

Success Regime

Stakeholder engagement meetings

September 2016



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Executive Summary

In July 2016 formal consultation for the Success Regime (SR) was postponed and further engagement activity put in place. In particular 3 stakeholder meetings were arranged and Healthwatch Cumbria (HWC) was asked to provide facilitation support at each and an overarching report summarising the findings from all three. The delay was so the SR could take time to consider the emerging thinking and ideas put forward by stakeholders.

The three stakeholder meetings were scheduled to take place over July and August 2016. HWC was commissioned to act as table facilitators recording the key points raised on specific topics of the SR's emerging thinking.

The findings presented are the key messages from each topic discussed at each event.

Introduction

The Success Regime (SR) is a national initiative designed to provide additional support and direction to some of the most challenged health and care systems in the country. There are three such programmes in the country; one of the areas chosen to participate in the programme was the West, North and East of Cumbria. The initiative was set up as part of the NHS 5 year Forward View which details the challenges facing the country's health and care system and where change is needed to sustain and improve services.¹

An initial period of engagement was undertaken from December 2015 to May 2016 by Healthwatch Cumbria (HWC), which resulted in a report being published called 'Engaging People in the NHS Success Regime' in June 2016. HWC was commissioned to help the SR understand what the public wanted and needed from Cumbria's health and care services. Key concerns raised were about retaining full services at West Cumberland Hospital (WCH) particularly within A&E and maternity, and concerns if services were unavailable at WCH patients would consequently have to travel further afield. Concerns were also raised about community hospitals and specialist services. People were concerned and, at times, angry about the consequences the SR could have and stated they wanted to be more involved in the decision making process.²

The SR was then scheduled to begin a formal consultation process at the start of July to decide the future of health and care services in the West, North and East of Cumbria. However, it was decided that further engagement was needed thereby postponing the start of the consultation process. This decision was made to allow the SR to further consider the proposed ideas for Cumbria's health and care system and the impact such proposed changes would have. The consultation was rearranged to begin in September 2016³.

Following on from the initial period of engagement HWC was commissioned by the SR to carry out further engagement activities at three stakeholder engagement meetings across the West, North and East of Cumbria.

The three stakeholder meetings were arranged to take place over July and August 2016. The aim of these further engagement activities was to involve stakeholders from as many local organisations as possible to provide their views and thoughts. This included groups such as: patient groups, staff, carers, community groups, campaign groups, voluntary organisations.

This report is a summary of the key messages from the conversations recorded by HWC at the stakeholder engagement meetings. These key messages are related to specific topics the SR has identified that needed further exploration, as detailed in the engagement methodology section.

¹ SR website-<http://www.successregimecumbria.nhs.uk/about-the-programme>

²Healthwatch Cumbria website <http://healthwatchcumbria.co.uk/wp-content/uploads/Healthwatch-Cumbria-Success-Regime-Report-June-2016.pdf>

³ SR website-<http://www.successregimecumbria.nhs.uk/news/news/76-success-regime-extends-period-of-engagement>

Engagement methodology

Members of staff from HWC attended three stakeholder meetings as table facilitators. These meetings were delivered in the largest towns in the West, North and East of Cumbria. The stakeholder meetings took place at:

- Workington 27th July-Oval centre
- Penrith 2nd August-CREA
- Carlisle 11th August-Crown and Mitre Hotel

The three stakeholder meetings all followed the same format. At the beginning of each event Sir Neil McKay, SR Chair, or Nicky O'Connor, SR Programme Director, gave a welcome briefing to the attendee stakeholders. This was followed by a presentation by a senior member of HWC summarising engagement feedback to date. The attendees were then invited to work round tables; the attendees were asked to discuss eight topic areas by choosing to sit at an appropriate table. The topic areas were:

1. Maternity services
2. Patient transfers
3. Paediatrics
4. Mental health
5. Community hospitals
6. Urgent care
7. Integrated care communities
8. Primary care and GPs

Once the attendees had chosen which topics they wanted to discuss, each table was assigned a topic. At none of the stakeholder meetings did the attendees choose to discuss primary care and GPs, therefore there were no recorded conversations on this topic.

The facilitators at each table introduced themselves and explained to the attendees on their table that their role was to record the conversations taking place. The facilitator then asked for one member of the group to be appointed as chair.

