

# The Future of Healthcare in West, North & East Cumbria

## Public Consultation Document

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**Success**  
Regime  
West, North & East Cumbria

**NHS**  
Cumbria  
Clinical Commissioning Group



Key

 Acute Hospital

 Community Hospital

 Birthing Centre

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## What is this consultation document about?

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The health and social care system in West, North and East Cumbria faces a number of major challenges. This consultation document describes these challenges and some of the changes we need to make if we are to address these and provide high quality care within our budget.

The document explains how some services might change in our communities and in our hospitals. It details possible changes in services for maternity (including urgent gynaecology), stroke and acute medical patients, children's inpatient services, emergency

surgery, and community hospital inpatient beds.

## What is consultation?

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Consultation in the NHS is a process of dialogue in which the objective is to influence formal decisions made by the NHS. Through consultation people who use NHS services are invited to give their views on proposed changes to those services.

Consultation is intended to help Clinical Commissioning Groups and other NHS organisations secure the best possible services that meet the needs of local patients and represent the best possible value for money.



The NHS has a legal duty to involve and consult with patients, the public and local organisations when developing and considering proposals for substantial variations in the provision of services. This legal duty is found in the NHS Act 2006, which was amended in the Health and Social Care Act 2012.

The outcome of public consultation is an important factor in health service decision making which will be fully taken into account. It is, however, one of a number of important factors. Others include clinical, financial and practical considerations. The results of public consultation do not represent a vote on, or a veto over, any form of change.

The outcome of this consultation will be reported to the NHS Cumbria Clinical Commissioning Group's Governing Body, the West, North and East Cumbria Success Regime and to other local NHS Trust boards. The Clinical Commissioning Group will consider the outcome of the

consultation – in partnership with the Success Regime, the local NHS Trusts and other partner organisations – before taking any decisions.

## Who is conducting this consultation?

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The West, North and East Cumbria Success Regime which was established by the NHS in autumn 2015 to tackle the long-standing and deep-rooted problems we face here in recruitment, finance and service quality. There are only three Success Regimes in England, the others are in Essex and Devon. Over the past year the Success Regime has been working with local NHS organisations, local clinicians and national experts to develop the proposals in this consultation document.

The Success Regime is made up of local partner organisations, including NHS Cumbria Clinical Commissioning Group, Cumbria Partnership NHS Foundation

Trust which delivers a range of community services and mental health services, North Cumbria University Hospitals NHS Trust which delivers the services at West Cumberland Hospital and Cumberland Infirmary Carlisle and North West Ambulance Service NHS Trust which delivers paramedic emergency services, patient transport, and 111 services.

NHS Cumbria Clinical Commissioning Group is part of the Success Regime and has the legal responsibility for undertaking this consultation. The Clinical Commissioning Group is made up of 74 General Practices across Cumbria and holds the budgets to pay for the majority of NHS care provided for their patients. NHS Clinical Commissioning Groups hold the legal duty to involve local people and other partners in the decisions they make when a major service change is proposed.

In December 2015, the NHS asked every health and care system in England to produce a Sustainability and Transformation Plan, showing how local services will evolve to deliver better patient care and improved NHS efficiencies. The options for change detailed in this consultation document are in line with this sustainability and transformation planning for West, North and East Cumbria.

Changes to the health and social care system are required to ensure that the people of Cumbria receive the care they need, and that the health system does not exceed its allocated budget. This consultation details the challenges specifically faced by health services. Cumbria County Council has already consulted on the commissioning priorities for social care and on the way it needs to reshape social care and public health services.

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## Why should you read this consultation document?

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If you live in West, North or East Cumbria it is important that you read this consultation document. It sets out options for change which may affect you.

The NHS in West, North and East Cumbria believes there can and will be a bright and vibrant future for services delivered in this area. In order to ensure this, we need health and social care services that work together more effectively, we need to live within our budget and we need to develop safe, quality services which attract the necessary staff. We also need to make some changes to the way services are delivered now. If we fail to make these changes we will not be able to maintain or continue to deliver decent services into the future. This is what we mean when we say our health and care services need to be “sustainable”.

The contents of this document may have particular impact for women who use maternity services, for the parents of children who may need health care, for those who use inpatient services in community hospitals and for people who live in West Cumbria. We will be consulting all of these groups and many others because the options for change described in this document will be of particular interest to them.

You can read more about our wider strategy for health and care in West, North and East Cumbria in the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)). These documents include the Pre Consultation Business Case and briefing notes on such issues as maternity and urgent gynaecology, children's services, community hospital inpatient beds, emergency and acute care, hyper-acute stroke services, emergency surgery and trauma services, finance and workforce issues.



However, this document concerns some specific options for change that are designed to ensure that key services are made sustainable into the future as we implement our wider plan for a healthier, better integrated and high performing future.

In this consultation document the NHS is open and transparent about its preferred options but any decision about service change will take account of the outcome of this consultation.

On page 76 we explain how the health organisations in West, North and East Cumbria will make decisions once this consultation has been completed and we explain how you can have your say.

Please take the time to read this consultation document and let us know what you think. Your views are important in helping us to decide how we should develop health and social care for the future.

## Introduction

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The NHS in West, North and East Cumbria is facing some challenges.

- Overall the health of our local population is not as good as in other parts of the country.
- Locally the NHS finds it very difficult to attract the doctors, nurses, paramedics and other staff that are needed to deliver services.
- Some people are admitted to hospital, or stay too long in hospital, when they should have received care at home or in the community.

- The NHS in this area has significantly overspent its budget over a number of years.

- The Care Quality Commission, which inspects and regulates health and social care services, has declared some of our services to be either inadequate or in need of improvement.

These are significant challenges but we believe we can tackle them. We can do more to help people keep fit, healthy and out of hospital. We can ensure health and social care services work together more closely, we can encourage people to take better care of themselves and to look after their own health and we can change the way in which we deliver some services.



Building on the development of ideas that has taken place over many years and engagement with local communities such as the “Closer to Home” consultation of 2007/8, we have a new vision – developed and agreed by all the local health and care bodies – that we believe will help us attract the right staff and enable us to deliver services that are tailor-made for communities in West, North and East Cumbria. Our vision is to create a centre of excellence for integrated health and social care provision in rural, remote and dispersed communities.

**“A centre of excellence for integrated health and social care provision in rural, remote and dispersed communities”**

To turn this vision into reality we need to embrace change. Our services need to change, our staff need to change and we need to help the public understand

the need for change too. If we continue to run the NHS just as we did 10, 20 or 30 years ago we will fail to achieve the improved patient results that are now possible.

The options outlined in this consultation document are only the beginning of the change process that the health and social care system needs to embrace. We are now in a period of constant and rapid evolution. The NHS cannot stand still. New ways of working, new treatments and new technologies all offer the potential for significant improvements in healthcare and there will inevitably be further challenges and more change in the future.

At the end of this consultation we will reflect on what we have heard and then take some decisions. Our intention is that these decisions will lead to higher quality services and better results for our patients, attractive jobs for our staff and value-for-money.

We need your help to make some decisions about the most immediate service changes that are necessary but we also need everyone – patients, public, community leaders, health and care staff – to come with us on the journey that takes us to our vision. We see a future in which fewer people need to go into hospital or, if they do, to remain in hospital for a much shorter

period. We need people to take greater responsibility for their own health and to use the services and technologies that will ease the pressure on our hospitals. We need our health and care staff to find creative ways of making our services more efficient and effective. We would like you to be part of this journey.





## The national case for change

Across the country our health and care needs are changing fast. People in England are living longer, but not always healthier, lives. There are more patients with long term health conditions like diabetes or high blood pressure and they rely heavily on health and care services.

The NHS Five Year Forward View sets out the challenges for the NHS over the next five years. It says that to secure the future of health and care we need to make far-reaching changes and ensure systems work together more effectively. Our changing needs combined with growing financial pressures have led to some serious challenges which the Five Year Forward View sets out. They include:

- The desire for people to become more involved in their own care.

- The need for hospitals to work more closely with GPs and for the NHS to work more closely with social care.
- The need for better access to advances in treatments and technologies to predict, diagnose and treat disease.

In the foreseeable future the NHS will not see a return to the 6-7% real annual increases in budget that it saw in the early 2000s. If we make no further efficiency savings in the coming years, the Five Year Forward View argues, the increasing demand for healthcare would lead to a financial shortfall of £30bn a year by 2020/21.

A failure to act at this stage would lead to three widening gaps:

- The health and wellbeing gap will increase without better use of preventive medicine. This would lead to a fall in life expectancy, widening health inequalities and an overspend on avoidable illnesses.

- The care and quality gap will widen unless we change how we deliver care, exploit new technologies and reduce the variations in quality and safety of care. This would lead to unmet need, harm to patients and significant differences in the care that people receive.
- The funding and efficiency gap will increase if we do not make wide-reaching changes to make our systems more efficient. This would result in poorer services, smaller numbers of staff, increasing deficits and new treatments being restricted.

The Five Year Forward View proposes action on four fronts:

- Tackle the root causes of ill health. We need better health prevention and we need action on obesity, alcohol abuse and other major health risks.
- Meet the needs of a population which lives longer, with closer working relationships between health and care providers.

- Develop new ways of delivering care and a more flexible workforce.
- Involve patients more with extra support for carers and third sector workers.

In preparing for the future, the NHS must plan at local level to use the resources we have effectively and efficiently. The Five Year Forward View invites health and care communities across England to respond by developing their own ideas. The ideas described in this consultation document are part of that process.

## The case for change in West, North and East Cumbria

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The challenges faced by the NHS across England are the same as those we find in West, North and East Cumbria along with some additional, specific, local challenges. These challenges – and their solutions – are linked and interconnected. For example, changes in children's services will have an impact upon maternity services and the development of services in the community will have an impact on the number of hospital beds we need.

### Quality of local services

Patient experience data suggests that local people value their local services. However, as the Care Quality Commission has noted, the way we currently run some of our services makes it difficult to comply with some aspects of national guidance and we are not always meeting basic standards such as the national four-hour waiting time A&E target, the

Referral to Treatment standard and the 62-day cancer waiting times target.

The national four-hour waiting time A&E target is that 95% of people should be seen within four hours. The North Cumbria University Hospitals NHS Trust recent full year figures for this target were 94% (2012/13), 94% (2013/14), 90% (2014/15) and 87% (2015/16).

The national Referral to Treatment standard is that 92% of all patients who need to be seen in hospital should be seen within 18 weeks. The North Cumbria University Hospitals NHS Trust recent figures for this target were 89% (2014/15), 90% (2015/16) and 88% (for the early part of 2016/17).

## Health inequalities

In West, North and East Cumbria there is a high rate of almost all diseases compared to the national average and other similar areas. Life expectancy within West, North and East Cumbria varies by almost 20 years between the areas where people live longest and those where life expectancy is shortest.

