

West, North and East Cumbria Success Regime

PRE-CONSULTATION ENGAGEMENT PROGRAMME

FINAL REPORT

Table of Contents

STATEMENT OF PURPOSE.....	3
PEER REVIEW STATEMENT.....	3
SECTION 1 - THE ENGAGEMENT PROCESS.....	3
SECTION 2 - THE ENGAGEMENT RESPONSES IN DETAIL.....	7
2.1 Healthwatch listening events and ‘chatty van’	7
2.2 Public engagement meetings.....	9
2.3 Formal paper submissions by third parties.....	11
2.4 Other written responses.....	14
2.5 Success Regime website online responses.....	21
2.6 Stakeholder engagement meetings.....	23
2.7 West Cumbria Community Forum workshop	24
2.8 Focus group discussion.....	26
2.9 NHS staff comment cards	27
2.10 NHS staff meetings.....	30
2.11 NHS staff survey	31
2.12 Formal and informal stakeholder meetings.....	35
2.13 Social media activity	35
2.14 Other correspondence	37
SECTION 3 - KEY THEMES	37

STATEMENT OF PURPOSE

This report summarises the engagement activity undertaken and the engagement responses received by the West, North and East Cumbria Success Regime in the period from the launch of the Success Regime in September 2015 through to 25 May 2016. The Success Regime will continue to receive engagement responses up to the beginning of the upcoming NHS Cumbria CCG consultation programme. At this point the Success Regime will add an addendum to this report summarising these additional contributions and thereafter respondents will be directed to the CCG consultation website.

PEER REVIEW STATEMENT

I, Fraser Henderson, have reviewed the evidence data upon which this report is based and I confirm that the report is free from bias and the random sampling I have undertaken allows me to conclude that, broadly speaking the report accurately represents views obtained from the engagement activities. I am satisfied that the engagement activities selected were appropriate and the workshops appear to have been well facilitated. The report appears factually accurate and in terms of the breadth of participation, the engagement activity conforms with good practice standards.

Fraser Henderson, tCI Associate

The Consultation Institute (tCI) is an independent, not-for-profit, best practice Institute, promoting high-quality public and stakeholder consultation in the public, private and voluntary sectors.

SECTION 1 - THE ENGAGEMENT PROCESS

The engagement programme for the West North and East Cumbria Success Regime began in September 2015 (building on engagement activities and views captured in a number of previous development programmes). While the programme of engagement events has finished, we are continuing to receive inputs in the form of written submissions via post, email and online forms on a daily basis, and will continue to do so up until the start of consultation. For the purposes of this report, we have considered engagement responses received between September 2015 and 25 May 2016. We will add an addendum to this report when consultation has begun which will take into account submissions made between 25 May 2016 and the start of consultation. We will also publish a separate paper detailing how this engagement activity has impacted upon the emerging thinking of the local health community in West, North and East Cumbria.

The engagement programme included a number of activities and mechanisms which allowed the general public, patients, staff and other stakeholders to hear updates from the Success Regime and feedback their views. These included:

- Four listening events were held in December 2015, led by Healthwatch Cumbria, in locations across Cumbria to ensure early conversations were held with the public about local health and social care services. (Healthwatch Cumbria is an independent organisation set up to champion the views of patients and social care users in Cumbria, with the goal of making services better and improving health and wellbeing.)
- We held two focus groups with health campaigners in West Cumbria to discuss the key local challenges and possible solutions.
- We established a Facebook page and twitter feed and monitored opinions and views expressed.
- An online 'Have your Say' form was established on the Success Regime website to allow people to submit feedback and suggestions for how to improve healthcare services in Cumbria.
- A general Success Regime email address has been set up and both this, as well as a postal address, are detailed on the Contact Us page of the Success Regime website. This has enabled a number of individuals, local community and campaign groups, councils and other stakeholders to provide formal papers as submissions or more informal, anecdotal or personal opinions on how healthcare services in Cumbria should be run.
- A mobile engagement 'chatty van' visited communities across Cumbria, including the most remote and hard-to-reach areas. The vehicle was highly visible, NHS branded and run independently by Healthwatch. It ensured we were able to be nimble in responding to requests to visit particular communities, often at short notice.
- We held 10 public engagement meetings in Longtown, Carlisle, Penrith, Kirkby Stephen, Millom, Whitehaven, Keswick (two), Maryport and Alston (at least two per district in west, north and east Cumbria). These attracted more than 1,400 people in total. The meetings were recorded (audio) and the recordings made publically available via the website.

- The NHS held three workshop events for key stakeholders including such groups as local councilors, voluntary groups, healthcare staff, campaign groups etc. One such meeting involved the whole of the West Cumberland Community Forum and a further two attracted more than 100 key stakeholders including district, parish and town councillors, community and campaign groups and third sector organisations. The workshops gave stakeholders an update on the progress of the Success Regime, enabled them to ask questions and provide their views about the future of the county's healthcare services - both verbally and by leaving behind feedback forms.
- More than 100 other meetings have taken place with MPs, councils, community and campaign groups, clinicians, industry and trade union representatives and other key stakeholders to inform them of health community thinking and to involve them in the development of long term solutions.
- A number of meetings have been held at NHS buildings across Cumbria where staff have been given the opportunity to hear updates and ask questions about the Success Regime, as well as contribute their own views.
- An online staff survey was set up to enable staff to provide open-ended responses to the Success Regime Progress Report and include their own options and solutions to tackle health issues in the county.
- Staff comment cards have been produced and distributed within NHS organisations across Cumbria asking staff to write down their ideas and concerns and leave in comment boxes.
- Success Regime work streams have been holding various workshops in which lay representatives and patients have been involved. For example, in February and April 2016, we engaged stroke survivors and carers in two workshops to discuss current stroke services including early supported discharge and rehabilitation, and the development of a future vision to improve stroke services across North Cumbria. Ophthalmology and orthopaedic and musculoskeletal services (MSK) workshops have also been held.
- A steering group was set up to look at engagement with stakeholders interested by children's and family services. The CCG commissioned Healthwatch in partnership with the Maternity Services Liaison Committee to undertake engagement activity in November 2015, which included an online survey with more than 1,200 responses, workshops, drop-in events across the area and visits to places such as children's centers and playgroups.

Engagement activities and responses from September 2015 up to and including the 25 May 2016 include:

- **142 public or private stakeholder meetings** (including public meetings, workshops and focus groups)
- **31 staff engagement meetings**
- **161 responses to an online staff survey**
- **210 comment cards completed by staff across community and acute hospital sites**
- **163 written responses** (letters, emails, blogs, etc.) including formal papers
- **229 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

In addition to the engagement activity detailed in this report 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.

SECTION 2 - THE ENGAGEMENT RESPONSES IN DETAIL

The engagement programme featured a number of activities and mechanisms which allowed the general public, patients, staff and other stakeholders to hear updates from the Success Regime and feedback their views. These views were fed back into the health community work streams as the engagement period proceeded and as option development proceeded. A detailed summary of what people told us via each of these mechanisms is set out below.

2.1 Healthwatch listening events and 'chatty van'

The Success Regime commissioned Healthwatch Cumbria to carry out extensive engagement activity to ensure people were informed and were involved and engaged in the development of ideas to address the significant challenges facing the health and care system in west, north and east Cumbria.

Activity was split into two phases, with the first phase consisting of four listening events being held in December 2015 in locations across Cumbria to ensure early conversations were held with the public about local health and social care services.

From January 2016 to May 2016 Healthwatch undertook an exhaustive engagement process which saw a branded NHS vehicle, known as a 'chatty van', to visit more than 80 locations, including the most remote and hard-to-reach-locations, across Cumbria to engage people in conversations about the future of healthcare services in the area.

As more early thinking emerged from the Success Regime, made public in its Progress Report, communities were asked for their feedback and own views. These views were captured using a questionnaire, available in both hard and electronic format, the results of which were analysed by a team from the University of Cumbria.

Below are the findings from all of this activity, as set out by Healthwatch in the executive summary of its report:

Community hospitals

- **Rurality and accessibility:** Respondents felt that the geography and dispersed population required local community hospitals to provide accessible care.
- **Closer to home:** The importance of patients remaining in their own community and near home whilst being treated emerged as a significant concern for respondents.
- **Impact on Cumberland Infirmary Carlisle (CIC) and West Cumberland Hospital (WCH):** The impact of closing community hospitals on the CIC and WCH were also concerns, with some individuals raising worries about potential bed shortages and the ability of both hospitals to cope with an increase in patients.

