

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

**PRE-CONSULTATION ENGAGEMENT PROGRAMME**

**ADDENDUM 2**

## SECTION 1 - EXECUTIVE SUMMARY

The health community in West, North and East Cumbria had provisionally planned to begin formal public consultation in July 2016. However, in order to provide stakeholders with further information and a little more time to better understand aspects of its emerging thinking, and for the NHS to reflect on the feedback received from the community so far, the West, North and East Cumbria Success Regime and its health community partners decided to extend its engagement programme.

This extended engagement period ran from 26 May 2016 until 25 September 2016 and saw three additional stakeholder update sessions held for stakeholders such as district, parish and town councillors, community and campaign groups and third sector organisations, among others.

The workshops gave stakeholders a further update on the progress of the Success Regime, including a chance for the NHS to report back and respond to the feedback it had received during the initial engagement period, and for stakeholders to ask questions and provide their views. The sessions were independently facilitated by Healthwatch Cumbria.

A further workshop was held involving clinicians from North Cumbria University Hospitals NHS Trust and key stakeholders to specifically discuss the maternity options, while four locality meetings were held with GPs across West, North and East Cumbria.

The period also saw a further 15 staff engagement sessions in NHS buildings across Cumbria in order for staff to hear updates, ask questions and put forward their own thoughts and suggestions.

During this period a number of responses came through to the programme through the mechanisms already established during the initial engagement period.

Engagement activities and responses during this period included:

- **49 public or private stakeholder meetings** (including public meetings and workshop events)
- **15 staff engagement meetings**
- **105 written responses** (letters, emails or formal papers)
- **31 online responses through the 'Have Your Say' form** on the WNE Cumbria Success Regime website

This meant that the overall engagement activities and responses for the entire engagement period from September 2015 to 25 September 2016 were:

- **191 public or private stakeholder meetings** (including public meetings, workshops and focus groups)
- **46 staff engagement meetings**
- **161 responses to an online staff survey**
- **210 comment cards completed by staff across community and acute hospital sites**
- **268 written responses** (letters, emails, blogs, etc.) including formal papers
- **260 online responses through the 'Have Your Say' form** on the WNE Cumbria Success Regime website

- **86 location visits from a travelling ‘chatty van’ engagement vehicle, led by Healthwatch**, which has travelled to communities across WNE Cumbria, covering more than 3,700 miles and capturing the views of more than 3,400 people

All responses - including written submissions, audio recordings, full minutes and meeting notes - from the extended engagement period and the initial engagement programme will be made available to Cumbria Clinical Commissioning Group during the decision-making process.

## **SECTION 2 - ENGAGEMENT ACTIVITY**

The engagement programme featured additional meetings to provide external stakeholders with an update on the Success Regime’s plans and timeline, as well as an update on what the programme had heard throughout the engagement process so far. It also provided an opportunity to plug knowledge gaps and answer questions that stakeholders and staff had in order to better inform them of the emerging thinking before consultation began. During several of these meetings, the Success Regime’s emerging thinking was discussed in detail in a deliberative manner.

A summary of what the programme heard throughout all of this additional activity and continued to hear through the pre-existing mechanisms (i.e. online website form, email, postal responses) is set out below.

### **2.1 Stakeholder update events**

The Success Regime held three stakeholder update meetings during the extended engagement period, with more than 150 stakeholders attending in total. These included third and voluntary sector organisations, district, parish and town councillors, local governors and more.

The sessions were independent facilitated by Healthwatch Cumbria and it concluded that there were two recurring messages which emerged from the conversations that people were particularly concerned about:

- Infrastructure, travel and rurality challenges.
- Recruitment and retention of staff challenges.

The full Healthwatch Cumbria can be found on the Healthwatch Cumbria website ([www.healthwatchcumbria.co.uk](http://www.healthwatchcumbria.co.uk)). All recordings from the stakeholder update events are available on the Success Regime website ([www.successregimecumbria.nhs.uk](http://www.successregimecumbria.nhs.uk)).

### **2.2 Maternity workshop event**

A workshop was held for members of several local groups including We Need West Cumberland Hospital, West Cumbrians’ Voice for Health Care and the Maternity Services Liaison Community. It was attended by executive and medical directors from the local NHS, as well as a number of clinicians.