### Workforce

The difficulty we face in recruiting enough hospital consultants, junior doctors, GPs, nurses, paramedics and therapists who are willing to live and work in West, North and East Cumbria is a major reason why we are proposing some of the changes detailed in this consultation document. We face staff shortages in primary care, community care and in hospital care too. This means we need to use locums and agency staff which is very expensive and leads to a loss of continuity of care.

We have made some progress in recruiting staff – there are now 12 GP trainees in West, North and East Cumbria, where last year there were none – but the challenge remains substantial. The latest vacancy rate for consultants at North Cumbria University Hospitals NHS Trust (September 2016) continues to be above 20% and of all the medical staff working at Cumbria Partnership NHS Foundation Trust in August 2016 almost 24% were either agency staff or NHS locums.

### Finance

Local NHS organisations are currently spending well beyond their means. In the financial year 2015/16 they had a combined overspend of around £70m. This is projected to rise to £163m a year by 2020 if we do nothing. We are, in effect, spending money we don't have. In order to address this the local health community will need to make efficiency savings of around 6.5% a year over the next five years. This compares with an average national efficiency saving requirement of around 3-4%.



By 2020 we anticipate we will be able to make efficiency savings of £85m a year through things like reduced agency staff costs, more collaborative working with other health providers and more effective purchasing arrangements. We also anticipate we can save £42m a year by 2020 with new ways of working. This includes providing more services in the community, more cost effectively, to help relieve the pressure on our local hospitals. By 2020 the direct savings from the preferred option service changes discussed in this consultation document would be approximately £2.1m a year. It is clear, therefore, that the potential service changes discussed in this consultation document are not primarily motivated by financial considerations.

This still leaves a potential financial gap of over £30m a year. We anticipate that in part this gap will be bridged with additional funding, but there may need to be further service changes if we are unable to close this financial gap completely.

There is more information on this in the Pre Consultation Business Case available on the consultation website.

### Changing population

By 2020 the total working age population of West, North and East Cumbria may fall and almost a quarter of all the people who live in West, North and East Cumbria are likely to be over 65 years old. The health and care needs of this group will grow rapidly over the coming years leading to higher demand for health services and increasing pressure on social care providers and there are planned developments in West Cumbria which could mean an influx of working age people if they go ahead.

### Local geography

These challenges are made all the more testing by the rural and remote nature of much of Cumbria. It is the second most sparsely populated county in England with a population that lives in smaller, dispersed communities. This makes it more expensive to deliver healthcare and means travel time and public transport are important issues for people as they consider their local health services.

Together these challenges represent a compelling case for change. They mean that too many of our services are not safe or sustainable into the future. We need to make the entire health and social care system sustainable, viable and affordable for many years to come.

To address these challenges we need to deliver more services within the community, protecting and enhancing primary care and strengthening services that are delivered at or near people's

homes, while also encouraging individuals to change their behaviour to prevent poor health, to reduce reliance on hospital services and to reduce overall demand.

Our ambition is not new. Over a number of years local health and care organisations have worked hard to improve care and services. While there has been some success, improvements to date have been limited. The scale of change required is substantial. This is a compelling case for change and we now need to act.

## Vision, ambition and progress

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The NHS in West, North and East Cumbria faces some big challenges but it also has some tremendous opportunities. We intend to lead a process that creates something special, a centre of excellence for the kind of care that people in rural, remote and dispersed communities really need. We also have a clear vision of a health service that is financially stable, that is vastly more efficient and that doesn't face quality problems or constant recruitment crises. Instead it should be a service with a reputation for facing difficult decisions, dealing with them and finding workable solutions.

We intend to become known as a place that changes for the better, with new ways of working and joined up services, a place that builds relationships with other parts of the NHS that can deliver high quality services for our local communities.

We have already begun the journey of improvement. Our GP practices are trying new ways of getting patients seen more quickly. We are making greater use of technology for electronic referrals and tele-consultations by phone or video link. Highly trained nurses are increasingly doing the things that junior doctors used to do. Occupational therapists working in the community, the hospitals and the social care system are now working together closely to deliver a more co-ordinated service. We are working with Newcastle Hospitals to develop the delivery of new cancer treatment services locally in Cumbria to ensure people in West, North and East Cumbria get the very best access to the most up-to-date treatment.

## Attracting the staff we need

We are also trying hard to improve the recruitment and retention of staff in areas where we face shortages.

A flexible reward package has helped attract some doctors to work in our hospitals and in the community. NHS organisations across West, North and East Cumbria are working together on international recruitment initiatives both for doctors and nurses. This year, for the first time, the British Medical Journal jobs fair will have joint representation from NHS organisations in Cumbria and support from Allerdale Council and others as part of a joint approach to attracting staff to Cumbria.

NHS organisations are also working together on a possible international nurse recruitment initiative. The North West Ambulance Service is considering international recruitment opportunities while remaining committed to the development of its existing staff and we have organised a Cumbria GP Recruitment Fair with a second such fair now being planned.

## Integrated Care Communities

We are making good progress in developing Integrated Care Communities designed to deliver joined up care involving the NHS, social care providers and the voluntary sector. We have organised West, North and East Cumbria into eight areas – based upon natural communities of between 20,000 and 70,000 people – to start working in an integrated way at a local level. These are our Integrated Care Communities.

Feedback from the public suggests people really value local primary care services and the relationship with their GP. They want to be cared for at home or as near to home as possible but they understand that for some services they will need to travel to get the best possible specialist care. People also tell us that they want care to be properly coordinated between health and social care, and between their GP and hospital specialists.



Integrated Care Communities are designed to address precisely these issues and to involve local people in designing new services which:

- Help more people lead healthy, active lives
- Enable more people to remain independent for longer
- Reduce the need to attend or stay in hospital
- Reduce the length of time people spend in hospital
- Predict needs and plan care to prevent problems before they arise
- Make greater use of technology and home adaptations
- Support carers in their role

Our Integrated Care Communities will have integrated budgets, enabling them to respond flexibly to local needs. They will form an extended primary health and care team each based upon a cluster of GP practices. By developing these Integrated Care Communities we will realise our ambition of being recognised for our expertise in delivering integrated health and care for people living in rural, remote and dispersed communities.

By transforming out-of-hospital care – and depending on the decisions to be taken once this consultation has concluded – we estimate that in addition to reducing the total number of inpatient beds in our community hospitals we will also be able



to reduce the total number of inpatient beds at Cumberland Infirmary Carlisle and West Cumberland Hospital from around 600 today to around 500 by 2020/21.

Integrated Care Communities will also have an important part to play in the delivery of outpatient mental health services. It is our intention that inpatient mental health services will be the subject of a separate public consultation but our Integrated Care Communities will be strongly committed to the concept of “parity of esteem”, which sees people’s mental health needs being just as important as their physical health needs.

## Hospital Services

As we develop integrated care communities, complementary changes need to happen in our hospitals. Treatments that have traditionally been provided in hospitals and hospital beds can now be delivered in the community, GP surgeries and patients’ homes.

There have been huge advances in medicine in recent years and these have brought significant benefits to many patients. Advances in surgery and anaesthetics mean that more operations can be done without patients requiring an overnight stay in hospital. These changes have been achieved because treatments are becoming more specialised with improved recovery and survival rates. We propose to develop the West Cumberland Hospital – with its high quality dedicated facilities – as a centre of excellence in this kind of planned diagnosis and treatment.

Furthermore when we bring specialists together, with the right facilities, evidence shows that fewer lives are lost and the results are better for patients. Specialist centres, seeing more cases, can deliver better care and better results. We have already seen this in West, North and East Cumbria following the centralisation of complex acute surgery and acute trauma at the Cumberland infirmary in Carlisle.

These trends in modern healthcare also mean that doctors are becoming increasingly specialised. Twenty years ago surgeons were trained to perform a range of operations on different parts of the body but today they usually specialise much earlier in their careers and become expert in fewer procedures.

To develop and maintain their skills, though, surgeons and their supporting teams need to see more patients who need the same operation or procedure. This is why the Royal College of Surgeons recommends that a single hospital site undertaking emergency or complex surgery should be serving a population of at least 300,000 people.

As doctors become increasingly specialised, with greater expertise in specific areas, patients get better results but this means we cannot provide every specialty to the highest standard at every hospital.

In addition junior doctors are working fewer hours which means we need more junior doctors than we used to. Currently we are using large numbers of locums to make up the shortfall and provide the cover we need in areas such as children's care. This is not only expensive, it also fails to provide the vital continuity of care that patients need.

The combined impact of these workforce and specialism challenges means we need to concentrate some services if we are to have safe, high quality care. To meet these challenges our two hospitals in Whitehaven and Carlisle will need to work much more closely together as a single team.

Our plan is to create an integrated set of hospital services with the West Cumberland hospital providing a range of local acute services and developing as a centre of excellence for planned, diagnostic and outpatient care and being supported by the Cumberland Infirmary in Carlisle

where we are likely to increasingly provide more complex and acute care alongside a modern new centre for cancer care.

By reducing the current variation in outcomes across West, North and East Cumbria, by having clinical teams located together and by giving clinicians greater control over patient pathways we would be able to give local people swifter access to specialist doctors and treatments, shorter waiting times, fewer cancelled operations and we would help ensure patients spent the minimum amount of time in hospital with lower risk of infections.

Our overall strategy is designed to bring more care closer to home and the changes detailed in this consultation document would ensure that in most cases more people from West Cumbria receive treatment in their local hospital at Whitehaven than do now.

We believe this model of hospital care will ensure we are able to

provide safe, high quality care for the long term. We will need to organise our emergency medical services, our surgical services and our women and children's services differently. If we do this we will save more lives, improve the clinical outcomes that patients get from their treatment, provide a first class experience of care and we will keep as many health services local as possible.

### Developing new partnerships

NHS England is making good progress with The Newcastle upon Tyne Hospitals NHS Foundation Trust as the proposed lead provider of specialised oncology, radiotherapy and chemotherapy services into West, North and East Cumbria.

Cumbria Health Scrutiny Committee is sighted on these proposals and has confirmed that provided radiotherapy continues to be delivered from Carlisle as, at present, there is no requirement for public consultation.



The return to a more effective professional connection with Newcastle as the specialised tertiary cancer centre is a much welcomed refresh in relationships with the North East, and will ensure that residents of West, North and East Cumbria will receive the very best access to the most up to date modern technologies and expertise.

This will not only enhance service provision by facilitating the opportunity to develop and maintain the necessary range of skills at the specialised end of the spectrum, but should also serve to bring about a greater confidence as to the challenge of recruitment and retention of staff.

The Newcastle upon Tyne Hospitals NHS Foundation Trust, in partnership with NHS England commissioners, has developed a clear plan to support the delivery of oncology, radiotherapy and chemotherapy in West, North and East Cumbria which to effectively introduce and sustain is subject to the provision of an essential

quantum of capital funding coupled with the necessary recurrent revenues to reflect actual needs.