West Cumberland Hospital

- **Acute medicine:** Retaining full services at West Cumberland Hospital. Many respondents felt strongly that WCH should remain fully operational in order to serve the needs of West Cumbria as a dispersed population.
- **Staffing:** A number of concerns regarding the ability to attract and retain clinical staff were voiced, with suggestions given on how this might be addressed.

- **Maternity services:** Many responses highlighted the potential risks of women having to travel to access maternity services, if eligible births were needed to be booked at CIC.
- **Midwifery:** The importance of midwifery services was acknowledged, with support for retaining them in conjunction with obstetric care when appropriate.
- **Children's services:** Any reduction in services was largely felt to be unacceptable due to the impact on potentially separating families through travelling across the county to visit sick children and associated transport difficulties. There was support for county-wide 'joined up care', with positive responses across all localities.
- **Use of technology:** There was a mixed response to the proposed use of tele-consultations and electronic referrals, with both support and reservations noted.
- **Closer to home:** There was support for bringing outpatient clinics into the community, with feeling that this would increase accessibility.
- **Day cases:** A number of objections were raised to this idea, and it was felt that an increase in day cases with fewer overnight stays may not be feasible.

Specialist services

- **Links to Newcastle:** There was a mixed reception to the idea of developing enhanced links with Newcastle NHS Foundation Trust to increase benefits across cancer, children's services and trauma. Whilst some respondents welcomed this, others cited concerns regarding access and implications for local services.
- **Access to care:** Potentially traveling to the north east was an unappealing prospect for some respondents, with the added concern of using public transport and associated costs.
- **Mental health services:** The idea of a multi-agency crisis assessment centre at CIC and fewer beds in county generated a set of responses centred on concerns of accessibility. West Cumbria was again highlighted as not receiving an equal provision of services with Carlisle, and the associated affect that this may have on vulnerable patients with mental health needs.

GP services

- **Recruitment and retention:** Responses to the suggestion of offering bursaries in order to attract staff to Cumbria was received well, with further suggestions including the provision of flexible contracts and training opportunities.
- **Collaborative practice:** Ways of working for GPs and the development of collaborative GP practices was welcomed in the face of the current barriers to accessing these services.
- **Minor ailments:** This was seen as an opportunity to encourage people to visit pharmacists for advice, promote self-management and prevention and also provide potential to relieve GP and A&E waiting times.

Ambulance services

- **Capacity:** The capacity of ambulance and paramedic services to cope with the ideas proposed (alongside current service pressures) was questioned.
- **Helicopter ambulances:** There was a mixed response to the proposal of using helicopter services, with the logistics of this scrutinised.

Key messages by locality

- **Allerdale:** Residents were most vocal in their concern for retaining a full suite of services at West Cumberland hospital, particularly within A&E and maternity services.
- **Carlisle:** Changes to community hospitals and specialist services were at the forefront of answers from Carlisle respondents. Providing for rural and elderly patients, and utilising community hospitals for more areas of non-acute care were popular suggestions.
- **Copeland:** Retaining full services at West Cumberland hospital, and travel to services further afield were the most significant concerns within Copeland.
- **Eden:** Community hospitals were the concern of the majority of respondents in Eden, with many referring to how such services allowed treatment closer to home, and the benefits this provided. Removal of beds from community hospitals was strongly opposed.

Summary quote

“There are some consistent and important key messages from the people of West, North and East Cumbria in this report. People feel strongly about their services and have the right to be involved in the shaping them for the future. HWC (Healthwatch Cumbria) has spent many hours listening to people and recording their thoughts, responses and ideas. People are concerned and, at times, angry about the implications of the SR and are increasingly wanting to be involved.

“However, it should also be noted that this analysis shows that many people chose not to answer all of the questions in the survey. This may be because the ideas presented are complex and without sufficient information or early involvement it is challenging for people to make informed responses.

“HWC will continue to ensure that their voices are heard.”

The full Healthwatch Cumbria report can be found on the Healthwatch Cumbria website (<http://healthwatchcumbria.co.uk>)

2.2 Public engagement meetings

During the engagement period the Success Regime held 10 public engagement meetings in the following locations between 19 April and 12 May:

- Longtown - 19 April
- Carlisle - 19 April
- Penrith - 25 April
- Kirkby Stephen - 25 April
- Millom - 4 May

- Whitehaven - 4 May
- Keswick - 5 May
- Maryport - 5 May
- Alston - 10 May
- Keswick - 12 May

Attendance varied from 10 in Millom to several hundred in Keswick, the latter resulting in a second meeting being organised to ensure as wide a participation as possible to reach a combined total of more than 1,400.

Key themes emerging were as follows:

- **Rural area:** The rural nature of the area and the unique geographical considerations that go with it were repeatedly raised. Difficulties with transport and the distances involved were particularly common, with one **Whitehaven** attendee calling it *“impossible in a practical sense”* to travel regularly to Carlisle and back. However, it was also noted (**Millom**) that *“Sometimes travelling is not necessarily a bad thing if you know you’re getting the best care possible... sometimes it really is worth it.”*

Equally, the national funding formula associated with rural areas was also a regular item, with one **Maryport** attendee passionately arguing that *“the sparsity aspect (population density) has not been put into that [the formula].”*

- **Retain beds:** There was a clear and unequivocal desire to retain all inpatient beds currently in all the community hospitals in the same configurations and locations as present. This sentiment was particularly strong in **Keswick** and **Alston** where one attendee (**Alston**) summed up the feeling the room by saying: *“If we lose those beds we lose everything... how can we survive if we don’t have [them]?”*
- **Maternity services:** A preference to maintain consultant-led maternity services at the West Cumberland Hospital was expressed. It was strongest in **Whitehaven** where a *“drastic change in thinking”* was called for as well as there being considerable anger at the prospect of any change. It was also an issue in **Millom** where attendees raised their concerns about the prospect of women giving birth on their way to hospital due to travelling greater distances, and in **Maryport** where it was noted that, as *“pregnancy and labour are not predictable,”* it was vital that the existing service be retained.
- **Integrated care:** Integrated Care Communities (ICCs) were discussed at the majority of meetings and received differing responses. In **Longtown** the idea was dismissed being likely to have a negative effect on recruitment: *“It [recruitment] will be much harder if you insist on ordering nurses to drive around the county.”* In contrast, in **Carlisle** they were welcomed as a *“good idea... if there was much left to co-ordinate,”* also recognising concerns over staff retention. Finally, in **Kirkby Stephen** a member of the public was concerned that ambulances wouldn’t know where to take patients if *“they are not to take us to A&E.”*
- **PFI:** With many attendees knowledgeable about the financial problems the local NHS faces, the costs associated with PFI were raised by several as being a primary cause of the deficit. In **Carlisle** it was asked: *“If the PFI was written off, how will this impact our challenge?”*
- **Social care:** There was often reference to the cuts in social care funding needing to be factored in to the Success Regime’s thinking and, linked to this, the third and voluntary sector will have an important role to play in delivering future models of care such as

ICCs. One attendee in **Carlisle** warned: *“Adult social care is on its knees. If something isn’t done soon then we will reach the point of no return,”* and that there would be *“very little left to coordinate”* for ICCs.

Further themes/items of interest:

- In **Longtown** the issue of ‘bed blocking’ was raised with the blame being placed on social care services and emphatically *“not the nurses.”*
- In **Carlisle** the governance structure - both NHS and county-wide - was raised with it being argued that *“far too much money goes on salaries at the top - we need a unitary system where all services work together,”* and that under the present system *“we are letting people down.”*
- In **Penrith** the Success Regime’s entire approach (purported to be cutting services) was called into question with it being noted that *“running two district hospitals 14 miles apart just isn’t affordable unless the funding is increased significantly.”*
- In **Kirkby Stephen** one member of the public highlighted the ways on her recent stay in hospital she had seen where efficiencies could be made: *“On my recent stay in hospital I saw any number of practices that could be removed to save money.”* In this case it was that her bedsheets were changed on the day of her discharge but before she left the hospital - prompting unnecessary work for staff who would need to change the sheets again that day after she left.
- In **Millom** the particular issue of stroke care was raised as well as the more general issue of training local young people as midwives so that they stay in the county when qualified.
- In **Keswick** it was asked why the community hospitals were part of the review at all as *“we have two primary hospitals in special measures - it’s not the community hospitals... if isn’t broken don’t fix it!”* This gave voice to the widespread sentiment that, as issues such as this and a large proportion of the deficit lies with the acute trust, any cuts should be made there.
- In **Maryport** the issue of mental health and its low public profile but critical importance was highlighted. Calling it the *‘proverbial Cinderella’* of healthcare the respondent noted he was hoping for a *“Prince Charming”* to fix the problems.
- In **Alston** the issue of end of life care was brought up. Noting the importance of it taking place as close as possible to the patient’s home, friends and family, the lady in question said her friends husband had been *“treated like royalty”* in his last days at the Ruth Lancaster James Hospital.
- In **Whitehaven** it was explained that they (the public) had been *“coming to meetings like this for 10 years!”* Amid a generally suspicious atmosphere, one member of the public exclaimed: *“You’re going to go away and make your decisions anyway!”*

2.3 Formal paper submissions by third parties

As part of the engagement process, the Success Regime invited groups and individuals to provide extended submissions with suggestions/ideas as to how the issues Cumbria’s health system faces. Formal papers were received from diverse sources including campaign groups **We Need**

West Cumberland Hospital and West Cumbrians' Voice for Health Care, a number of **League of Friends**, leading local medical professionals and members of the general public.

