular delivering 48-hour access to genito-urinary medicine (GUM) clinics	By the end of March 2008: <ul style="list-style-type: none"> <li>• All patients able to access GUM clinics within 48 hours</li> </ul>
Smoking cessation	<ul style="list-style-type: none"> <li>• Supporting 3,933 people to stop smoking for at least four weeks, and through the Local Area Agreement, ensuring as many people as possible remain long-term non-smokers.</li> <li>• Reducing the number of pregnant women who return to smoking post-delivery.</li> <li>•</li> </ul>

The Primary Care Trust's detailed plans for action in the period 2007/08 will be developed early in 2007 and widely publicised. However, our ambitious direction of travel is already clear as are some of our further key commitments described below. We will be working closely with our hospital colleagues, particularly in the Royal Cornwall Hospitals Trust, to develop joint approaches to delivering these commitments.

**The NHS will help people to stay healthy and live independently by:**

- Developing a health inequalities strategy, with the support of the local Health and Well Being Board and local communities. This will identify how we can reduce inequalities in health in partnership with local communities
- Completing a health equity audit on services for people with mental health problems

- Working with Cornwall Health and Adult Social Care Overview and Scrutiny Committee to assess multi agency work on obesity from prevention through to services
- Introducing health trainers from the spring to work in our most disadvantaged communities to help make it easier for people to make healthier choices
- Providing smoking cessation services from alternative venues within local communities, including community centres and pubs.
- Working with local authorities to help businesses prepare for the legislation banning smoking in workplaces.
- Reviewing service provision for all long term neurological conditions, and in particular ensuring the longer term future of local specialist multiple sclerosis nursing across the county and reinstating outpatient therapy services at Marie Therese House.
- Ensuring that people with learning disabilities get all the support they need to access mainstream health services in a fair and equitable manner, for example through piloting the development of individualised health action plans with a practice in North and East Cornwall and implementing the local acute hospital strategy for people with learning disabilities.
- Developing individualised packages of care for all patients with learning disabilities currently receiving hospital services.
- Reviewing children’s services and improving the support provided to families, particularly the families of disabled children.
- Improving access to equipment that supports independence, including wheelchair services.
- Strengthening the integration and joint delivery of health and social care services to ensure they meet the complete needs of local people. This is a vital building block of our strategy if we are to successfully put the needs of individuals and families first.

### **The NHS will provide more services closer to where people live**

- Keeping St Michaels Hospital open. We will develop St Michaels as an elective surgical centre, for example providing general surgery, day cases and orthopaedic care. We will resume breast cancer surgery at St Michaels Hospital where patients will be treated in single sex wards.
- Developing West Cornwall Hospital. Doctor led accident and emergency services will stay at the West Cornwall Hospital - as will surgery - but we need to ensure best practice and patient safety here as elsewhere. Evidence to the strategic review from doctors at the Royal Cornwall Hospitals Trust suggests more work needs to be done to ensure full and sustainable patient safety. We will ensure that work is done. We will see more patients treated at West Cornwall. We believe West Cornwall Hospital will have a vibrant and successful future. Given our commitments to the West Cornwall Hospital and St Michaels Hospital it is unlikely we will proceed with any proposals for a Health Campus in Penwith, but we will capture the learning the work to date has provided.
- Reviewing examples of best practice in the provision of emergency care models in other parts of the country to inform the development of a model that fully addresses the uniqueness of Cornwall and the Isles of Scilly. We will keep A&E and Minor Injury Unit services at existing locations but we will improve co-ordination and communication of all urgent care services, including ambulance services, in order to ensure these services are used to best effect. As part of this work, we will review the contract for the local “out of hours” service.

