

L i v i n g w i t h T o u r i s t s



The Impact of Tourism On Health Services in Cornwall

A report of the Impact of Tourism upon Health Care in
Cornwall - Single Issue Panel

July 2004

Foreword.....	2
Executive Summary.....	3
1. Introduction.....	4
1.1 Reasons for review.....	4
1.2 Panel’s terms of reference.....	4
2. Findings & Evidence.....	5
2.1 Tourism Services.....	5
2.2 Acute and Emergency Services.....	7
2.3 Primary Care Trusts.....	11
2.4 Police Services.....	17
2.5 Transportation and Planning Services.....	18
2.6 Social Services.....	20
2.7 RNLI Beach Rescue.....	21
3. Conclusions.....	22
4. Recommendations.....	25
5. Appendices.....	28
Appendix I Meetings and witnesses.....	28
Appendix II The Panel.....	29
Appendix III Terms of reference.....	30

Foreword

Cornwall is well used to accommodating the influx of tourists in summer and catering for their many different needs. The Health Services are a prime example of this. Whilst it appears that the Health Trusts have successfully sought innovative ways to respond to the increasing pressures that tourism exerts, the impacts on staff, services and the resident population are still evident.

Tourism is however recognised as one of Cornwall's most valuable industries which has supported improvements in infrastructure in Cornwall over the last few decades and has done much to improve the economy of the county. Tourism may also help maintain the viability of some of the community based services such as Minor Injury Units and Community Hospitals.

Although the perception of Cornwall being a good place in which to live and work may attract health professionals to the area, peak pressures in summer may not allow them the time to enjoy Cornwall or take holidays with their families. Moreover, it is likely that the health community will be more prone to stress working under seasonal pressures. With more and more cars on the road in the peak season health professionals are finding it increasingly difficult to reach house calls across the county. This contributes to stress and reduces activity causing health services to be spread more thinly.

It is difficult to quantify the sum total of the impacts of tourism on health services as there are many indirect and hidden costs such as reduced productivity. The impacts of tourism are not adequately reflected in NHS funding regimes and as a rural peninsula Cornwall cannot rely on support from services in neighbouring counties.

Although tourism figures predict less of a marked increase in peak season visitor numbers in the future, reducing seasonality will nonetheless mean increasing visitor numbers outside the peak period. Taking forward the recommendations of this report will be vital if health services are to continue to meet growing demands and respond to increasing pressures to provide first class services to more and more people.

The evidence contained in this report points once again to the distinctiveness of Cornwall and how national funding does not meet Cornwall's unique needs. It is hoped that this information will bring the health community closer to other public sector partners and for the tourist industry to begin to address the challenges it faces and help make the Case for Cornwall a strong one.

Executive Summary

The Panel have made five main observations about how health provision in Cornwall is affected by tourism and has proposed recommendations that may help the health Trusts to overcome the challenges faced.

- There is a need for better recognition in national funding formulae of the added cost of providing health care to tourists. For example financial adjustments for “Out of Area Treatments” should include an allowance for patients attending Accident & Emergency, out-patient clinics and Minor Injury Units. The existing formulae need to recognise the impact of tourism in terms of patient numbers.
- Tourism operators and local authorities should play a role in prompting tourists to consider their health needs and requirements in advance and to remember to bring prescription medication with them. The Panel recommends the inclusion in brochures of a prompt card with medical details and /or health checklists designed in collaboration with NHS.
- The County Council Innovations Group should initiate a local debate on re-scheduling school terms in order to spread school holidays over the year, giving staff in the health sector an opportunity to take time off with their families and to ease staff resourcing issues.
- Although efforts have been made by planning and tourism authorities and the transportation department to consult with health services, existing mechanisms have not proved effective. Improved communication is essential if constructive involvement in the Local Transport Plan and District development plans is to be achieved and responses to consultations on traffic schemes made. Joint working and information sharing between Devon and Cornwall Constabulary and the Health Trusts could also offer mutual benefits.
- Given the predictability of an increased population during peak season health services should ensure that they have in place effective forward planning arrangements to make certain that services to the resident population are not adversely affected. NHS Trusts should continue to look to other tourist areas to learn from good practice.

1. Introduction

1.1 Reasons for review

- 1.1.1 The cost of providing NHS treatment for visitors to Cornwall has been highlighted as one factor which contributes to the financial pressures on Cornwall's health community.
- 1.1.2 This Single Issue Panel was set up in order to establish the extent to which health services in Cornwall are affected by tourism and what impact this has for health care in the County.

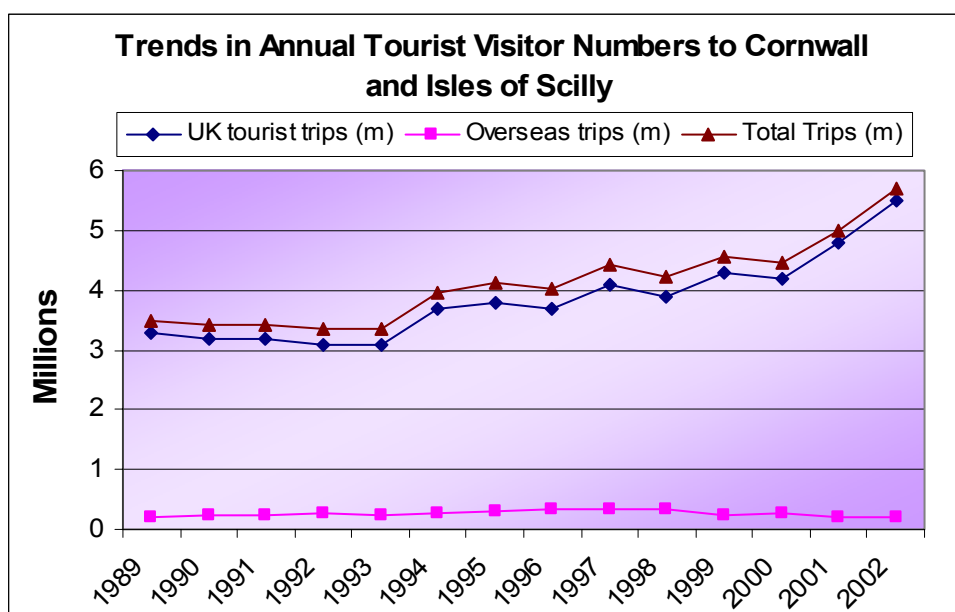
1.2 Terms of reference

- 1.2.1 The full terms of reference can be found in Appendix III.
- 1.2.2 The Panel's main objective was to identify the impacts tourism has upon health services in the County and to consider ways in which any adverse impacts could be minimised. The following questions provided a framework for the panel's line of inquiry:
 - a) What impact does tourism have upon access/response/performance in local health services?
 - acute care
 - primary care
 - ambulance services
 - social services
 - b) What is the financial impact of the increased volume of work and are current funding arrangements adequate/appropriate?
 - c) To what extent do local and national policies take account of the impact of tourism upon health services?
 - d) How could present policies and strategies be improved to minimise any adverse impact of tourism on health?

2. Findings and Evidence

2.1 Tourism Services

- 2.1.1 Tourism is one of Cornwall's largest industries, responsible for some 24% of the County's Gross Domestic Product (GDP) and generating over £900 million of expenditure each year. It employs 15% of the work force, supports 42,500 jobs and attracts over 4 million visitors a year (Cornwall Tourism Strategy, 2000). It is forecast that these visitor numbers will remain fairly static during this decade (Structure Plan Deposit Draft 2002).