The following themes emerged as consistent issues (however, it should be noted that the solutions proposed varied; see later in this section):

- **Community hospitals:** There was a consensus that the community hospitals should be protected - most especially in terms of inpatient beds - and, moreover, that they should have an expanded role. For example, the **Penrith League of Friends** suggested that if *“blood tests could be taken and interpreted at Penrith [it] would save time and money and improve patient care.”*
- **West Cumberland Hospital:** A series of extensive submissions were made regarding the future provision of services at the West Cumberland Hospital. Although covering a significant number of issues, they focus on the need to maintain 24/7 A&E services, consultant-led maternity services and all associated departments (paediatrics etc.) on site. These submissions were made by the **West Cumbrians' Voice for Health Care** and **We Need West Cumberland Hospital** campaign groups.
- **Recruitment:** The majority of submissions were clear that recruitment remains a significant barrier to progress; though noting in most cases that it is a national, rather than purely Cumbrian, problem. However, local issues are considered to play a role. For instance, **West Cumbrians' Voice for Health Care** asserted that the difficulties are *“in great part due to lack of morale”* and called for *“a strong visionary and enthusiastic model of Health Care”* in order to help redress the issue.
- **Geography:** The unique geography of Cumbria was noted as a barrier to healthcare provision in many contributions. It was held to negatively affect patients, their families and medical staff; with journey times held to be (potentially) untenable. It is worth noting that this is supported by a number of personal stories collected and submitted by the **We Need West Cumberland Hospital** campaign group, as well as by the **Wigton League of Friends**, who cited the lack of direct public transport to Carlisle (from Wigton) as a major issue.

However, in contrast, one **senior doctor** stated that, in order to provide sustainable services, *“senior ... medical staff should be required to travel throughout North Cumbria.”*

- **Integrated care:** A common theme was there should be far greater integration of adult and social, residential, community and acute care. One line of thought for this was centred on the community hospitals with them acting in an expanded lynch pin role, co-ordinating services and thus enabling 'care closer to home'. This concept was laid out in particular detail by a submission from the **Alston Moor League of Friends**.

Example extracts included:

- *“It is not possible to look at problems in the Acute Sector, without looking at the Health Economy as a whole. To build a sustainable model for the two acute hospitals in North Cumbria, it is necessary to ensure strength and sustainability across Primary and Community care, the social welfare sector and to involve the Third Sector.”* **West Cumbrians’ Voice for Health Care**
- *“Accessing help is the first major problem facing patients; the difficulty of obtaining same day advice is common nationwide. Optimising telecommunications systems and proper training of reception staff in agreed protocols is a key starting point.”* **Fellview Healthcare Patient Panel Group**
- *“It is hard to see how the ICC and ‘closer to home’ will actually generate a lower demand for staff and patient travel. Staff will presumably need to disperse out into the community to run clinics. Patients who need additional diagnostic resources or treatment will be located away from the acute hospitals, and may need transport to an acute hospital on the same day?”* **West Cumbrians’ Voice for Health Care - response to Success Regime CQC report**
- *“The cost of running two obstetric services which also requires two anaesthetic, paediatric, SCBU with two obstetric medical staff is exponentially high. If this could be delivered as one service the costs are more than likely to reduce significantly. With ever increasing financial deficit in North Cumbria acute hospital sector, centralisation would make delivery of services financially viable, sustainable and feasible. This would also make a sustainable workforce very much a reality.”* **Senior medical professional**
- *“The geographical location of Wigton is a central strategic point as it is accessible for both the Solway villages and hamlets as well as the West side of Carlisle and the Northern Cumbrian fells.”* **Wigton League of Friends**
- *“Penrith is ideally placed for an expansion of services - being sited just off the M6 Motorway for North/South travel and the A66 for East/West travel.”* **Penrith League of Friends**
- *“The hospital (Keswick) currently has 12 beds and clearly the addition of an extra 4 would meet the criteria of 1 registered nurse to 8 patients... Provided the Cumbria Partnership NHS Trust would support this, then the friends (of the hospital) would be pleased to discuss further financial support for this build.”* **Keswick League of Friends**
- *“Alston Moor is, according to HMG estimates, the most isolated rural community in mainland England and is about an hour away from the Cumberland Infirmary and Penrith Community Hospital by road (assuming good weather).”* **Alston League of Friends**

Within the formal papers submitted, there were a number of particular issues or unique suggestions, such as:

- **Maternity Services:** It was suggested that - in order to ease public anxiety over the centralisation of consultant-led maternity services in Carlisle (felt to be vital) - West Cumberland Hospital (WCH) could ensure there was a dedicated ambulance for maternity services. It was also put forward that there be a bus services for patients relatives/close friends between WCH and the Cumberland Infirmary, Carlisle (CIC).

Separately, it was suggested that by centralising the service and ensuring consultants are guaranteed 'ward time' at CIC, the difficulties in recruitment and staffing might be overcome.

These suggestions were submitted by a **senior medical professional** from within Cumbria.

- **Patient experience:** As has been noted above, a significant number of deeply personal stories was submitted to the Success Regime by the **We Need West Cumberland Hospital** campaign group. They are varied, with many being positive; most especially about nursing/medical staff. However, in a number of cases it is clear that the respondent or their relatives felt themselves to have been badly let down by the health system.
- **Population methodology:** In light of the proposed new nuclear power station at Moorside, it was recommended by **West Cumbrians' Voice for Health Care** that the local population count should be adjusted to include the estimated number of workers and their families. In a similar vein the **Keswick League of Friends** - supported empathically by a member of the public - suggest that the high number of tourists who visit the area should be included and, therefore, the number of inpatient beds at the local community hospital increased from 12 to 16.
- **Preventative Care:** The **Alston League of Friends** cited a number of innovative ways in which the local community and hospital were hoping to reduce admissions. This includes a dedicated 'falls service', a volunteer driver scheme and a 'befrienders service'. Each will assist local (elderly) residents to stay healthy, in their own homes, for longer - in the latter case taking over from MIND due to funding cuts.

2.4 Other written responses

During the engagement period to 25 May 2016, the Success Regime received 152 written responses (excluding formal paper submissions - see above) via email, post or through online blogs. We received responses on a daily basis from a variety of sources, including local residents, community and campaign groups, councils and MPs.

Key themes emerging from these engagement responses included the following:

- **Transfer of services:** A number of people have asked why we might remove services from a new hospital in Whitehaven given recent investment. Many lamented the fact that the hospital once had a full range of services, and there was some anger directed towards Northumbria NHS Trust and North Cumbria University Hospitals NHS Trust for removing services in recent years
- **Transport:** Many respondents highlighted their concern and anger that, in moving services from West Cumberland Hospital (WCH) to Cumberland Infirmary, Carlisle (CIC), travel issues - the distance between the hospitals, poor public transport links, the difficult road infrastructure of Cumbria (particularly the A595) and its isolated geography - have not been properly considered. There was a real worry for the safety of people in an emergency, such those suffering a stroke, heart attack or giving birth, who would need to access services in a timely fashion, or during the "*golden hour*".
- **Emergency care:** There was a strong assertion that a full, 24-hour emergency service must be retained in order to provide safe health services in Cumbria.