### Implementing new service design

All of the clinical innovations proposed in this document flow from local invention, from going out and seeing what others are doing elsewhere in the UK, from the published evidence of the best way to do things and from national policy. Keeping at the forefront of how services could and should be developed is part of our strategy to attract staff to come and work here in Cumbria.

The health service faces constant change. Sometimes there are new threats, like antibiotic resistant bugs, sometimes there are big opportunities, like new treatments or new ways of providing treatment. Threats and opportunities all involve change and at the same time we are required to find ways of meeting ever increasing demand within constrained resources.

We are determined to rise to these challenges and that's where our vision comes in. It emerges from a period of development that has involved clinical staff, health service leaders, national and local experts, patients, the public and many other key stakeholders. It's a vision for the future and we are confident it will work.

## Themes emerging from discussions to date

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The engagement activities that preceded this consultation began in September 2015 and built on discussions and views captured in a number of previous health development programmes in West, North and East Cumbria.

The programme included opportunities for the public, patients, staff and others to be involved in the development of new ideas and to feedback their own views. The engagement programme was also informed by work undertaken by other organisations notably the Maternity Matters engagement project which was led by Healthwatch Cumbria in partnership with Maternity Services Liaison Committees around Cumbria.

The engagement programme involved:

- 142 public or stakeholder meetings

- 31 staff engagement meetings
- 763 written engagement responses
- 86 locations in which engagement activity took place
- And the Maternity Matters engagement programme held 70 engagement sessions and received 1,234 responses

The key themes that emerged from this programme of engagement included:

- Recruitment and retention is a major local concern. Some people believe more could and should be done to address the recruitment challenge but others believe that a clear vision with a bright future for services in Cumbria will help attract and retain staff.
- A fully functioning hospital at Whitehaven, with A&E, maternity and paediatric services protected, is a key objective of the local community in West Cumbria.

- While some people understand the difficulties associated with recruiting, retaining and rostering staff in community hospitals, there was significant opposition to the idea of removing inpatient beds from community hospitals.
- Respondents generally agreed that better integration of hospital, community and social services is essential to improve healthcare in Cumbria.
- There was widespread support for the increased use of tele-medicine in delivering efficient and effective patient care.
- The rurality and geography of West, North and East Cumbria – and its poor transport links – was a central concern among many of the engagement responses.



## How we developed our strategy and explored different options for change

Over the past year the health and social care organisations in West, North and East Cumbria have created a number of work groups, led by doctors and nurses, to look in detail at specific areas of health and care. The aim was to find ways of providing the best, most efficient and sustainable services which address the challenges faced by the local health and care community and which deliver the best possible care for patients.

A set of initial ideas was developed by these clinician-led groups, informed by independent, expert, clinical advice and by engagement with patients, the local community, staff and many others. In developing options for change we paid close attention to the Care Quality Commission's report on acute services and the views of our own clinicians. We also received support from senior, external

clinicians at the NHS Northern England Clinical Senate. The clinical senate is a non-statutory body which exists to provide independent clinical advice to health commissioners.

A two-stage process saw the evaluation of ideas into a 'long list' of possible options which were initially tested for their:

- Ability to comply with essential national standards for quality and safety
- Ability to be operationally delivered
- Contribution to reducing the financial overspend

Through this first stage of testing, the health community ruled out some options and created a shorter list of options to be tested in a second stage. This second stage examined each option for four criteria:

- Impact on the health and wellbeing gap
- Impact on the care and quality gap

- Impact on the funding and efficiency gap
- Ease of delivery

We paid particular attention to the needs of people living in rural areas and those with 'protected characteristics' who require special consideration. This included consideration of the fact that in West Cumbria deprivation is higher than the England average and that the population of West Cumbria is ageing rapidly.

We particularly noted that bringing services together can provide better care but patient access also has to be considered. We also noted that people living in deprived areas will generally experience poorer health and that changes to health and care services can impact on the health and wellbeing not just of patients but on carers and family members too.

We also considered the possible impact of each option on patient safety, patient outcomes and patient experience including access to services. In considering ease of delivery, we looked at how changes would affect staff and at how different services, such as maternity services and children's services, are interlocked and co-dependent. Working with stakeholders, patients, service users and representatives of the local community we looked at the short list of options for each service, using the processes described in this section. The results of this were tested at a stakeholder workshop held on 5 May 2016.

## What we are consulting on

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In the introduction to this document we describe some of the challenges the health system in West, North and East Cumbria faces and we explain some of the ways in which we propose to address these challenges.

Some of our proposals involve substantial developments or variations in the provision of services and therefore public consultation is both helpful and necessary.

These services are:

- Maternity services (including urgent gynaecology)
- Children's services
- Community hospital inpatient beds
- Emergency and acute care
- Hyper-acute stroke services
- Emergency surgery and trauma services

In the pages that follow we described how each of these services is currently organised, the case for change, the potential options for change and our preferred option. We also indicate whether we have considered and rejected other options and, if so, why we rejected them.

You can find more detailed information about each of these services, the case for change, the potential impact of different options and how we assessed the options for change by reviewing documents, such as the Pre Consultation Business Case, which can be found on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)).

Some of the service changes we are consulting on are dependent upon the decisions about other service changes. For example, the decision about changes to maternity services is closely related to the decision about changes to children's services. Some changes can, therefore, be considered in isolation but others will need to be considered as a package.

## Maternity services

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### HOW MATERNITY SERVICES ARE ORGANISED NOW

Currently there is a consultant-led maternity unit at both the Cumberland Infirmary Carlisle and West Cumberland Hospital in Whitehaven. Both sites have a special care baby unit and both deliver antenatal and postnatal care. A midwife-led maternity unit is being developed alongside the consultant-led units in both Whitehaven and Carlisle. There is also a birthing unit at Penrith Community Hospital and a small number of women choose to give birth at home. Women and babies requiring specialist care are referred to or transferred to specialist centres such as the one at Newcastle.

Consultants in obstetrics and gynaecology also provide an emergency gynaecology service both at Cumberland Infirmary Carlisle and West Cumberland Hospital. Approximately 200 emergency gynaecology patients

are seen at West Cumberland Hospital each year.

### THE CASE FOR CHANGE

Between 1 April 2015 and 31 March 2016 there were 1,791 births at the Cumberland Infirmary Carlisle and 1,234 at the West Cumberland Hospital in Whitehaven. This meant these were two of the smallest seven consultant-led maternity units in England.

Maternity services are reliant upon a wide range of other specialisms and closely interconnected with children's services. The availability of obstetricians (maternity doctors), midwives, anaesthetists, paediatricians (children's doctors) and other specialists is making it increasingly difficult, across the country, to provide 24-hour consultant-led maternity care in small district general hospitals with low numbers of births. Many hospitals are now struggling to recruit key staff. The number of available obstetricians is likely to fall further in the coming



years and there is a national shortage of paediatricians with one in four senior trainee general paediatric posts vacant. Currently, across the country, over half of paediatric units are not meeting recommended staffing levels.

In addition we face a growing challenge to maintain the quality of maternity services. While the quality of the service for mothers and babies at West Cumberland Hospital and Cumberland Infirmary Carlisle is currently good, it is becoming increasingly difficult to maintain standards in small consultant-led maternity units, especially if we are not able to recruit the necessary staff.

A number of organisations have set standards for maternity care including the National Institute For Health and Care Excellence (Safe Midwifery Staffing for Maternity Settings), the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Anaesthetists and Royal College of Paediatrics and Child Health

(Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour) and the Obstetric Anaesthetist Association/ Association of Anaesthetists Great Britain (Guidelines for Obstetric Anaesthesia Services).

## OPTIONS

In 2014 we asked the Royal College of Obstetricians and Gynaecologists to look at the issues we were facing in maternity services and to provide expert advice. Its report said that the preferred option should be to continue with two consultant-led units – one at the Cumberland Infirmary Carlisle and one at the West Cumberland Hospital in Whitehaven – with each one having an alongside midwife-led maternity unit. Alongside midwife-led maternity units are located close to consultant-led maternity units and are sometimes referred to as co-located units.

However, the report also said: “the delivery of this option will succeed only if the staffing and quality issues are met.” The report noted how difficult this would be and recommended that we should explore other options at the same time and be prepared to move on to one of these if the Royal College of Obstetricians and Gynaecologists’ preferred option proved impossible to deliver within a reasonable timeframe.

Following publication of the report, we worked for over a year to explore how we could deliver and sustain consultant led units and other options. We have continued to meet with women who use the maternity service, local clinicians and regional and national experts. We have looked at maternity units that operate differently around the UK, and we have paid close attention to the National Maternity Review published earlier this year.

We would now like to hear your views on the following options.

## Maternity Option 1

Option 1 involves the provision of a consultant-led maternity unit at both Cumberland Infirmary Carlisle and at West Cumberland Hospital, an alongside midwife-led maternity unit at both sites, a full range of antenatal and postnatal care at both sites and the continued option of giving birth at the Penrith Birthing Unit or at home. There would be a special care baby unit at both Cumberland Infirmary Carlisle and West Cumberland Hospital but the reduced availability of paediatric expertise at West Cumberland Hospital (see option 1 in children’s services) would mean that some higher risk births would take place in Carlisle.

## What impact would option 1 have?

- This option would enable women to give birth in a consultant-led maternity unit in Whitehaven but it would make the achievement of clinical standards more difficult.

- This option may not be deliverable in the medium to long term because the recruitment of specialist consultants – and other grades of doctors – will continue to be difficult. This is particularly true for paediatricians. There is currently only one permanently employed paediatrician at the West Cumberland Hospital in Whitehaven.
- It would mean that approximately 100-200 births which would otherwise have taken place at West Cumberland Hospital would need to take place at Carlisle if the baby was likely to need full special care baby unit support.
- As related services would continue to rely on locum doctors there would be a continuing risk of closures at short notice due to lack of staff. This would be a particular risk at West Cumberland Hospital.

## Maternity Option 2

Option 2 involves the provision of a consultant-led maternity unit, an alongside midwife-led maternity unit and a special care baby unit at Cumberland Infirmary Carlisle along with a full range of antenatal and postnatal care. At West Cumberland Hospital in Whitehaven it would involve a standalone midwife-led maternity unit for low risk births, open 24 hours a day 365 days a year, with antenatal and postnatal care delivered by both consultants and midwives and with consultants on site between 8am and 8pm.

The consultants would not provide intrapartum care (care during labour). It may be possible to offer low risk, planned caesarean sections at West Cumberland Hospital, once the midwife-led unit was fully established. Option 2 would also involve the provision of a dedicated ambulance, based at Whitehaven, to transfer

any women who experience complications during labour or who need further pain relief, to the consultant-led unit at Carlisle. We anticipate that between 300 and 400 women a year would use the stand alone midwife-led maternity unit at West Cumberland Hospital once it was fully developed. As with option 1 women would continue to have the choice of giving birth at the Penrith Birthing Unit or at home.