Source: South West Tourism

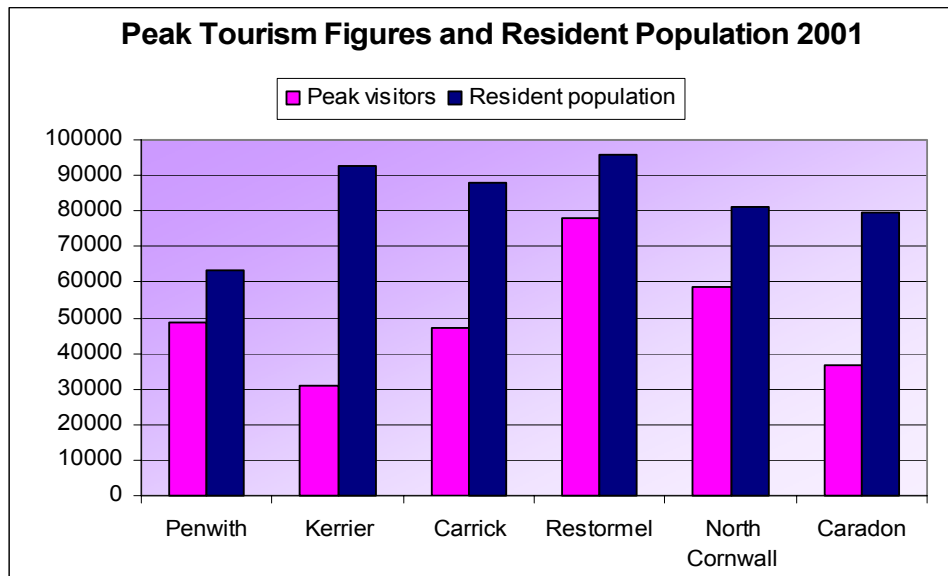
- 2.1.2 The chart above illustrates the growth in Cornwall's tourism industry over a 12 year period. Between 1990 and 2000 the number of trips increased by 1 million (31.3%). Visitor numbers peaked in 2002 at 5.7 million (South West Tourism).

- 2.1.3 The Cornwall Tourism Strategy (2000) states that by 2010 the Cornish Tourism Industry will contribute to the sustainable development of Cornwall:

'Specifically, schemes will be developed that give due consideration to sustainability issues and encourage use of public transport in Cornwall'.

This may help to alleviate pressures on infrastructure and the associated impacts of road traffic collisions on Westcountry Ambulance Services NHS Trust, Royal Cornwall Hospitals NHS Trust and the Fire Service.

- 2.1.4 The Tourism strategy also aims to reduce seasonality whilst retaining peak season business levels. It states that by 2010 the Cornish Tourism Industry will be operated year round with 70% of businesses open 10 months of the year or more. Although Cornwall Tourist Board's marketing efforts are being focused on increasing tourism outside of the summer season rather than increasing peak season visitors, this will undoubtedly exert additional pressure on health services over an extended season.

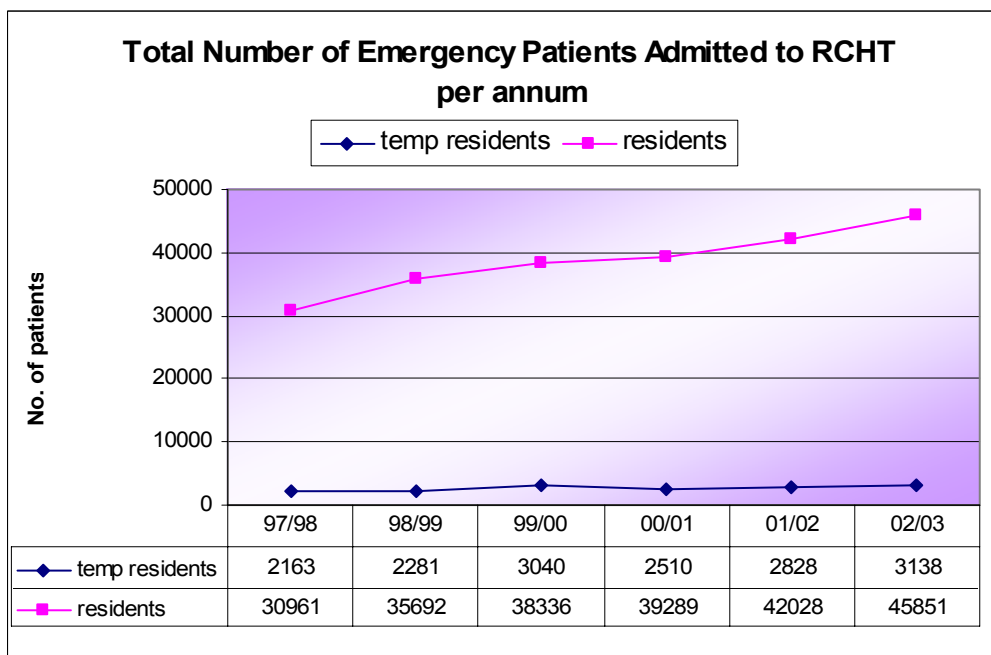
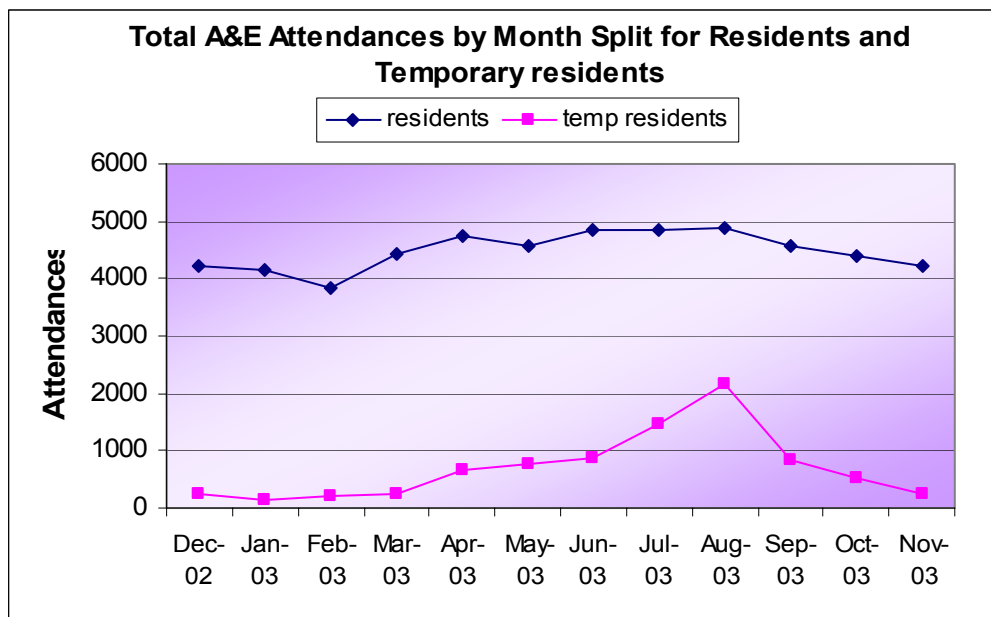


- 2.1.5 Cornwall Tourist Board (CTB) predicts an increase in tourist trips to Cornwall of 14.5% between 2001 and 2006 and 13.5% between 2006 and 2011. Cornwall Tourist Board expects this increase to be considerably lower than other destinations including Devon. It is clear that there is a certain degree of inconsistency in tourism figures from different sources.
- 2.1.6 Cornwall Tourist Board is not looking to expand the tourist activity during the peak season as this is already at capacity. However it was suggested that County Council policy should continue to promote Autumn, Winter and Spring business.
- 2.1.7 The five year business plan identifies health as an issue requiring further consideration but historically there has been a lack of liaison between the tourism and health sectors.
- 2.1.8 Cornwall Tourist Board (CTB) confirmed that the “short break” market is growing and should be encouraged, with transport considered. CTB and the Cornwall Commercial Tourism Federation are supporting integrated transport initiatives to encourage tourists to spend one day of their visit without using the car. However, there is a need for improved public transport information for tourists and more initiatives which will encourage visitors to travel to the region by rail/air and the promotion of alternative forms of transport for use by visitors when in the County – e.g. cycle and walking routes.
- 2.1.9 It was suggested that strategic management at Council level is needed to in particular, co-ordinate planning policy for issues such as holiday parks etc. It was also felt that the County Council should be supportive of changes to the school year by extending half terms.
- 2.1.10 The Cornwall Tourist Board recommended that on-going dialogue should be encouraged between health and other emergency services.
- 2.1.11 Funding of initiatives, such as enquiry lines, promotion of NHS Direct to visitors e.g. via accommodation providers and better information about local health services, were also suggested.