The HWC facilitator's role was to record as many of the key points on that topic from the conversation onto prepared feedback sheets. Before the end of the discussion the facilitator summarised to the stakeholders the key points raised during the conversation. The chair of the group prepared three or four questions ready for Sir Neil McKay or Nicky O'Connor to answer for the question and answer session.

The information recorded on the feedback sheets was uploaded onto SurveyMonkey by each facilitator after the event to allow for ease of analysis.

Analysis of findings

The feedback from the three stakeholder meetings was analysed in order to identify the key issues recorded during the conversations. This was done by a content analysis of the data. The following summary is the key messages from the topics discussed at Workington, Penrith and Carlisle.

Main key messages

Maternity Services

Workington

Key messages from Workington on maternity services were as follows:

- Keep maternity facilities and services local for parents that live in rural areas of Cumbria. “Local services give them (parents) the best service”.
- There were also concerns raised over travel costs if parents have to travel elsewhere to receive maternity services if these services are not available locally.
- The risks to mothers and babies at being transferred from West to North Cumbria due to it being a lengthy journey. Fears that this would be “unsafe”.
- Issues around staff recruitment.

Key questions raised from Workington on maternity services were:

- “What is the status of the Consultant led option currently?”.
- “How will changes be communicated to the public?”.
- “What are the risk assessments for each of the three options and when will they be made public?”.
- “What are the mechanisms and system response to obstetric emergencies in locality settings?”.
- “What considerations should there be re specialist paediatric ambulances?”.

Carlisle

The attendees at the Carlisle stakeholder meeting spoke in depth about the issues surrounding West Cumbria, hence the majority of the responses referred to West Cumbria. Key messages from Carlisle on maternity services were as follows:

- Views expressed that maternity and paediatric services should have joined together. “both mother and child need help which would be best delivered if services are joined together”.
- West Cumbria having a full consultant and obstetric unit.
- Comments on Cumbria’s infrastructure and distances involved as being concerns; it was commented that it is not just about the removal of maternity services.
- Concerns subsequently mentioned that if mothers from West Cumbria had to travel to access maternity services there would be “risk factors to mother and child on the road to Carlisle”. It was then commented that maternity midwives “will not be responsible for the dangers for mother and child on the road”.

- Comments expressed concern that there may be insufficient ambulances during the night to transfer mothers.
- Comments expressed that many people in West Cumbria live on the poverty line; therefore questions were raised over how they would afford the travel costs if they had to travel from West Cumberland Hospital to the Cumberland Infirmary to access maternity services.
- Questions over the transfer of services from West to North Cumbria were raised:
 - “Why is it easier to move services from West Cumberland Hospital to Carlisle?”
 - “Why transfers to Carlisle and not the other way round?”
- Comments also expressed concerns over the lack of available beds.
- Comments expressed the need for continuity of care and consideration for the impact certain outcomes would have.
- An option raised was for a birth unit in Whitehaven and Workington.
- Concerns over the recruitment crisis in Cumbria.
- Concerns over the proposed option of there being a consultant presence at West Cumberland Hospital during the day but not at night and the risk to mother and baby on the road to Carlisle during the night.
- Views expressed low risk day services are delivered at West Cumberland Hospital and are on the whole delivered by midwives.

Key considerations raised from Carlisle on maternity services were:

- “take into consideration the views of the public and persons in West Cumbria...”
- “Look at the whole agenda; better births, continuation of care, and how we need to link into the National document on “Better Births.”
- “Try and stick to the facts; dispelling myths- There needs to be a debate based on facts, working on more transparency, listening to experts and attempts to be made to handle emotions.”

Patient transfers

Workington

Key messages from Workington on patient transfers were as follows:

- Comments expressed that some being transferred to outpatients do not have access to a car, particularly in areas of deprivation, and it is important to include arrangements for patients to get home.
- The infrastructure in Cumbria is poor and particularly problematic during inclement weather. The public transport in Cumbria is also poor and expensive and not readily available in some areas of the county.
- It was stated that we need to be clear about eligibility for patient transport and increase the involvement of patient/user groups as well as involving lay people on work-stream planning.
- Eden had a low response rate to the survey and so the responses are not representative of the whole county.