The meeting saw the Success Regime set out the case for change and its emerging options to tackle these issues, as well as a question and answer session. Attendees then broke out onto separate tables to discuss the emerging options and feed back their views.

A number of themes emerged from the meeting:

- **Transport:** Concerns about whether transport issues are being taken into account in the emerging options. There were requests for a travel access plan and statistics around transport risks.
- **Reconfiguration of services:** The question of why deliveries should be shifted to Carlisle and not Whitehaven, and the issue of the associated pressure moving to Carlisle would have on midwives at West Cumberland Hospital was raised. Attendees felt that all element of choice was weighted towards those in Carlisle and not those in west Cumbria.
- **Socio-economic impact on west Cumbria:** There was concern over the risk that moving consultants from west Cumbria would have, not just to the local NHS, but the entire community. It was felt the area would become less attractive for people considering moving here, potentially impacting on its economic sustainability.

### 2.3 Written responses

The majority of responses during the extended engagement period came from written responses. The Success Regime received 105 written responses between 26 May 2016 and 25 September 2016 via email and post. Responses during this time came from local residents, community and campaign groups, local schools, councils and MPs, as well as consultants and midwives themselves.

The two key themes emerging from these engagement responses were:

- **Community hospital inpatient beds:** There was strong opposition to the prospect of removing inpatient beds at community hospital sites. There were a particularly large number of submissions from championing beds to be retained in Alston, Maryport and Wigton in response to the emerging thinking from the Success Regime, while there were also a large number of responses from residents in Keswick. In the case of Alston, respondents pointed to the proposals put forward by Dr Mark Crick and Malcom Forster and remarked that its poor public transport links and difficult roads make it a “special case”. The dispersed geography of Cumbria was cited as a reason to retain beds, while many responses also highlighted the positive experiences and excellent care they received at the hospitals.
- **Consultant-led services at West Cumberland Hospital:** A large number of respondents expressed concern at the risks to mothers and their babies if 24-hour consultant cover was taken away from maternity and children’s services. We heard a number of personal stories highlighting the need for this “vital” service to be retained, with many citing the potentially long transfer distances on busy roads that women would experience if they had complications during pregnancy as a risk.

Submissions included the following quotes and points raised:

- *“Increase the bed number at Alston. There is certainly the space. Then make more use of cross-boundary working with Northumberland and Durham. That way the hospital could be used as a centre for the wider Pennine area.”*

- *“It is abundantly clear from the personal experiences of all of us in the (Alston) community that people do need nursing care on occasion, when they are too ill to remain at home, and that community hospitals are ideal for such care.”*
- **Mungrisdale Parish Council** said parishioners at its meeting were concerned about the potential closure of inpatient beds at Keswick Hospital that *“the service currently provided should be maintained.”*
- The **Trustees of Caldbeck Surgery Charitable Fund** said: *“Wigton (hospital) provides very good half-way house care for patients who have been discharged from the main hospitals and who need extra help to recover before either going home or into residential care.”*
- **Caldbeck Parish Council** also submitted a response stating their desire for Wigton Hospital’s beds to be retained, saying: *“In an aging population the loss of hospital beds can only be detrimental and a place increased pressure onto the infirmary.”*
- *“The loss of beds at Maryport’s Victoria Hospital would affect a community with relatively low levels of car ownership and a heavy reliance on public transport. Journeys by public transport to visit relatives recovering in community hospitals in surrounding towns would be impractical for many”.*
- **Dearham Parish Council** and the **Rotary Club of Maryport** both wrote letters expressing support for the **Maryport Save Our Beds** campaign to retain inpatient beds at the community hospital.
- We received hand delivered boxes containing a large number of letters from residents in Maryport expressing the desire to retain inpatient beds at the community hospital, including submissions from children, some as young as six, at **Netherall Secondary School, Dearham Primary School, Broughton Moor Primary School and Maryport Infancy School**
- Bill Barnes of Maryport Save Our Beds highlighted that 50,000 ribbons have been tied round the town in support and 7,000 signatures added to a petition to retain the community hospital’s inpatient beds.
- A submission by the **Friends of Brampton Community Hospital** cited the support it has received to petition against the Success Regime’s community hospital *“ideas”*. It refers to 1696 signatures on its paper petition and 730 signatures on an online paper petition. The submission requests that beds are retained in Brampton and expresses that the group would be willing fund an extra bed and high-profile recruitment campaign for the hospital. It also cites a number of recommendations by the **Brampton Medical Practice** for services that could run from Brampton community hospital that would *“take the strain off Cumberland Infirmary”*, such as a memory clinic and dementia-drop in, a day hospice service, a ‘mini-lab’ for near-patient testing and physiotherapy clinics.
- In a paper submitted by the **Cockermouth Community Hospital League of Friends** it expressed the view that the Closer to Home plans should be *“revisited”* as they could help address the financial problems of the local NHS. The paper also highlighted the fact that Cockermouth community hospital is a modern, well-equipped hospital, making it ideally placed to support the expanding local town. Specifically, the hospital’s capacity, including currently unoccupied suites, makes it an ideal base to develop a *“fully integrated Health and Social Care scheme”*.