2.2 Acute and emergency services

a) Royal Cornwall Hospitals Trust (RCHT)

2.2.1 Both the number of resident and temporary resident Out of Area Treatments (OATs) emergency patients admitted to Royal Cornwall Hospital Trust (RCHT) has increased over the last few years. Temporary resident emergency patients (OATS) increased by 45.1% between 1997/98 and 2002/03 whilst treatment of Cornwall residents increased by 48.1%. However, OATs treatments increased by 25% in the two years between 2000/01 and 02/03 whereas treatments of Cornwall residents only increased by 16.7%.

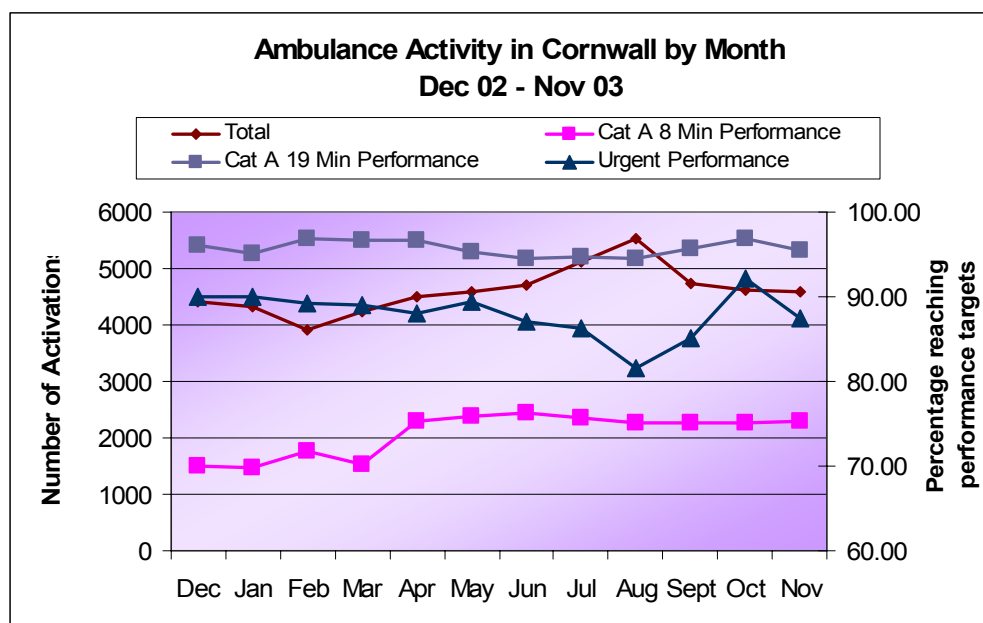


- 2.2.2 Out of Area Treatments (OATs) are claims made to PCTs outside Cornwall for treatments administered to temporary residents. However these are only rewarded financially if the patient is admitted to bed space. The costs of treatments administered to temporary resident patients in A&E are not reimbursed. The current financial reward system (OATs) compounds the problem attributed by tourism as treatment costs recovered through the OATs system are subject to a two year administrative delay. The allocation of funding does not include recognition of the impact of tourism on A&E services (including MIU's).
- 2.2.3 The income last received for out of area treatments (OATs) at RCHT was £4.4 million. RCHT was the only Trust nationally to receive more than £4 million for OATs (in comparison Guy's/St Thomas Hospitals in London received £3.5 million).
- 2.2.4 The geography of Cornwall as a peninsula, presents additional challenges in that there is only one neighbouring county to help absorb the impacts (Derriford Hospital in Plymouth receives patients from East Cornwall, North Devon Hospital receives some patients from North Cornwall).
- 2.2.5 RCHT experiences major impacts resulting from tourism which are unlike circumstances elsewhere in the country. For example there are no 'slack periods' during summer months which are used by hospitals elsewhere in the country to catch up on elective surgery. The impacts have both cost and resource implications for RCHT. It was felt that shared forward planning would help the Trust scale its planning for both A&E and emergency services.
- 2.2.6 Although the perception of Cornwall as being a good place to live may help in the recruitment of health professionals, there is a problem with staff wishing to take holidays in the summer during peak season.

b) Westcountry Ambulance Services NHS Trust (WAST)

2.2.7 WAST notes that there is a significant impact on its service in terms of getting around the county in summer traffic.

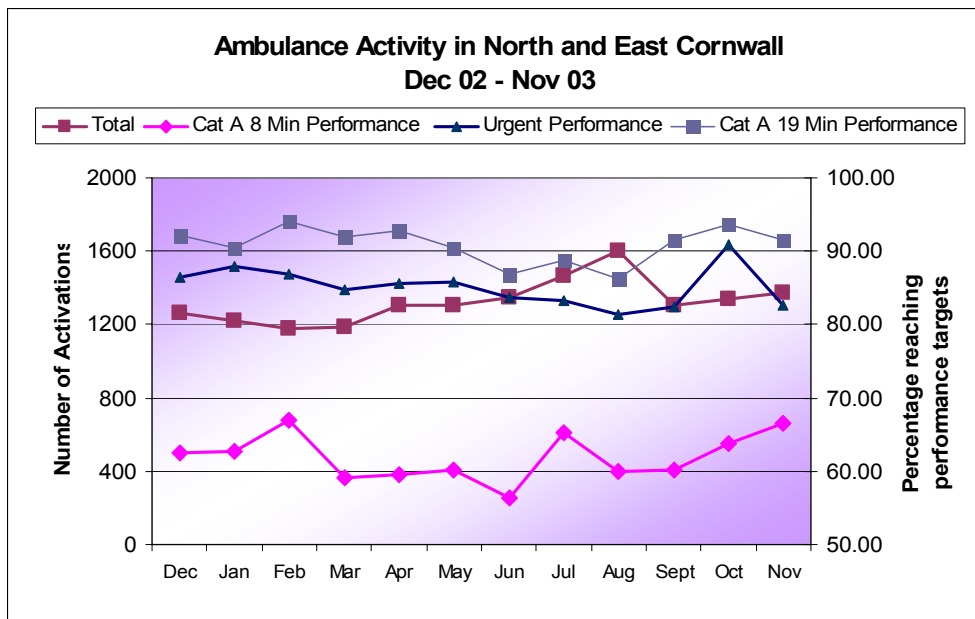
2.2.8 For WAST the pressures that are specific to Cornwall relate to its geography as a peninsula. WAST cannot call upon services in neighbouring counties other than in Devon to respond to incidents in East Cornwall.



2.2.9 The number of activations meeting the 'urgent' performance standard is at its lowest during August. This is a result of 999 calls hitting their peak during the same month, taking precedence over doctor callouts. In August 2003, 25% of ambulance call outs were deemed inappropriate.

Notes:

1. Cat A (life threatening) 8 minute performance national target - 75% of Cat A responses to be achieved within 8 minutes.
2. Cat A 19 minute performance - 95% of Category A responses within 19 mins - allowance for rural areas.
3. Cat B/C (non life threatening) - 19 minute performance - 95% of responses within 19 minutes.
4. Urgent Performance - 95% of calls that have time period specified by GP must arrive within a 15 minute leeway.



2.2.10 There is a particular impact in North and East Cornwall in terms of response times as the area is so large and the infrastructure particularly rural. Traffic in popular tourist areas such as North Cornwall also compounds the problem of access.

2.2.11 WAST suggests that access to bus lanes when returning to stations may help ease some of the pressures by improving turnaround times.