## What impact would option 2 have?

- This option would be more likely than option 1 to meet modern clinical care standards and may lead to improved outcomes.
- It would also be more deliverable and would carry a lower risk of maternity unit closures at short notice due to lack of staff.
- However, some women would have to travel further to give birth and there would need to be a robust, dedicated ambulance transfer system. We estimate that women travelling from West Cumbria postcodes to Carlisle to give birth would have an average additional journey time of between 45 and 48 minutes.
- We would also need to resolve transport issues such as ambulances for women who would give birth at Carlisle.
- In addition up to 80 women a year who need emergency gynaecology services in West Cumberland may need to be transferred to Cumberland Infirmary Carlisle.
- This option would also involve the undertaking of risk assessments to ensure that women were able to give birth in the most appropriate place.
- There would also need to be careful planning in order that the Cumberland Infirmary Carlisle was prepared to deal with a higher number of births.



### Maternity Option 3

Option 3 involves the provision of a consultant-led maternity unit at Cumberland Infirmary Carlisle along with a special care baby unit, an alongside midwife-led maternity unit and a full range of antenatal and postnatal care. There would be no births at West Cumberland Hospital in Whitehaven but consultants and midwives would give antenatal and postnatal care at West Cumberland Hospital. As with option 1 women would continue to have the choice of giving birth at the Penrith Birthing Unit or at home.

### What impact would option 3 have?

- This option would be most likely to meet modern clinical care standards and may lead to improved outcomes.
- This option is also more deliverable and would involve the lowest risk of maternity unit closures at short notice due to lack of staff.
- More women would have to travel further to give birth. We estimate that women travelling from West Cumbria postcodes to Carlisle to give birth will have an average additional journey time of between 45 and 48 minutes.
- We would also need to resolve transport issues such as ambulances for women who would give birth at Carlisle.
- In addition the majority of the 200 women a year in West Cumberland who need emergency gynaecology services would need to be transferred to Cumberland Infirmary Carlisle.
- In addition there would need to be careful planning in order that the Cumberland Infirmary Carlisle was prepared to deal with a higher number of births.
- This option would be the most deliverable in the medium term as it would involve the greatest consolidation of clinical staff.

### PREFERRED OPTION

This is going to be a very difficult decision and we want to hear views through the consultation process about how to improve the options described above. We would also like to hear any alternative options. There are a range of professional views about the best way forward but our consistent expert advice is that that option 1 will be difficult to sustain in the long term and although option 3 may be more straightforward it would mean there would be less choice for women in the West. Maternity Option 2 is therefore our preferred option.

### OTHER OPTIONS WE BELIEVE ARE NOT POSSIBLE

We explored the option of providing a single consultant-led maternity unit at West Cumberland Hospital rather than at Cumberland Infirmary Carlisle but concluded that this was not viable. More women currently give birth in Carlisle, which is

also closer to specialist services in Newcastle for women and babies who need to be transferred there. Carlisle also has the critical mass of related staff such as anaesthetists, surgeons and paediatricians.

We also explored the possibility of a standalone midwife-led maternity unit at a new site. This would mean building a new unit away from West Cumberland Hospital and the Cumberland Infirmary Carlisle, for example in Workington or Cockermouth. We concluded that this was not a viable option as it would further stretch the midwifery workforce, it would require considerable capital investment in a new building, and the unit would be located away from the other clinical services needed to deliver safe maternity care.

SUMMARY OF THE OPTIONS

The table below shows the estimated number of births that could take place at each hospital under each of the options.

	Cumberland Infirmary	West Cumberland Hospital	Penrith Birthing Unit	Home Births
Option 1	1,900 – 2,000	1,000 – 1,100	20 – 40	20 – 40
Option 2	2,600 – 2,700	300 – 400*	20 – 40	20 – 40
Option 3	3,000	0	20 – 40	20 – 40

\* This is an estimated figure for the number of women who would choose to give birth in a standalone midwife-led maternity unit. This number does not include low-risk elective caesarean sections. Caesarean sections could increase the number of births at West Cumberland Hospital by a further 100 each year.

The table below summarises which types of services will be delivered at Cumberland Infirmary Carlisle and West Cumberland Hospital under each of the options described above. The Penrith Birthing Unit is unchanged in all options.

	Option 1		Option 2		Option 3	
	CIC	WCH	CIC	WCH	CIC	WCH
Consultant-led unit	✓	✓	✓	✗	✓	✗
Alongside midwife-led unit	✓	✓	✓	✗	✓	✗
Standalone midwife-led unit	✗	✗	✗	✓	✗	✗
Antenatal and postnatal care	✓	✓	✓	✓	✓	✓
Special care baby unit	✓	✓	✓	✗	✓	✗

You can find out more about the options for maternity services in West, North and East Cumbria by looking at the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)). In particular the Pre Consultation Business Case contains a lot of information about maternity services.



## Children's services

### HOW CHILDREN'S HEALTH SERVICES ARE ORGANISED NOW

Currently there is a children's inpatient unit at both the Cumberland Infirmary Carlisle and the West Cumberland Hospital in Whitehaven. Both sites have a paediatric (children's) short stay assessment unit and both offer children's outpatient services. Children who need specialist inpatient services are treated in specialist centres such as the Great North Children's Hospital in Newcastle. Cumbria Partnership NHS Foundation Trust provides children's community services.

### CASE FOR CHANGE

Newly qualified paediatricians often find it most attractive to work in large specialist units or in a specific area of children's medicine. In West, North and East Cumbria we cannot offer either of these benefits and, therefore, we find it hard to

attract paediatric consultants into permanent employment. This means we rely heavily on locums which can interrupt continuity of care, is expensive and means the children's service at both Whitehaven and Carlisle is sometimes at risk of temporary closure or reduction in service due to lack of staff. At West Cumberland Hospital just one in five of our consultant paediatrician posts is currently filled by a permanent member of staff.

In addition it is important to understand that children's services are reliant upon a wide range of other specialisms and the provision of consultant-led maternity services is fully dependent on paediatric services. Furthermore, the way in which we treat childhood illness has changed considerably in recent years.

Fewer children now have long stays in hospital but more children have short episodes of ill health. In response to this change the NHS has developed short stay paediatric assessment units. We currently have two such units in Carlisle and Whitehaven.

These units assess, monitor and treat or discharge children and young people more quickly. The success of these units depends upon close working between hospital and community services, good community nursing services, rapid access to paediatrician-led clinics and the support of GPs. It also depends on effective services to support children and young people with long term conditions.

National evidence suggests that up to 97% of children who come to hospital as an emergency can be safely cared for in a short stay paediatric assessment unit without the need to be admitted as an inpatient. Currently, the majority of children who come to Carlisle and Whitehaven do not need to be admitted as an inpatient.

Of the children who are admitted, 37% stay less than 12 hours and 83% stay for no more than a day. Developing and enhancing the short stay paediatric assessment units at Carlisle and Whitehaven – alongside enhanced community nursing services – would mean more children get the care they need without having to be admitted as an inpatient.

### OPTIONS FOR CHANGE

Given the case for change described above we want to hear your views on the following possible options for change.

## Children's Option 1

This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be a short stay paediatric assessment unit for children requiring short term observation and treatment. There would also be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.

### What impact would option 1 have?

- While there would be some overnight beds at West Cumberland Hospital for patients who were admitted during the day there would be no inpatient admissions during the night.
- It would mean that a small number of children who were acutely unwell and who needed inpatient treatment would need to be treated in Carlisle rather than in Whitehaven. This would have a travel impact for their families.
- Consolidating some inpatient paediatric services at Carlisle would help ease workforce pressures in the face of reduced availability of paediatric doctors and would reduce the risk of temporary closure or reduction in service due to the lack of staff.
- This would in turn improve safety and outcomes for patients.
- This option would have little impact on finances other than to reduce our reliance upon locums.
- There would need to be a robust, dedicated ambulance transfer service.
- We would also need to resolve transport issues such as ambulances for children who need to be admitted directly to Carlisle.

## Children's Option 2

This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven – as with option 1 – there would be a short stay paediatric assessment unit for children requiring short term observation and treatment but there would be no overnight beds at Whitehaven for children. Any child who needed inpatient admission would be admitted to Carlisle.

### What impact would option 2 have?

- It would mean that all children who needed inpatient treatment or overnight observation would be treated in Carlisle. This would have a travel impact on those who would previously have been admitted to Whitehaven.
- Consolidating all inpatient paediatric services at Carlisle would help ease workforce pressures in the face of reduced availability of paediatric doctors and would reduce the risk of temporary closure or reduction in service due to the lack of staff.
- This would in turn improve safety and outcomes for patients.
- This option would have a small and positive impact on operating costs and would reduce our reliance upon locums.
- There would need to be a robust, dedicated ambulance transfer service.
- We would also need to resolve transport issues such as ambulances for children who need to be admitted directly to Carlisle.



Children’s Option 3

This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be paediatric outpatient services only and no short stay paediatric assessment unit. All urgent care would be delivered at Cumberland Infirmary Carlisle.

What impact would option 3 have?

- It would mean that all children who needed short stay assessment, inpatient treatment or overnight observation would be treated in Carlisle. This would have a travel impact on those who would previously have been assessed or treated in Whitehaven.
- Consolidating all inpatient paediatric services – including short stay assessment – at Carlisle would help ease workforce pressures in the face of reduced availability of paediatric doctors and would reduce the risk of temporary closure or reduction in service due to the lack of staff.
- Overall this would improve safety and outcomes for patients but the lack of paediatric assessment services in Whitehaven would have a negative impact upon access to services for families living in West Cumbria.
- This option would reduce operating costs and would reduce our reliance upon locums but would require some capital investment.
- We would also need to resolve transport issues such as ambulances for children who need to be admitted directly to Carlisle.

PREFERRED OPTION

Our preferred option is Children’s Option 1. We believe this option is the best balance of offering sustainability in the medium term while keeping significant children’s services at both West Cumberland Hospital and Cumberland Infirmary Carlisle. Under this option, we would create some overnight beds at Whitehaven for children with less acute, low risk illnesses and would review them regularly to assess how much they were used along with their impact and effectiveness. This option would be dependent on the successful recruitment of doctors and the training and development of advanced paediatric nurse practitioners to comply with current standards.

OTHER OPTIONS THAT WE BELIEVE ARE NOT POSSIBLE

We also explored but rejected some other options for the future of children’s services in West, North and East Cumbria.

The option of keeping services as they are – two children’s inpatient units at both the Cumberland Infirmary Carlisle and the West Cumberland Hospital in Whitehaven – did not pass the short-listing criteria described elsewhere in this document as it failed to address the issues described in the “case for change” section above.