Penrith

Key messages from Penrith on patient transfers were as follows:

- The North West Ambulance Service (NWAS) needs to be able to cope with any decisions that are made by the SR. This is because of staffing issues for NWAS has resulted in some communities in the county having “no ambulance cover”.
- Comments expressed that NWAS must be kept informed and be involved in any decisions made.
- Comments expressed that the NWAS needs to be made more efficient.
- Greater public education on when it is appropriate to call for the ambulance service.
- Transfers between hospitals made increasingly difficult due to Cumbria’s poor infrastructure, this needs improving.
- Recruitment issues.

Key considerations raised from Penrith on patient transfers were:

- “Improve infrastructure, roads, access to schools, public transport links.”
- “NWAS needs capacity to cope with any changes made.”
- “Staff recruitment...”

Carlisle

The key message from Carlisle on patient transfers was:

- “work smarter with NWAS, air ambulances”

Paediatrics

Workington

The key messages from Workington on paediatrics were:

- Specialist care is in Newcastle, this is a considerable distance from Carlisle.
- Comments were made about Jigsaw Children’s Hospice in Carlisle.
 - Comments on how to encourage more joined up working between the community and acute specialist care with the third sector, organisations such as Jigsaw Children’s Hospice.
 - Greater integration between these services would lead to better recovery as there would be more specialist support and greater monitoring of specialist involvement and there would be better coordination of specialist support.
 - Funding. The hospice only receives 25% of its funding from the NHS. It was questioned how the hospice could engage with statutory partners to ascertain the cost effectiveness of integrated care using Jigsaw hospice as a “one stop shop for patients”.
- Issue of recruitment. The model being proposed for paediatrics relies on the ability to recruit highly trained staff. Comparison to Newcastle which is a national and

internationally renowned centre for excellence and therefore attracts staff more readily.

- Cumbria needs to be able to provide an offer to staff that attracts them to the area.

Carlisle

Key messages from Carlisle on paediatrics were:

- Comment that comparing Cumbria to other maternity led units (MLUs) is unrealistic as it does not take into consideration the distance or infrastructure challenges of Cumbria.
- Paediatrics can not be considered in isolation from maternity services just as maternity services cannot be considered in isolation from paediatrics.
- Greater transparency is needed and information being more readily available to the public.
- Comment that the experts are being ignored due to lack of trust and the assumption that money is the main consideration when discussing the proposed changes.

Mental health

Workington

The key messages from Workington on mental health were as follows:

- Confidence is needed on how mental health will be tackled.
- It is important that mental health is seen as separate.
- Individuals should have access to mental health services locally, the voluntary sector could help. However, concerns were raised that the voluntary sector were not kept well informed and included in the process.
- Concerns over the lack of discussion on mental health until this stakeholder meeting.
- Important to remember South Cumbria and include them on the consultation process.
- Concerns that the mental health needs identified in the Joint Strategic Needs document will be missed.
- For acute mental health there is concern over the number of out of area placements and subsequent transport issues for visiting relatives.
- Concerns expressed over the lack of beds in Carlisle.
- Concerns that there are not enough low key early interventions and that the treatment course prescribed is not the right course of action.
- Cumbria should receive extra consideration as it faces deprivation and rurality both factors which have a link to mental illness.

Carlisle

The key messages from Carlisle on mental health were as follows:

- Communication issues between statutory and community services.
- Need to take into consideration the “whole person needs”.
- To improve there needs to be: clear processes, good information and communication.
- Concerns that there is a lack of duty of care.
- Concerns there are difficulties in getting the right services for young people anywhere within the county and that young people need a dedicated service.
- Concerns that older adults with physical and mental health needs have difficulty accessing all round services.
- Concerns that people will be sent out of county to access care.
- There has been positive work in the south, Vanguard.

Community hospitals

Workington

The key messages from Workington on community hospitals were as follows:

- Concerns that cost is the main consideration.
- Recruitment issues.
- Concerns that the focus is not lost from the patient, their recovery and aftercare.
- Concerns that for people in Maryport who have to visit relatives in Cockermouth community hospital there may be issues accessing transport as public transport takes a considerable amount of time and money for a short visiting window. It is important for patient’s recovery to have visitors.
- Concerns that the CQC is setting unrealistic targets for non-acute hospitals.
- Comments highlighted the important role of community hospitals in pathways of care.
- Concerns that there is mistrust and lack of honesty by those who make key decisions.