2.2.12 There are differences in the nature of injury/illness in the summer compared to those during the rest of the year. For example, many of the increases in Category 'A' responses in the summer in Newquay are reported as being alcohol related.

2.2.13 WAST stated that the allocation of funding should take account of the impact of tourism and visitor numbers to Cornwall rather than being based solely on the resident population.

2.3 Primary Care Trusts

a) General findings

- 2.3.1 The cost of treatments administered to Cornish residents whilst on holiday in other areas is around £1.8 to £1.9 million a year. The provision of treatments to non-residents in Cornwall (OATs only) is about £4.7 million.
- 2.3.2 Difficulty is experienced by community staff travelling around the county in peak season. This also has a hidden cost in terms of reduced activity.
- 2.3.3 Like RCHT, PCTs experience a lack of 'down-time' during the year. Many other parts of the country see a drop in service demand in the summer and are therefore able to allocate this time for planning, training, development etc.
- 2.3.4 It was suggested that a requirement for major tourist developments to take into consideration impact on health services at the planning stage would be helpful as would a joined up approach with partners i.e. planning authorities, County Council, police. However, historically there has been a low response rate from the health community to planning consultations.
- 2.3.5 PCT responses highlighted a need for additional external funding for specific community safety measures associated with the impact of visitors and incidents of assault in some key locations e.g. Newquay Hospital.

b) Minor Injury Units

2.3.6 The primary care trusts (PCTs) identified that the main impacts of tourism were experienced by Minor Injury Units (MIUs). MIUs are situated in Community Hospitals throughout Cornwall and they see a significant increase in activity during peak season, particularly in tourism destinations. Newquay and Bodmin see a three-fold increase in activity and there is an increase in ailments/injuries associated with drug and alcohol abuse.

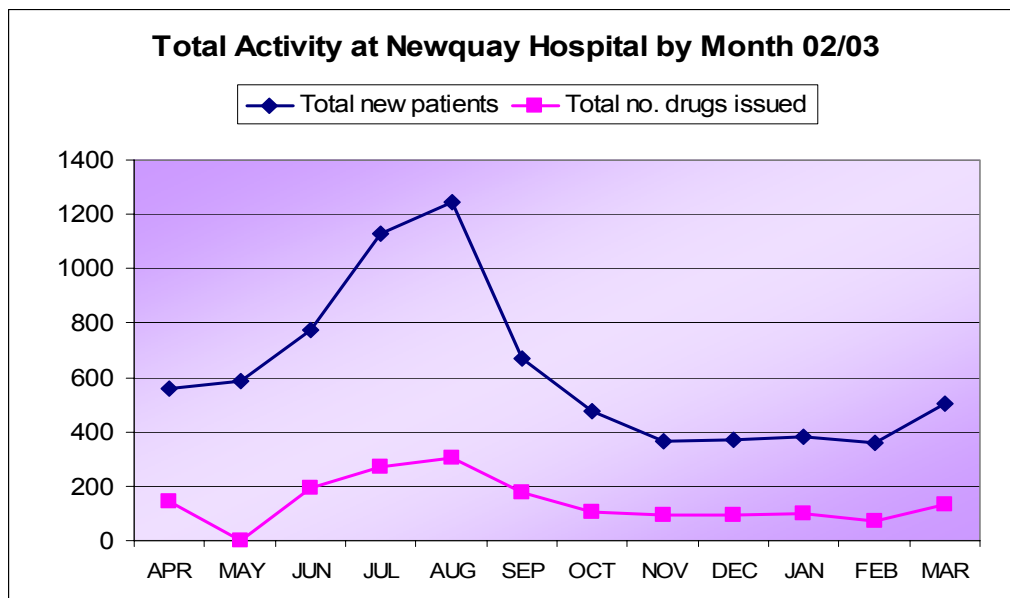
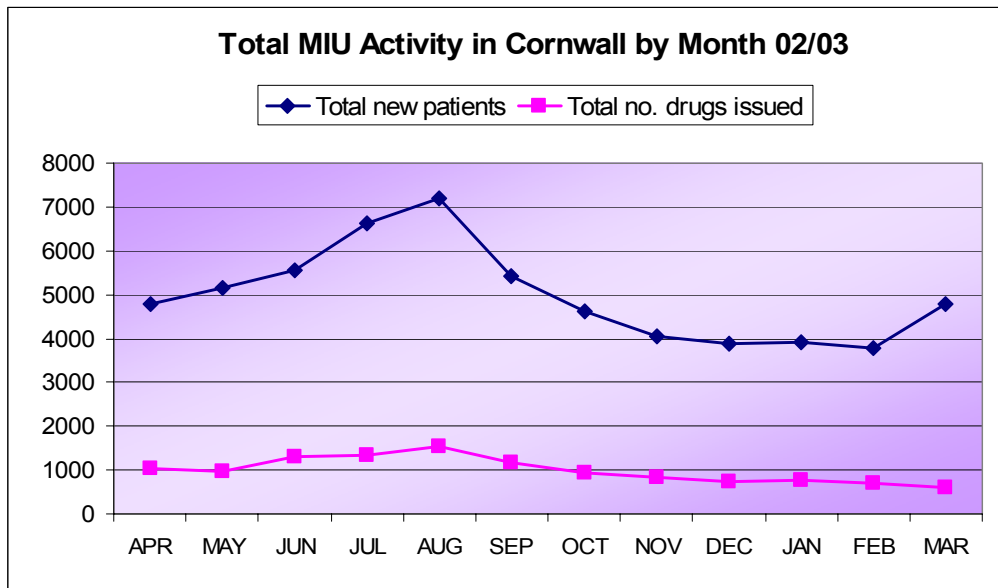
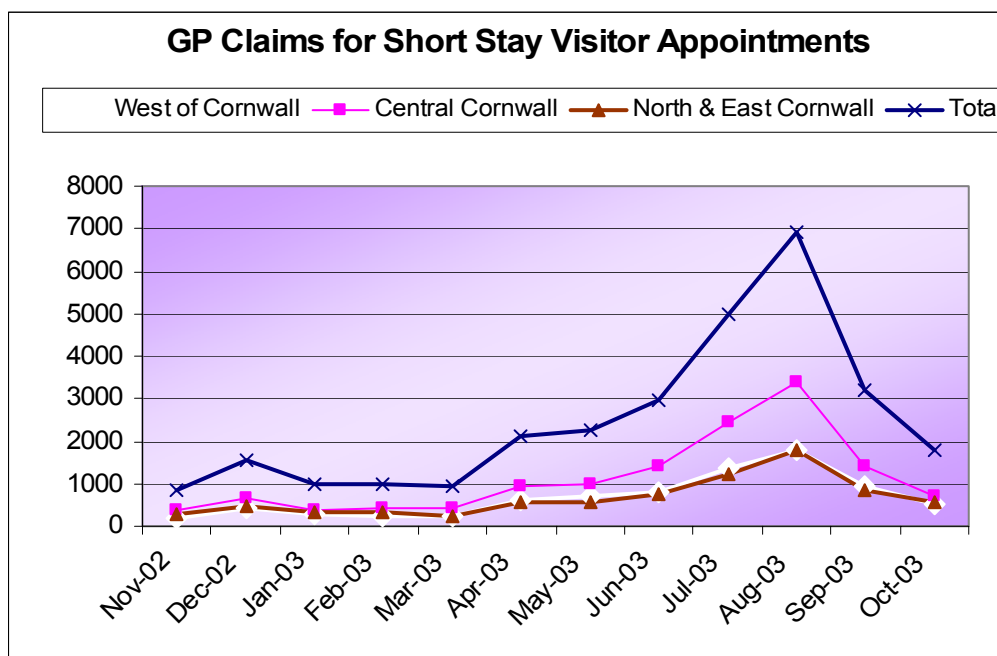


