

# EXECUTIVE

## PORTFOLIO AREA: SUSTAINABLE COMMUNITIES

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**Date of Meeting:** 19<sup>th</sup> February 2007

**Public**

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**Key Decision:** No

**Recorded in Forward Plan:** No

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### Inside Policy Framework

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**Title:** HEALTHCARE IN CUMBRIA AND LANCASHIRE: CLINICAL  
ASSESSMENT AND TREATMENT AND SUPPORT (CATS)  
SERVICES – PUBLIC CONSULTATION

**Report of:** DIRECTOR OF DEVELOPMENT SERVICES

**Report reference:** DS. 20/07

#### **Summary:**

This report provides details of the Public Consultation exercise being carried out by the Health Service regarding 'CATS' in which the Council has been asked to comment.

#### **Recommendations:**

That the Executive considers the consultation summary (attached as Appendix 1).

Catherine Elliot  
**Director of Development Services**

**Contact Officer:** Simon Taylor

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## **1. BACKGROUND INFORMATION**

- 1.1 The Department of Health has pledged that no patient will wait more than 18 weeks from referral by their General Practitioner (GP) to start of treatment by December 2008. This focuses the service on reducing the number of patients waiting for treatment significantly within a period less than two years. To do this the Health Service is proposing changes that impact upon the 'pathway' that a patient would have from GP to the point of treatment.
- 1.2 Clinical Assessment, Treatment and Support (CATS) services are being proposed as community based centres. These would be staffed by doctors, nurses and other specialist staff. They would be able to deal with a number of the stages that occur when a patient is referred by their GP including;
- Assessment
  - Pre-admission assessment
  - Diagnostics
  - Minor treatments
- 1.3 The centres will be able to receive referrals from GP's and other healthcare professionals. The services will continue to be provided to the patient free of charge at the point of need.
- 1.4 Within the centres six service specialities are being considered for delivery. These are;
- Ear, nose and throat
  - General surgery
  - Gynaecology
  - Orthopaedics
  - Rheumatology
  - Urology

## **2. PROPOSALS**

- 2.1 The proposals regarding the introduction of CATS is being undertaken by the Cumbria and Lancashire Primary Care Trusts. The summary document with the proposals and consultation process is attached as Appendix 1.
- 2.2 Within Cumbria three sites are proposed;

- Hilltop Hieghts, Carlisle
- Workington Community Hospital
- Ulveston Health Centre

2.3 The public consultation period starts 15<sup>th</sup> January and runs until 9<sup>th</sup> March 2007. In the summary document it states that the Health service is consulting specifically (questions at the back of the document) on the local implementation of CATS including locations, the wider impact of their introduction, patients choice and clinical specialities.

### **3. CONSULTATION**

#### **3.1 Consultation**

Consultation methods include distribution of the summary document (Appendix 1), a specific website ([www.cumbriaandlancashirecats.nhs.uk](http://www.cumbriaandlancashirecats.nhs.uk)) Public meetings and a joint Overview and Scrutiny Committee of Cumbria and Lancashire local authorities.

### **4. RECOMMENDATIONS**

4.1 That the Executive considers the consultation summary (attached as Appendix 1).

### **5. REASONS FOR RECOMMENDATIONS**

5.1 So that the consultation summary report can be considered and comment made as part of the consultation process.

### **6. IMPLICATIONS**

- Staffing/Resources – N/A
- Financial – N/A
- Legal – N/A
- Corporate – Service changes to external organisations that work in partnership with the Council.

- Risk Management – N/A
- Equality Issues – Issues regarding service change and equal provision to all those in need.
- Environmental – N/A
- Crime and Disorder –N/A
- Impact on Customers – The impact of service change could be significant.



## IMPROVING OUR PATIENTS' EXPERIENCE OF HEALTHCARE IN CUMBRIA AND LANCASHIRE: CLINICAL ASSESSMENT, TREATMENT AND SUPPORT (CATS) SERVICES

Full public consultation document

Consultation period: 15 January to 9 March 2007

Your chance to have your say

## Potential locations for CATS services

Hilltop Heights, Carlisle

Workington Community Hospital

Ulverston Health Centre

Queen Victoria Site, Morecambe

To be treated as a single location for this consultation

Fleetwood Community Hospital

Whitegate Drive Primary Care Centre, Blackpool  
South Shore Hospital, Blackpool (interim)

St Peter's Centre, Burnley

Preston Healthport

Beardwood Hospital, Blackburn

Ormskirk District General Hospital

## Welcome

Welcome to the consultation document designed to introduce you to the Clinical Assessment, Treatment and Support (CATS) services in Cumbria and Lancashire which we are issuing on behalf of all Cumbria and Lancashire Primary Care Trusts (PCTs).

We believe that the introduction of these services are an exciting and positive development for patients in our region.

So what are CATS services?

CATS services will add to other NHS services the area. The centres will provide expert clinical consultation, diagnostic tests and minor treatments for NHS patients. The choice about referral to CATS will be made in consultation between GPs, other healthcare professionals and patients. Eight locations are likely, spread throughout Cumbria and Lancashire. The map, on the inside cover of this document, shows the locations being considered. Each of the sites will provide up to six clinical specialties, chosen primarily because of long waiting times. The services provided will only be those appropriate for a community-based setting. CATS centres will be staffed by doctors, nurses and other health professionals offering high quality care that remains free for all NHS patients.

Additional funding has been provided by the Department of Health to commission these new services. In line with national policy these are to be provided by the independent sector. In our region, Netcare UK is the preferred bidder. We are planning to open some of the CATS centres during the summer of 2007.

We are consulting members of the public, NHS professionals within the region and colleagues in a range of local organisations because CATS

will lead to important but manageable changes for the provision of healthcare in Cumbria and Lancashire. We are consulting on how best we can introduce CATS services. We are not consulting on the direction of national health policy, which includes the increased involvement of the independent sector, as this is determined by the Government. In drafting this document we have consulted and taken account of comments from clinicians in the region.