- **Maternity services:** A number of respondents expressed particular anger towards any suggestion of moving from a consultant-led maternity unit at Whitehaven to a midwife-led one, or as many referred to it, a ‘downgrading’ of maternity services.
- **Recruitment and retention:** There was a suggestion from a number of people that the uncertainty around the future of services and the transfer of some services from WCH to CIC has worsened the recruitment and retention problems that exist in the county. The view was often expressed that the NHS had, therefore, brought this problem on itself.
- **Sellafield:** There were a number of respondents who pointed to the proximity of nuclear facilities at Sellafield, and the potential influx of new residents in the area due to planned nuclear expansion, as being reasons why services should be kept at WCH.
- **Community hospital beds:** Inpatient beds at community hospitals were seen by many people as playing an important part in easing the burden on A&E departments and helping reduce ‘bed blocking’. As such, there was considerable opposition to the idea of closing any inpatient beds in community hospitals. There were a particularly large number of responses objecting to bed closures in Keswick, Maryport and Wigton.
- **Finances:** Many people expressed the view that reducing the number of community hospital beds would not solve the issue of the financial deficit and, in fact, more care in people’s homes would increase costs and time taken to get to patients, as well as put additional strain on community carers when, in the eyes of many, community care is already “not working”, and will not work, in Cumbria.
- **Tele-medicine:** The emerging idea of increased use of tele-medicine drew support from a number of respondents who felt it should be explored as thoroughly as possible.

Quotes from respondents included:

- *“...services at West Cumberland Hospital have systematically been moved to Carlisle Infirmary including emergency care, the result of which is that medical staff have left to work elsewhere and it has been difficult to recruit new staff.”*
- *“The main overspend and staff shortages are in the Acute Trust and have been the result of a lack of a defined future for around 10 years, with little continuity of senior management and many broken promises. This makes staff recruiting more difficult, and an increasing lack of public trust.”*
- *“Stop making excuses about staff not want (sic) to come here to work. We didn't have problems in the past.”*
- *“Keeping Maternity Services at West Cumberland is essential for the health of local families. For some families it will be a matter of life and death.”*
- *“We deserve - and need - safe access to emergency care and a Consultant led maternity unit at West Cumberland Hospital. Anything less is not a safe service.”*
- *“We need acute services resorted to the WCH and a fully functioning A&E department because West Cumbria is geographically isolated with poor road infrastructure and inadequate public transport links.”*

- *“In spite of the fact that a new £95m WCH has just been opened in Whitehaven, our communities are now in the totally unacceptable position of having to travel distances of between 40 and 60 miles to CIC which means that they are being denied safe and equitable access to acute services and emergency health care.”*
- **The We Need West Cumberland Hospital** campaign group told us *“The people who live, work and visit West Cumbria need WCH to have an acute A&E department, a Consultant led maternity unit and a fully functioning Children’s Ward along with services that other people in the country have access to and we will settle for nothing less.”*
- **The Maternity Services Liaison Committee** highlighted that it has *“heard no local professional advocates for removing (a) consultant led unit at Whitehaven, but are aware of concerns expressed if a (sic) consultant unit was closed in relation to safety and risks to mums and babies, and travel distance on poor infrastructure.”* It also said a *“loss of real maternity choices would result in deterring those planning families from settling here in favour of areas where maternity services are more accessible in pregnancy and labour. It is when a community loses its young that it goes into decline.”*
- A letter from a **group of gynaecologists and obstetricians** highlighted that switching to a ‘resident-on-call’ model would *“make it even harder for Cumbria to recruit and retain highly skilled obstetricians”*.
- A blog by MP **Jamie Reed** said the Success Regime’s Progress Report *“demonstrates a vibrant future for West Cumberland Hospital, with more elective treatments taking place there, a full Accident and Emergency department and an innovative partnership with the Great North Children’s Hospital.”* In supporting the need to maintain consultant-led maternity services, Mr Reed urged central government to ensure the local trust has *“the resource it needs to ensure people in West Cumbria has safe and timely access to key maternity services.”*
- *“...we live very close to Sellafield and there is talk of expansion. I dread to think of what would happen should there be an incident in construction or a leak from nuclear reactor. Besides this it also means an influx in the number of patients who will be needing attention.”*
- **Fellview Healthcare Patient Participation Group** said: *“serious concerns have been raised at the poor service of transfers to West Cumberland Hospital and the Cumberland Infirmary, Carlisle... These delays are a direct result of the care model adopted by the NCUHT which has centralised many services to Carlisle.”*
- *“We keep hearing about how hospitals are overwhelmed and bed blocking, surely without cottage hospitals this can only get worse for the larger hospitals. Because we are all living longer this problem can only get worse.”*
- **Brampton Parish Council** said: *“patient care in hospital is more cost effective than caring for people in their own homes in such a dispersed community setting as rural Cumbria.”*
- *“The fact that Keswick alone has on average 60,000 visitors a year may not have been taken into account... You should consider looking at Keswick Hospital differently.”*

- The **Brampton League of Friends** presented us with a submission of comments from its Facebook page, which included the following comment: *“Community Hospitals are a valuable resource. When a bed crisis occurs at the acute hospital (which is not an infrequent happening) appropriate patients can be transferred to their local community hospital. Not every person is suitable to go home to continue their rehabilitation and this can be delivered more effectively in the community hospital.”*
- MP **Rory Stewart** said: *“Many of the suggested recommendations relating to addressing remote healthcare, and ageing demographics, are very welcome. I have long advocated developments in tele-health for regions like rural Cumbria, and it is great to see that this is recognised. Our so-called ‘cottage’ hospitals are treasured, locally, as an absolutely critical pillar of community healthcare... I believe very strongly that these hospitals have a greater role to play in delivering healthcare in this part of Cumbria, rather than a reduced role, and I can see no advantage in reducing their scope or centralising services elsewhere.”*
- The **Governors’ Council of the Partnership Trust** said ICCs *“could, in principle, reduce demand for in-patient beds in community hospitals, but they would need time to become established and in the meantime demand for these (community hospital) beds won’t go away... In the longer term, the need for community hospital beds will not reduce, however outstanding the public health services and ICCs may be.”*
- **Penrith Town Council** argued: *“It is not reasonable to close community hospital beds for a reason (recruitment and retention of staff) which can be overcome in due course with some considerable thought and effort.”* Pointing to the high bed occupancy in community hospitals over the past two years, including 94% occupancy since between April 2015 and March 2016 it said *“there is genuine requirement for these beds, and this will increase due to demographic changes... Without these beds there would be nowhere for people to discharge patients to. There are already frequent delays in discharge rates because Adult Social Care is already fully subscribed. The burden on Adult Social Care and private agencies will greatly increase... Such a shifting of financial responsibility to another part of the public sector cannot be regarded in any way as a success.”*
- **Borrowdale Parish Council** and **Underskiddaw Parish Council** both expressed a similar view to the **Derwent 7 parish group cluster**, who said *“inpatient bed numbers at Keswick Hospital should be INCREASED to take the pressure off the two larger hospitals which can be used to focus on those patients that need that level of care.”*
- **Keswick Women’s Institute** added: *“we want you to reconsider reducing the number of beds at our cottage hospital. On the contrary we want you to increase the number of beds from 12 to at the very least 16.”* It also referred to its online and physical petitions which, combined had approaching 30,000 signatures and has increased to nearly 50,000 since.
- *“We urge the Success Regime to think again and consider expansion of the beds at Keswick from twelve to sixteen, as recommended by the local GPs and to capitalise on the considerable investment that recently went into upgrading Keswick Community Hospital.”*

- *“Community Hospital Beds are a vital resource for those no longer needing a major hospital’s medical treatment, but not able to be returned to their own homes for some time either. They are a vital means for preventing the more frail when comparatively minor illness makes them unable to cope for a limited period, but do not need the fuller treatment of a major hospital. The fact they are still in their own Community, close to home, so more easily visited, beside being a good thing in itself, can be a helpful contributory factor for speedier convalescence, so ‘unblocking’ Community Hospital beds, too.”*
- *“Care in the Community is not working in this area. Nursing staff and Social workers have to travel miles between each patient, so more time is spent on the road than at bedside.”*
- *“...surely in order to decrease the demand for acute hospital beds more community beds will be needed and not less?”*
- The **ENTRA tenants association** said: *“Reducing the pressure on acute hospital beds is surely best done by increasing not decreasing the number of community beds when we all know that there are no spare beds in the former.”*
- The **Maryport Health Service partners** said, as an integrated care organisation pilot itself, it *“demonstrated reduced hospital activity, but central to our ability to manage frail, failing patients were our community beds.”*
- A representative from the **Maryport League of Friends** said: *“All money raised by the League of Friends is donated by the people of Maryport and the surrounding area, people who are passionate about keeping this Hospital”*
- Of community hospital beds, **Lord Bragg of Wigton** said: *“I know how much these places mean to the widely scattered population of Cumbria.”*
- **Lord Liddle**, county councillor for Wigton, said the concept of Integrated Care Communities is *“an exciting one”*, but it is a *“long way from realisation on the ground”* and would involve *“radical change in the way Cumbria organises its social care”*, thus posing challenges to establish for the local authority. He added: *“If operations are to be carried out further away from home, doesn’t this strengthen the argument for the local community hospitals to offer the facility for recuperation and rehabilitation?”*