Table 2.3.1 New Patients at MIUs in August 2003 and January 2004		
MIU	August 2003	January 2004
West Cornwall PCT		
Camborne/Redruth Community Hospital	943	724
Helston	591	220
Edward Hain, St Ives	192	45
St Mary's	149	49
Central Cornwall PCT		
St Austell	1562	966
Newquay	1676	516
Falmouth	1073	690
Fowey	149	59
North & East Cornwall PCT		
Stratton	1148	578
Launceston	1068	677
Liskeard	1000	596
Bodmin	1375	537
St Barnabas, Saltash	303	209

- 2.3.7 73,000 patients attended MIUs in 2002/03. This compares to 76,000 patients seen at RCHT's A&E Department. The cost of treatments administered through MIUs is estimated to be at least £500,000. It is estimated that one third of patients treated at MIUs are visitors to the county and as such, costs of treatment are not recoverable.
- 2.3.8 Difficulty in staffing at MIUs is experienced in peak periods as additional assistance is needed on an ad-hoc temporary basis. However MIUs have overcome this by innovative ways of working including part-time and rotational posts. It was highlighted by the witness that the countywide MIU service should be properly resourced in recognition of the invaluable part it plays in the treatment of visitors and residents. Better access to NVQ training for Community Care staff might also help tackle staffing issues.
- 2.3.9 Security at Newquay MIU required to deal with violent incidents is an additional cost borne by Central Cornwall PCT. There is no portering service at Newquay.
- 2.3.10 It was noted that tourism has a positive impact in increasing the viability of MIUs and community hospitals. The increase in demand for MIU services associated with tourism can help staff to maintain their skills base. Furthermore, extension of the tourist season may also help the viability and resourcing of MIUs year round.
- 2.3.11 It was suggested by Central Cornwall Primary Care Trust that more could be done with regard to voluntary services transporting patients to and from community hospitals and it was believed that tourism spread through the year would help prevent stress resulting from seasonal pressures.

c) GP Services

2.3.12 The Panel was advised that there is a big impact on the services that GPs provide but that it was mainly associated with practices in or near to tourist destinations. An example was given of approximately 800 temporary resident patients registered at a practice in Falmouth in a year – constituting up to 20 extra patients a day.



2.3.13 Most GP appointments made by temporary residents are to obtain prescriptions for medication that has been left at home. It is sometimes difficult to identify which medicines are required if the visitor does not have sufficient information. Clearly these needs must be met urgently in the case of vital medications such as epilepsy and diabetes treatments. It was suggested that holiday/tour companies should alert visitors to the need to bring their regular medication with them and that better signposting to appropriate services is needed - patient "smart cards" might provide a solution.

2.3.14 The added influx of appointments in the summer was reported as having a knock-on impact for service provision to the resident population. Elderly visitors provide a significant proportion of the additional workload of GPs. There is also a cost implication for GPs.

2.3.15 Staffing is a considerable problem during the summer months as not only is this the busiest period but the time of year when staff also wish to take holidays. Getting locums to cover is very difficult during this time. Although Cornwall is initially perceived as an attractive area to live, GPs may not have the time to appreciate their surroundings. Increasing property prices and lack of school choice may act as a deterrent for GPs relocating to Cornwall. Re-scheduling school holidays would help enable GPs to take holidays with their family.

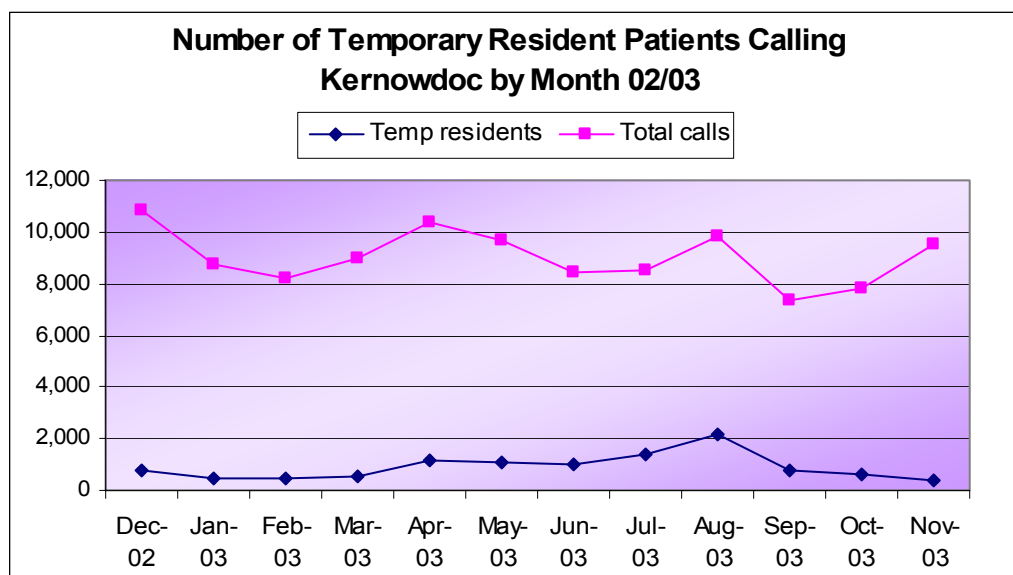
2.3.16 GPs travelling to house calls experience delays in peak season. This increases stress and reduces activity.

2.3.17 Under the new General Medical Service contract (GMS) GPs will face a significant delay in reimbursement for treatments administered as practice funding will be based on a five year rolling average.

2.3.18 The need for local doctors to be consulted when new residential developments are being planned was also highlighted.

d) KernowDoc

2.3.19 Over 10% of patient contacts with the out of hours GP service are temporary residents. The workload generated by temporary residents represents 1800 hours work in a year. GPs make a claim for services rendered and this is then invoiced by KernowDoc. Current income generated by temporary residents is £100,000.



2.3.20 Under the new out-of-hours arrangements PCTs will have to fund revenue costs. Although payment to GPs would be included there will be no provision of additional costs generated by Temporary Residents.

2.3.21 Although the impact is significant for KernowDoc, several measures are taken to absorb the workload, including additional doctor and staff shifts during peak season.