The option of consolidating inpatient services at the West Cumberland Hospital rather than at Cumberland Infirmary Carlisle was also explored but we did not consider this to be viable. This was because there are more children’s admissions at Carlisle (58% of the total Trust admissions compared with 42% in Whitehaven), because the Cumberland Infirmary Carlisle offers greater access to a wider range of related hospital services such as emergency surgery and because Carlisle is closer to specialist services in the North East.

SUMMARY OF THE OPTIONS

The table below summarises which types of services would be delivered at Cumberland Infirmary Carlisle and West Cumberland Hospital in each of the options described above.

	Option 1		Option 2		Option 3	
	CIC	WCH	CIC	WCH	CIC	WCH
Short Stay Paediatric Assessment Unit	✓	✓	✓	✓	✓	✗
Full inpatient service	✓	✗	✓	✗	✓	✗
Low risk inpatient service only	✗	✓	✗	✗	✗	✗

You can find out more about the options for children’s services in West, North and East Cumbria by looking at the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)). In particular the Pre Consultation Business Case contains a lot of information about children’s services.

Community hospital inpatient beds

HOW COMMUNITY HOSPITAL INPATIENT BEDS ARE ORGANISED NOW

We currently provide 133 community hospital inpatient beds spread across eight community hospitals and at an inpatient unit at West Cumberland Hospital in Whitehaven. The community hospitals are located in Alston, Brampton, Cockermouth, Keswick, Maryport, Penrith, Wigton and Workington.

The inpatient beds at these hospitals are for people who need medical, nursing, rehabilitation and end of life care but who do not need the services provided by an acute hospital. The number of inpatient beds at each site ranges from six to 28.

Of course, community hospitals have a much wider role than simply providing inpatient beds. They can offer outpatient care, treatment for minor injuries,

nurse assessment units etc. These wider services will continue to be important particularly as we develop Integrated Care Communities but this consultation is simply about community hospital inpatient beds.

THE CASE FOR CHANGE

It is not good for patients to spend more time in a hospital bed than is absolutely necessary. It makes them vulnerable to infections, falls, and a general deterioration in well-being. We know from our experience in Millom and Carlisle that it is possible to reduce the numbers of community hospital inpatients and support more people at home.

We also face a major challenge recruiting and retaining the necessary staff to support inpatients in our community hospitals. Nationally the vacancy rate for the staff we need is 9% but across our community hospital inpatient units the vacancy rate is 28% for nurses and 6% for health care assistants with



vacancy rates for qualified nursing staff rising to over 40% in some community hospitals. Part of the problem is that small, isolated units offer limited opportunities for training, limited exposure to clinical experience and lack support from colleagues within other professions.

In addition, rostering staff to support a small number of inpatients in a large number of isolated units is a significant challenge. When a small inpatient unit is staffed by just one nurse it is vulnerable to closure in the event of staff sickness. Furthermore, the small size of some of our inpatient units means it is difficult to meet clinical standards set down by the National Institute for Health and Care Excellence. The Institute's guidelines recommend one registered nurse for every eight inpatients and we believe we should have a minimum of two nurses working together in any inpatient unit overnight. We do not, therefore, think it is

feasible to have inpatient units that are less than 16 beds in size. Where beds are consolidated and managed as larger units they become more resilient in terms of staffing and clinical expertise, offering staff greater opportunity to develop and maintain skills, and offering patients a better service.

It is also important to recognise that the existing configuration of community hospital inpatient beds has developed historically and no longer entirely reflects the health needs of the local population.

The case for change with respect to community hospital inpatient beds is primarily a question of staffing and of achieving better outcomes. It is also worth noting, however, that some savings could be made by rearranging inpatient beds onto a smaller number of sites.

## OPTIONS

A recent review of community hospital inpatient capacity suggests that West, North and East Cumbria has a significantly higher number of community hospital inpatient beds than other areas in England. Based on a population of 330,000 the data indicates the need for 84 community hospital beds (excluding end of life care).

When end of life care is included we believe the total number of community inpatient beds we should plan for is 102. In the options described below this number has been increased to 104 to reflect the requirement for beds to be provided in multiples of eight based on guidelines for safer staffing.

It is important to note that none of the options for change described in this consultation document involve community hospital closures. The options only relate to community hospital inpatient beds.

None of the options described below have inpatient beds at Alston because of the fragile staffing position in that hospital and none of the options propose inpatient beds at Maryport or Wigton because the relatively old buildings at these locations require substantial capital investment. Discussions are continuing about the precise mix of services that would be provided from these hospitals.

We would now like to hear your views on the following options.

### Community Hospitals Inpatients Option 1

Option 1 involves no community hospital closures but proposes the consolidation of inpatient community hospitals beds onto six sites. In total there would be 104 inpatient beds at Whitehaven (Copeland Unit), Cockermouth, Workington, Penrith, Brampton and Keswick.

## What impact would option 1 have?

- This option would have a positive impact on quality and safety by providing robust and more sustainable staffing levels.
- Access to community inpatient beds would, however, be adversely affected in areas where community hospitals would no longer have inpatient beds.
- Community hospitals that no longer had inpatient beds (those at Alston, Maryport and Wigton) would have important roles within the new system of Integrated Care Communities.
- The financial impact of this option would be small but positive.

## Community Hospitals Inpatients Option 2

Option 2 involves no community hospital closures but proposes the consolidation of inpatient community hospitals beds onto five sites. In total there would be 104 inpatient beds at Whitehaven (Copeland Unit), Cockermouth, Penrith, Brampton and Keswick.

## What impact would option 2 have?

- This option would have a positive impact on quality and safety by providing robust and more sustainable staffing levels.
- Access to community inpatient beds would, however, be adversely affected in areas where community hospitals would no longer have inpatient beds.
- Community hospitals that no longer had inpatient beds (those at Alston, Maryport, Wigton and Workington) would have important roles within the new system of Integrated Care Communities.

- The financial impact of this option would be small but positive.

## Community Hospitals Inpatients Option 3

Option 3 involves no community hospital closures but proposes the consolidation of inpatient community hospitals beds onto five sites. In total there would be 104 inpatient beds at Whitehaven (Copeland Unit), Workington, Penrith, Brampton and Keswick.

## What impact would option 3 have?

- This option would have a positive impact on quality and safety by providing robust and more sustainable staffing levels.
- Access to community inpatient beds would, however, be adversely affected in areas where community hospitals would no longer have inpatient beds.

- Community hospitals that no longer had inpatient beds (those at Alston, Maryport, Wigton and Cockermouth) would have important roles within the new system of Integrated Care Communities.

- The financial impact of this option would be small but positive.

## Community Hospitals Inpatients Option 4

Option 4 involves no community hospital closures but proposes the consolidation of inpatient community hospitals beds onto three sites. In total there would be 104 inpatient beds at Whitehaven (Copeland Unit), Penrith and at a new site in the Carlisle area.

## What impact would option 4 have?

- This option would have a positive impact on quality and safety by providing robust and more sustainable staffing levels.



- Access to community inpatient beds would, however, be adversely affected in areas where community hospitals would no longer have inpatient beds.
- Community hospitals that no longer had inpatient beds (those at Alston, Maryport, Wigton, Brampton, Cockermouth, Keswick and Workington) would have important roles within the new system of Integrated Care Communities.
- The long term financial impact of this option would be greater than the other options but it would require significant capital

expenditure for a new unit in Carlisle and it could not be implemented quickly.

**PREFERRED OPTION**

Community Hospitals Option 1 is our preferred option. We believe it would be sustainable in the medium term and would offer better access to community inpatient beds than the other options. This option also makes the best use of our current buildings, ensuring the care we provide is delivered in environments that are suited to the needs and expectations of modern day health care.



**OTHER OPTIONS THAT WE BELIEVE ARE NOT POSSIBLE**

For the reasons described above we do not believe it is sustainable to retain 133 inpatient beds distributed across all nine sites and furthermore some of our community hospital buildings are older and therefore less able to deliver high quality inpatient care.

We have explored the possibility of configuring 104 inpatient beds across all nine sites but have concluded that this is not a sustainable option as it would mean a number of units operating below the minimum bed number of 16 required for safe and resilient staffing.

We have also explored the possibility of delivering all of our necessary community inpatient services through a hospital-at-home scheme or through local nursing home provision. This would involve the closure of all community inpatient beds in West, North and East Cumbria. In the long term, we aim to have our

new Integrated Care Communities providing as much care at home or within nursing homes as possible. However, it became clear during our pre-consultation engagement that there is significant public opposition to this option particularly if it were to be implemented before new community services were in place. It will clearly take time to create the capacity needed to provide more care at home or in nursing homes and for these reasons we rejected this option at the present time.

**SUMMARY OF THE OPTIONS**

The table below details the bed configuration at each site for each option. The first column show the number of community bed that are currently commissioned.

Site	Existing beds	Option 1	Option 2	Option 3	Option 4
Alston	6	0	0	0	0
Brampton	15	16	16	16	0
Carlisle (new build)	N/A	N/A	N/A	N/A	32
Cockermouth	11	16	16	0	0
Keswick	12	16	16	16	0
Maryport	13	0	0	0	0
Penrith	28	24	24	24	24
Whitehaven (Copeland Unit)	15 *	16	32	32	48
Wigton	19	0	0	0	0
Workington	14	16	0	16	0
<b>Total</b>	<b>133</b>	<b>104</b>	<b>104</b>	<b>104</b>	<b>104</b>

Note: \*This number does not include four beds provided on the specialist palliative care unit, Loweswater adjacent to the Copeland Unit in Whitehaven. These beds are not affected by this consultation.

You can find out more about the options for community hospital inpatient beds in West, North and East Cumbria by looking at the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)). In particular the Pre Consultation Business Case contains a lot of information about community hospitals.

Emergency and acute care

HOW EMERGENCY AND ACUTE CARE IS ORGANISED NOW

Both Cumberland Infirmary Carlisle and West Cumberland Hospital in Whitehaven provide services for patients who suddenly fall ill or who are in need of urgent care. Both hospitals run 24 hour A&E departments and acute assessment and in-patient beds. They both receive ‘blue light’ ambulances and GP admissions, and provide early rehabilitation. Historically the Cumberland Infirmary Carlisle has also had a number of more specialist services for both planned and emergency care. This is unusual for a hospital of its size but reflects the remoteness of Cumbria from centres such as Newcastle.

THE CASE FOR CHANGE

Acute services at Cumberland Infirmary Carlisle and West Cumberland Hospital face serious challenges for a number of

reasons. Providing care across two sites stretches available staffing and is expensive, particularly because it requires more doctors to run two sets of emergency rotas. Small teams and low volumes of activity on each site make roles less attractive and skills difficult to maintain. There are also difficulties providing the right sort of supervision and training for junior staff. The challenges are made more difficult by the fact that health regulation, professional standards and the expectations of the Royal Colleges are becoming more exacting.

