

Towards the best, together

Consultation Questionnaire

Please complete the questionnaire to give us your views on the proposals we have outlined in our vision 'Towards the best, together'.

You can comment on one, all, or as many of the pathways as you would like.

Please remember to get your comments to us by 4 August 2008.

Are you:



Providing your own response



Responding on behalf of an organisation

The questionnaire refers to each of the clinical pathways; which of the following pathways would you like to comment on?



Staying Healthy



Mental Health



Maternity and Newborn



Children's Services



Planned Care



Acute Care



Long Term Conditions



End of Life

What is the name of the organisation you are submitting this response on behalf of? *

[Cambridge University Hospitals NHS Foundation Trust](#)

Please could you give details of who the organisation represents and, where applicable, how you gathered the views of members. *

[Acute Trust providing healthcare for the local population and tertiary referral centre for specialist services, research and teaching. Views gathered by a combination of face to face meetings and electronic exchanges with Health care professionals some of which although not exclusively were members of the clinical pathway groups who wrote this document 'Towards the best, together'](#)

The Case for Change (please refer to the 'Case for Change' section of the document)

To what extent do you agree with the following statement: 'The Case for Change sets out a clear need for the NHS to change.'



[Strongly agree](#)



Agree

- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please state your reasons.

There is a strong case for change and this document addresses some of the issues; however some concern remains whether this document goes far enough e.g. there is little reference to the management of patients with multiple long-term conditions. There is also concern that high-quality A&E services and maternity services can be delivered as stated in the document.

Principles for Progress (please refer to the 'The Principles for Progress' section of the document)
To what extent do you agree with the following statement: 'The Principles for Progress sets out clear guidelines for change.'

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please state your reasons.

Agree with this statement. However, measuring meaningful outcomes in all acute specialities will be challenging. Clear measurements and outcomes are essential to record how people are treated and to ensure patients are placed first. We support the emphasis on innovation, but there is little comment on medical education and how this supports academic medicine and innovation. This is a major weakness of this document.

Overall

If the Vision we have set out was implemented, do you think the NHS in the east of England would be better than it is now, about the same or worse?

- Better
- About the same
- Worse
- Don't know

Please state your reasons.

Difficult to know how much will change as the document is quite broad brush. Essentially for hospitals to improve there has to be an emphasis on local ownership and empowerment of clinicians. There could be more emphasis on this aspect within this document.

Staying Healthy

To what extent do you agree with the following statement: 'The Staying Healthy proposals address the important issues.'

- Strongly agree
- Agree
- Neither agree nor disagree

- Disagree
- Strongly disagree
- Don't know

Please state your reasons:

Provides additional focus on disease prevention and health improvement which is welcome; previously not enough focus has been placed on the preventative aspects of healthcare.

Please indicate the level of support you have for each of the key proposals included in the Staying Healthy section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Ensure we focus on improving health and wellbeing, through better prevention and treatment services for the whole population and wellbeing services targeted to reduce unfairness	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guarantee access to screening and immunisation programmes for all, to detect risk factors, early on-set of disease or prevent disease	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer an assessment for the risk of heart disease to everyone aged 40 – 74 and provide lifestyle support and treatment to those who will benefit	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cut the number of smokers by 140,000 and seek to reduce childhood obesity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deliver packages of integrated lifestyle support services to targeted groups	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create an innovation fund to support new approaches to staying healthy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthen health partnerships across the local authority, voluntary, private and public sectors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Launch Staying Healthy in the Workplace with employers and our own staff	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do all we can to fight climate change and reduce its impact on health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for Staying Healthy?

Occupational Health within Cambridge University Hospitals is well placed to provide health promotion advice to the working population within the workplace. There are some aspects of health promotion that fit well with Occupational Health, particularly promoting healthy eating, physical activity, good mental health, smoking cessation and reducing alcohol-related harm.

Maternity and Newborn

To what extent do you agree with the following statement: 'The Maternity and Newborn proposals address the important issues.'

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree
- Don't know

Please state your reasons:

The proposal for one-to-one midwifery is important, but 160 more midwives are needed and recruitment of midwives is difficult; so where would the extra funding for midwives come from? Would the tariff for maternity change?