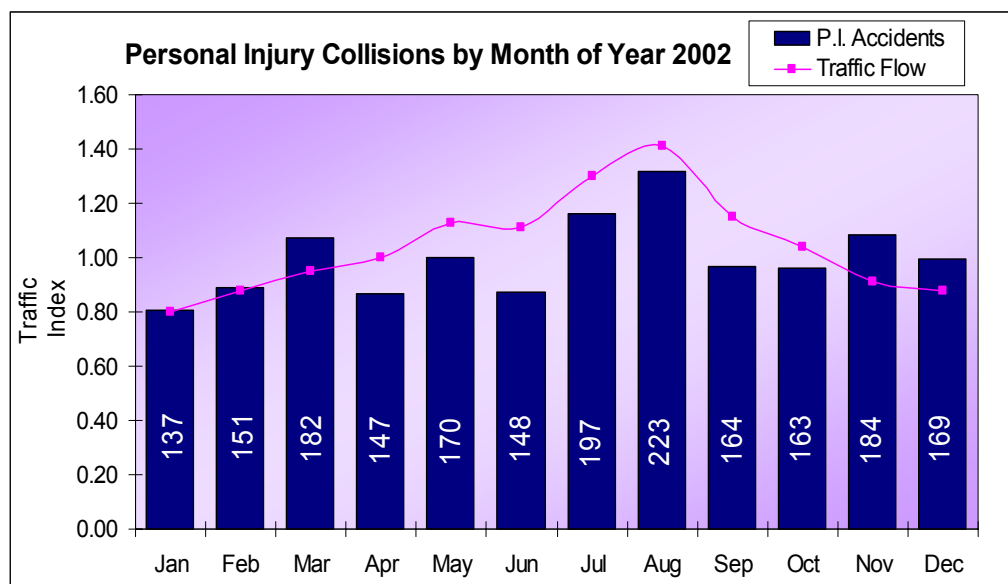
2.4 Police services

- 2.4.1 A serving officer based in Restormel provided evidence which focused largely on Newquay as it was considered that the impacts of tourism were most evident there. However, it was acknowledged that there would be similar implications in other tourist areas in Cornwall.
- 2.4.2 During the period April – December 2003, (excluding Plymouth, Exeter and Torquay) - Mid Cornwall had the highest incidents of violence in Devon & Cornwall per thousand of the population. Newquay saw the highest number in Cornwall - 786 offences - 25.69 per 1,000 population. In the period June-July 2003 there were 148 violent offences in Newquay, a 15% increase from the previous year (the Force saw a 3.4% increase during the same period). Of the 148 offences, over half (82) were known to be alcohol related. There is an obvious significant cost implication as a result of increased activity but this is not recorded. Extra resources are required.
- 2.4.3. Historically there has been a steady increase in violent offences from May, peaking in August, reflecting growth in the number of visitors.
- 2.4.4 During April – December 2002 there were 153 drug related offences compared to 189 for the same period in 2003 (an increase of 24%), the highest number of incidents in the County.
- 2.4.5 There has been a consistent increase in violent, glass-related injuries nationally and locally. Such injuries require specialist treatment using considerable resources.
- 2.4.6 Alcohol related illness can range from strains and cuts sustained whilst under the influence of alcohol to serious injuries resulting in violence including sexual assaults, and deaths from falls over cliff edges.
- 2.4.7 A number of initiatives have been implemented to try and reduce crime and personal injury resulting from drug and alcohol abuse. These include the SOS bus and the 'Streetsafe' and 'Frank' campaigns. The SOS bus is a pilot project which aims to ensure that people under the influence of alcohol and drugs will be picked up from the streets and cared for by health professionals until they are fit to return home or to holiday accommodation.
- 2.4.8 It is felt that both Police and Health services would benefit from data sharing in order to target hotspots and reduce crime and resultant health implications. This method of working has been undertaken with considerable success in other parts of the country, notably Liverpool and Cardiff where A&E departments record and share information on assaults with Police reducing the incidence of violence. Cardiff has seen a 35% reduction in violent incidents as a result of this initiative. Discussion with tourism authorities may also be beneficial in tackling negative impacts and hotspot areas. Furthermore, developing links between Primary Care Trusts, the Police and licensees could result in effective strategies to reduce the cost of healthcare, increase customer care in licensed premises and assist in the reduction of crime and disorder.

2.5 Transportation and Planning Services

Road Traffic Collisions and Fire Service Attendances

- 2.5.1 According to the statistics, there appears to be a direct correlation between traffic flow and road traffic collisions (RTCs) with personal injury collisions peaking in August 2002. During this month out of 528 collisions, 42.2% of collisions resulted in injury (36.6% slight, 5.7% fatal or serious).



- 2.5.2. Preliminary research showed that there did not appear to be a correlation between peak tourist season and Fire Service attendances to RTCs.
- 2.5.3. Several schemes have been set up to promote sustainable tourism and combat car travel. These are promoted in the form of leaflets for tourists. However, the level of take-up is unknown.
- 2.5.4 'Safety' has been identified through consultation with the public as the most important transport issue. Several schemes have been set up to address this.
- 2.5.5 Initiatives developed in conjunction with health services include a mobile health unit in North Cornwall and the Transport Access Patients (TAP), a voluntary car scheme with a centralised contact telephone number with the purpose of enabling access to health services. The piloted Mobile Health Unit could be implemented elsewhere if deemed successful as this reduces the need for travel by taking services to the people. It was felt that Cornwall County Council should support the approach of improving transport access to healthcare. Improved advice and information would need to be made available to patients including the provision of a one-stop shop for organising both appointments and transport.
- 2.5.6 Discussions between the County Council's Planning, Transportation and Estates Department (PT&E) and PCTs are taking place to promote the de-centralisation of services.
- 2.5.7 Information on emergency closure of roads is faxed through from PT&E to ambulance headquarters with diversionary route maps. It is not clear whether

ambulances carry global positioning satellite (GPS) equipment for route information. If so, this could be used as an alternative means of notification.

- 2.5.8 PT&E have an embargo in place to restrict road works during the summer, particularly on key routes and at peak times in order to ease congestion and enable access of emergency vehicles.
- 2.5.9 The Transportation Unit liaise with PCTs and Health Action Zones on the Local Transport Plan but there has been limited response. Although there is a legal responsibility to consult the Ambulance Service on all traffic management schemes, responses are poor.
- 2.5.10 Current District planning procedures do not appear to take the impacts of tourism on health services into account. However, it has been suggested that under Planning Policy Guidance 7, planning authorities could seek a contribution towards health infrastructure from a tourist development. This concept needs to be explored.
- 2.5.11 Although the Strategic Health Authority and Primary Care Trusts are invited to comment on District Development Plans, response rates appear to be poor. This may be due to lack of established protocols for responding to consultations.
- 2.5.12 The officer response from Kerrier District Council suggested that it is not the first duty of the planning service to alleviate the problems of tourism to the health service. It is the duty of planning to ensure development is located in the best place so as not to significantly harm interests of acknowledged importance and in the best interests of the community as a whole. The response concluded that it is the responsibility of the health service to provide those who need them with its services and to provide them where they are needed.

2.6 Social Services

- 2.6.1 Social Services provide care to vulnerable people who visit Cornwall, such as the young, elderly people and those with mental health problems.
- 2.6.2 Formal Mental Health Act work has increased as a result of tourism.
- 2.6.3 Social Services identify recruitment of carers as being a problem. This is partly due to the increase in the availability of better paid jobs and is exacerbated further by the seasonality of staff requirements.
- 2.6.4 Longer travel time for staff in the summer months means fewer visits can be made.
- 2.6.5 Seasonal pressures on acute care services can lead to quicker discharges putting greater pressure on Community Care Services.
- 2.6.6 Many people who holiday in Cornwall decide to retire here, giving up family and support systems. This adds to the workload of Social Services.
- 2.6.7 Whilst Cornwall Partnership NHS Trust (CPT) did not comment on the issues raised in this piece of work it is likely that there may be shared experiences between CPT and Social Services. Closer liaison between the two organisations may be required. There is also a need for Social Services to work with partner agencies (i.e. NHS) to resolve frontline homecare labour shortages and plan for future needs.

2.7 RNLI Beach Rescue

- 2.7.1 The number of first aid incidents dealt with by lifeguards does not have any serious bearing on the cost of the services provided, since lifeguards are in place anyway. However, the number of first aid incidents increases by 10-20% each year.

	Minor incidents	Major incidents
2002	3955	113
2003	4346	151

- 2.7.2 Lifeguards are equipped with first aid skills through to providing major life support techniques. They are qualified to use medical oxygen equipment, artificial airways and automated external defibrillators.
- 2.7.3 The period during which people visit the beach and use the sea for recreational purposes is increasing each year. Current lifeguard services run from May until September, with cover over the Easter holidays and in some cases the October school half term. In future years lifeguard services will need to be extended and this is expected to have dramatic financial implications.
- 2.7.4 The 'Lifeguard First Responder scheme' which has recently been trialled by WAST will be rolled out across Cornwall this year. This will mean that lifeguards will be able to respond to Medical A* emergencies on behalf of WAST in immediate beach areas.
- 2.7.5 RNLI Lifeguard services are mainly financed by local authorities though this is not a statutory requirement. However, the resource and safety implications of providing this service over an extended tourism season will need to be addressed.
- 2.7.6 Lifeguards are highly trained professionals with good working relationships with other emergency and rescue services such as WAST and HM Coastguard but it was noted that this message needs to be better understood in the wider health community and beyond.
- 2.7.7 When patients are sent to hospitals or to GP Surgeries under their own transport, generally the lifeguard will telephone the hospital or surgery to let them know that the patient is coming. This is not a formal arrangement, and implementing a more formal agreement may be something worth considering in the future.