There are workforce gaps on both sites in A&E and emergency medicine (40% staff vacancies in total) but these are most severe at West Cumberland Hospital.

Currently the middle tier of acute medicine doctors working overnight are ALL locums and just three of the 11 consultants slots are filled by permanent staff. The geographical location of West, North and East Cumbria is a challenge to recruitment



and retention, as is professional isolation. Health Education North East forecasts that the current recruitment issues are likely to continue into the future.

In 2015 the Care Quality Commission judged general medical services at West Cumberland Hospital to be inadequate. This was largely due to the workforce difficulties and the lack of a plan to address these.

The hospitals in West, North and East Cumbria are facing rising levels of activity. A&E attendances have risen almost 10% over the past four years and emergency admissions have risen 20%. In 2014/15, the number of A&E attendances resulting in admission was more than 43%, compared to a national average of under 25%.

The Trust has made significant progress in improving emergency care both in Carlisle and in Whitehaven. The introduction of assessment by a senior clinician very early after admission and the recruitment of a group of nurse

practitioners undertaking jobs previously done by junior doctors has helped but further change is needed if we are to maintain safe services.

## OPTIONS

Health and care organisations in West, North and East Cumbria all agree that we need to develop the two acute hospitals in Carlisle and Whitehaven in ways which comply with national standards for the best clinical care, seven days a week.

During the process of developing ideas for improved services at these hospitals, it was agreed that certain core services should remain on both sites, specifically:

- 24/7 urgent care services providing walk-in minor illness and minor injury services
- Elective surgical care
- Full outpatient services
- Comprehensive diagnostic services
- The necessary services to support inpatient and outpatient activity

In developing options for emergency and acute care we paid close attention to the Care Quality Commission's report on the acute Trust, as well as to the views of local people and the views of our own clinicians. A clinically-led group developed ideas for ways to sustain acute medical services in West Cumbria and were supported in this process by external senior clinicians from the NHS Northern England Clinical Senate.

We would now like to hear your views on the following options. Please note that in ALL options described below both Carlisle and Whitehaven would provide a range of urgent outpatient services to support the concept of Integrated Care Communities and to prevent unnecessary hospital admissions. They would also provide frailty assessment services.

## Emergency and Acute Option 1

Option 1 involves a 24/7 A&E at Cumberland Infirmary Carlisle along with acute medical inpatient services, including for the most complex cases. There would be assessment and inpatient beds for the frail elderly, as well as specialist rehabilitation. The number of intensive care beds currently on site would increase slightly, as would the number of emergency assessment unit beds.

There would also be a 24/7 A&E at West Cumberland Hospital along with acute medical inpatient services and rehabilitation. There would also be a small intensive care unit but some of the most seriously ill patients would be transferred to Carlisle if it was felt they would benefit from the extra support available there.



## What impact would option 1 have?

- This option would have a minimal impact on access to care because the vast majority of care would continue to be delivered locally.
  - It should also improve safety, quality outcomes and patient experience by ensuring care is delivered by well trained and well supported permanent staff working to best practice pathways.
  - This option would have a positive impact on operating costs in the longer term but it would also involve a small amount of additional development cost.
- Delivery of this option is dependent upon the creation of a new workforce model for West Cumberland Hospital that involves the development of other clinicians (such as nurses) to take on acute care roles previously only performed by doctors. The creation of this new type of acute medical workforce would be a first in this country, and other areas would be looking to learn from our experiences.

## Emergency and Acute Option 2

Option 2 involves a 24/7 A&E at Cumberland Infirmary Carlisle and acute medical inpatient services with extra capacity at night and for more complex cases. There would be assessment and inpatient beds for the frail elderly, as well as specialist rehabilitation. The number of inpatient beds and intensive care beds would increase, as would the number of emergency assessment unit beds.

At West Cumberland Hospital there would be a daytime only

A&E service and a 24/7 urgent care centre which would see patients overnight with less serious injuries and conditions. Selected patients would be admitted by emergency ambulance and through referral from their GP during the day. There would be no intensive care unit at Whitehaven but there would be support from specialist clinicians for any very sick patients in order to provide immediate care prior to transfer. There would be a number of assessment and inpatient beds including beds for the frail elderly who are medically stable and for rehabilitation.



What impact would option 2 have?

- This option would have a negative impact upon patients in West Cumbria who needed to access A&E services at night as they would need to travel to Carlisle.
- There is also a risk related to potential time delays and public confusion about the opening times and availability of different services.
- It should, however, improve safety and quality outcomes by ensuring care is delivered by well supported permanent staff working to best practice pathways.
- This option would have a more positive impact on operating costs than option 1 and no impact on capital requirements.
- This option would bring with it some moderate physical infrastructure and transport challenges, and would be reliant on improved patient flows at Cumberland Infirmary Carlisle.

Emergency and Acute Option 3

Option 3 involves a significantly expanded 24/7 A&E at Cumberland Infirmary Carlisle equipped to care for all West, North and East Cumbria patients brought in by emergency ambulance. It would also care for the majority of GP referrals. The number of emergency assessment unit, inpatient, and intensive care beds would increase to manage all acutely ill patients in this area. There would also be inpatient beds for the frail elderly, as well as specialist rehabilitation.

At West Cumberland Hospital there would be no A&E unit and no intensive care unit but there would be a 24/7 urgent care centre which would see patients with less serious injuries and conditions. The urgent care centre and outpatient services for those not requiring admission would be supported by specialist clinicians in the daytime but there would be no overnight care for acutely unwell patients. Medically stable frail

elderly patients could be admitted as inpatients, and there would also be assessment services for the frail elderly along with rehabilitation beds.

This option would also require more paramedics and ambulances.

What impact would option 3 have?

- This option would have a significant negative impact on access to acute care for patients and their families living in West Cumbria. We estimate approximately 50 people a day would need to travel to Carlisle for treatment.
- It could, however, improve safety and outcomes across West, North and East Cumbria by consolidating the available staff and other resources.
- This option would have a significant positive impact on operating costs and affordability but would require some capital investment.

- This option would bring significant physical infrastructure and transport challenges.

PREFERRED OPTION

Our preferred option is Emergency and Acute Option 1, which sees the health and care economy implementing new ways of working to maintain 24/7 emergency and acute medical services at both West Cumberland Hospital and Cumberland Infirmary Carlisle. This option assumes a radically new way for staff to work together to deliver A&E, acute medicine and intensive care services at West Cumberland Hospital. It involves Advanced Clinical Practitioners and Physician Associates undertaking many clinical roles traditionally performed by doctors. This model builds upon experience gained at Whitehaven where the roles of some junior doctors are currently and successfully provided by other clinicians.

This option would allow services to be maintained in the west of the county and would help address the recruitment challenge described elsewhere in this consultation document. This new way of working would be at the leading edge of workforce development in the NHS.

This option is ambitious and not without difficulties and it may be necessary to make temporary adjustments to patient numbers at West Cumberland Hospital to ensure they can be safely managed by the available workforce but we believe that with the right support from academic and educational partners this option is achievable.

OTHER OPTIONS THAT WE BELIEVE ARE NOT POSSIBLE

We have explored the possibility of maintaining full A&E services in both Carlisle and Whitehaven without developing new ways of working but we believe this option is unsustainable for reasons detailed above in the case for change. This option did not pass the assessment hurdle criteria described elsewhere in this consultation document.

SUMMARY OF THE OPTIONS

The table below summarises which types of services will be delivered at Cumberland Infirmary Carlisle (CIC) and West Cumberland Hospital (WCH) under each of the emergency and acute care options described above.

	Option 1		Option 2		Option 3	
	CIC	WCH	CIC	WCH	CIC	WCH
24/7 Accident and Emergency	✓	✓	✓	✗	✓	✗
Daytime Only Accident and Emergency	✗	✗	✗	✓	✗	✗
24/7 urgent care centre	✓	✓	✓	✓	✓	✓
Very complex medical services	✓	✗	✓	✗	✓	✗
Emergency care for less complex cases	✓	✓	✓	✓	✓	✗
Assessment and rehabilitation for frail elderly	✓	✓	✓	✓	✓	✓
Step-up beds for the frail elderly	✓	✓	✓	✓	✓	✓
Outpatient care	✓	✓	✓	✓	✓	✓



You can find out more about the options for emergency and acute care in West, North and East Cumbria by looking at the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)). In particular the Pre Consultation Business Case contains a lot of information about emergency and acute care.

Hyper-acute stroke services

HOW STROKE SERVICES ARE ORGANISED NOW

Currently patients with suspected stroke are assessed, treated for a blood clot if necessary, and admitted for acute care both at West Cumberland Hospital in Whitehaven and at Cumberland Infirmary Carlisle. Patients also receive early rehabilitation on both sites.

Patients in Carlisle can also receive early, intensive rehabilitation services that helps them to leave hospital more quickly and return to their own homes in order to maximise independence as quickly as possible after their stroke.

Outside of normal working hours CT scan images for patients with suspected stroke in both Whitehaven and Carlisle are

reviewed remotely as part of our ‘telestroke’ arrangements with other hospitals.

THE CASE FOR CHANGE

Despite great strides in improving stroke services in West, North and East Cumbria they are still not as good as they should be. The care of stroke inpatients in both Whitehaven and Carlisle is provided in clinical areas not dedicated to stroke, services operate for just five days a week and it has proved very difficult to recruit more stroke specialists to extend the available service.

By 2020/21 the challenge will be even greater than it is now. It is estimated that the number of local stroke cases will have increased from an annual figure of approximately 600 admissions to more than 700.

Stroke services are measured against a set of national quality standards. We are not currently meeting a number of the highest standards for stroke care because we cannot recruit enough stroke specialists, we do not have dedicated stroke facilities and we cannot provide a full service seven days a week on two sites.

Nationally, across the country, the NHS is centralising immediate acute stroke care in well-resourced, specialist hyper-acute stroke units. The disadvantage of an increase in journey time for patients who live some distance from their nearest hyper-acute stroke unit is generally offset by the concentration of specialist skills and other resources, giving better access to assessment, diagnostics, initial treatment and aftercare.

OPTIONS

The options described below seek to address the fact that in West, North and East Cumbria we currently have thinly spread

specialist stroke services duplicated across two sites and not operating seven days a week.

Hyper-Acute Stroke Option 1

Option 1 would largely maintain services as they are now but the service would be enhanced by ensuring improved, early supported discharge in both Carlisle and Whitehaven.

What impact would option 1 have?

- The current arrangements offer reasonable care for patients with stroke but not care which could be described as best practice and many elements only operate for part of the week.
- The service is currently reliant upon just two stroke consultants, one of whom is part-time. This makes the service highly vulnerable and it is highly unlikely that we would be able to replace either of



these consultants – let alone expand the stroke service – with the current model which is increasingly considered to be out of date.