Please indicate the level of support you have for each of the key proposals included in the Maternity and Newborn section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Ensure all 17 Acute Trusts will keep an obstetric unit, with a co-located midwife-led unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee one-to-one midwifery care in established labour by recruiting at least 160 more midwives	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maximise care for ill babies by increasing level 3 intensive care cots, increasing the number of level 1 special care units and reducing the number of level 2 high dependency units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer pre-conception care to women with pre-existing health problems and lifestyle issues	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Increase the overall number of NHS-funded IVF cycles against standard criteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee women direct access to midwives and choice of antenatal care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote normality of birth and guarantee women choice on where to give birth, based on an assessment of safety for mother and baby	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee choice of postnatal care to women, especially those most in need	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish networks covering maternity and neonatal services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for Maternity and Newborn?

Concerns over the proposed reconfiguration of neonatal services as this will have implications for CUH; we will need more cots and staff to accommodate sick babies. The region needs to ensure that transport service for neonates is fully functional. There will be implications for Rosie Maternity Delivery unit as more mothers will require transfer to our maternity unit 'in utero'. The emphasis on normality of birth and choice for women is welcome. We agree that midwifery-led birthing units should be co-located with obstetric units for safety reasons rather than stand-alone. We welcome the emphasis on preconception care and postnatal care for those in need.

The development of perinatal networks that will mirror and include current neonatal networks is vital to encourage consistent high-quality and appropriate care across the region.

Finally, with our experience of running the largest NHS specialist infertility clinic in the region, we would support an increase in NHS-funded IVF for our patients. Consistent eligibility criteria for all patients in the region would make the process much fairer for patients.

Children's Services

To what extent do you agree with the following statement: 'The Children's Services proposals address the important issues.'

- Strongly agree

- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please state your reasons:

In the main supportive of this statement; however, mention of tertiary services brief but concept of Children's Services Board will hopefully address access to tertiary services, networks of care etc. There is little about research and innovation and very little mention of teaching Transport systems between hospitals barely touched on but will be vital if some hospitals inpatient services close

Please indicate the level of support you have for each of the key proposals included in the Children's Services section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Ensure children's services are truly designed for children, taking into account all their needs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implement the Child Health Promotion Programme for all	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Split non-urgent care from urgent care by providing more of it in the community, rather than hospitals	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop new Children's Assessment Units, and review whether every acute hospital needs an inpatient ward	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create clinical networks for sub-speciality services, including surgery	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strengthen Child and Adolescent Mental Health Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure the needs of adolescents are properly catered for and there is a seamless transition to adult services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have common information systems, integrated care and co-located staff to deliver better services for children	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create a region wide Children's Services Board to oversee the development of children's services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for Children's Services?

No mention of children with arthritis - overlap with long-term conditions. EoE is well below par in not having a single paediatric rheumatologist. Most areas are implementing adolescent services in rheumatology, which needs attention but we need a paediatric rheumatologist first. That said, there are a number of specialties that are not mentioned and which there is little or no access to at the moment. But the need for specialties has been acknowledged and the Children's Services Board will 'oversee the development of a specification for the provision of all care for children and young people'... This will have to include access to specialty services.

Planned Care

To what extent do you agree with the following statement: 'The Planned Care proposals address the important issues.'

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please state your reasons:

Agree with the proposals for planned care. However, the report could have shown clearer leadership with respect to innovation and education and placing these at the centre of improvements. The report could have reflected the Biomedical Research Centre status with stronger emphasis on the need to create a true clinical academic health centre as in the other three original Biomedical Research Centres: Oxford, Imperial and King's/Guy's. Innovation and excellence can only happen when academic medicine is truly integrated in the leadership of health care.

Please indicate the level of support you have for each of the key proposals included in the Planned Care section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Deliver more care closer to home, away from acute hospitals	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guarantee better access to GPs, dentists and radiotherapy services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide direct access to specialist advice and diagnostics; and more local provision of diagnostics	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guarantee a maximum 18 week wait for more of our services, including speech therapy, podiatry, orthotics, wheelchair services and orthodontics	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that all patients have a full and free choice of where to go for planned care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop better local support for post operative recovery	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree, and measure, new clinical, quality of life and experience outcomes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that there is appropriate centralisation of complex care, particularly specialised surgery	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for Planned Care

More services provided locally is a good idea, but requires the financial drivers for change to be meaningful to both secondary and primary care. One model would be for more specialists to work part of the time in primary care, but patients need to have confidence that they are being seen by real experts. Need to develop clinical networks. Outcome measures are complex and difficult to validate.

