Al refers

DELEGATION PETITION STATEMENT RE CARDIAC REHABILITATION FITNESS PROGRAMME – THE SANDS

Council Executive Meeting Presentation - 29th September 2003 Civic Centre

We have studied your documents Report reference EPS 66/03 and on the face of it the content of this document appears positive. I quote 'It is recommended that discussions are entered into with the relative Health Authorities and other organisations to secure the long term future of the programme' Unquote However there are some grey areas which need total clarification.

You refer on a number of occasions to relative Health Authorities and other relevant agencies. From this statement it would appear that outside influences can decide the future of the programme. Please clarify.

We can now refer to Petition issues.

I quote 2-1 'The costing structure of the session is self funding. The patients paying £2.50 per session. Unquote This cannot be true. This may only cover the wages of Annette and Myra the two assistants of Barbara Yates the supervisor. Where does the proportion of the Supervisors Gross salary for a full day, the administrative time and fixed costs, the fee that the newly formed Sands Leisure Ltd will require for their administrative costs plus hire of facilities plus insurance plus a proportion of all other fixed costs come from? We understand that previously this balance was from subsidies. This is why we require total funding.

We shall put it to our members to continue paying the £2.50 per session fee but do not expect any extra. Some members pay unwillingly at the moment, bearing in mind that most are on sickness benefit, pensioners etc and they feel that it is a matter of principle that this fee should be met by the council through council tax paid.

This is our first specific request. We require total funding rather than ad hoc subsidies and renewed committment

I quote 2.2 Currently the Programme is delivered by staff who are qualified and supervised by an instructor who is qualified to the preferred level BACR Phase 4.

Unquote The word necessary should be used instead of preferred. The hospital will not refer anyone to the Cardiac Rehabilitation programme without this qualification being available. This can be confirmed by Judith Brannen, Cardiac Rehabilitation Specialist Nurse and John Baines, Superintendent Physiotherapist who are responsible for referrals.

cont

This is our second specific request. We need qualified back up by Annette and Myra. If they attend the necessary courses now it will be April 2004 before they are qualified. Please clarify.

I quote Implications – Financial – No current implications.
Unquote This a a total contradiction please qualify and explain.

A further area of concern is due to the vulnerability of all our members and indeed anyone who uses the Sands that no serious life saving equipment is on hand for resuscitation i.e. defibrillator, oxygen, crash trolley and staff qualified to use it. This is a must.

Imagine the situation should there be a fatality litigation, media reaction etc.
When 1.4 million of Council Tax money (according to the press release). has been spent on the new state of the art facility it would be imprudent not to have this life saving equipment on hand for everyones peace of mind.

This is our third request.

Facts of Coronary Disease

28% of all males will have coronary heart disease.
25% of these 28% will die. Therefore no further responsibility
However after a period of Cardiac Rehabilitation Exercise patients who undergo open heart surgery or suffer a further heart attack are at least 20% more resilient than those who don't. These are proven medical facts.

A SOBERING THOUGHT WHEN YOU CONSIDER YOUR DECISIONS ON OUR REQUESTS

We have no desire for confrontation with the Council and its Agencies, however if we do not receive a positive outcome on all our issues, we will challenge a negative outcome with all the means at our disposal.

We have the support of our local Member of Parliament, Consultant Cardiologist, General Practitioners, professional medical staff and the general public.

I now read endorsements from:

- Dr Martin Cowley
- 2. Judith Brannen
- John Baines.
- 4 Eric Martlew MP

Finally – We are only reiterating the Council Pledge in the City Vision Document and Corporate Plan.

We look forward to your further communication.

North Cumbria Acute Hospitals



NHS Trust

Consultant Physicians:

Dr C P Mustchin MD, FRCP; Dr R H Robson MA, FRCP Dr D M Large MD FRCP; Dr D N Bennett-Jones MA, FRCP Dr D A Burke MD, FRCP; Dr M L Cowley, FRCP Dr P A Mead MRCP, Dr C E Macdonald, MRCP

Cumberland Infirmary Carlisle Cumbria CA2 7HY

Tel: 01228 523444

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23rd September 2003

Chairman Cardiac Support Action Group

Dear

It is with some concern and deep regret that at the last meeting of the Coronary Heart Disease Programme Board I heard of the troubles being experienced by Barbara Yates, Health and Fitness Development Officer at Carlisle City Council, with the continuing provision of Phase 4 Cardiac Rehabilitation and its development within the Carlisle area. I have been kept informed of progress by our rehabilitation team at the hospital and by receipt of copies of your letters to Mr Egan at Carlisle City Council.