**Hyper-Acute Stroke Option 2**

Option 2 would see all acute stroke cases managed in a single hyper-acute stroke unit based at Cumberland Infirmary Carlisle. Ambulances would take possible stroke patients direct

to Carlisle. Patients arriving at West Cumberland Hospital by other means would be transferred by ambulance to Carlisle. On leaving the hyper-acute stroke unit patients resident in West Cumbria would be transferred to acute stroke and rehabilitation facilities at West Cumberland Hospital if further hospital care was needed. As with option 1 this service would be complemented by ensuring improved, early supported discharge in both Carlisle and Whitehaven.



**What impact would option 2 have?**

- Stroke patients throughout West, North and East Cumbria would be expected to significantly benefit from the establishment of a hyper-acute stroke unit. This would be complemented by rehabilitative and supportive stroke unit services (including speech and language therapy, occupational therapy and physiotherapy) along with multi-disciplinary teams on both sites, early supported discharge, ongoing rehabilitation and other after-hospital care services in community settings and people’s homes.
- While a large number of people would benefit from this option there could be a very small number of people in West Cumbria – we estimate one or two a year – who would be affected by missing the time window for thrombolysis, but many more people in West Cumbria would gain from the existence of a hyper-acute stroke unit.

**PREFERRED OPTION**

An independent clinical review led by Professor Tony Rudd, National Clinical Director for Stroke, and involving members of the Northern England Strategic Clinical Network concluded that ‘hyper-acute stroke services should be centralised on one site’.

The key challenge for us is to create local stroke services that are sustainable in the future. This is far more likely to be achievable if we concentrate our resources for stroke assessment and treatment on one site rather than spreading them across two.

Clinicians and managers are acutely aware of the access issues this raises for patients who live a long way from Carlisle but after careful consideration we believe the Hyper-Acute Stroke Option 2 proposals provide the best possible care for patients in West North and East Cumbria with suspected stroke and that there will be a significant net gain for those living in all localities.



## OTHER OPTIONS THAT WE BELIEVE ARE NOT POSSIBLE

We considered a model in which patients in West Cumbria who needed rapid treatment for a blood clot might receive that treatment, called thrombolysis, at West Cumberland Hospital prior to transfer to Carlisle. Such a model would not however meet current national requirements of stroke best practice and could compromise patient safety.

Thrombolysis is itself a high risk treatment which carries a 1% death rate and a 3% risk of the patient experiencing a brain haemorrhage. Skilful patient management is therefore extremely important and it is essential to maintain the necessary medical and nursing skills for undertaking thrombolysis. This is easier to do within a hyper-acute stroke unit than elsewhere.

We also considered the development of a hyper-acute stroke unit in Whitehaven rather than in Carlisle. This was rejected chiefly because the additional services available at Cumberland Infirmary Carlisle could provide extra support where this was required for the sickest patients and Carlisle is closer to specialist services in the North East which some patients might need to access.

You can find out more about stroke services in West, North and East Cumbria by looking at the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)).

## Emergency surgery, trauma and orthopaedic services

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### HOW SERVICES ARE ORGANISED NOW

#### Trauma and Orthopaedics

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Currently West Cumberland Hospital provides inpatient, day case and outpatient services for planned orthopaedic surgery. Fracture clinics are provided five days a week by trauma consultants. Cumberland Infirmary Carlisle provides a similar service but with seven day a week fracture clinics. It also manages the higher risk cases for all of West, North and East Cumbria and it undertakes all emergency orthopaedic operations along with weekend emergency assessment.

The previously agreed centralisation of emergency complex trauma and orthopaedic surgery at the Cumberland Infirmary in Carlisle took place in June 2013.

The decision to cease minor trauma operations, emergency admissions and the on-call service at West Cumberland Hospital was made in early 2014 on safety grounds. Since June 2014 there have been no minor trauma operations, emergency admissions, or out of hours assessment service at West Cumberland Hospital. Out of hours advice to A&E staff at West Cumberland Hospital is now provided by the orthopaedic team based at Cumberland Infirmary Carlisle.

It is also important to note that more planned orthopaedic operations than ever before are now taking place at West Cumberland Hospital as surgeons work across both hospital sites to treat as many patients as possible locally.

Recently the NHS further increased the number of orthopaedic operations taking place in Whitehaven in order to fully utilise the state-of-the-art operating theatres in the new hospital which opened in October 2015.



## General Surgery

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Both West Cumberland Hospital and Cumberland Infirmary Carlisle provide planned inpatient, day case and outpatient services for patients with general surgery needs. However, all high risk cases are managed at the Cumberland Infirmary Carlisle. As with trauma services it was agreed to centralise high risk emergency general surgery at Cumberland Infirmary Carlisle and complex planned surgery was centralised at the same time.

## THE CASE FOR CHANGE

In the case of trauma and orthopaedics and general surgery we are considering the case for maintaining changes that have already been made, albeit temporarily. We are also considering some important potential further changes that will increase local emergency access for patients living in Copeland and Allerdale.

## Trauma and Orthopaedics

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When the majority of inpatient trauma services were moved to Cumberland Infirmary Carlisle it was intended to keep a smaller service at the Whitehaven site undertaking minor trauma procedures and with the ability to admit patients requiring non-surgical or very simple care. This was an attempt to ensure that patients in West Cumberland were treated as close to home as possible, to minimise travel for patients and relatives and to reduce the burden on the ambulance service.

However, review of these arrangements revealed problems with quality and safety so a decision was taken to cease minor trauma procedures and the admission of patients requiring non-surgical or very simple care. We have been monitoring the impact of this temporary decision. Since the decision has been made to change the trauma service, there is now far less need

to use locum doctors, and the service is less vulnerable and more sustainable.

In 2013, a number of significant quality concerns were apparent in the small trauma service at West Cumberland Hospital. These included a lack of consultants with specific trauma expertise, difficulties in properly supervising locums, overseeing fracture clinics and reviewing admitted patients.

The re-organisation undertaken on safety grounds has allowed greater consultant input into the fracture clinics at West Cumberland Hospital, direct senior advice during the day into A&E and more effective expert trauma management at night.

Since putting in place the new arrangements monitoring of the service has shown an improvement in patient outcomes. Deaths as a result of all trauma have decreased – even for those communities in West Cumbria living furthest from the Cumberland Infirmary Carlisle. Patient satisfaction levels have remained high.

The majority of trauma inpatients have hip fractures and we collect a lot of information about patients with hip fractures. As a result of the changes there have been some important improved outcomes:

- Deaths in patients suffering a hip fracture have reduced.
- The percentage of patients admitted within 4 hours has improved.
- More patients with broken hips are operated on within 36 hours.
- Patients are now looked after by a specific multidisciplinary hip fracture team and a specialist ‘orthogeriatric’ nurse and doctor.
- Rates of pressure ulcers have reduced.
- Lengths of stay for patients with broken hips have improved.

These achievements were recognised nationally in 2015 with North Cumbria University Hospitals NHS Trust becoming a finalist in the National Patient Safety Awards for the changes made in trauma services.

Although the major reason for reorganising these services was safety and quality, the changes have made it possible to provide services much more efficiently. The changes left very little trauma work at West Cumberland Hospital, with only one admission every three days and just three operations a fortnight on average.

## General Surgery

There had previously been a number of serious incidents in relation to conditions generally considered to be routine and this highlighted the significant risks associated with emergency general surgery. This resulted in the changes described above.

The changes described above have reduced overall deaths relating to emergency general surgery. This

is the case for the whole of West, North and East Cumbria and is true for those living in West Cumbria as well as for those living closer to Carlisle. In the National Emergency Laparotomy Audit for the past two years the Trust has performed amongst the best in the country for promptness of senior review of emergency patients, presence of consultant anaesthetists and surgeons during emergency surgery, and early recovery and discharge home after emergency surgery.

## OUR PROPOSAL

We are proposing that the arrangements previously made on safety grounds are now made permanent BUT with some further changes which allow additional emergency surgery and trauma care to take place at West Cumberland Hospital. Specifically we are proposing:

- Additional minor trauma surgery will take place on some days each week at West Cumberland Hospital with any displaced planned surgery being managed in an additional weekly list at West Cumberland Hospital.
- Some non-complex day case general surgery is returned to West Cumberland Hospital including key-hole gall bladder operations, surgical treatment of abscesses, and investigation of abdominal pain (with key hole procedure if necessary).
- Single 'Professional Point of Access' communication arrangements are used to allow the referrer (often the patient's GP) to discuss directly with the

hospital based surgeon the best place to see and assess individual patients.

- Additional outpatient fracture clinics at West Cumberland Hospital.

This proposal has been demonstrated to result in better outcomes for patients, however, some patients will continue to have to go directly to Cumberland Infirmary Carlisle or be transferred there from West Cumberland Hospital.

A survey of patients who transferred between hospital sites in 2014 showed 85% of patients rated their experience of transfer as excellent, very good or good and 96% rating their care at the Cumberland Infirmary Carlisle excellent, very good or good.

This proposal would save the NHS nearly £500,000 a year through savings on temporary staff. This would be offset by a small cost of about £65,000 per year relating to the additional surgical list each week.

## CONCLUSION

Some people might want to see much more emergency surgery and trauma provided at West Cumberland hospital in the way it was provided more than five years ago. We do not believe, however, that this is either sustainable in staffing terms or that it would deliver care that was acceptable to regulators and clinicians in terms of safety and quality. We are therefore consulting on making permanent the temporary changes described above.

You can find out more about emergency surgery, trauma and orthopaedic services in West, North and East Cumbria by looking at the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)).

## How you can have your say

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We welcome all responses to this consultation. You can respond by completing the questionnaire at the end of this document. Simply cut out the questionnaire, complete it and send it to: [Freepost CUMBRIA NHS CONSULTATION](#).

There is no need to use a stamp. Please include this address on a single line without any other addressing details such as road, town or postcode. The address must be written using upper and lower case, exactly as above.

Alternatively you can visit the consultation website ( [www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk) ) where you can fill in the same questionnaire online.

Details of upcoming consultation activities, background documents and more information about this consultation can also be found on the consultation website.

If you would like to receive our regular, electronic consultation newsletter with updates on different activities please visit the consultation website, leave us your email address and we will add you to the mailing list.



## What happens next?

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This consultation will run for twelve weeks from 26 September 2016.

The responses received during the consultation will be analysed independently and a report will be presented to the NHS Cumbria Clinical Commissioning Group in early 2017. NHS Cumbria Clinical Commissioning Group and other local NHS organisations will consider the report before taking any decisions on service change. The independent report will be published.

