

- **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

In addition to the engagement activity detailed above key stakeholders were also involved in a range of other activities including, for example, an options evaluation workshop conducted to consider shortlisted options for emergency and acute medicine, women and children’s services and community hospitals.

What we have heard and our response

As a result of some of the strong themes we have heard during our engagement programme, we have been able to adapt and refine our thinking in a number of areas. These areas are set out below.

- The public expressed their desire for locally accessible services, highlighting difficulties in transport between West Cumberland Hospital and Cumberland Infirmary Carlisle due to the poor road infrastructure and public transport services. As a result, the options appraisal work for acute medicine and A&E, saw the working group able to bring forward a new workforce model which, following discussion with local clinicians, has enabled us to put forward a proposal to retain local acute medicine & A&E services at WCH.
- As a result of our extensive engagement with women and their partners, staff, clinicians and stakeholders, we learned that the maternity services provided at West Cumberland Hospital are very important to the local population, with feedback about fears of loss of all services from the west and consequent safety issues. Our emerging thinking and decision-making has been informed by this engagement and feedback and has resulted in groups working hard during two recent maternity workshops to reach a consensus for a model of the totality of maternity care that includes providing as much local care as possible within a framework of clinical safety.
- In our first Progress Report we raised the idea of closing all the inpatient beds in our community hospitals. Community hospital beds have been the subject of much local discussion, debate and engagement activity and, as a result, we discovered this emerging idea was very unpopular. While a number of people understood the strong clinical, workforce and financial argument to follow the example of other systems by not having beds in community setting, we have listened to local communities and are only proposing minimal consolidation at this stage, whilst ICCs begin to have a positive impact on care.
- Concerns have been expressed over the ability of the NHS to effectively attract and retain key staff – a challenge across the NHS but especially here in West, North and East Cumbria. Some people argue that the local recruitment challenges stem from uncertainty about services in West Cumbria and returning services to West Cumberland Hospital will help solve this issue. Others simply say that not enough has been done. Following discussion with stakeholders to agree priorities, a 10-point plan for workforce has been developed, and strong relationships have been developed with UCLAN and the LEP to take forward new initiatives.

- Concerns about the relatively long distances that some people have to travel in order to access services in West, North and East Cumbria and transfer times between WCH and CIC have led us to explore models in other parts of the country such as Dedicated Ambulance Vehicles for Maternity and Paediatric Services in Wales and Retrieval or Heli-Medicine Services in Scotland. We have factored these innovative ideas into our emerging thinking.
- The potential influx of new residents as a result of nuclear industry expansion, along with other projections of increased populations locally, remains a concern for local people. As a result, during our review of maternity services we undertook analysis of the effect that additional workers, due to the expansion of Sellafield, might have on maternity services. We concluded:
 - If there were 55,000 additional workers, it would be expected that they would be split in a ratio of 75:25 in the nuclear industry in favour of males (source: 'Sustaining our Nuclear Skills', DECC, 2015) and therefore this would mean that there could be around 13,750 extra female workers.
 - In turn, 13,750 extra females of a working age would result in about 7,000 extra childbearing age women and potentially this would result in around 350-420 extra births per year.
 - If these births are split between the North Cumbria (NCUH) and the South Cumbria (UHMB) maternity systems, this would result in each Acute Trust delivering under 200 births per year extra.
 - This would equate to 110 extra births per year in Carlisle and 90 in Whitehaven. This translates to an extra 2 births per week in Carlisle and 1.75 in Whitehaven.
 - However, population projections for Cumbria suggest that by 2020 childbearing aged women will decrease by 5,000 (source: ONS) which would bring the extra 7,000 childbearing aged women back down to 2,000.
 - Using the above projections, the extra 2,000 extra childbearing women would result in approximately 100-120 extra births per year.
 - Based on this analysis, the impact of additional workers, on the maternity system of North Cumbria would be minimal.
- We noted the positive response to our plans to include a move towards greater use of technology such as electronic referrals and tele-consultations. We have developed an IM&T strategy to support plans to have information/messaging conducted electronically, be able to view patient records on line across all local NHS organisations and deliver services closer to home through the use of digital services.