Why are we introducing CATS in Cumbria and Lancashire?

**CATS should help reduce waiting times.** We know that some patients wait too long for their assessment, diagnostic tests or treatment. This is rarely of benefits to patients.

NHS staff in Cumbria and Lancashire have worked hard to reduce these waiting times and improve the quality of care that patients receive. However, there is still more to do. The Department of Health has pledged that by December 2008, no patient will wait more than 18 weeks from GP referral to start of treatment. This is a big challenge for the region. If we are to achieve it, we need more capacity. CATS will help us to reach this target, acting as a catalyst to enable us to see more patients and significantly reduce waiting times across the region.

**CATS should provide more services close to patients' homes.** The sites we are proposing will be both of high quality and convenient for patients. We want to know what you think about the sites we are considering.

**CATS should simplify patients' experiences.** In most cases CATS services are intended to reduce the number of appointments. Where possible this means that patients will only have to attend a

single appointment for clinical assessment, diagnostic tests and pre admission tests before hospital treatment. At the moment, patients attend multiple appointments, often unnecessarily, causing delay and frustration.

The development of this new service will change the way some things work in the NHS in Cumbria and Lancashire. There will be changes for hospitals, GPs and patients. These are discussed in more detail in the document.

We believe that the introduction of CATS is good news for Cumbria and Lancashire. It is intended to help us shorten waiting times, deliver more healthcare close to patients' homes and simplify patients' experience of healthcare. However, introducing CATS will mean changes to the way services run now. By listening to what you tell us, we want to make sure that the introduction of CATS is as effective as possible.

This consultation aims to seek feedback on four important aspects of the new service: the location of CATS sites; possible impacts from the introduction of CATS; how CATS can be included in the referral and choice process and which clinical specialties are the most appropriate.

Thank you for taking the time to read this and thank you in advance for your views. Section 6.3 details ways in which you can contribute to this consultation. We look forward to hearing from you.

**William Bingley**

Chairman North Lancashire PCT  
Chairman Independent Sector  
Commissioning Board Cumbria and  
Lancashire PCTs

**Ian Cumming**

Chief Executive North Lancashire PCT  
Lead Chief Executive for Independent  
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Chief Executive Blackpool PCT

**David Peat**

Chief Executive East Lancashire PCT

**Sue Page**

Chief Executive Cumbria PCT

**Judith Holbrey**

Chief Executive Blackburn with  
Darwen PCT

**Mark Wilkinson**

Chief Executive Central  
Lancashire PCT

# Table of contents

<b>Welcome</b>	<b>3</b>
<b>1. Clinical Assessment, Treatment and Support services – we want your views</b>	<b>6</b>
<b>2. CATS adds to the existing services provided for NHS patients</b>	<b>7</b>
2.1 CATS adds to existing health services	7
2.2 CATS is designed around the patient	7
<b>3. CATS is key to improving the service offered to patients in Cumbria and Lancashire</b>	<b>9</b>
3.1 We are committed to achieving the 18 week maximum waiting time target	9
3.2 The 18 week target is a big challenge for the region	9
3.3 CATS is intended to help reduce waiting times, simplify patients' experience and add services close to patients' homes	10
<b>4. We are designing CATS to meet the needs of patients</b>	<b>13</b>
4.1 CATS is being designed to meet high service specifications	13
4.2 We intend to introduce eight CATS centres across Cumbria and Lancashire	14
4.3 The location of sites is an important decision based on four criteria	15
4.4 Six specialties are under consideration within CATS	16
4.5 The preferred bidder for CATS services is Netcare UK	18
<b>5. CATS is an important opportunity and will require some changes in practice</b>	<b>19</b>
5.1 What will the changes mean for patients?	19
5.2 What will the changes mean for my General Practitioner (GP)?	20
5.3 What will the changes mean for my local hospital?	21
5.4 How will we assess the broader impact of CATS?	22
<b>6. We want your views on the changes proposed</b>	<b>23</b>
6.1 Consultation period	23
6.2 Consultation scope	23
6.3 How are we collecting your views?	24
<b>Appendices</b>	
APPENDIX A: The response form	27
APPENDIX B: Glossary	31
APPENDIX C: Public meeting dates	35



## 1. Clinical Assessment, Treatment and Support services – we want your views

This consultation document:

- Provides you with the information about Clinical Assessment, Treatment and Support (CATS) services
- Asks for your views on the implementation of CATS services in Cumbria and Lancashire.

The introduction of CATS is a positive development for Cumbria and Lancashire.

In this document we set out:

- That CATS are new services designed for NHS patients, operated by the independent sector

- How CATS services are intended to improve the care offered to patients in Cumbria and Lancashire
- The range of CATS services we intend to provide in our region
- The changes which are likely to result from the introduction of CATS services
- How you can respond to this consultation.

For further hard copies, electronic versions and translations of this document (or its summary) please refer to the back cover for details.

## 2. CATS adds to the existing services provided for NHS patients

This section describes what CATS services are and how they are designed to offer significant benefits to patients.

### 2.1 CATS ADDS TO EXISTING HEALTH SERVICES

Clinical Assessment, Treatment and Support (CATS) services will provide expert clinical consultations, diagnostic tests and minor treatments in a number of community-based settings.

The CATS centres will be staffed by doctors, nurses and other health professionals offering high quality care that remains free for all NHS patients. Those using these services will be referred by a GP or another healthcare professional and will remain NHS patients.

In line with Department of Health policy to increase choice for patients through the provision of services from the independent sector we intend to commission the services from a company called Netcare UK. Netcare is an established provider of health services both in the UK and internationally. Netcare has shown demonstrable expertise in delivering patient centred healthcare services to meet public expectation. The extra services bought from Netcare by NHS Primary Care Trusts will help meet the Government's target to make sure that nobody needing treatment waits longer than 18 weeks.

### 2.2 CATS SERVICES ARE DESIGNED AROUND THE PATIENT

The aim of CATS in Cumbria and Lancashire is clearly defined. This focus and other important benefits are described below.

