

RESPONSE FROM WETHERAL PARISH COUNCIL TO THE DEPARTMENT OF HEALTH CONSULTATION ON THE FORMATION OF STRATEGIC HEALTH AUTHORITIES

This council believes that the proposals are based on a false premise, that Cumbria should be linked to Lancashire. As the consultation paper admits, the preferred option brings together a population larger than that recommended by its own criteria. The vast majority of that population is based in the far south of the region 120 miles from here. People in this area traditionally enjoy a regional health relationship with the North East of England. Lancashire is 60 miles away from here, Northumberland a mere 10. Preston is 100 miles, Newcastle just 50. The cultural links are with the North East not the North West. When BBC television switched its regional coverage from Newcastle to Manchester, the outcry was such that they had to revert. The ITV company, Border, covers part of the North East of England and the Scottish Borders.

Last week the district councils of Northern England and the southern regional councils of Scotland met in Peebles. They see the value in developing stronger links across the border counties of the two countries. Indeed in health terms for long there has been a cross-national border flow. Community of interest suggests a stronger linkage would prove beneficial. Whilst we see the political difficulty of a formal English-Scottish health service link, we fail to see why the proposed new structure should flout real relationships of long standing south of the border.

We propose that a further option should be considered which would cover the one and a half million people in the far North of England, east and west. This would well reflect the catchment area of the regional specialist hospitals of Newcastle and Sunderland. We also enjoy in our hospitals in North Cumbria the benefits of a training relationship with these teaching hospitals. We are concerned that this could be lost. It would be absurd for patients to have to travel 120 miles to the major hospitals of Lancashire. Whilst there is reason in the Morecambe Bay Health Authority being linked to the south, there is none at all for the North Cumbria area moving in that direction. To do so would run counter to your second criterion that the areas "be broadly aligned to the clinical networks". We consider that factor to be of much more importance than that the areas be coterminous with the highly artificial and inappropriate Government Office boundaries. In the future these could clearly be changed overnight whereas the geographical realities of population balance and sensible clinical networks could not. Your preferred option fails on two of your own three listed criteria.

Public Health is also a cause for concern. We understand that the North Cumbria service would be divided between three primary care trusts, without a locally accountable medical officer. Given the experience of foot and mouth disease this year, we have very much felt the need for that accountable local voice in the corridors of power. Overall, this proposal you have placed before us would appear, in many respects, to be ill thought through.

Nigel Holmes

9 October 2001