

## **Brampton and District 50+ Forum**

Report of the meeting held on Tuesday 21 August 2014 in Brampton Community Centre. 12 members were present for lunch and 21 members attended the meeting. Apologies were received from Joan Bailey and Mary Hallaway.

The Chair, Jean Taylor, welcomed members and our speaker, Dr Peter Weaving.

Ann Oswin gave some updates and news of forthcoming events:

- Changes to local bus services. Subsidies for rural routes are being abolished. Rural parish councils and the Community Transport Team are looking at various options, such as a service like the Fellrunner, which is run by volunteer drivers. Rural Wheels still operates and a similar operation, Village Wheels, has just started in the south of the county. The Park Head service in Brampton is to be discontinued. Local councillors are meeting this evening (21 Aug) to discuss what can be done.
- Singing sessions in the Hut begin 10 Sept. 5 weeks, £30.
- Fun with arts and crafts in the Hut. 6 weeks beginning 17 Sept, £45.
- 'Ladies on the loose.' 3 single-act plays. Friday 12 Sept in the community centre.
- Fairtrade coffee morning, 30 August, Moot Hall.
- MacMillan Coffee Morning, 27 September, Moot Hall.
- Plans for the redevelopment of Brampton Community Centre are on display in the centre.

Jean Taylor then introduced the speaker, Dr Peter Weaving, who was already well-known to most members as he had been a GP in Brampton for many years. He told us that he now has two jobs: he is a GP in Stanwix and is Clinical Director for North Cumbrian Hospitals (Cumberland Infirmary and Whitehaven Hospital), engaging with organisations and people who use the hospital. The hospitals have had a difficulty history over the last 10 years. High mortality figures resulted special measures being introduced with lots of inspections. A recent report stated that the hospitals were getting better but are still not good enough, though mortality figures are now better than average for the country. Mainly because they are serving a widely distributed population with difficult communications, the hospitals have never been able to pay their way. Having a poor reputation has resulted in difficulties in recruiting and retaining staff. 1 in 4 consultants is a locum - more expensive and less likely to get involved with the local community. There is a low application rate for GP training schemes (which includes time in hospital); of 14 places available, only 2 have been taken up. Of 12 casualty consultant positions only 3 are currently occupied, of which one holder is currently injured and another is on maternity leave. Over the last 2 years there has been a big improvement in the hospitals but the mindset of staff has to be changed so that they believe they are improving. Schemes are being developed to make nursing more attractive to locals - easier entry, a good career structure.

To make services safe there has to be some degree of centralisation - the more operations performed, the better the outcome for patients - but some emergency services need to be close. Once out of special measures the Cumbrian hospitals will be taken over by the Northumbrian Trust, which runs the hospital in Hexham (and others, including a new hospital with individual rooms in Cramlington).

Changes are needed to reduce the need for people to go to hospital, e.g. this should not be the automatic response by paramedics when called to an incident in the home. There should be more support at home. Also there should be more discussion about end of life care; we should plan care while we are well.

There was discussion on these topics and others raised by members' questions.

After the speaker had been thanked the meeting was formally closed; refreshments were available in the café.