#### **CATS is intended to...**

Help reduce waiting times to achieve the goal that by 2008 no patient should wait longer than 18 weeks from referral by their GP to start of their treatment.

#### **CATS is also intended to...**

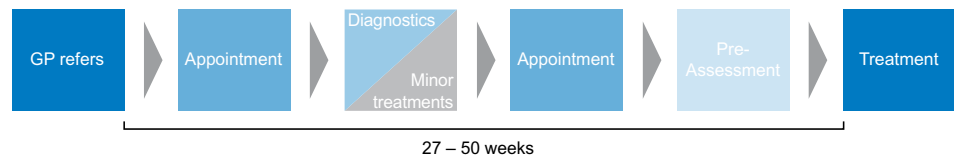
Provide more services close to patients' homes.  
Simplify the way patients get treated.

Typically, patients who are referred to a CATS centre will have a simpler and quicker experience than those patients who go through existing routes.

At the moment, many patients referred to hospital for certain conditions can expect to visit several times for appointments before a final decision is taken about their treatment. Figure 1 shows waits in a typical patient pathway

**Figure 1:** The current model has numerous steps before treatment is received <sup>1</sup>

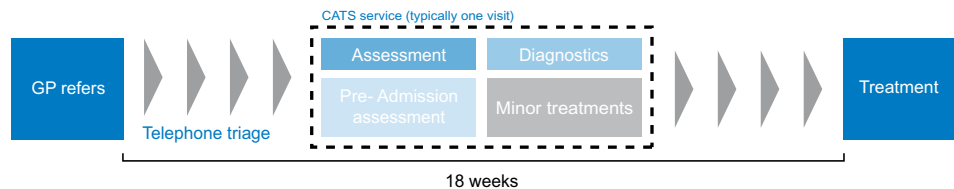
Patient Pathway – Current Model



A typical CATS experience should involve a single visit to a community-based CATS centre at which a decision is made with the patient about their treatment. This simplified pathway is shown in figure 2 and shows reduced maximum waits.

**Figure 2:** CATS aims to reduce the number of visits and waiting times

Patient Pathway – Proposed CATS Model



It is intended that CATS services will help reduce the time from a GP referral to the start of treatment to no longer than 18 weeks. Current maximum waiting times can be considerably longer than this. The improvement is based both on increased capacity in the local health service at the assessment and diagnostic stage and the ability to organise this stage of the process around a single appointment where possible.

### Key Messages

- CATS adds to current NHS services, providing a range of locally accessible assessment, diagnosis and treatment services
- Patients will be referred to CATS by GPs or other healthcare professionals to receive these free services as NHS patients
- The service will be operated by an independent sector provider (Netcare UK)
- CATS services have been designed around the patient. They are intended to:
  - Help reduce waiting times significantly (assisting with achieving the 18 week target)
  - Provide more services close to patients' homes
  - Simplify the patients' experience of care

<sup>1</sup> The pathway length shows the range of maximum waiting times in Cumbria and Lancashire for the example pathway in the six specialities, calculated from NHS December 06 waiting time statistics.

### 3. CATS is key to improving the service offered to patients in Cumbria and Lancashire

This section sets out the benefits of introducing CATS in Cumbria and Lancashire. We know that one of the most significant concerns patients have is long waiting times. This is why we are committed to achieving the 18 week maximum waiting time target. We believe that this will be a real challenge in Cumbria and Lancashire and that CATS is necessary to address this challenge.

#### 3.1 We are committed to achieving the 18 week maximum waiting time target

Patients often tell us that the best way to improve their care is to reduce the time they wait for treatment and much progress has been made on reducing waiting times in Cumbria and Lancashire.

However, in some specialties waiting times are still unacceptably long and the Department of Health has therefore pledged that no patient will wait more than 18 weeks from GP referral to start of treatment by December 2008.

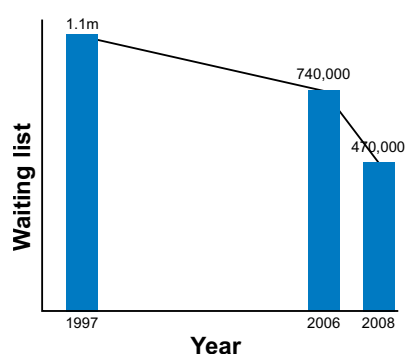
In Cumbria and Lancashire, we are committed to improving the experience of our patients in the local NHS and to meeting this target.

#### 3.2 The 18 week target is a big challenge for the region

In Cumbria and Lancashire we have made significant progress largely due to the hard work of staff in our NHS services. However the challenge remains significant.

Waiting lists have reduced but there is still lots to do. Since 1997 the NHS has reduced waiting times significantly. However, to meet the 18 week waiting time target by 2008 we estimate that we will need to reduce the number of patients waiting for treatment over the next 2 years by approximately the same amount as we have over the last 9 years. This is shown in figure 3. We face similar problems in Cumbria and Lancashire.

There are large numbers of patients waiting for an outpatient appointment, diagnostic test or treatment. In most cases the majority of time waiting occurs before a decision is taken to admit patients to hospital. Most of the work in CATS centres will be focused on this aspect of the patient pathway.



**Figure 3:** Total waiting lists for treatment in England (1997-2006) with a projection of numbers of patients waiting by December 2008 (source: NHS Northwest)



In some specialties [there is not enough capacity](#) to see and treat all patients in the required waiting times. Meeting waiting time targets over the next two years requires action both at the beginning of the patient pathway (ie where CATS operates) and at the end (ie where in-patient treatment and discharge takes place). Providing more capacity through CATS enables hospitals to focus on patients who receive treatments unsuitable for a community setting.

### **3.3 CATS is intended to help reduce waiting times, simplify patients' experience and add services close to home**

The proposed CATS centres should provide the capacity needed before hospital treatment to support reductions in waiting times at this stage of the process. Approximately 160,000 people can be referred to CATS centres per year. This will reduce both the number of patients waiting for assessment or diagnostic tests and the length of time each patient waits.