- A resident pointed to the Cumbria Primary Care Trust Patient and Public Involvement in Health Forum's response to the Closer to Home consultation findings and the Future Hospital Commission report into how hospital services can adapt to meet the needs of patients now and in the future as still being relevant solutions to the problems Cumbria faces today. They lamented the fact that there has been no progress following the papers on any of the long-standing issues in Cumbria such as poverty and above average suicide rates, among others.
- *"Acute hospitals, if they are to avoid bed-blocking, need to have more community hospital beds rather than fewer in order to provide an opportunity for patients to recuperate sufficiently before they are capable of managing at home."*
- *"There is such a shortage of rural community care available. The population is ageing & these problems of rehabilitation, helping people to return to their own homes & stay there, caring for them there when necessary, will only increase."*
- A representative from **Carlisle Carers** warned: *"The closure of respite beds in Care Homes, and the actual closure of care Homes is having an impact now on Carers - they are fully stretched, and the number of times our Support Workers are being told the Carers they visit to carry out Assessments are at the end of their tethers is increasing."*
- The **We Need West Cumberland Hospital** group said: *"We are not asking for specialist services - we are asking for basic provision of services which means people who live work and visit WCH (West Cumberland Hospital) must have an acute A&E department, a consultant led maternity unit and a fully functioning children's ward."*
- The **West Cumbrians' Voice for Health Care** said: *"There has been no evidence put forward that any of the options other than the maintenance of the current consultant led unit at WCH would provide safe outcomes and choice for the women and families of West Cumbria."* In a further submission the group expressed disappointment of changes to the *"previously exciting and innovative ideas for both heli-medicine and the Doctors Partnership Scheme, along with suggestions of a stroke scanner being provided in ambulance."* It also added: *"We have supported the overall thinking behind Integrated Care Communities from the beginning, but have grave concerns that time is needed for these new ways of working to be embedded before any reliance on a reduced need for in-patient beds."* In a separate letter it said it could only support:
  - *"A fully functional 24/7 A&E service at the WCH with availability of pragmatic emergency and trauma surgery*
  - *A consultant led obstetric service at WCH with adequate paediatric cover*
  - *The provision of acute medical services at the WCH."*
- A letter sent on behalf of the **midwives of west Cumbria** said the prospect of transferring women in labour with complications as *"catastrophic"* and strongly objected to the potential removal of consultant cover at West Cumberland Hospital. The letter said: *"Please do not deny the women of west Cumbria a safe childbirth. They need access to services: obstetrics is an acute service which needs to be available 24/7 in this area for women, babies and families."* In a further letter, the midwives expressed the view that they would be *"privileged to*

*work in a MLU (midwife-led unit) but only if it were next to a CLU (consultant-led unit) because of the safety issues and risks to our mothers and babies.”*