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

- One respondent highlighted the effectiveness of temporary accommodation in helping to initially encourage doctors to come to work in Cumbria and stay there.
- A member of **ADHD West Cumbria** highlighted concerns with Child and Adolescent Mental Health Services, highlighting that parents *“are given little support once (their child) is diagnosed with ADHD”* and that they were *“shocked”* to learn there is no adult ADHD services in Cumbria.
- A **North Cumbria consultant in anaesthesia and intensive care** said: *“For a sustainable future new and hopefully existing consultants need to sign up for full cross site working, including on call covering one or other hospital at any one time.”*

- A former NHS accountant suggested that *“it would be much easier to recruit potential medical students if it was more widely known that doctors/consultants (sic) pay regularly gets them into the top 1% of employees.”* The respondent went on to suggest a strategy of reducing pharmacy contracts by *“cancelling the contracts of rural dispensaries where they are less than 3 miles from a retail pharmacy... to withdraw the pharmacy licences held by companies where the shareholders are the GPs in the premises where the Pharmacy is located”* and to *“cancel the contracts of those pharmacies making up less than 50 of the average monthly number of prescriptions, unless they are located say more than 6 six miles from another pharmacy.”* The suggestion was then made to retrain pharmacists as GPs.
- The West Cumbrians’ Voice for Health Care group asked for NHS England to look at WCH’s original business case which included proposals for *“an education centre in the heart of the hospital with video conferencing, telemedicine and other technical tools for improved services... To demonstrate a genuine commitment to the people of West Cumbria the money for this should be released.”*
- One individual questioned the suggestion of having a helicopter for emergency retrieval services at WCH. Instead, they said: *“Surely it would make sense to utilise the air ambulances already based in the County and add one helicopter to their number? This would allow better emergency management and more efficient utilisation of resources.”*
- Gosforth Parish Council also highlighted its *“lack of confidence”* in the emerging option of greater helicopter use, saying it is *“not sustainable”* and would make *“current proposals for this community, and others in a similar position, very vulnerable to future funding pressures.”*
- A GP in Keswick told us that consultant retention problems exist *“due to unsustainable demands on service delivery allied with an inability to develop their services and no recognition of the need to spend part of the time working in teaching hospital centres to maintain their hard-won expertise.”* The respondent went on to say *“the creation of attractive posts with time built-in for research or work in prehospital care or attachments in tertiary care could be created at a cost lower than that of the current locum bill.”* They also identified the ‘payment by results’ tariff as resulting in *“haphazard and wasteful”* activity which should be replaced *“by the creation of specialist posts to address the major part of the demand, resourced with the relevant diagnostics.”*
- The Friends of Mary Hewetson, Keswick highlighted how the community hospital fits in with the ICC model, saying: *“since improvements and alterations were carried out with the co-operation and support of our Local GP’s (sic) the services at the Hospital have been extended to cover care in the Community and it is now been (sic) managed effectively with many agencies working from the hospital base, just like the Integrated Care Community which the Success Regime is looking for.”*
- One respondent said that budgets for the NHS and social care services should become all one pot of money.

- The **Friends of Brampton Memorial Hospital** highlighted a number of ways in which the hospital could become an “active hub”, including introducing “*ancillary services in partnership with the local medical practice, social services, and the district nursing team.*” This would create a “one-stop shop” for clinics that “*could mean fewer patient visits, with multiple interventions at each visit, saving time, space, and travel costs*”, as well as other benefits associated with an integrated nursing team such as “*continuity of care, and increased patient recognition and confidence.*”
- One respondent called for a “super hospital” in Cockermouth to “*deal with acute medical and surgical emergencies for adult and paediatric patients allowing Whitehaven and Carlisle the space and resources to carry out elective surgery and also a step down facility for medical patients*” which would “*allow for more specialist services to be repatriated back from Newcastle*”.
- A letter from two respondents helpfully highlighted the work of NHS Highland/Belford Hospital, Fort William in dealing with recruitment, retention and service delivery problems in remote and rural areas. The respondents pointed to a number of areas where advice and best practice could be sought, including women and children’s where “well established protocols” has meant the area has an effective system that sees Raigmore Hospital in Inverness deliver full consultant-led maternity care, including deliveries for most first-time mothers and high risk cases and first-time mothers, and other deliveries are at the midwife-led unit in Belford. They also added that offering fellowships and a GP retainer scheme would help attract young doctors.
- One respondent attached the paper ‘*Trend towards centralisation of hospital services, and its effect on access to care for rural and remote communities in the UK*’ to evidence that centralisation would adversely access to care for patients in remote and rural areas.

In conclusion, we heard a lot of personal stories from people who felt very passionately that further services should not be removed from WCH. In some cases there was blame and anger directed towards “Northumbria” for “systematically” moving services from WCH to CIC since taking over management of “North Cumbria Acute Hospitals”.

We also heard from several local councils, MPs, community and campaign groups, with individuals often sharing similarly-worded submissions, indicating a strong consensus from the community.

While some of the Success Regime’s emerging thinking was welcomed by local MPs, it was clear that there were some ‘red line’ issues, such as maternity services and community hospitals, for these politicians, as well as for councils and indeed local residents.

Community hospital beds was particularly emotive issue, although there was some confusion in that several felt the Success Regime’s emerging thinking proposed the closure of community hospitals. A number of respondents highlighted online petitions objecting to the loss of inpatient beds at community hospitals.

We also got a sense from several submissions of ‘us’ versus ‘them’. For example, one respondent said: “*How dare the government and people carrying out these repeated “reviews” try to dictate to us what health care we will and wont (sic) have.*” In these cases, there was almost always an acknowledgement of the financial deficit, but blame was attached to bad local management of the NHS, which it was felt local people would have to pay the price for in the form of service changes.

2.5 Success Regime website online responses

During the engagement period to 25 May 2016 the Success Regime received 236 electronic responses or contributions through its website.

Key themes emerging from these engagement responses included the following:

- **Community hospital beds:** There was considerable opposition to the idea of closing inpatient beds at any given community hospital in order to consolidate inpatient beds on a smaller number of sites. We received a particularly large number of responses on this matter from respondents objecting to bed closures in Keswick.
- **Services at West Cumberland Hospital (WCH):** Significant concern was expressed about possible service changes at WCH particularly any service changes that represented what respondents perceived to be the downgrading of 24 hour emergency services, consultant-led maternity services or inpatient children's services.
- **Transport:** Transport was a key issue for many respondents and in particular the desire to keep services at WCH because of the poor transport/travel links with Carlisle.
- **Sellafield:** A number of respondents also mentioned the proximity of nuclear facilities at Sellafield as being additional reason why services should be kept at WCH.
- **Recruitment:** Some respondents indicated that, in their view, NHS organisations simply need to improve their methods of recruitment if the failure to recruit key staff was a challenge.
- **Governance:** Some respondents also argued for a simplification of the NHS with one Trust (and one CEO) for the whole of Cumbria.

Typical quotes from respondents included:

- *"Why are community hospitals being targeted to bail out poorly managed acute hospitals?"*
- *"Given the distance to Carlisle and the proximity of Sellafield it is critical that a full range of health services, A&E, Maternity etc. is maintained at West Cumberland Hospital."*
- *"With an expanding and aging population access to quality health care in the relatively isolated West Cumbria area is essential for the benefit of all."*
- *"We are a rural community, with a large proportion of retired/elderly people. I would strongly urge you to retain the beds in Keswick and Penrith as this serves an essential service to the community. The abandonment of these beds would leave vulnerable people without a much needed local resource."*
- *"The recruitment and retention of staff, especially in the west, is of continuing concern. The image of a depressed area both socially and economically, well away from major cities, makes it a hard sell."*
- *"Brampton Hospital without beds is ridiculous"*

- A representative from **Wigton Town Council** argued that: *“...centralisation of services does not work for rural areas such as ours.”*
- *“Until Social Care is adequately reformed and is recognised as an integral part of the health and welfare ‘package’ it makes sense to maintain bed provision in the smaller Community Hospitals such as the Ruth Lancaster hospital in Alston.”*
- *“ICCs will be dependent on Social Services carrying out their role in time and they have their own staff and financial problems to deal with.”*
- A resident of Copeland and a **local GP** said: *“I am very concerned about a number of aspects of the Success Regime plans. In particular, I feel it is absolutely vital that a consultant led obstetric service is retained... retention of consultant led obstetrics also requires 24 hour paediatric cover. On the other hand I believe the rationalisation of community beds is sensible and closer working relationships between Carlisle and West Cumberland Hospital is very positive.”*