[CATS is intended to simplify the patients' experience.](#) The current process patients go through from GP referral to treatment is often slower and more complicated than it needs to be (this can be seen in Figures 1 and 2). This can make it challenging for patients to stick to their appointments, causing some to miss appointments resulting in them either not getting the treatment they need or being required to repeat some appointments or tests.

In addition, by reducing the number of appointments required, patients should spend less time waiting and travelling. Taken together this should both benefit patients and increase efficiency and value for money offered by the service.

Finally, CATS is intended to bring healthcare close to patients' homes by developing new sites in various locations spread over Cumbria and Lancashire potentially reducing travel times further. Combined with fewer patient visits this could mean significantly shorter times spent travelling overall.

#### Key Messages

- In Cumbria and Lancashire we are committed to achieving the 18 week maximum waiting time target by December 2008
- Currently, the NHS in Cumbria and Lancashire does not have the capacity to achieve the 18 weeks target
- Meeting this target will require action at both the beginning and end ('in-patient') stages of a patient's diagnosis and treatment. CATS only affects the pre-admission stage of the patient pathway
- CATS will provide the assessment and diagnostic capacity needed to achieve 18 weeks, enabling local hospitals to focus on more specialist assessment and treatment activities which must take place within a hospital setting
- The CATS process will be simpler than traditional pathways making it easier for patients. This will also deliver value for money benefits for the health service in our region



## 4. We are designing CATS to meet the needs of patients

In planning to achieve shorter waiting times for patient care, we face specific challenges in our region. We are therefore designing CATS services to meet those particular challenges. In this section we set out:

- The high service specifications which CATS services must meet
- That we intend to introduce CATS services at eight locations, subject to consultation
- That we have chosen these sites based on four criteria
- The six clinical specialties which are under consideration
- That we have chosen Netcare UK as the preferred bidder.

### 4.1 CATS has been designed to meet high service specifications

We recognise that changes to the delivery of health services can cause concern. We have therefore designed CATS to meet the following principles:

#### Fundamental principles of CATS

- All services will be delivered to the patient free of charge at the point of need.
- All patients using these services will remain NHS patients.
- Services will be delivered to the same standard as other existing NHS services.
- CATS services will increase the overall capacity for healthcare in Cumbria and Lancashire.
- CATS services will be commissioned on a basis that offers value for money.

## 4.2 We intend to introduce eight CATS centres across Cumbria and Lancashire

The location of the CATS sites is a subject for public consultation. Feedback we receive will help us to decide the most suitable sites from our current shortlist.

The eight sites we choose should give the most accessible arrangement compatible with good value for money. However, given the desire to reduce patient travel times, further sites may be considered. These may offer a more limited range of services, specifically tailored to local needs. The eight sites will be drawn from the current short list of 9 sites in figure 4. Discussion about each site is ongoing between local PCTs and the independent sector provider as to their appropriateness.

We would value your views on the proposed locations.

**Figure 4:** Sites under consideration for CATS

Site name and postcode	Site description
Whitegate Drive Primary Care Centre, Blackpool, FY3 and Fleetwood Community Hospital, Fleetwood, Flyde Coast, FY7 6BE	Whitegate Drive is a new building available by 2009. South Shore Hospital, Blackpool FY4 1HX will be used in the interim. Fleetwood community Hospital is an existing NHS site.
Queen Victoria Site, Thornton Road, Morecambe, LA4 5NN	Existing NHS site
Preston Healthport, Fulwood PR2 8DW	A new building on the former Sharoe Green Hospital site, Fulwood, Preston.
Ormskirk District General Hospital, Wigan Road, Ormskirk L39 2AZ	Within the recently opened Diagnostic and Treatment Centre
Beardwood Hospital, Preston New Road Blackburn, BB2 7AE	Independent sector hospital
St Peter's Centre, Churchway, Burnley BB11 2DL	A recently opened primary care facility in Burnley
Hilltop Heights, London Road, Carlisle, Cumbria CA1 2NS	Cuedoc Out-of-Hours Company facilities, London Road
Workington Community Hospital, Park Lane, Workington, Cumbria CA14 2RW	A new community hospital opened in 2005
Ulverston Health Centre, Stanley Street Ulverston LA12 7BT	A recently opened primary care centre

A map of these locations is shown on the inside cover of this document.

### 4.3 The location of sites is an important decision based on four criteria

In the view of the Cumbria and Lancashire PCTs, four factors are relevant to site location. Each of these is examined briefly in this section.

- Improved access for patients – particularly travel times to the site. We have therefore set minimum standards for travel times based on both private and public transport (see Figure 5) which we expect the provider to aim for.

The sites are also required to maximise convenience to patients, for example by being close to other community facilities.

- Value for money – As a public service this is particularly important. We need to consider the number of sites we commission and sites that have acceptable running costs.
- Site readiness – In order to reduce waiting times to meet the 18 week waiting time target, we believe that CATS services must start by early summer 2007. Therefore sites must be available and ready for use by this time. In some cases this may mean using an interim site.
- Suitability of facilities – Each site must be fit for the activities that will be undertaken within it. This includes sufficient size and acceptable condition, disabled access, car-parking, waiting areas and access for mobile diagnostic services.

**Figure 5:** Anticipated travel times to nearest CATS centre

Public transport
80% of patients less than 60 minutes
100% of patients less than 90 minutes
Car transport
80% of patients less than 30 minutes
100% of patients less than 45 minutes

More details can be found on each of the sites and the process for selection can be found on [www.cumbriaandlancashirecats.nhs.uk](http://www.cumbriaandlancashirecats.nhs.uk)



#### 4.4 Six specialities are under consideration within CATS

CATS services will operate in specific specialties which:

- generally experience the longest waits and have the greatest limitations on capacity
- can be undertaken in a community-based centre.