In the spring of 2017, deliberating in partnership with other local NHS organisations and the NHS Northern England Clinical Senate, the Governing Body of NHS Cumbria Clinical Commissioning Group will then take a number of decisions on the matters detailed in this consultation document.

The decision making process will be assured by NHS England.

## Appendix 1 Glossary

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### Services

Trauma and orthopaedic services – those concerned with injuries and conditions that affect the musculoskeletal system (the bones, joints, ligaments, tendons, muscles and nerves).

Orthogeriatric services – those that involve the care of older orthopaedic inpatients typically following a fractured hip. Orthogeriatrics was developed as a subspecialty to address the poor outcomes of hip fracture patients by caring for patients with the support of a specialist team.

Obstetric services – those concerned with childbirth and midwifery. Practiced by obstetricians and midwives.

Gynaecology services – those that deal with the functions and diseases specific to women and

girls, especially those affecting the reproductive system. Practiced by gynaecologists.

Paediatric services – those that involve children and specific health issues, diseases and disorders related to stages of growth and development. Practiced by paediatricians.

Elective surgery – this is planned surgery that is scheduled in advance because it does not involve a medical emergency.

### Care

Primary care – this is the advice, care and treatment people receive from their GP.

Community care – this is the care people receive close to home or in the home typically from health visitors, district nurses or physiotherapists.

Acute care – this is the branch of health care in which a patient receives active but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.

Antenatal care – this is the care women receive from healthcare professionals during pregnancy.

Postnatal care – this is the routine care women and their babies receive for 6–8 weeks after birth. It includes advice on breastfeeding and the management of common health problems in women and their babies after the birth.

Integrated health and social care – this is person-centred and properly co-ordinated care that brings together mental and physical health care along with health and social care. It is intended to ensure that health and social care services are not fragmented, confused, duplicated or delayed.

## Maternity

Consultant-led Maternity Unit – a maternity unit that is staffed by a multidisciplinary team including midwives, obstetricians and anaesthetists. Care for women giving birth is often provided by midwives but doctors may be involved if needed.

Alongside Midwife-led Maternity Unit – alongside midwife-led maternity units are located close to consultant-led maternity units and are sometimes referred to as co-located units. Care in these units is provided by midwives.

Standalone Midwife-led Maternity Unit – standalone midwife-led maternity units are located away from consultant-led maternity units based in hospitals. Any woman who is giving birth in a standalone unit and who needs the support of a doctor would need to be transferred to a consultant-led unit by ambulance. Care in standalone units is provided by midwives.

## Staff

Paramedic – an ambulance paramedic works predominantly out of hospitals dealing with medical emergencies. He or she may also deal with non-emergency tasks such as hospital admissions, discharges and transfers.

Advanced Paediatric Nurse Practitioner – this is a specialist children's nurse who is trained to deal with more complex issues. Advanced paediatric nurse practitioners can take on work previously undertaken by junior doctors.

Advanced Clinical Practitioner – this is a clinician, typically a nurse, who has acquired the expert knowledge, complex decision making skills and clinical competencies to take on work previously undertaken by junior doctors.

Physician Associate – this is a health professional who supports doctors in the diagnosis and management of patients. A physician associate has post-graduate training and direct contact with patients. He or she may perform a number of tasks including taking medical histories, analysing test results and developing management plans.

Miscellaneous

Preventive healthcare – measures taken to prevent ill health rather than to treat ill health.

Thrombolysis – the administration of a clot-busting drug to try to disperse a blood clot and return blood supply to the brain. Typically administered to stroke patients.

Hyper-acute stroke unit – a unit where experts and equipment are brought together to provide rapid assessment and early treatment for stroke patients. They operate 24 hours a day, reducing death rates and long-term disability.

Integrated Care Communities – based upon natural communities of between 20,000 and 70,000 people Integrated Care Communities are groups of health and social care professionals working together to deliver properly co-ordinated care and to ensure services are not fragmented, confused, duplicated or delayed.

Appendix 2  
Consultation Questionnaire

This questionnaire is in two parts. Part One concerns the options for service change described in this consultation document and Part Two concerns your personal circumstances. You are not obliged to answer the questions in Part Two but if you are able to do so it would help us to better understand the impact of any potential service changes upon different groups of people.

Could you please begin by giving us your postcode omitting the last two letters? For example, if your postcode is CA19 4QS, enter “CA194”; if it is CA28 7AA, enter “CA287”)

My post code is:

Part One

**Question 1a** – On page 31 of this consultation document we outline three options for the future provision of maternity services in West, North and East Cumbria including our preferred option. Please indicate in the boxes below the order in which you favour these options with your most favoured option ranked first (enter the number 1), your next most favoured option ranked second (enter the number 2) and your least favoured option ranked third (enter the number 3).

**Maternity Option 1** ☐

**Maternity Option 2** ☐

**Maternity Option 3** ☐



**Question 1b** – Please tell us why you favoured your first option on maternity services. You may also wish to offer proposals of your own.

**Question 2a** – On page 40 of this consultation document we outline three options for the future provision of children’s services in West, North and East Cumbria including our preferred option. Please indicate in the boxes below the order in which you favour these options with your most favoured option ranked first (enter the number 1), your next most favoured option ranked second (enter the number 2) and your least favoured option ranked third (enter the number 3).

**Children’s Option 1** ☐

**Children’s Option 2** ☐

**Children’s Option 3** ☐

**Question 2b** – Please tell us why you favoured your first option on children’s services. You may also wish to offer proposals of your own.

**Question 3a** – On page 47 of this consultation document we outline four options for the future provision of inpatient beds in community hospitals in West, North and East Cumbria including our preferred option. Please indicate in the boxes below the order in which you favour these options with your most favoured option ranked first (enter the number 1), your next most favoured option ranked second (enter the number 2), your next most favoured option ranked third (enter the number 3) and your least favoured option ranked fourth (enter the number 4).

**Community Hospitals Inpatients Option 1** ☐

**Community Hospitals Inpatients Option 2** ☐

**Community Hospitals Inpatients Option 3** ☐

**Community Hospitals Inpatients Option 4** ☐

**Question 3b** – Please tell us why you favoured your first option on the future provision of inpatient beds in community hospitals. You may also wish to offer proposals of your own.

**Question 4a** – On page 55 of this consultation document we outline three options for the future provision of emergency and acute care in West, North and East Cumbria including our preferred option. Please indicate in the boxes below the order in which you favour these options with your most favoured option ranked first (enter the number 1), your next most favoured option ranked second (enter the number 2) and your least favoured option ranked third (enter the number 3).

**Emergency and Acute Option 1** ☐

**Emergency and Acute Option 2** ☐

**Emergency and Acute Option 3** ☐

**Question 4b** – Please tell us why you favoured your first option on the future provision of emergency and acute care. You may also wish to offer proposals of your own.

**Question 5a** – On page 64 of this consultation document we outline two options for the future provision of hyper-acute stroke services in West, North and East Cumbria including our preferred option. Please indicate in the boxes below the order in which you favour these options with your most favoured option ranked first (enter the number 1) and your next most favoured option ranked second (enter the number 2).

**Hyper-Acute Stroke Option 1** ☐

**Hyper-Acute Stroke Option 2** ☐

**Question 5b** – Please tell us why you favoured your first option on the future provision of hyper-acute stroke services. You may also wish to offer proposals of your own.

**Question 6** – On page 69 of this consultation document we outline a proposal for the future provision of emergency surgery, trauma and orthopaedic services in West, North and East Cumbria. Please indicate below your views on our proposal for these services. You may also wish to offer proposals of your own.

**Question 7** – Elsewhere in this consultation document we explain how the service change options described are to some degree interdependent and on page 18 we explain our wider health and social care strategy and our vision for the future. Please tell us what you think of our wider strategy and vision.

**Question 8** – Do you have any other views you wish to share with us on the ideas described in this consultation document?

Part Two

We would like to understand more about you so that we can be sure we have received responses from the range of different people in our diverse community and so that we can better understand the background to your responses (for example, where you live in relation to your nearest hospital). You can help us by completing this part of the consultation questionnaire but completing this section is entirely voluntary.

Have you read the consultation document?

YesNo

What is your age?

16-2526-3536-4546-5556-6566-7576+

What is your gender?

MaleFemalePrefer not to say

Is your gender different to that assigned to you at birth?

YesNoPrefer not to say

Are you married or in a civil partnership?

YesNoPrefer not to say

What is your sexual orientation?

HeterosexualGay woman/lesbianGay manBisexualPrefer not to say

If other, please write in:



What is your religion or belief?

No religion or belief ☐ Buddhist ☐ Christian ☐ Hindu ☐ Jewish ☐  
Muslim ☐ Sikh ☐ Prefer not to say ☐

If other religion or belief, please write in:

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White ☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ Irish ☐  
British ☐ Gypsy or Irish Traveller ☐ Prefer not to say ☐

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean ☐ White and Black African ☐  
White and Asian ☐ Prefer not to say ☐  
Any other mixed background, please write in:

Asian/Asian British

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐  
Prefer not to say ☐

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African ☐ Caribbean ☐ Prefer not to say ☐

Any other Black/African/Caribbean background, please write in:

Other (please write in):

Do you consider yourself to have a disability or health condition?

Yes ☐ No ☐ Prefer not to say ☐

If you wish to give further information please do so here:

Do you have caring responsibilities? If yes, please tick all that apply

None ☐ Primary carer of a child/children (under 18) ☐  
Primary carer of disabled child/children ☐  
Primary carer of disabled adult (18 and over) ☐  
Primary carer of older person ☐  
Secondary carer (another person carries out the main caring role) ☐  
Prefer not to say ☐

Are you currently pregnant? Yes ☐ No ☐ Prefer not to say ☐

Do you have a child under 24 months? Yes ☐ No ☐  
Prefer not to say ☐

How do you think the options contained in this consultation document will particularly affect you?

How would you normally travel to your local NHS hospital?

own car ☐ on foot ☐ public transport ☐ taken by friend ☐  
taken by relative ☐ other ☐

Please cut out your completed questionnaire and send it to:  
**Freepost CUMBRIA NHS CONSULTATION**

There is no need to use a stamp.

Please write this address on a single line without any other addressing details such as road, town or postcode. The address must be written using upper and lower case, exactly as above.

This document is available in audio and other languages on request.

Please contact us via the consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)) or write to us at  
The Consultation Team, NHS Cumbria Clinical Commissioning Group,  
Lonsdale Unit, Penrith Hospital, Bridge Lane, Penrith, Cumbria  
CA11 8HX.



# The Future of Healthcare in West, North & East Cumbria

The health and social care system in West, North and East Cumbria faces a number of major challenges. This consultation document describes these challenges and explains how some local services might need to change if we are to address these challenges.

You can read more about our wider strategy for health and care in West, North and East Cumbria in the documents available on our consultation website ([www.wnecumbria.nhs.uk](http://www.wnecumbria.nhs.uk)).