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

- A **GP respondent** said: *“From your proposals I think more use of telemedicine used in the right way would be beneficial to an area like ours... My concerns lie around moving more care into the community. If this means using the local GPs to pick up work from the hospitals then I don't think this would necessarily work unless recruitment could be drastically improved.”*
- One respondent stated that: *“A recent RCGP document on Health Inequalities stresses that ‘Difficulties accessing the healthcare system are one of the major drives behind health inequalities’.”*
- It was suggested that the Success Regime take a look at the services being provided by Cumbria Medical Services which the respondent said were *“...ahead of their time in what they offer in the community.”*
- It was suggested that the local health community should *“...start a programme of training trauma doctors and nurses with mountain rescue.”*
- Another respondent said: *“To provide more out of hospital care needs skill development and this cannot and will not happen quickly but should be a major requirement for any future workforce planning and investment.”*
- **Hospice at Home West Cumbria’s** submission offered help on Integrated Care Communities saying: *“As a local community based organisation with 30 years of recognition and experience we are well placed to make a valuable contribution to the development of integrated communities.”*

- A consultant obstetrician and gynaecologist at Cumberland Infirmary Carlisle stated his personal view that: *“North Cumbria has over 3000 deliveries per annum. The number of deliveries is divided among Cumberland Infirmary (CIC), West Cumberland Hospital (WCH) and Penrith birthing centre. The cost of running two obstetric services which also requires two anaesthetic, paediatric, SCBU with two obstetric medical staff is exponentially high. If this could be delivered as one service the costs are more than likely to reduce significantly. With ever increasing financial deficit in North Cumbria acute hospital sector, centralisation would make delivery of services financially viable, sustainable and feasible. This would also make a sustainable workforce very much a reality.”*
- One respondent said: *“The service must be designed to minimise travel. Consultants must be much more mobile.”*
- And another suggested the Success Regime consider how healthcare is provided in other remote areas.

Amongst the respondents who offered online responses there was some evidence that not everybody fully understood the emerging thinking published by the Success Regime during the engagement period. For example, one respondent wrote about living in Keswick with no immediate family to help with transport and being *“totally devastated that there is a proposal to close Keswick Hospital.”* (There is, of course, no such proposal.) More generally, however, the online responses reflected considerable knowledge of the Success Regime’s emerging thinking.

We also sensed a degree of engagement ‘fatigue’ amongst respondents with a number mentioning the fact that they appeared to have been answering engagement questions for several years.

There were also several positive comments about the engagement process with one respondent saying: *“I found this [engagement] meeting both positive and informative. Thank you very much,”* and a patient and lay representative saying: *“I welcome the [Success Regime’s Progress] Report and in particular its honesty of the situation.”* Another respondent said it is *“great that for the first time in 5 years that we have open debate. Very best of luck to S.R. [Success Regime]. You have started well.”*

2.6 Stakeholder engagement meetings

The Success Regime held two meetings with key local stakeholders, during which the Success Regime gave a series of presentations as an update on its progress and attendees broke into groups to discuss and provide written and oral feedback on a variety of areas, before everyone was given time to ask questions. The meetings were attended by more than 100 stakeholders including local governors, third sector organisations, district, parish and town councillors and more.

The key reoccurring themes that emerged were:

- **Rurality:** It was underlined that the rural nature of the area and its unique topography rendered particular challenges. The isolated nature of many communities, lengthy travel times between even geographically close communities and the sparsity of public transport were among the most common issues raised.

- **Recruitment issues:** The difficulties the local health service has encountered in recruitment were generally acknowledged. One popular suggestion was that local people should be given special encouragement to consider health related careers and that they be granted priority for placements within the county. Another was that better opportunities for career progression (within Cumbria) should be made available.
- **Need for results:** There was a measure of exasperation at the number of consultations which have, in spite of promises, been perceived to fail to deliver a sustainable NHS for Cumbria over recent decades. All attendees were clear: this time there must be results. In practical terms this was equated to the Success Regime being given sufficient resources to enact its proposals.
- **Community hospitals:** There was a clear preference (an emphatic one in many quarters) that all inpatient beds should remain - unaltered - in each of the nine community hospitals. However, there was no agreement on which should be afforded protected status in the event this was not possible. Each hospital was the most 'unique' according to its supporters. Additionally, it was felt that community hospitals could be utilised to provide more holistic care.
- **Social care:** A regular issue raised was a feeling that social care (a County Council responsibility) should be included as part of the review. This was especially prevalent when discussing Integrated Care Communities (ICCs), where it was felt that proper implementation was not possible without its inclusion - most notably in relation to health education.

Other issues raised included:

- There was some disagreement over the Success Regime's proposed vision. Some said it was too ambitious ("international beacon") while others said it was not ambitious enough.
- It was also felt that communications should state some home truths about what needs to change in Cumbria's health system and why.
- Helping people as much as possible to self-care should be a crucial part of the Success Regime's work.
- Tele-medicine should be utilised as much as possible in any new proposals.
- The public need a more practical picture of what ICCs will look like and how they will work.

2.7 West Cumbria Community Forum workshop

During the engagement programme, the West, North and East Cumbria Success Regime facilitated a workshop at one of the West Cumbria Community Forum (WCCF) meetings. The session saw members of the WCCF, which comprises councillors, campaign groups and third sector organisations, divide into groups looking at five different areas of the Success Regime's emerging thinking and provide their feedback. The most salient issues discussed under each of these five areas are outlined below:

- **Healthcare system challenges and emerging vision:**

Attendees identified a number of areas that presented a challenge to better healthcare provision. The issues of recruitment and retention of staff featured prominently as an obstacle to be overcome as well as the formalisation of the geographical region that will be included in the programme.

The emerging vision was met with approval and the main consensus was that this now needs to progress swiftly by setting implementation metrics. When asked to comment on improving the Success Regime's vision, the WCCF expressed a handful of further considerations. These included accident and emergency pressures and the aging population of Cumbria, both of which they asked to continually inform the shape of the programme. Other issues raised included the reduction in the use of locums, improving the professional perceptions of the area and the modernisation of services.

- **Integrated Care Communities and community hospitals:**

Attendees welcomed plans to develop Integrated Care Communities. The idea of a reduction of "silo working" towards patient-focused delivery proved popular, though concerns were raised over any additional pressures being placed on staff.

The forum raised concerns over any removal of inpatient facilities at community hospitals given the distance some would need to travel to West Cumberland Hospital. It was noted that any change to services provided by community hospitals would invoke a negative reaction from communities. The WCCF said it would like to see input from social services on future proposals, though participants recognised that social care is currently operating in an economy of massive central budget constraints.

- **Maternity services:**

There was some criticism that the emerging models of maternity services did not communicate an emerging vision, or show how each model would achieve that vision. Consultant-led care at West Cumberland Hospital was viewed as essential, as were services to treat both the physical and mental wellbeing of new mothers.

Members of the forum felt small maternity units propose an attractive place to work for consultants rather than "supersize units". An economic argument was delivered by members of the WCCF, stating that unless there were adequate maternity units, people would not necessarily wish to move to Cumbria or feel satisfied staying.

With regards to travelling, participants said that up to 30 minutes seemed a reasonable time to travel to a maternity unit. Any further, it was argued, can impact and disrupt the normal birth process. Mothers who were present pointed out that arriving too early in the birthing process could also lead to unnecessary medical intervention.

There was discussion regarding the correlations between West Cumbria and remote Scottish areas. Members of the forum rejected the similarities drawn between remote Scottish regions and West Cumbria, mainly on the basis that population density is higher and therefore any likeness was not viewed as wholly accurate. Participants argued that people had settled in West Cumbria with services that were close-by but which could now become remote.

- **A secure future for West Cumberland Hospital:**

The group were critical of the use of the terms “*affordability*” and “*sustainability*”, which they believed indicated the public were to blame for unaffordable services, and suggested that these considerations should not factor into the decision-making process. They also suggested that recruitment should work with outside agencies and cast a wide net through advertisement. Some were worried that a reduction in services offered by West Cumberland Hospital would impact on the ability to deliver timely medical intervention for people with severe injuries.

Bad press, it was argued, could be contributing to the issues with recruitment, and there needed to be more good press surrounding the healthcare system in West Cumbria. It was also raised that many campaign groups had formed due to a lack of information previously, and that informing these groups would enable them to pass on accurate information to residents.

- **Organisational form:**

The vision for organisational form was considered by the group, who questioned whether the emerging thinking had taken into consideration how it would impact recruitment (one member asked: “*Will new consultants like the model?*”). It was also argued that there was too much focus on acute trusts in lieu of community services. Accountability was also an issue, with participants suggesting it was currently too ‘woolly’ and a more transparent structure would be beneficial. It was therefore suggested that a board or accountability body, rooted in the local community, should be created to provide some oversight.