- A statement from the **Maternity Services Liaison Committees in North Cumbria** stressed that *“Rapid and equitable access for West Cumbrian women to a Consultant led unit is required”* and that all options need to be fully risk assessed. It also said members *“feel strongly that services need to be family focussed. Concern was expressed that by sending women to Cumberland Infirmary, we are isolating them from their families at one of the most vulnerable and emotional times of their lives.”* It also pointed to the National Maternity Review report ‘Better Births’ published in February 2016 which concluded that obstetric units with a relatively low number of births a year can still operate safely in remote and rural areas with certain conditions in place.
- In a letter local **MP Jamie Reed** said: *“It is right to expect an expansion in the local population as we see significant private sector investment and job creation in the area. 24 hour consultant led maternity services are vital to the safety of local mothers and their babies, and to remove this service would do a disservice to local families.”*
- A letter from **MP Sue Hayman** said *“every avenue must be explored and every possibility exhausted in order to retain the full round-the-clock consultant-led maternity services at the West Cumberland Hospital.”*
- **Dr Barrie Walker** said *“West Cumbrian women deserve a properly functioning Consultant Led Maternity Unit in West Cumbria.”* He highlighted that *“the problems of recruitment will be exacerbated by the shrinkage and removal of services from West Cumbria.”* Dr Walker added: *“At least if we have a fully functioning hospital with a Medical School attached that will be much more attractive for prospective trainees (GP Registrars) and again trainees are likely to stay. What is more with an academic department of General Practice based on the Westlake’s campus we will start attracting GPs to work there and in General Practice in West Cumbria.”*
- A response from **1st West Cumberland Senior Section** also warned of the issue of normal birth’s turning into emergencies without warnings. It said: *“A bed-to-bed transfer between West Cumberland and Carlisle will take 1 hour and 40 minutes, potentially longer. In situations where time is of the essence to ensure the health of both mother and baby, this is unacceptable.”*
- *“Who would come to the aid of the delivering midwives when an apparently normal birth became an emergency? Certainly no obstetricians as they would all be at the Cumberland Infirmary - an hour’s journey by ambulance on a good run through and longer if the traffic is bad or there are road works.”*
- *“Normal labour can progress so quickly to an emergency situation. Mothers and babies WILL die. If this insane plan becomes the reality I would suggest a fleet of emergency air ambulances as they will be required!!”*
- *“Families cannot be expected to be transported to CIC on that dreadful road with a sick child when they can get to our hospital within driving distance!”*

- *“The journey to Carlisle can take longer than expected due to traffic and there are often crashes on the roads which block them which would delay the time further. In addition to this there are not enough ambulances to transports (sic) the people.”*
- *“Who would want to raise a family in a rural area with no proper health provision? Our already ageing population will be skewed even more, with no new blood and our young people leaving the area for somewhere they can build a future and a family. Skills will be lost, the area will not benefit from this decline.*

A number of respondents made innovative or interesting suggestions, observations or recommendations including the following:

- One respondent asked *“why can't it be compulsory that doctors trained at great cost to the country, have to work in a hospital for x years before choosing to be a GP or go abroad. This happens in some other countries.”*
- A midwife at West Cumberland Hospital suggested that the RCPCH, RCN and RCGP joint-produced standards *“Facing the future together for Child Health”* would help *“build an integrated health and social care system that provides high quality and sustainable care close to home.”* They also suggested consultants being supported by the University of Central Lancashire who could assist recruiting Clinical fellows to support both the research and clinical elements providing on call and experience at the hospital.”
- An A&E consultant at West Cumberland Hospital (WCH) suggested reforming the tariff system. They also suggested trainees are shared evenly around the region, calling for the deanery to return trainees to WCH as part of the recovery plan for medical staffing and highlighting that a number of departments are in a position to offer post-graduate training.

There were responses from several residents who erroneously believed that the Success Regime's emerging proposals were to shut either Alston, Keswick or Maryport community hospital.

There were some further alternative viewpoints offer. A response from an attendee at one of the stakeholder meetings said they left the meeting *“somewhat reassured of progress re the services being considered for the two acute hospitals and to some extent the cottage hospitals.”* Another response said: *“unless community hospital campaigners begin to look carefully at the problems SR faces across the North Cumbria NHS as a whole and the needs of the most deprived areas, the balance of their campaigns will be distorted and will begin to look selfish and parochial.”*



## 2.4 Success Regime website online responses

During the extended engagement period between 26 May to 25 September, the Success Regime received a further 31 electronic responses through its online submission form. Opinions and suggestions largely differed across, save for two recurring themes, although it should be noted that more than a quarter of these were from the same person. The themes were:

- **Community hospital beds:** There was strong opposition to the idea of closing inpatient beds at Maryport community hospital.
- **Maternity services:** Concern was expressed about possible service changes at WCH and the travel that additional travel that women would have to make to deliver at Carlisle.

