



Sam Proffitt
NHS Lancashire and South Cumbria Integrated Care Board
Level 3, Christ Church Precinct
County Hall
Fishergate Hill
Preston PR1 8XB

Dear Sam,

Re: Level 3 Critical Care at Furness General Hospital

Thank you for your response to my letter of 18th July regarding the proposal to permanently decommission Level 3 critical care at Furness General Hospital (FGH).

I welcome the recognition that no formal decision has yet been made, as well as the commitment to further engagement before any decision is taken. However, I remain deeply concerned about the proposed permanent removal of Level 3 provision from FGH and the process that has been followed to date by the Trust and ICB.

While I acknowledge recruitment challenges in the past, this should not be treated as an insurmountable barrier to sustaining Level 3 care at FGH. The clinical senate was asked to undertake its review using the baseline assumption that everything possible has been done to attract the staff needed to run the service. This has not been adequately demonstrated and the clinical senate was in no position to assess this crucial point. Indeed, other trusts have filled similar posts through targeted incentives, rotational contracts, and local training pipelines. Without every option being explored it is premature to use workforce shortages as justification for removing such a vital service.

The other central argument being used to justify this change - that low patient numbers prevent safe maintenance of Level 3 skills at FGH - is also problematic. The figures do not seem to back this up - GPICS currently mandates an "ideal" level 3 throughput of 200 patients annually, which I understand FGH essentially meets. The projected population increase for Barrow would mean that this justification for decommissioning becomes even less conclusive.

I also note the ICB's view that the proposals do not meet the criteria for public consultation as there are "no other clinical options to consult on". I strongly disagree and will be exploring the options for challenging this decision if you do not review it yourself. Clearly there are other clinical options, and the change proposed must be properly weighed against these. The proposal represents a substantial change in service provision for our community and should therefore be subject to a full and transparent public consultation, allowing residents and clinicians to have their say.

Constituency Office:

01229 343360

Broadcasting House, 22 Hartington Street, Barrow in Furness, LA14 5SL

Website: www.michellescrogam.com



In reviewing both your letter and the Clinical Senate report, there are several areas where I believe further clarification and evidence are essential before any decision can be considered:

1. **Impact on interdependent services including maternity services:** The North West Clinical Senate expressed concern that interdependencies at FGH (maternity, acute paediatrics, full A&E) have not been fully assessed. Other stabilise-and-transfer sites across the country do not run these services. ***Please provide the analysis that has been undertaken of the impact on interdependent services at FGH, and what actions have been taken to address these.***
2. **Sustaining Level 1 and 2 care:** The Senate warned that removing Level 3 care could undermine Level 1 and 2 provision. ***Please publish your assessment of this risk and the plans you would put in place to ensure these services remain viable.***
3. **New service model:** The NW clinical panel's conclusions were subject to the commissioner and provider defining the new service model for stabilisation and transfer of patients with level 3 needs – ***has this new model now been provided to the Clinical Senate?***
4. **Recruitment:** Recruitment challenges have formed the basis for your decision. ***Please now publish a detailed account of the recruitment strategies that have been used to try and fill the vacant posts.***
5. **Prioritisation of RLI:** Given Barrow's geographical isolation, was consideration given to reducing capacity at RLI to maintain the service at FGH? ***Please share details of the analysis undertaken which led to RLI (which is close to other ICUs) being prioritised over FGH?***
6. **Demand modelling:** What methodology was used to forecast future Level 3 demand in Furness given the projected population rise for the area, and did it account for seasonal surges, major incidents, or changing population health? ***Please publish your modelling so that it can be independently assessed.***
7. **Outcome data:** You refer to improved outcomes under the temporary arrangements. ***Please share the detailed comparative figures (mortality, morbidity, length of stay) for the periods before and after the temporary downgrade.***
8. **Transfer risks:** What evidence did you use to assess the effect of the transfer to RLI on outcomes in time-critical cases, especially during poor weather or A590 closures? ***Please share the assessment that has been made of this.***

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9. **Critical mass:** You argue that low patient numbers prevent safe maintenance of Level 3 skills. ***Can you confirm how this “critical mass” is being defined? How do FGH and RLI perform against these levels?***
10. **Impact on patients and families:** Has a full equality and health inequalities impact assessment been completed, particularly regarding Barrow’s socio-economic challenges and longer travel times for relatives. ***Please publish your assessment.***
11. **External expertise:** The Senate recommends that external expert advice and support is needed for this change. ***Will the ICB insist on this being provided before decommissioning is approved? Should we ask if they have ascertained this already?***
12. **Public consultation** Please publish the minutes from the decision-making meeting when it was decided that the threshold for full public consultation has not been met in this case. ***How will the ICB ensure meaningful, transparent engagement with the public and local clinicians before any decision is made?***

Given these outstanding questions, I urge the ICB to:

1. Stop any move towards permanent decommissioning until all these points have been addressed and the evidence has been shared publicly and proper engagement has been undertaken.
2. Develop a roadmap for the reinstatement of level 3 critical care at Furness General Hospital with involvement of the local community and other local partner organisations.
3. Commit to a full public consultation in line with NHS England’s guidance on significant service change.

The residents of Barrow and Furness deserve not only safe, high-quality care but also the opportunity to be part of the decision-making process on services that directly affect their lives. I look forward to your detailed response to the questions above, and to continued engagement on this vital issue.

Yours sincerely,

Michelle Scrogam MP
Barrow and Furness

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