The WCCF said that new guidelines for rural healthcare provision could be drawn up with royal colleges to ensure best practice, which in turn could encourage recruitment to the region. Other issues raised included: how to change the culture to avoid locums; how to make consultants feel a part of the west Cumbrian community; how regulation (e.g. CQC regulation) can look at the whole system under scrutiny and provide further clarity on the emerging vision.

2.8 Focus group discussion

The Success Regime conducted two focus groups in Cleator Moor, West Cumbria. The groups involved members/supporters of West Cumbrians' Voice for Health Care. The first group comprised seven participants and the second comprised nine participants.

Each group was offered an introduction to the Success Regime, its aims, the major challenges facing the local health community and a selection of possible solutions. Each group was then invited to discuss the issues raised.

Key points to emerge from the discussion included the following:

- It was noted - as an important point - that the population of West Cumbria was almost as large as the population of Carlisle.
- There was a clear view that a fully operational A&E was needed at West Cumberland Hospital.
- It was suggested by one person that in some respects what was needed was more generalisation in healthcare rather than more specialisation and centralisation.
- There was widespread agreement that what was needed was a more integrated approach to healthcare operating within a wider health network.

- Some people felt the biggest health challenge facing the community was that local NHS structures were not right and that a new structure was needed.
- Participants felt it was important not to forget the challenges associated with an increased population associated with the building of a new power station at Sellafield.
- There was clear support for an improved road link between West Cumbria and Carlisle along with improved rail services.
- Participants had a sense that government needed to improve the local infrastructure and that NuGen needed to make a contribution to local services.
- It was pointed out that the winter flooding that took place in Cumbria needed to be remembered as a factor affecting health provision.
- There was also a plea that local community hospitals should be used to provide more services.
- People agreed that there could and should be a shift of focus towards the prevention of ill health and support for people to stay healthy and well.
- There was general agreement that the development of different models of home and community based care to try to reduce the number of unnecessary hospital admissions was a good thing provided the model was established before hospital services were changed.
- There was agreement that we could make greater use of tele-medicine for routine treatments but some concern that this should not adversely affect older people.

2.9 NHS staff comment cards

Comments cards were distributed within NHS organisations across Cumbria in order for staff to write down their ideas and concerns. More than 200 cards were filled out by staff across the community hospital sites and in the acute hospitals in Carlisle and West Cumberland. A summary of the feedback from these cards is outlined below:

- **Staffing levels:** Inadequate staffing is a central area of concern, and it is felt that recruitment and retention is crucial to ensure quality of care. We also heard concerns from a number of staff that this was leading to high band staff doing administration work, leading to inefficiencies. We found staffing issues were having a particularly negative impact on staff morale.
- **Bed shortages:** The lack of community beds for both in and outpatients is deemed to be severely compromising the quality of care across all hospitals, and the suggestion of cutting them further was strongly disputed.
- **Integrated care:** A frequent suggestion was that improved links between health and social care would be hugely beneficial, especially in terms of palliative care. As well as increased links, shared and integrated services - ideally under one roof - is largely viewed as a way to advance these aims, so that there is a coordinated and consistent approach to treating patients.

- **Travel:** The poor public transport links and long distances that patients, and indeed staff to get to patients, need to travel was a concern expressed by a number of staff.
- **Patient flows:** Staff often raised the issue of problems with discharging and transferring patients due to lack of social care provision. This was having a particularly adverse effect on staff morale.

Typical quotes from staff included:

- *“I think it would be a great loss to communities if community hospitals should lose their beds.”*
- *“Show the public we are investing in Cumbria... bring training to Cumbria.”*
- *“We get very severe winters and our roads can become blocked with snow. We then become isolated and need to be able to look after our community in these situations it is no good having a nurse or doctor 30 miles away and no way of being able to get to our patients in their own homes.”*
- *“Staff are continually being moved from their specialised area of work. This is unsafe for patients when leaving that area are a staff member short. As a result, staff are often working out of their capabilities on wards they are unfamiliar with.”*
- *“Clinical staff should be doing clinics and should have enough admin staff to pick up appropriate paperwork. We have band 567 making files up?!”*
- *“I would like a shared services building to be looked at as previous plan also to include hospital beds/nursing/residential/GP/dentist and community centre”*
- *“We need a new building to incorporate community hospital beds, residential care beds, nursing home beds and sheltered housing. We also need to be able to manage and provide social care in people’s homes along with nursing care in people’s homes. If all of this was managed from one site we would be able to prevent a lot of acute admissions to hospital by monitoring and providing the service that our community needs.”*

Some staff members made interesting and noteworthy suggestions, observations or recommendations including the following:

- A staff member at West Cumberland Hospital suggested an *“on-call transfer team for transfers between WCH + CIC, staff to give availability and be called in if necessary.”*
- A member of staff in Keswick referred to their experience working in New Zealand where members of the team were assigned ‘float’ roles for several months to cover absences within the team and provide flexibility to assist in wards where there are gaps.
- One staff member in Voreda felt that *“budgets need to be realigned”* and advised that *“acute tariffs need unbundling to push money down the line so that commissioning don’t (sic) pay for services twice.”* The respondent said *“committing to two DGHs (district general hospitals) isn’t going to work - you need a rethink!”*
- A member of staff in Penrith said: *“30% of GP appointments are musculoskeletal. These patients could be seen by physios first to reduce GP wait time and costs. Pilot in Penrith an MSK assessment centre, employ more MSK physios and we could reduce GP patients by 30%.”*

- A member of staff in Brampton argued for an alternative use for the hospital, without inpatient beds. They said: *“If Brampton hospital loses its beds there would be lots of space to do more community rehab sessions e.g. pulmonary rehab, cardiac rehab, falls groups, post stroke etc. this would mean more staff and equipment but would be a direct benefit to local people who otherwise go to CIC.”*
- A staff member in Keswick said: *“I’m all for reducing bed numbers with more community based treatment/support but need to bear in mind that those who do require inpatient care will have much higher levels of acuity overall so a 50% reduction in beds will not mean a 50% reduction of staff needed.”*
- A member of staff at West Cumberland Hospital felt public health promotion was crucial to ensure sustainable services. They said: *“Be more proactive in health promotion i.e., have a health management service rather than only treating bariatric patients when acutely unwell - try a prevention service to stop patients getting to this point.”* This was also expressed by a staff member in Penrith, who wrote: *“Increase public awareness of self-refer system to physios to off load GPs. Allow physios (with appropriate training) to directly refer to x-ray/MRI to help alleviate pressure on GPs and make process more efficient.”*
- A member of staff at West Cumberland Hospital said: *“Why are patients bed blocking beds when care homes are sitting with 15 plus empty beds, what is the hospital doing to get these patients out into care homes. What is CQC doing has the hospital contacted CQC about bed situation.”*
- A member of staff in the Carleton Clinic advocated more use of technology, saying: *“Be bold and be brave, use digital technology, establish an ACO, use data better, bring 3^d sector in - they have more ideas than they get credit for.”*

In conclusion, we gained a strong sense that staff want to be communicated with directly regarding any changes that are planned for local facilities, and that their concerns are being listened to and acted upon. We also found issues such as lack of staff or poor patient flows were having a particularly adverse effect on staff morale.

Staff made a number of comments in relation to costs, giving examples of where inefficiencies lie, such as: *“Ordering equipment and supplies needs an overhaul. It takes too long for orders to be delivered and the cost is not cheap.”* Ideas also referred to cost saving potential, such as *“Improving flow through the service would reduce costs - do something about the social care issue.”*

While many staff were knowledgeable, albeit circumspect, about the Success Regime and left comments related to plans to reconfigure services across west, north and east Cumbria, there were also a number of specific suggestions related to day-to-day amenities and facilities within the hospital. For example, one respondent said: *“The main ward lights won’t switch off at nights by the remote, it has been mentioned on numerous occasions. Some patients complaining about the bright lights.”* Another said: *“We need TV’s (sic) on Willow A ward - the ward is not a stimulating environment for patients and they deteriorate mentally.”*

There were also a number of examples of where staff felt processes or equipment in their respective buildings could be improved or utilised better, for example: *“Why is the x-ray facility not used to its full potential e.g. 9 - 5 Monday to Friday and on call at weekends? This would help ease pressure at the acute hospitals.”*

2.10 NHS staff meetings

The local health organisations that make up the Success Regime held a series of drop-in meetings for staff which saw attendees given an update on its emerging thinking and also a chance to ask questions or put forward ideas.