These are shown below in figure 6

**Figure 6:** The clinical specialties under consideration for CATS

The six specialties are:	Example of some common conditions that might go to CATS are:
Ear, Nose and Throat (ENT)	Ear, nose and throat conditions
General Surgery	Conditions relating to the digestive organs
Gynaecology	Conditions relating to female reproductive organs
Orthopaedics	Surgical treatment of bone and joint conditions
Rheumatology	Joint swelling and pain
Urology	Conditions relating to the urinary system

Not every location will provide a full range of all six specialties.  
The consultation will consider which specialties are most appropriate.

The following types of clinical activity will be undertaken:

- **Clinical triage** – all patients referred into the CATS centre will be clinically triaged prior to attending a CATS appointment. This will ensure that, where possible, patients will attend the most appropriate service first
- **Examinations and clinical assessments** – face-to-face meetings with a clinical specialist to discuss with you your health complaint and what happens next
- **Diagnostic tests** – these may include scans or blood tests and are to assist your clinical specialist with making a diagnosis of your health complaint and to enable a treatment plan to be considered with you
- **Discussion about treatment options** – face-to-face meeting with your clinical specialist to discuss the results from your diagnostic tests, whether you require treatment and what treatment options there may be
- **Minor treatments** – if part of your treatment includes a minor procedure, such as a joint injection, this can often be performed at the same visit
- **Pre-admission assessments** – if you require treatment in a hospital, you will need to have some simple assessments performed prior to treatment such as weight measurement and blood pressure. Again, these can be performed at your same visit to avoid further appointments

The range of services offered within CATS represents a major improvement on those currently available to GPs and patients in the community. The clinical specialties for CATS will be a subject for consultation. We accept that specialist knowledge may be required to respond to these questions.

#### 4.5 The preferred bidder for CATS services is Netcare UK

The identification of Netcare UK as Preferred Bidder for CATS services followed a robust procurement process undertaken to meet European legislation and best practice guidelines. The evaluation was carried out by technical experts in each area, together with a range of local GPs, consultants and specialist clinicians.

Netcare UK is a leading provider of high quality, accessible healthcare services, with an established international reputation. Netcare UK's operation provides specialised clinical services to patients under contract to the NHS. Existing contracts involve Netcare performing an estimated 90,000 procedures over five years. In England, Netcare UK operates surgical centres, cataract centres and primary care walk-in centres.

Netcare UK uses fully trained professional staff working in clean, modern, high-quality clinical facilities. All clinical staff employed are registered with the appropriate professional bodies, as they would be in the NHS. Netcare UK centres are designed, built and fitted out to enhance the patient experience.

More information on Netcare UK can be found at [www.netcareuk.com/netcare/](http://www.netcareuk.com/netcare/)

Netcare UK is already contributing to the regions health economy. Specialist cataract centres have been serving Cumbria and Lancashire for six years.

Within six days of being referred by her optician Mrs X was invited to Netcare UK's unit in Lancaster to have tests, and three weeks later had her operation done. After leaving the unit in the afternoon and having two days of rest, Mrs X who had given up reading and doing crafts like knitting, sewing and embroidery, was able to see clearly for the first time in many years.

**(Source: Netcare UK Testimonials)**

#### Key Messages

- CATS is being designed to ensure that patients receive the high quality care they should expect from their health services
- Eight locations are being considered from a current shortlist of 9 sites. Decisions will be based on criteria which are important to patients
- Six clinical specialties are being considered
- Following a thorough procurement process, Netcare UK, an independent sector provider, has been selected as the preferred supplier of CATS services in Cumbria and Lancashire



## 5. CATS is an important opportunity and will require some changes in practice

As we have set out, CATS is intended to reduce waiting times by providing additional capacity before patients reach hospital. It is therefore likely to have an impact on parts of the health service in Cumbria and Lancashire. PCTs are committed to working with these stakeholders to ensure that the introduction of CATS is undertaken effectively.

### 5.1 What will the changes mean for patients?

Cumbria and Lancashire PCTs have been talking to patients and the public about CATS over the course of the last twelve months. Responses have generally been very positive and patients really welcome the move to much shorter waiting times. However, with any change comes some uncertainty and the following concerns have been raised by members of the public:

More change in an already complex system – patients have told us there is already a lot of complexity in the NHS. Sometimes it can be difficult to work out what is happening at various stages of their care. They were concerned that CATS will be another change on top of recent changes in the NHS and have expressed a wish that systems should be kept as simple as possible.

This is an important point. However, CATS is intended to simplify the patient pathway. Cumbria and Lancashire PCTs are dedicated to ensuring patients are informed about CATS and what it means for their care. We want to know how you think we can best communicate this change to patients. If you have comments about this please tell us using the response form in this document.

Where the CATS centres are located – members of the public have told us that their view of CATS will depend very much on whether there is a CATS centre within easy reach.

As explained in Section 4 of this document, making access easier for patients is a key aim of CATS services and this is why we stipulated maximum travel times. It is very important that patients can travel easily and quickly to CATS centres. We would welcome your views on which sites you think offer the best solution for your area in providing good access to local people.

Continuity of care – some patients expressed a concern that they might see a different clinician for their pre-operative assessment in CATS from the clinician who undertakes their treatment in a hospital. Patients were concerned that this would compromise continuity of care.

We understand this is an important question to patients. CATS will work to minimise any disruption to continuity of care. As in the NHS, particularly when trying to reduce waiting lists, it may sometimes be necessary for patients to be seen by different clinicians at different stages in their treatment.

## **5.2 What will the changes mean for my General Practitioner (GP)?**

CATS services are being designed to enhance and strengthen the role of GPs and their relationships with patients. GPs will continue to be the first point of contact for patients and will use their clinical expertise to determine, with the patient, whether CATS is the best route for them. CATS will further strengthen the role of GPs by offering an increased number of referral options and opening up access to quick specialist assessment and a much wider range of diagnostics.

Choice is an important principle in today's NHS and CATS will introduce greater choice at an assessment and diagnostic stage to GPs and patients. We are currently discussing with GPs exactly how they want to use CATS services – for example should they have direct access to diagnostic services.