Acute Care

To what extent do you agree with the following statement: 'The Acute Care proposals address the important issues.'

- Strongly agree
- Agree

- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please state your reasons:

Includes most aspects, but again could have been stronger in ensuring academic integration in the two major centres in the SHA region.

Please indicate the level of support you have for each of the key proposals included in the Acute Care section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Ensure all 17 Acute Trusts will continue to have an A&E department	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make access easier by creating a new memorable telephone number for urgent care and ensuring consistent triage across all services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create a series of Urgent Care Centres	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work towards providing 24/7 access to a fuller range of key acute services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create new specialist centres for stroke, primary angioplasty and major trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduce universal 24/7 coverage of stroke thrombolysis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Create clinical networks for specialised services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for Acute Care

More emphasis on local solutions being provided by clinically led approaches. Doubt around A&E services being maintained at high quality in all places. This is out of kilter with specialist centres for 24/7 stroke and 24/7 angiography. More emphasis is needed again on clinical academic medicine providing leadership and promoting excellence and innovation.

Long Term Conditions

To what extent do you agree with the following statement: 'The Long Term Conditions proposals address the important issues.'

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Please state your reasons:

This section addresses some of the issues regarding long-term conditions but the report fails to highlight multiple and long-term conditions and pathways which is a much more likely and common finding, and

also there is little evidence of proactive management of at-risk patients.

Please indicate the level of support you have for each of the key proposals included in the Long Term Conditions section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Remember that people with long term conditions are people first – 'a person with diabetes' and not 'a diabetic'	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure personal health plans for everyone with a long term condition	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extend expert patient programmes	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve timely access to specialist advice and diagnostics in primary care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guarantee access to cardiac and pulmonary rehabilitation	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure comprehensive disease registers are in place for long term conditions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increase the emphasis on self care and pilot patient held budgets	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Agree and measure a new set of patient outcome and patient experience indicators	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure all relevant staff have received training on delivering a self care approach	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for Long Term Conditions?

Long-term disease registers are very relevant to Clinical Genetics and therefore would be important to have clinical genetics involvement. This document may be aimed at common conditions but there are many rare conditions where a disease register would be useful.

A complete failure to mention musculoskeletal conditions is regrettable and needs urgent correction. MSK is amongst the commonest long-term conditions with huge implications for the local health economy.

No mention of how to deal with 'covert rationing' to which local PCTs have been driven because of financial problems, resulting for example in EoE patients having much less access to effective treatment for arthritis than patients in other parts of the country.

The concept of 'timely intervention' is highly relevant to arthritis particularly rheumatoid arthritis (RA). However, this means great care must be taken if and when certain services are moved towards the community. Steps need to be taken to ensure that possible RA patients are fast-tracked to secondary care.

Physiotherapy services are seriously compromised in many parts of the EoE. These services need to be improved to support management of long term conditions.

Development of rehabilitation and chronic-disease programme management jointly between primary and acute sectors.

End of Life

To what extent do you agree with the following statement: 'The End of Life Conditions proposals address the important issues.'

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly disagree
- Don't know

Please state your reasons:

Need to emphasise the increasing numbers of old and very old people in the region which will have a disproportionate effect in CUH on Medicine and on Department of Medicine for the Elderly in particular. Because of the ageing population, we will need to increase the provision for older people in acute medical services and rehabilitation/community hospital beds by 30-50% over the next 40 years.

Please indicate the level of support you have for each of the key proposals included in the End of Life section. We will:	Strongly support	Support	Neither support, nor do not support	Do not support	Strongly do not support	Don't know
Deliver world class standards in choice of place of death	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Set and monitor core best practice standards for all end of life providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create and extend support services for all families and carers, including bereavement support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure needs assessments and advance care planning for all identified as being in their last year of life	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guarantee better access to supportive and palliative care services, particularly out-of-hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work with the public and partners to raise awareness of end of life issues	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establish a Palliative and End of Life Care Board and create managed Palliative and End of Life Care networks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments you would like to make on the proposals, or are there any alternative or additional proposals you would like to suggest for End of Life?