Minor incident: lifeguard treats the injury and allows the patient to go

Major incident: lifeguard treats injury and calls in outside assistance – either calls ambulance or sends patient to GP or hospital.

*Cat A Medical Emergencies include heart attacks, strokes, asthma and epilepsy

3. Conclusions

3.1 Finances

Whilst there are significant impacts on the health service resulting from tourism, the Panel recognises the value of the industry to the County and the benefits it brings. However current NHS funding regimes compound pressures on the health sector as they do not reflect the additional activity that is absorbed in Cornwall by health services.

PCT funding, which includes provision of ambulance services, is based on the resident population and does not take into account all of the extra activity associated with tourist health needs. The current reward system for Out of Area Treatments fails to reimburse Trusts either:

- a) promptly; reimbursement for GP appointment claims and hospital admissions takes place 2 years after the impact;
- b) in full; only hospital admissions resulting in bed space and GP appointment claims are counted for reimbursement purposes and the impact upon services such as Minor Injury Units and Accident & Emergency Units are not recompensed.

Under the new GMS contract within which GPs will operate, funding will be allocated on the basis of a five-year rolling average. Any increase in service provision will not be covered sufficiently as there will be a delay in reimbursement of treatments administered to temporary residents.

3.2 Staffing

The extra pressure in the tourist season means that it is difficult for health professionals to take time off with their families in the current school holiday periods.

Although the perception of Cornwall as being a good place to live may help in the recruitment of health professionals, Minor Injury Units and GP practices are sometimes under resourced in peak season as it is harder to recruit staff on a temporary, ad-hoc basis. Additionally, staff who are over worked during the peak season are more vulnerable to suffer from stress and are unable to take leave in school holidays.

3.3 Service efficiency

The increased population in Cornwall during the peak season presents challenges to the efficiency of local health services.

Health professionals face difficulty in travelling around the county due to traffic congestion in peak season. This ultimately means that call-out times are longer than average and fewer visits are made. This, coupled with staff shortages during peak season, means that services are spread thinner thus having a knock-on impact on residents' access to health services.

There is an apparent lack of 'down-time' in the summer which health trusts elsewhere in the UK use for elective surgery, planning, training and development.

3.4 Tourist needs

Many of the demands upon health services could be reduced by encouraging tourists to think about health needs before they travel and by ensuring that information is available to them once they are here, to direct them to the most appropriate service.

It is clear that there is a need to promote information to tourists on the availability of health services and appropriate points of contact when visiting the county.

Reminders by tour operators to tourists to bring all prescribed medications and other health related items such as wheelchairs may also help to reduce the number of visitor appointments.

More needs to be done to promote sustainable transport use, making visitors aware of alternative routes and modes of transport to holiday destinations and attractions.

3.5 Strategies and Planning

Through well informed policy and planning services have the power to take a longer term and more strategic approach to alleviating some of the impacts of tourism.

There has been limited dialogue to date between health, planning, transport and tourism sectors. Although efforts have been made by planning and tourism authorities and the transportation department to consult with health services, existing mechanisms have not resulted in a good response rate.

There is a current lack of information sharing and consistent tourism data amongst the public and private sector.

3.6 Quality Services

Despite the pressures faced, health services in Cornwall continue to provide quality services to visitors and residents.

Despite obvious pressures and insufficient resources the health services in Cornwall have adopted innovative and flexible patterns of working in response to the additional workload. The MIU structure in Cornwall has been highlighted as a national example of good practice.

3.7 Public Safety

The number of incidents increases dramatically in the summer season placing considerable pressure on existing services.

There has been a dramatic increase in the number of assaults where glass is used as a weapon and treatment requires considerable resources including specialist treatment.

Many alcohol and drug related injuries/illnesses are sustained during the height of the tourist season, ranging from strains and minor cuts to alcohol or drug poisoning.

The number of first aid treatments administered by RNLI lifeguards increases by 10-20% each year. As the tourist season lengthens Beach Rescue Services will also need to be extended. This will have significant resource implications.

4. Recommendations

4.1 Finances

- 4.1.1 There is a need for better recognition in national funding formulae of the added cost of providing health care to tourists. For example OATs financial adjustments should include an allowance for patients attending A&E, out-patient clinics and MIUs. The existing formulae need to recognise the impact of tourism in terms of patient numbers.
- 4.1.2. The report should be used as evidence for the 'Case for Cornwall'* and a copy should be sent to ODPM pointing out the problems of current funding formulae for Cornwall.
- 4.1.3 Given the predictability of increased population during peak season health services should ensure that they have in place effective forward planning arrangements to make certain that services to the resident population are not adversely affected. Trusts should continue to look to other tourist areas to learn from good practice.
- 4.1.4 The Planning and Health sectors should work together to develop strategies for securing funding from developers and tourist developments as a contribution towards increased demand for health provision in Cornwall.

4.2 Public awareness

- 4.2.1 Tourism operators and local authorities should play a role in prompting tourists to consider their health needs and requirements in advance and to remember to bring prescription medication with them. The Panel recommends the inclusion of a prompt card with medical details and /or health checklists in brochures designed in collaboration with NHS.
- 4.2.2 NHS Direct contact information should be widely disseminated through tourism establishments, information in tourist brochures/literature.
- 4.2.3 The media should be used to highlight the impact of tourism and how people can make their own time more enjoyable by helping to reduce this impact through using alternatives to their cars. Existing sustainable tourism initiatives and 'car-free days out' should also be promoted to enable visitors to do this.
- 4.2.4 The positive outcomes of road safety initiatives, for example the effect of speed cameras in reducing death and serious injury on our roads, should also be promoted.

*The 'Case for Cornwall' is a lobbying document produced by Cornwall County Council with the District Councils, the Health Community and the Police Force. It puts forward a case for additional funding from central government to help overcome the challenges of service provision which are characterised by Cornwall's peripheral and rural nature.

4.3 Joint working/information

- 4.3.1 Health, transport, tourism and planning authorities should explore and then establish effective mechanisms for consultation to enable:
- involvement in Local Transport Plan and District development plans
 - responses to consultations on traffic schemes to be made
- 4.3.2 The local health community should seek to initiate dialogue with other tourist areas to learn from good practice elsewhere.
- 4.3.3 Whilst Social Services consider tourism to have a significant impact on services, Cornwall Partnership NHS Trust did not feel that their services were affected. Given the commonality between client bases Social Services and Cornwall Partnership Trust should jointly look at where these impacts occur and investigate opportunities for reducing them.
- 4.3.4 Increased liaison between health, police, transportation and other service providers, both public and private, should take place before high profile events.
- 4.3.5 Opportunities for information sharing between health and police should be explored, such as data relating to the nature of A&E admissions, to help identify, analyse and address problem areas for violent crime and drug and alcohol related incidents.
- 4.3.6 The tourism sector and public authorities should seek to increase consistency and accuracy of tourism datasets to aid effective planning.

4.4 Staffing

- 4.4.1 The County Council Innovations Group should initiate a local debate on re-scheduling the school year to spread school holidays over the year giving staff in the health sector an opportunity to take time off with their families and to ease staff resourcing issues.
- 4.4.2 The Panel supports the aim to encourage the extension of the tourist season but recognises that the health community needs to plan resources to meet demands on service.
- 4.4.3 Social Services should work with partners in health to resolve frontline homecare labour shortages and plan for future needs.

4.5 Mobility and transport

- 4.5.1 Local Transport Plan policies for promoting green travel options to tourists should be supported along with encouraging further exploration with tourism sector of opportunities to promote public transport, car free activities to tourists.
- 4.5.2 Support the work of Transport Policy on the mobile health unit initiative and explore opportunities to expand to other areas if found successful. The development of public transport access to healthcare should also be supported.
- 4.5.3 The Transportation Unit should continue to negotiate and agree criteria with WAST and other relevant parties on the use of bus lanes for marked up ambulance services returning to stand-by after delivering casualties to hospital.
- 4.5.4 The Transportation Unit and WAST should explore ways of improving access to information from highways on road closures etc for example via Global Positioning System data (GPS), information on web site and encouraging links on NHS intranet site.