Carlisle

The key messages from Carlisle on community hospitals were as follows:

- People feel undervalued and feel they are being given mixed messages.
- Comment made on integrating the community.
- Comments on making the best use of facilities.
- Comment on “we need to change how community hospitals work, not focused on beds, but place of residence i.e. integrated care in the community”.
- Rurality is an issue for the county.
- Concerns that integrated care within the community works “best in densely populated areas”.
- Concerns that there were no social care representatives at the meeting.

- There needs to be a balance between the national norm and what is needed in Cumbria.
- Staffing issues around recruitment. Recruiting staff to Cumbria is difficult and existing staff feel unsure and are looking for work elsewhere. Nurses training in Cumbria are then leaving after qualifying to work elsewhere in the country.
- Community hospitals should be part of the Integrated Care Community (ICC) as community hospitals “form the basis of ICC”.
- Community hospitals are the solution to acute hospital issues and therefore these services need developing not reducing.
- Increase number of beds at community hospitals “it would boost staff morale”. Comments that more beds would make staff feel more settled and secure if they saw investment in community hospitals.
- The role of e-consultations, possible barrier to this is poor internet connection in some rural areas of the county.
- Concerns raised that at Alston and Maryport the ratio of staff to patients was poor.
- There were concerns raised about the safety of Wigton’s community hospital building and visibility of some rooms.
- Improved communication.
- Travel costs.
- Reliance on community hospitals when people can not get to the main hospitals.

Penrith

The key messages from Penrith on community hospitals were as follows:

- Recruitment issues. Cumbria needs to be made more appealing. Communities need to support individuals to train and remain in their local area.
- Concerns over the state of the buildings at some community hospitals.
- Comment that every rural community and community hospital are different.
- Concerns over the distance from a community hospital to an acute hospital.
- Better communication.
- Lack of appropriate care in the community.
- People feel strongly that they need their own community hospitals.
- Factors such as rurality, larger distance to be travelled, transport costs, small population need to be taken into consideration.
- It was commented that on the day of this stakeholder meeting (2nd August) Penrith community hospital was closed due to a staff shortage and that “emergency hospitals had already been called out 3 times by 2pm”.
- Lack of awareness of local issues by NHS senior management.

Urgent care

Carlisle

The key messages from Carlisle on urgent care were as follows:

- Comments on survey responses: low number responded and responses could have been due to “apathy”.

- Those in Carlisle and surrounding district think that “they are essentially safe...maybe overload from community unit closure”. There were a number of reasons cited: feeling it is rude to complain, there is no campaign momentum, fearful of the consequences.
- Questioning “what is urgent care? Does it include emergency care and ambulance care? Urgent in whose eyes?”.
- Comment that recommendations from previous reviews in the early 2000s have not been implemented.
- The rurality of some areas of Cumbria needs to be clearly understood.
- Staffing issues.

Integrated care communities

Carlisle

The key messages from Carlisle on Integrated Care Communities were as follows:

- ICCs may be more expensive, question raised over where the funding will come from.
- The focus should be on what is best for the people of Cumbria.
- Question was raised over leadership and who will provide it.
- Comment was raised over the purpose of being in the group.
- Query raised over the impact ICCs will have on staff.
- Query raised over how the ICC will work and whether we could learn from other ICC models.
- Staff recruitment.
- Communication.
- Must take into account the views of the general public.
- Important to integrate the community and have their involvement.
- Professionals need to be working collaboratively. The maternity and children services are an example of poor joined up working.
- IT limitations, access to technology in some rural areas.

Penrith

The key messages from Penrith on Integrated Care Communities were as follows:

- Comment that the system and processes need to work.
- Staff reassurance on their employment.
- Better engagement with all stakeholders, no engagement from Cumbria County Council-Social Care. However, the council are on board the question raised was “How can CCC be better engaged?”.
- Better communication.
- Not at present a two way process.

Conclusion

The SR scheduled further engagement activity after deciding it was necessary to further consider their emerging thinking; thus postponing the initial consultation scheduled to begin in July 2016. Stakeholders were invited to share their views on changes the SR were proposing to health and care services in the West, North and East of Cumbria.

The most important messages from the stakeholder engagement meetings are included in this report. It clearly shows what stakeholders are still concerned and confused about and where they and the public need to be provided with more information before decisions are made.

There were two recurring messages which emerged from each of the conversations that took place that people were particularly concerned about:

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

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References

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