The document is positive for older people in that it does:
 Recognise the ageing population of the East of England
 Say that improving dementia services will be a priority and considers carers
 Mention the high prevalence of depression in older age and in care home populations
 Promise fully integrated older people's mental health teams to coordinate dementia care
 Have some pictures of older people receiving treatment (not just being assisted)
 State that older people have more long-term conditions than younger people so this will be a particular problem as our regional population ages
 State that "NHS needs to take account of growing and ageing population"
 Advocate identification / treatment and monitoring of everyone with one or more long-term conditions (by the document's earlier definitions this will largely be older people)
 Advocate thrombolysis for stroke victims who would benefit from it (not for all)
 State that East of England will establish a carers forum
 Recognise workforce issues (recruitment and retention plus training) albeit in scant detail

However, it is unfortunate that the document does not:

Specifically recognise the importance of older people as major consumers of health and social care / NHS core business
 Pledge specifically to make our regional health services older people friendly (perhaps this is hidden in the more generic concepts but it would have been good to see it as a specific overarching pledge)

Furthermore there are concerns about the statement that "secondary care admissions from residential and nursing homes should only occur when there is clearly defined benefit" This is potentially ageist as all admissions should be appropriate to need and so there is no need to single out frail older people in care homes.

The document naturally focuses on vascular (stroke and cardiac), cancer and respiratory disease as these are the leading causes of mortality. Falls are also focussed on, and as these are a marker of 'geriatric syndromes' or multiple long-term conditions this could be seen as a proxy for good geriatric care.

The evidence base for community services is not as well established as that for many hospital-based services so effective services should not be dismantled and replaced by untried or unproven alternatives.

Do you have any further comments you would like to make on the Vision or is there anything else you feel should be included in the Vision?

In the main we are in agreement with the key elements of the document and therefore support the proposals. However, it was felt by Trust staff that although this document went some way towards delivering the kind of health care we aspire to it does not go far enough. For example in the end of life section the document is positive for older people in that it does recognise the ageing population in the East of England; however, it should also specifically recognise the importance of older people as major consumers of health and social care.

Staff highlighted the challenge regarding the introduction of the new services and changes to existing services; how they might be implemented and delivered. For example:

- Staff raised the question of extra funding and whether there would be any extra funds to help facilitate delivery of the proposals for health and care. The proposal to 'Guarantee one-to-one midwifery care in established labour by recruitment of at least 160 more midwives' is one such example.
- Staff believed that it was essential to undertake further work to identify the benefits of the changes and to measure how these changes are implemented to ensure that what we deliver makes a tangible difference to the experience of our patients.
- Some staff felt that the issue of clinical academic medicine should have received more emphasis in the document, with the recognition of the importance of medical education as underpinning excellence and innovation through the production of high-quality doctors.

The Trust welcomes the moves being made to devolve responsibility for workforce planning and education commissioning to providers. However if this is to work the Local County Workforce Groups need to have adequate support and access to information. The Commissioning PCTs are currently leading these Groups but they are on a steep learning curve and have many other priorities at present. It is not clear at this stage whether they will have sufficient capacity and skills to effectively steer this workstream.

The decision-making processes for the allocation of the £20 million Strategic Workforce Investment Fund need to be transparent and the views and needs of providers must be part of the process. There has been no information provided on this process for 08/09 and we are already in the second quarter of the year. A strategic plan is needed for the three years of the funding to ensure that the funding is targeted at areas where it will have maximum impact. Providers must be involved in the development of Clinical Pathways workforce risk assessments and workforce plans for them to be realistic and deliverable. There is no process in place for this involvement.

All that said, CUH looks forward to the results of this consultation programme, and engaging in the next stage of the programme. Locally the consultation process has raised many pertinent and relevant issues which will be used to facilitate our own planning process and the Trust hopes some of these will be included in the next round of discussions for the members of the clinical pathways.

Finally, may we take this opportunity to raise a technical administrative issue. We have received feedback from our staff and have experienced first hand difficulty in completing the online questionnaire for this document, which has resulted in many staff having to print off the document and send their responses in the post rather than completing online.

End of additional comments.