Quotes from respondents included:

- **Bill Barnes of the Maryport Save Our Beds group** said: *“You say you will ‘not close hospitals’ yet what is a hospital without beds? Certainly not a hospital.”*
- **A midwife at West Cumberland Hospital** said: *“In most parts of the UK, there is only about 20 miles between units and therefore women can easily access care in neighbouring towns and cities. The geography off Cumbria means that this is not possible here - women have to travel long distances to access appropriate care in the event of West Cumberland Hospital losing 24 hour consultant led care”*

There were a number of respondents who made innovative and interesting suggestions, observations or recommendations including the following:

- **A discharge lead for the acute trust** said: *“There are 9 (community hospitals) in Cumbria with 2 new builds in Cockermouth and Workington (within a small area there are 4 hospitals Wigton, Maryport, Cockermouth and Workington) why consolidate staff at the new buildings.”* They added that *“Penrith could be used for Alston patients thus closing Alston or using it different (sic). Keswick could be used as a centre of excellence for rehabilitation e.g. stroke, head injury. Copeland Unit could be used for rehab post trauma for patients from West Cumbria who need further rehab in a rehab setting. Maryport and Brampton need to be looked at. Ideally rehabilitation should be carried out in the patients (sic) home environment and the money saved on the upkeep of the buildings can be transferred into community settings. Wigton which is located centrally could be converted into a nurse led unit for patients requiring assessment for continuing healthcare.”*
- One respondent felt that, as Alston Moor is geographically and demographically different to other areas of Cumbria, it should be treated as *“an island”*. They added: *“It is not justified on several grounds - financial, practices, welfare-wise - for Alston Moor and the Eden Valley to be considered together, as seems to be the case.”*
- One respondent felt the high level of poverty in west Cumbria means many women are *“automatically high risk in the pregnancies due to aspects such as increased body mass index.”*

- **Bill Barnes on behalf of Maryport Save Our Beds** group called for the recreation of the integrated care system, successfully piloted in Maryport “before the PCT (Primary Care Trust) stopped supporting it. He added: *“Maryport has all the facilities to support integrated care and would go some way (sic) to giving trainee nurses career prospects and tackling staff shortages.”*
- A **health and social care consultant** said the options are *“interesting”* but that for something to be done on a *“‘grand’ scale”* issues at a grass roots level need to be addressed otherwise *“the strategic planning is likely to be seriously undermined.”*
- One respondent suggested that the Whitehaven/Workington should have such a dementia assessment/treatment centre, similar to the centre in Barrow.

There were two examples of respondents who erroneously believed there were proposals to close community hospital, while one respondent, apparently unbeknownst that some of their thinking matched that of the Success Regime’s emerging ideas, suggested making *“better use”* of the community hospitals with more funding allocated to them.

Another felt said *“a lot of your ideas sound good on paper but in reality the problem of recruitment and retention of high quality professional staff will not disappear overnight”* and pointed to the problem of shortages of home carers in the area and of residential care beds.

## **2.5 NHS staff meetings**

The local health organisations that make up the Success Regime held 15 further meetings with staff to enable them to hear updates on its emerging thinking, ask questions or put forward alternative ideas.

From these additional meetings, the common themes and issues that arose were:

- **Recruitment and retention**

Staffing levels and the ability to carry out any of the potential options for change were the main concern among attendees to the meetings, particularly in relation to transferring patients between hospitals. Staff at North West Ambulance Service NHS Trust (NWAS) were also concerned that they are unable to retain staff because all they do is transfer patients rather than use the skills they have been taught. It was suggested that NWAS could work with other agencies on a rotational basis to develop and keep staff.

- **Why Carlisle? Strain on Cumberland Infirmary Carlisle (CIC)**

Questions were often asked as to why services need to be centralised in Carlisle and not West Cumberland Hospital. Staff at the NCUHT expressed concern that there might be capacity issues at CIC if services move there.

- **Impact of media coverage**

Staff at North Cumbria University Hospitals NHS Trust (NCUHT) were concerned about the impact negative media coverage was having. One staff members said: *“Local papers have it in for us - so disheartening - worries patients”*, while another added that patients are *“very anxious”* about stories in the paper. After reading stories in the paper, staff queried whether the changes were already a *“done deal”*.