### 5.3 What will the changes mean for my local hospital?

Concerns have been raised with us that CATS will have a negative impact on local hospitals because services currently provided in hospitals will now be provided by CATS thus putting broader hospital services at risk.

This is not the intention of introducing CATS. Firstly, as we have set out, achieving the 18 week referral to treatment target is extremely challenging. Additional capacity is being provided through CATS for the assessment and diagnostic stage of the patient pathway. Hospitals will need to reduce the time that patients wait for acute ('inpatient' and daycare) treatment. As more patients go through CATS services additional capacity may also be needed in hospitals to undertake the treatment stage of the pathway for these same patients. This changing role for hospitals will allow them to focus on the delivery of the very best care that can be offered to far more people in a much shorter timescale.

Secondly, current estimates suggest that a significant proportion of patients will still be referred straight to hospitals. Finally, the changes should not be overstated. We are targeting certain specialties by investing approximately £23 million in CATS services. This is a significant amount, but is only a small proportion of the total resources invested in healthcare in the region. This funding is additional to existing funding and is being provided specifically for the introduction of CATS.

CATS will mean changes for hospitals; they will need to consider which specialties and which clinical activities they provide will be affected and reconfigure their services to meet the increasing demand for treatments as well as the reducing demand for assessment and diagnostics. This represents a challenge for hospitals but not necessarily a threat. The impact of CATS on hospitals will largely be dependent on how they respond to this challenge.

We will work very closely with our local hospitals to address this challenge and ensure a positive outcome for hospitals and existing NHS staff as well as for patients.

#### 5.4 How will we assess the broader impact of CATS?

While we are clear that CATS should lead to improvements in patients' experience of healthcare in Cumbria and Lancashire, it is important that we understand more fully the impact of CATS as it is introduced. We are doing this in three ways:

- This consultation provides an opportunity for those who will be affected by the changes to set out their views so that we can respond to them
- We are undertaking a quantitative impact assessment which analyses in more detail the potential impact on patients and hospitals and allows us to shape the introduction of CATS on this basis
- We will work with local hospitals and GPs directly to help them understand and adapt to the impact on their organisation and role. We will need to give hospitals timely, accurate information on CATS in order that they can engage with their staff on how the changes will impact on roles and working patterns.

#### Key Messages

- We have been talking to patients, GPs and hospital clinicians about CATS to understand some of the key questions and concerns
- By listening and responding to stakeholders' views and suggestions we can address most of these concerns
- CATS services are designed around patients and the change to current practice should bring benefits
- CATS should support the important relationship between GPs and patients. It will strengthen the role of GPs by increasing the number of referral routes available, access to diagnostics and quick specialist assessment
- CATS is likely to decrease demand on local hospitals for assessment and diagnostic services. This will be balanced by the increased demand for treatment services to achieve the 18 week target. We will work with local hospitals to help them meet this challenge and ensure patients receive the best service possible.

## 6. We want your views on the changes proposed

We want your views on CATS and this section explains how you can give them. This consultation document contains information which should enable you to respond appropriately.

A response form is attached. A version which can be emailed is available at [www.cumbriaandlancashirecats.nhs.uk](http://www.cumbriaandlancashirecats.nhs.uk). Below is some guidance on completing the form.

### 6.1 Consultation period

The consultation period starts on Monday 15th January 2007 and closes on 9th March 2007. All responses to be considered in the final report must be received by 5pm on 9th March.

### 6.2 Consultation scope

Over recent years the Department of Health has consulted widely on the policy of introducing independent sector providers to increase the capacity of the health service and improve patients' experience. In Cumbria and Lancashire, the Department of Health, together with the Strategic Health Authority and Primary Care Trusts, ran a rigorous process that identified Netcare UK as the preferred supplier for CATS services in our region.

In light of this background, we are consulting specifically on the details of the local implementation of CATS services, rather than the NHS policy encouraging use of the independent sector in local health care provision.

1. Locations – where should CATS sites be located and what should be done to ensure that they are as accessible as possible?
2. Impact on the wider health service – are there issues which concern you about the introduction of CATS of which we need to be aware?
3. Referrals and patients choice – how do we best ensure that CATS fits seamlessly into the pathway from GP referrer through to local hospital treatment, both providing choice and giving confidence to patients about the continuity of care?
4. Clinical specialties – are the clinical specialties proposed the most appropriate ones? Are there issues with specialties in particular locations of which we should be aware?



We anticipate that:

- Questions 1, 2 and 3 are relevant to all consultees
- Question 4 may require more specialist knowledge or experience.  
However, please do not let this stop you responding to a question you feel able to answer.

Finally, we are embarking on this consultation with the expectation that public views influence the decision making process for CATS. However, we want to be clear that final decisions on each of these issues can not be based exclusively on responses to this consultation. Other considerations such as patient care, clinical requirements and value for money must be taken into account.

### **6.3 How are we collecting your views?**

In addition to the response form in this document, the following table outlines how you can get involved in the consultation process. We are actively seeking the views of the general public and NHS organisations through a number of meetings and forums. It is important to us that the plans for CATS are widely known about and publicised so individuals and organisations are given an opportunity to respond as they feel appropriate.

**Figure 7: Methods of public consultation**

Communication Method	Brief Description
Consultation document	This document provides detailed information about what is being proposed and why. The document is being widely circulated to NHS organisations and will be easily accessible to the public. A response form is attached at the back of the document. It is also available at <a href="http://www.cumbriaandlancashirecats.nhs.uk">www.cumbriaandlancashirecats.nhs.uk</a>
Public Meetings	These meetings are for any member of the general public and will commence with a presentation of what is proposed, followed by an opportunity to ask questions and respond.  The current times, dates and location of these meetings can be found in Appendix C, will be publicised locally and will be updated on the website as appropriate..
Website	<a href="http://www.cumbriaandlancashirecats.nhs.uk">www.cumbriaandlancashirecats.nhs.uk</a> . The site will provide information on CATS and a mechanism for responding to the consultation
Cumbria and Lancashire local authorities' Joint Overview and Scrutiny Committee (OSC)	The Joint Overview and Scrutiny Committee is made up of representatives of the four local OSCs in Blackpool, Blackburn with Darwen, Cumbria and Lancashire. It is made up of elected councillors and they are charged with scrutinising consultations affecting healthcare in local communities, acting on behalf of the public.  The four local OSCs will also meet individual PCTs during the consultation period

We are also actively engaging with:

- GPs and NHS organisations – the health professionals who work within the NHS, their representatives and those who employ them
- MPs and other community leaders who represent a wide spectrum of community opinion.