4.6 Public Safety

- 4.6.1 Licensing Committees should request manufacturers to supply drinks for sale in nightclubs in plastic, recyclable bottles.
- 4.6.2 The SOS bus initiative should be monitored and evaluated as a pilot for potential implementation in other affected areas.
- 4.6.3 County and District Councils should plan provision and resourcing of additional RNLI Beach Rescue services to meet the demands of the increasing tourist season. The planning of such provisions should also be fed through the 'Case for Cornwall'.
- 4.6.4 The health sector should raise awareness of the role, skills and working relationships of RNLI lifeguards amongst its services and staff.
- 4.6.5 There is a need for better dialogue between RNLI lifeguards, GPs and hospitals particularly during the transfer of patients.

Appendix I. Meetings and witnesses

- 29th Jan 2004**
- To establish work programme and consider findings of background research report
- 20th Feb 2004**
- To examine what considerations have been made of the impacts of tourism on health services in the Cornwall Tourism Strategy and to assess the level of engagement between health and tourism sectors to overcome impacts where possible.
 - To obtain an overview of the impacts of tourism upon Royal Cornwall Hospital Trust and West Country Ambulance Trust.
 - To consider statistical update.
 - Witnesses:
Debbie Smith – Head of Tourism, Cornwall Tourist Board
John James – Development Manager, Cornwall Commercial Tourism Federation
Paul Robinson – Director of Business Planning, Royal Cornwall Hospitals NHS Trust
Jo Manning – Assistant Chief Ambulance Officer, Westcountry Ambulance Services NHS Trust
Lindsay Collinge – Assistant Divisional Officer, Westcountry Ambulance Services NHS Trust
- 11th March 2004**
- To obtain an overview of the impacts of tourism on Primary Health Care Services (PCTs)
 - Witnesses:
Carol Williams – Director of Operations, Central Cornwall PCT
Dr Phillip Dommett – Vice Chairman, Local Medical Committee
Dr Emrys-Jones – Chairman, Kernowdoc
- 2nd April 2004**
- Review how transport and planning policy takes into consideration and seeks to address the impacts of Tourism on health services.
 - To gain the police force's perspective of the impacts of tourism experienced by themselves and the health services.
 - To examine any impacts experienced by Social Services.
 - Witnesses:
Sgt Mark Pascoe – Devon and Cornwall Constabulary
Nigel Blackler – Transportation Policy Manager, Planning, Transportation and Estates Department, CCC
Mike Faulds – Senior Operations Manager, Social Services
 - Written responses on planning policy received from:
Restormel Borough Council
Caradon District Council
Kerrier District Council
- 26th April 2004**
- Finalise report

Appendix II

The Panel

7 County Council Members
(3 Liberal Democrat 2 Independent 1 Labour 1 Conservative)
2 External Members
No ex-officio allocation

Chairman Mrs V A Cox
Vice-Chairman Mrs S M J Oliver

Membership (Appointed by the Health and Social Care Overview and Scrutiny Committee)

Name	Political Group
Cox, Mrs V A	Liberal Democrat
Currie, J H	Conservative
Irons, Mrs O R	Liberal Democrat
Lello, Mrs T	Liberal Democrat
Mann, R A	Independent
Moyle, M J	Labour
Oliver, Mrs S M J	Independent
Emuss, Mrs M R	Caradon District Council
Goninan, C J	Penwith District Council

Appendix III

CORNWALL COUNTY COUNCIL

HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

24 FEBRUARY 2004

WORK PROGRAMME 2003-2004

Terms of Reference for

IMPACT OF TOURISM ON HEALTH CARE IN CORNWALL – SINGLE ISSUE PANEL

Purpose of this panel / anticipated value of its work:

To identify whether tourism has an adverse impact on health in the County and to consider ways in which this could be minimised.

Key objectives:

1. To determine the extent to which health services in Cornwall are affected by tourism.
2. To decide the extent to which access to healthcare for residents of Cornwall is affected by the number of patients treated by the NHS.
3. To review the impact upon healthcare of County Council's policies which seek to encourage greater numbers of tourists.
4. To make recommendations about how the County Council and local health services can minimise any adverse impact of tourism upon health care.

Scope of the work:

1. Health services provided by: North and East Cornwall PCT, West of Cornwall PCT, Central Cornwall PCT, Royal Cornwall Hospital Trust and Cornwall Partnership Trust. [*Derriford/North Devon?*]
2. Cornwall County Council services: Highways, Social Services, Fire Service
3. Cornwall County Council tourism strategies

Terms of Reference prepared by:	Philippa Dowling
Terms of Reference agreed by HSCOSC:	To be considered 24 February 2004
Panel structure:	7 County Councillors and 2 District Councillors
Panel Chair	To be appointed
Portfolio Holder	G M Nicholls (Social Care and Health) R E Hitchens (Strategic Planning and Transport) Mrs P A Lyne (Economy) Mrs J Ferrett (Public Protection)
Lead Officer for Health	To be established

BACKGROUND:

1	The cost of providing NHS treatment for visitors to Cornwall has been highlighted by RCHT as a strain on the Trust's resources.
2	If the claims of RCHT are accurate, the implications to the NHS are far wider. The purpose of this scrutiny is to establish the extent to which the cost to the NHS of treating tourists impacts on the resident population.

SPECIFIC QUESTIONS FOR THE PANEL TO ADDRESS:

1. What impact does tourism have upon access/response/performance in local health services?
 - acute care
 - primary care
 - ambulance services
 - social services
2. What is the financial impact of the increased volume of work and are current funding arrangements adequate/appropriate?
3. To what extent do local and national policies take account of the impact of tourism upon health services?
4. How could present policies and strategies be improved to minimise any adverse impact of tourism on health?

INFORMATION GATHERING:

Witnesses to be invited

Name	Organisation/Position	Reason for Inviting
Representative	Royal Cornwall Hospital Trust	To identify the impact upon acute services

Name	Organisation/Position	Reason for Inviting
Representative	Primary Care Trusts and Cornwall Partnership Trust	To identify the impact upon primary care services
Representative	Westcountry Ambulance Services NHS Trust	To identify the impact upon ambulance services
Representative	Social Services	To identify the impact upon Social Services
Representative	Cornwall Enterprise	To provide information about tourism strategies
Representative	Cornwall Tourist Board	Identify positive impacts on health of tourism
Representative	Fire Service	To identify the impact upon the Fire Service (in relation to people's health and wellbeing)
Representative	Planning, Transportation and Estates	To provide information about road traffic accident statistics and to explain how planning and transportation strategies consider access to health services during peaks in tourism.
Representative	Devon and Cornwall Police	Impact on police services (eg. alcohol related incidents)

Site Visits

Location	Purpose of visit
None envisaged	

Key Documents / Background Data / Research

1	Cornwall County Council tourism strategies
2	Data/trends (initial ideas): <ul style="list-style-type: none"> • Tourist numbers • RCHT – waiting lists, emergency admissions, A&E numbers, ambulance queuing, waiting times • Primary care – MIU patients, waiting times, GPs/Kernowdoc • WAST – call outs, air ambulance usage, response times, time from call out to receiving treatment • Road traffic accidents • Fire service call outs, response times • Costs/funding

TIMESCALE

Starting:	January 2004	Ending:	May 2004
-----------	--------------	---------	----------

OUTPUTS TO BE PRODUCED

1	Report setting out findings and recommendations.
---	--------------------------------------------------

REPORTING ARRANGEMENTS

Body	Date
Health and Social Care OSC	June 2004
Executive	(If appropriate)
NHS bodies	(If appropriate)

MONITORING/FEEDBACK ARRANGEMENTS

Body	Details	Date
To be determined in light of recommendations.		

ch:SIPs/Terms of Reference