It has long since been recognised that cardiac rehabilitation is a very important aspect of the management of patients with all types of heart disease, as this not only promotes a return to good quality of life, return to productive work, and a reduction in the demands by patients on conventional health services, but also has been shown to have a beneficial effect on long term outcomes for heart patients.

As I am sure you are aware, proper and safe provision of these services does require the involvement of personnel, who are trained not only in the provision of exercise but also in the health aspects which govern the type and extent of exercise which people can undertake. The British Association for Cardiac Rehabilitation provides training courses for this and I feel it is essential that individuals trained to this standard are the ones who provide help, advice and supervision of patients who are referred for exercise on prescription, or specifically Phase 4 cardiac rehabilitation.

Carlisle can be very proud of itself for having had an extremely successful Phase 4 cardiac rehabilitation programme in place for some twelve years, led by Barbara Yates in close liaison with the rehabilitation department here at the Infirmary. It would be a great pity if the service were to cease, or be downgraded as a consequence of loss of appropriately trained personnel.

You would have my full support in your campaign to have this service retained within the public sector.

Yours sincerely

Dr M L Cowley

Consultant Cardiologisquarters, West Cumberland Hospital, Whitehaven, Cumbria CA28 8JG
Website: www.northcumbriahealth.nhs.uk/acute



North Cumbria Acute Hospitals

NHS Trust

Cardiac Rehabilitation Education Centre Cumberland Infirmary Carlisle CA2 7HY

24nd Sept 2003

Cardiac Rehabilitation Action Group

Dear 1

I have pleasure in writing to you to give my full endorsement to the Action Group for Cardiac Rehabilitation. I hope the meeting with the council is positive and questions are answered.

I have referred many hundreds of patients to Barbara Yates over the years and it always gives me such pleasure when I see how well these patients have continued to do.

Not only is the fitness aspect so important, the social and supportive aspect of the programme is just as important. The phase IV programme provides both so well.

When the programme started over 12 years ago, we were very cautious whom we sent. We were really ahead of many places in the country. Now thanks to research and the formation of groups like the BACR (British Association of Cardiac Rehabilitation) and characters like Barbara Yates, we can offer exercise as an option for so many more cardiac patients.

Please keep me informed about the outcome from the meeting.

Yours sincerely

Judith Brannen (Mrs) Cardiac Rehabilitation Specialist Nurse

North Cumbria Acute Hospitals



NHS Trust

Cumberland Infirmary Carlisle Cumbria CA2 7HY

Tel: 01228 523444

Physiotherapy Dept Cumberland Infirmary Carlisle Tel: 814741

26th September 2003

Dear .

Thank you for the copy of the letter regarding the future facilities available for cardiac patients in Carlisle.

I fully endorse your concern about the qualifications of staff assigned to the BACR Phase 4 programme at the Sands Centre. When the programme began more than a decade ago the appropriate BACR qualification would not have been essential, as patients were so carefully screened during the Phase 3 programme at the Infirmary that patients with any cardiac complication were automatically excluded from the programme. Even though the patients who were referred to the Sands at that time were patients with a straightforward myocardial infarction, ie. minimal myocardial impairment, it was still felt necessary for the instructor at the time to undergo 2 years of medical training from myself and Dr. Robson before the programme began.

Today, because of national changes to the cardiac rehabilitation protocol, it is normal for patients with more severe cardiac impairment, and often additional complications, to enter Phase 4. A detailed knowledge of cardiac pathophysiology is now essential if the service is to be delivered safely, and this is reflected by the appropriate BACR qualification.

I would not be willing to offer continued professional support to a service that failed to meet this criterion.

Yours sincerely

John Baines Superintendent Physiotherapist Cardio Respiratory Rehabilitation





Chairman
Cardiac Rehabilitation Action
Group

18 September 2003

Dear

I am replying to your letter of 26 August 2003 to John Egan of Carlisle City Council and thank you for keeping me informed.

I read your letter with interest and if you need my involvement on this, please do not hesitate to contact my office.

Best wishes

Yours sincerely

ERIC MARTLEW MP
Member of Parliament for Carlisle