The results of this consultation will be reviewed and analysed and a report will be written summarising the results and findings.

This document will be made publicly available in April 2007 via the website ([www.cumbriaandlancashirecats.nhs.uk](http://www.cumbriaandlancashirecats.nhs.uk)). If you would like a version of the report mailed to you directly please let us know using the tick box on the response form. We will consider the responses received in the consultation process as a central part of our decision-making process on the implementation of CATS services in Cumbria and Lancashire.



# Appendix A: CATS implementation in Cumbria and Lancashire Response Form

Thank you for reading the consultation documentation or attending a public meeting. Cumbria and Lancashire PCTs would appreciate your feedback and comments on the proposals for CATS implementation. The simplest way to achieve this is to complete the response form below.

Once you have completed this please remove it from the document and send it to the address at the back of the form. If you prefer, you may respond online by visiting our website [www.cumbriaandlancashirecats.nhs.uk](http://www.cumbriaandlancashirecats.nhs.uk).

You may find that you feel unable to respond to all the questions. Please do not let this stop you responding where you feel able to do so.

## Section one: Location of sites

### 1a. Do you consider the sites under consideration the most appropriate for Cumbria and Lancashire?

#### Site name and postcode

Whitegate Drive Primary Care Centre, FY3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
South Shore Hospital, FY4 1HX (interim) and Fleetwood Community Hospital, FY7 6BE (treated as single location with Whitegate Drive Primary Care Centre)			
Queen Victoria site, Morecambe, LA4 5NN	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Preston Healthport, PR2 8DW	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Ormskirk District General Hospital, L39 2AZ	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Beardwood Hospital, Blackburn, BB2 7AE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
St Peters Centre, Burnley, BB11 2DL	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hilltop Heights, Carlisle, CA1 2NS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Workington Community Hospital CA14 2RW	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Ulverston Health Centre, LA12 7BT	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

### 1b. Are there other factors of which we should be aware in relation to the ability to access or use any of the sites identified above (eg transport, parking, availability of complementary facilities) or do you have another site preference?

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## Section two: Impact on the wider health service

2a. What issues do you consider will need to be addressed as a result of the introduction of CATS services (for local patients, hospitals and GPs)?

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2b. How do you think these issues can best be addressed?

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## Section three: Referrals and Patient choice

3a. Do you agree that GPs should have a choice of whether to refer patients to CATS services?

Please tick only one box: ☐ Yes ☐ No ☐ Don't know

*If you have any comments please write them in the space below*

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3b. When should patients make their choice of preferred provider for any further treatment following initial attendance at a CATS centre? (Please only tick one box)

☐ With the CATS clinician during their consultation

☐ With GP – Following CATS attendance

3c. If GPs refer patients to CATS, should they be able to choose the specific elements of CATS services that they believe are required for their patient (eg direct access to diagnostic tests?)

Please tick only one box: ☐ Yes ☐ No ☐ Don't know

*If you have any comments please write them in the space below*

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3d. How should patients be informed about the availability of CATS services?

☐ By their GP

☐ Independently, for example, through leaflets at GP practices or other healthcare sites

*If you have any other comments please write them in the space below*

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4a. Are the selection criteria (long waiting times, limited capacity and suitability for community setting) an appropriate way of determining the clinical specialties for CATS?

*If you have any comments please write them in the space below*

*If you have any comments please write them in the space below*

If you have any other comments relating to the introduction of CATS that have not been covered in previous questions please use the space below

Providing this information will help us understand better how to respond to your views. However, please note that you are not required to provide any of the information requested below and individual respondents will not be identified in reports produced as a result of the consultation. Information which is provided will be held and used in accordance with the Data Protection Act.

Please give the name and address of your organisation or group

*If you are member of staff, please indicate your role and place of work*

**6b. Which area do you live in?**

<input type="checkbox"/> Blackpool	<input type="checkbox"/> Wyre	<input type="checkbox"/> Fylde	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Morcambe	<input type="checkbox"/> Preston
<input type="checkbox"/> Chorley	<input type="checkbox"/> South Ribble	<input type="checkbox"/> West Lancs	<input type="checkbox"/> Hyndburn	<input type="checkbox"/> Ribble Valley	<input type="checkbox"/> Burnley
<input type="checkbox"/> Pendle	<input type="checkbox"/> Rossendale	<input type="checkbox"/> South Lakes	<input type="checkbox"/> Barrow	<input type="checkbox"/> Eden Valley	<input type="checkbox"/> West Cumbria
<input type="checkbox"/> Blackburn with Darwen	<input type="checkbox"/> Carlisle and District	<input type="checkbox"/> Other			

**6c. Are you:**

☐ Male ☐ Female

**6d. What age group are you in?**

☐ 18 or under ☐ 19 to 40 ☐ 41 to 60 ☐ 61 to 80 ☐ 81 or over

**6e. What is your ethnic group?**

**White**

☐ British ☐ Irish

**Mixed**

☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

**Black or Black British**

☐ Caribbean ☐ African

**Asian or Asian British**

☐ Indian ☐ Pakistani ☐ Bangladeshi

**Chinese**

☐ Chinese

**Other**

Once you have completed this form, please detach it from the rest of the document and send it to the following address:

**Freepost RRHA-BEGG-LSLE  
CATS Public Consultation  
Room 3  
Preston Business Centre  
Watling Street Road  
Fulwood  
Preston  
PR2 8DY**

We will consider all responses received before 5pm on 9th March 2007. We will publish a summary of all responses received by then on our website in spring 2007. The full set of responses will also be filed and available for the public to inspect. However, we regret that we cannot reply to individual responses.