- Developing a plan to improve health facilities for the population of Torpoint and surrounding areas by providing a wide range of services including a GP practice, community nursing, emergency care practitioners, a Minor Injury Unit and other services currently accessed from local hospitals.
- Increasing the number of community matrons in north and east Cornwall.
- Developing the range of services that can be provided from Stratton Community Hospital, working with Northern Devon Healthcare Trust.
- Retaining access to local services on the Isles of Scilly, and ensuring appointments for services on the mainland are booked at islanders' convenience.
- Ensuring that waiting times from GP referral to treatment are a maximum of 18 weeks by December 2008. This will include DEXA scans.
- Reducing the waiting time for hearing aid assessments to 6 weeks by March 2008, and ensuring digital hearing aids are then fitted within the following 3 months
- Supporting more older people and their carers to be supported in their own homes, for example through extending Rapid Assessment Teams to a 7 day week service and introducing MIND dementia care support workers.
- Developing a primary care strategy, which explores innovative approaches to working with family doctors, dentists, pharmacists and opticians.
- Ensuring the existing level of dental access is maintained and - when additional funding is available - the service level is increased in areas of high unmet need.
- Seeking funding to assist us in delivering 21<sup>st</sup> century buildings to deliver community services
- Developing a multi-agency workforce plan to deliver care closer to home

#### **District General Hospitals will concentrate on excelling at the things they do best**

- Developing the plan for completely new consultant-led and midwife-led maternity services at Treliske Hospital.
- Reinstating the family history breast cancer screening service.

#### **The NHS will continue to improve the quality and safety of local services**

- Developing a clinical safety strategy to underpin delivery of all NHS services delivered to the people of Cornwall and the Isles of Scilly. This strategy will include a commitment to undertaking more spot checks to assure the quality of care provided, continuing our progress to eliminating mixed sex accommodation for planned care and reducing healthcare acquired infections.
- Becoming more efficient and effective by achieving performance equivalent to the best quartile in the country. This will release considerable resources to assist in delivering our overall vision. We have already made good progress in some areas but there is still much room for improvement. For example, at present the day case surgery rate in Cornwall and the Isles of

Scilly is 66.6% compared with 75% in Bristol, and 14% of patients are admitted the day before operations compared with just 2% in Torbay.

### **The NHS will continue to engage fully with local communities**

- Exploring ways in which we can support local people to have greater influence and/or ownership of local facilities. We will start by working with local stakeholders in St Ives, Fowey and Saltash on the future of their community health facilities and services.
- Developing a rolling programme of public engagement and communication that builds on the valuable work that has been done over the last few months, and enables local communities to continue to inform and shape delivery. We will build this programme into a mechanism for ensuring true accountability, openness and transparency.

Many of the plans outlined in this document will require NHS staff to work differently. We greatly value the contribution that staff make and it was clear during the review period that the public greatly values that contribution too. We will need to work closely with health and social care staff to turn our vision into reality. We will also need to provide opportunities for clinicians working in different parts of the NHS to work together to plan improved care for patients.

## **Healthy finances**

As we move into 2007/08, the funds allocated to Cornwall and the Isles of Scilly increase by £75 million - from £645 million to £720 million, a rise of around 11%.

The NHS is receiving - and will continue to receive - enough money to deliver top quality healthcare for local people. It is nothing less than simple common sense that we should use that money wisely and ensure that we never again get into a position where one part of the NHS needs to “bail out” another.

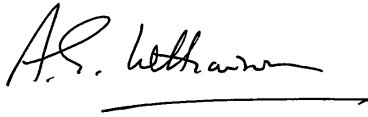
The NHS in Cornwall and the Isles of Scilly has an accumulated debt of around £45m that will need to be paid off over the next three years. We will be able to do that from the increased funds available to us without reducing patient services.

In the next few years District General Hospitals will get a smaller slice of increased revenues while local hospitals, GP practices and community services will get a larger slice as services are transferred closer to home.

We will also continue to monitor the national review of the market forces factors and the funding formula for NHS organisations in rural areas, but meanwhile we will ensure we use our current resources more wisely and we will continue to look for ways of drawing additional money into the local health economy.

## Conclusion

The strategy outlined in this paper is designed to deliver service improvements throughout Cornwall and the Isles of Scilly and to ensure patients are treated with the dignity and respect they deserve. The strategy is very largely based on what local people have told us over the past three months. As Professor Nick Bosanquet says in the foreword to this document the commitments we have made will serve as the test of our resolve. Our task now is to get on with the job.

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**Andrew Williamson CBE**  
**Chair**

A handwritten signature in black ink that reads "Ann James". The signature is written in a cursive style.

**Ann James**  
**Chief Executive**