Staff remarked that positive Facebook comments boosted morale and Stephen Eames's blog is useful in expressing the positive changes and improvements that can be made through the Success Regime process. It was felt that younger staff can help change morale as older staff had been scared by the failed promises of positive reform and change in the past.

- **Awareness raising**

Staff expressed the need to educate patients about issues around community hospitals and their beds. These included the negative impact of long hospital stays, such as muscle wastage, and the ability to use community hospitals for other services such as clinics.

Some staff made more interesting suggestions, observations or recommendations including the following:

- The need to roll out the community paramedic model because it had already reduced red calls and admissions.
- The option to send patients through to Cumbria Health on Call to help reduce strain on the ambulance service.

## **2.6 Formal and informal stakeholder meetings**

The Success Regime held 11 formal meetings with stakeholders during which minutes and records of their views were recorded. These included the aforementioned stakeholder update sessions, meetings with the West Cumbria Community Forum and locality meetings with local GPs.

In addition to the meetings outlined above, the Success Regime held 38 informal meetings during the extended engagement period with stakeholders such as local MPs, national government officials, industry and community groups to keep them informed, answer any questions they may have and encourage them to put forward submissions.

## **2.7 Social media activity**

As during the initial engagement period, the Success Regime continued to make use of social media (**Facebook** and **Twitter**) to inform and interact with the public.

During the extended period, a consistent theme emerged, in particular: the need for acute healthcare and consultant-led maternity services to be retained at West Cumberland Hospital.

Campaigners encouraged visitors to the Success Regime Facebook page to paste the below declaration, with a handful acquiescing:

*"I would like to declare that should anything happen to either myself, my husband, children, grandchildren or our family. That is a direct result of Stephen Eames and SR failure to protect all aspects of Acute Healthcare and Consultant Led Maternity at West Cumberland Hospital. I will hold him totally accountable and will take legal proceedings against him and all other members of the Success Regime."*

There was a suggestion on Twitter from **local councillor Christine Wharrier** that innovative methods such as virtual fracture clinics enabling patients to receive care online could be looked at.

## **2.8 Other correspondence**

The Success Regime continued to receive a number of emails, letters and social media messages where opinions were not necessarily expressed to constitute an engagement submission, but questions were asked. This provided providing an opportunity for the Success Regime to respond and therefore further inform the public so that they could subsequently provide feedback and ideas.

Questions during this period stretched to all manner of subjects, from what innovative solutions and models the Success Regime has considered from elsewhere, to financial questions, the consideration of risk assessments and queries about its emerging thinking.

## **SECTION 3 - KEY THEMES**

Taking into account everything we heard during the extended engagement period, a number of common themes emerged:

- 1) **Services at West Cumberland Hospital:** There was a strong feeling that patients would be put at risk if there were not fully-functioning A&E services, acute and consultant-led maternity services available 24/7 at West Cumberland Hospital. A number of responses queried why services are proposed to move to Carlisle and not the other way around, with some questioning whether Carlisle has the capacity to deal with more patients. Others were concerned were factors beyond just the impact on patients' health, such as the the socio-economic impact that removing services from the west would have on the community.
- 2) **Staffing levels, recruitment and retention:** There was a concern that asset stripping West Cumberland Hospital would make recruitment more difficult and only exacerbate problems. Some respondents questioned whether the ambulance service had the requisite staff to deal with transferring patients between sites.
- 3) **Transport:** There were concerns about the transport infrastructure in Cumbria, linked to poor roads and the dispersed geography of the county. Many felt that this would pose a risk to mothers and babies who would need to be transferred from West Cumberland Hospital to Cumberland Infirmary Carlisle should their pregnancy run into complications.
- 4) **Community hospitals:** We received a large number of responses from residents and campaigners in Alston, Keswick, Maryport and Wigton who strongly opposed any proposal to remove inpatient beds from the community hospitals. Many sent personal stories of the high quality care they receive at their community hospital and its importance within the community. A number referred to the impact removing inpatient beds would have on friends and family who would need to visit their loved ones in hospital. Many felt that the issue of 'bed blocking' in the acute hospitals could be solved by more inpatient beds across the community hospitals, rather than removing any. There were also submissions from community organisations highlighting additional services that could be delivered from community hospital sites.