If you would like a full version of the consultation report please tick this box ☐

And leave your contact details below

**Name**

**Address**

## Appendix B: Glossary

**Acute:** Used to describe a disorder or symptom that comes on suddenly and needs urgent treatment. Acute is also used to describe hospitals where treatment for such conditions is available.

**Consultant:** A senior doctor who is a specialist in a particular area of medicine.

**Cumbria and Lancashire Primary Care Trusts:** A specially formed group of the six primary care trusts in Cumbria and Lancashire – Blackburn with Darwen, Blackpool, Cumbria, Central Lancashire, East Lancashire and North Lancashire.

This group is the body which formally issues the consultation document and which will make the final decision following this consultation process.

**Diagnostic tests:** Procedures and tests to diagnose a particular disease or condition (for example x-rays, ultrasound and blood tests).

**General Practitioner (GP):** A family doctor who works from a local surgery to provide medical advice and treatment to patients registered on his/her list.

**Inpatient:** Somebody undergoing treatment in a hospital, usually including an overnight stay or longer.

**NHS Trust:** An organisation which provides NHS services.

**Outcomes:** Clinical results.

**Outpatient:** Somebody undergoing treatment in a hospital on an appointment-basis without the need for an overnight stay.

**Overview and Scrutiny Committee:** The overview and scrutiny committee is comprised of local councillors and is responsible for overseeing and scrutinising the performance of local public services, including health services.

**Patient Pathway:** A patient pathway describes the sequence of events a patient experiences before a decision is made on his/her ongoing care management.



**Practice-based commissioning:** The Department of Health has issued guidance for developing practice-based commissioning which gives groups of GP practices a set budget to arrange services for their patients.

**Preferred Bidder:** In the case of CATS, this refers to Netcare. The preferred bidder is the status given to the winning tender for providing CATS services, prior to contract signature.

**Primary Care:** The part of the NHS where GPs, community nurses and other health-care professionals (such as opticians, dentists, nurses and pharmacists) are the first contact for patients (for example at GP practices, health centres, pharmacies and walk-in centres).

**Primary Care Trusts:** Primary care trusts are responsible for buying health care services. They buy primary care services (services in the local community) and hospital services, and employ community health staff (for example district nurses and health visitors). Primary care trusts may run community health facilities (for example, community diagnostic and treatment centres) and are responsible for building strong links with the local social care community (for example social services, education, transport, councils and housing). Primary care trusts are also responsible for buying health care services from local hospitals or other treatment providers, such as independent sector organisations.



**Secondary care:** Specialist clinical care or surgery provided in a hospital, either as an inpatient or outpatient service. Patients seen in hospitals are generally under the care of a consultant rather than a GP.

**Strategic Health Authority:** Strategic health authorities are responsible for developing plans for local health services. They manage the NHS locally and are an important link between the Department of Health and NHS organisations such as hospitals and primary care trusts.

**Clinical specialty:** A branch of medicine relating to a particular part of the body or related conditions.

**Waiting lists:** The number of people waiting for hospital treatment or surgery.



## Appendix C: Public meeting dates

PCT Region	Time and Date	Venue
East Lancashire	25 January 7 pm to 9 pm	Ribble Valley Clitheroe Health Centre – Railway View Avenue, Clitheroe
	30 January 7 pm to 9 pm	Pendle Silverman Hall, Nelson
	6 February 7 pm to 9 pm	Burnley Burnley Football Club – 1882 Suite, Harry Potts Way, Burnley BB10 4BX
	13 February 7 pm to 9 pm	Hyndburn New Era Centre, Paradise Street, Accrington
	22 February 7 pm to 9 pm	Rossendale Haslingden Community Link and Children's Centre, Bury Road, Haslingden
Blackburn with Darwen	1 February 6.30pm to 8.30pm	Darwen Library Theatre (Café Bar)

PCT Region	Time and Date	Venue
Blackburn with Darwen (cont.)	6 February 6.30pm to 8.30pm	Blackburn Library (Meeting Room 2)
Blackpool	9 February 3pm to 5pm	The Solaris Centre, South Promenade, Blackpool
	22 February 6pm to 8pm	The Hilton Hotel, North Promenade.
North Lancashire	9 February 2pm to 3pm	Lowther Gardens, Lytham St Annes
	20 February 7pm to 8pm	Lancaster Town Hall
	21 February 7pm to 8pm	North Euston Hotel, Fleetwood
Central Lancashire	22 January 12.30 to 1.30 pm	Ecumenical Centre, Skelmersdale
	23 January 6.30 to 7.30 pm	Langham Hall (main hall) (rear of Emmanuel Methodist United Reformed Church), nr Ormskirk Station
	5 February 6.30 to 7.30 pm	Wellington Park, Leyland
	9 February 1.30 to 2.30 pm	St Augustine's Centre, Avenham, Preston
	12 February 6.30 to 7.30 pm	Longridge Civic Hall, Longridge
	15 February 1.30 to 2.30 pm	St Mary's Church Hall, Demsure Road, Chorley
Cumbria	Please refer to Cumbria PCT website ( <a href="http://www.cumbriapct.nhs.uk">www.cumbriapct.nhs.uk</a> ) or call 01539 797800 for details	

Electronic copies of this document are available on our website [www.cumbriaandlancashirecats.nhs.uk](http://www.cumbriaandlancashirecats.nhs.uk). If you require further hard copies of this document (or its summary) please contact the consultation team using the details below.

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Copies of the document can be translated or prepared in different formats (large print, braille or in audio) on request. Please call 01772 647 184 or contact us as above if you require a different version of the document.

If you have any comments on the conduct of the consultation or this document, please contact us using the details above