From the 31 staff engagement meetings that took place, the common themes and issues that arose were as follows:

- **Recruitment and retention**

Staff felt that Cumbria is not doing enough to support and develop healthcare professionals or attract them to the region. They feel that staff development is key and that long term opportunities and training should be included in the main aims of the regime.

It is believed that there needs to be a more extensive recruitment strategy that targets both young people at higher education and school level, as well as experienced professionals. Staff felt that there is a lack of qualified clinical staff in the region and this issue needs to be addressed immediately due the pressure it is putting on workloads.

Job security was a major reoccurring theme and there is a widespread sense of uncertainty about the impact of the regime and how this will affect employment. Staff wanted reassurance that skills were being invested in and that they wouldn't be affected by cuts.

- **Closure of facilities**

The perceived potential closure of facilities was also a main topic of concern. Staff were worried about the impact this would have on patients and the community as a whole. There was a lot of worry about financial difficulties causing the quality of care and services to be compromised. These worries were largely focused on the lack of mental healthcare services and difficulties in supporting those who had suffered from a stroke, although there was also some concern expressed at a lack of community beds and the negative affect that this has on patient care.

It was also felt that these conversations need to prioritise the patient to a larger extent and how it could they be affected by changes made by the Success Regime.

- **Engagement with external organisations**

Another point of discussion was the need for external organisations to be engaged and communicated with to ensure a more fluid system that discourages 'bed blocking' or patients being discharged without the right support. It was deemed that there needs to be more consistency in what hospitals are offering and that pooled budgets might ensure this.

The need to work more closely with social care providers, including care home operators, as well as third sector organisations, was a particularly prevalent point at the meetings and staff felt that delayed discharge due to lack of communication between care services in general was a major issue.

- **Transparency**

Staff wanted clarity and transparency with the aims, objectives and progress of the Success Regime, particularly from senior management. They feel that the Success Regime needs to be realistic about financial limitations and set objectives that align with these restrictions.

Some felt that that staff involvement in the Success Regime gave them some more confidence in the proposed changes.

- **Transport links**

The ability for healthcare professionals, social care workers, emergency services and personal visitors of patients to reach hospitals and other services in Cumbria was another main area of concern. It is deemed that transport links are poor and thus causes inability for staff and patients to reach remote areas safely. Staff encouraged development of local infrastructure in order to support healthcare objectives.

2.11 NHS staff survey

A short online staff survey was set up to enable staff to provide open-ended responses to the Success Regime Progress Report and include their own options and solutions to tackle health issues in the county.

Staff were asked four questions to capture their views:

- What do you think of the emerging options outlined in this progress report?
- How can we shape and improve them?
- What other options do you think we should be considering?
- What are your concerns?

The survey was completed by 161 staff, of which 62% were from Cumbria Partnership NHS Foundations Trust and 36% were from North Cumbria University Hospitals NHS Trust, while 2% listed themselves as 'Other'.

The key themes that were evident in the responses for each question are detailed below.

What do you think of the emerging options outlined in this progress report?

Among the 149 responses to this question, key themes were:

- Lack of coordination in the planning.
- Concerns about capacity for patients.
- People will have to travel significantly further to access medical help.
- More staff will be needed to make this a success.
- That it will have a negative impact on the local community.
- There are positives to the options, but only if other criteria are met.
- This kind of thing has been suggested before and won't make a difference

Typical quotes from respondents included:

- *“Staff recruitment and retention, for example, will be poor when you cannot give staff guarantees that services will remain. The options to reduce the mental health inpatient sites is appalling and is, again, treating those with mental health issues and their families as irrelevant.”*
- *“Everything sounds logical and positive. It seems everything hangs around recruitment and retention of staff, I hope future plans can remedy this issue.”*
- *“I do not agree with closing the beds in the community hospitals, they are an essential resource for our rural county.”*
- *“I have worked in community hospitals and the benefit of being able to carry out a home visits allows for more complex discharge planning and rehabilitation, making it more beneficial being closer to the patient’s home.”*

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

- *“They look positive as long as community services are developed before beds are closed”.*
- *One respondent was “Scared that there is a distinct barrier between North and South being created.”*
- *“Some of the options seem sensible however many raise concerns. Most women were adamant that they did not want to have care at CIC for even high risk pregnancies. The same goes for children’s services. They must remain. The plans around emergency medicine and surgery seem robust however there are big concerns emerging regarding the capacity of CIC and this has not been addressed.”*

How can we shape and improve them?

From the 134 respondents, the common themes were:

- By understanding the geography of the region. Rules that apply elsewhere cannot be attributed to Cumbria due to its remote nature.
- Through better integration between hospitals, community care and other services.
- By remaining transparent with the public, listening to their opinions.
- By involving the staff more and providing them greater forums to give their opinions.
- By making a secure plan for the long-term future of the hospitals.

Typical quotes from respondents included:

- *“Integrated care communities and Community hospitals - we need more staff out in the community based at community hospitals. We need to invest in the current hospitals and use them to capacity.”*
- *“Talk to and Listen to front line staff, provide greater clarity and leadership for Integrate Care Communities, ensure IM&T Strategies support the options.”*

- *“The proposals need to be costed and those costings should be presented to staff and the public.”*
- *“Increase inpatient beds in line with staffing ratios. Keeping services at two hospitals only a few miles apart (Workington and Cockermouth) makes no geographical sense.”*
- *“More consultation with front line staff and more understanding of the services the teams on the ground are already delivering.”*

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

- One respondent felt the Success Regime should *“Look north to Scotland and learn their learnings about health and social care integration.”*
- *“Could we have clinics for our children with long term conditions on/near to our new children's ward?”*
- *“You have to turn around the massive amount of staff negativity in this Trust. For example, when the Trust spends a few hundred £K on a new system and there is no senior clinical and managerial interest or guidance, and when implemented, staff think that keeping electronic patient records up-to-date is ‘optional’ and nobody does anything about it. Staff engagement is the key.”*
- *“More emphasis on mental health. Removal of the wording ‘inappropriate referral’ as this can lead to poor attitudes and stigmatisation towards people.”*
- *“From a midwifery perspective we need to promote normality in maternity care. There is a danger that this will get lost in the proposals.”*

What other options do you think we should be considering?

Of the 128 responses, key themes that emerged were:

- Greater investment in staff training/retention
- An increased role for community hospitals
- The geography of the area and how it affects employment/hospital placement
- Merging into one local healthcare organisation

Typical quotes from respondents included:

- *“Improving staffing levels generally and definitely upskilling the community hospital staff to deal with patients closer to home”*
- *“Keeping local community hospitals”*
- *“Have one organisation instead of many. Working better together will not happen unless until that happens. Never has before and never will.”*

- *“Organisation merger in Cumbria.”*

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

- One respondent made a series of suggestions to improve financial efficiencies, such as *“Innovations over staffing. Maximising income: chasing out of area patients' funding; charging the travel insurance companies of foreign visitors; providing Respite/Convalescence/NHS Continuing Care beds that are self-funded or joint funded by Adult Social Care.”*
- *“Detailed structural plans for patient care, led by consultants, in order to avoid tests which are not indicated and therefore wasteful of resources. Also to ensure that patients are not discharged without proper diagnosis and treatment plan, so causing dissatisfaction and readmissions.”*
- One respondent felt that there should be more clearly defined proposals even at an early stage. They said: *“No more options - they need reducing to one, not increasing”*

What are your concerns?

Among the 147 responses, the key thoughts were:

- Not enough staff or resources
- People will have to travel too far
- Patients won't be safe
- Too much is being talked about but not enough action

Typical quotes from respondents included:

- *“That there are too few doctors, and more are leaving. That emergency care for me or my family would be so far away that friends and family would not be able to support me.”*
- *“I seem to know too many people who without emergency help at WCH either they or their babies wouldn't have survived, these were mothers who were classed at a low risk birth.”*
- *“Patients don't get to be close to their relatives. They become socially isolated because no one can visit them and there is more stress involved for patient and relatives at an already stressful time.”*
- *“Staff have longer distances to travel to take them on home visits, the discharge planning becomes more difficult out of area, and patient's relatives often cannot get to see their relative.”*
- *“We will be debating the same things in 15 years - just as we were 15 years ago - and in the meantime people will continue to get a poor deal.”*

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

- One respondent raised concerns about staff wellbeing, saying: *“As admin I’m not at the sharp end but have great respect for clinical staff who are. They need support both physical and emotional which isn’t always able to be supplied due to time restraints, money and pressures on management.”*
- One respondent felt midwife-led care should be taken into greater consideration, saying: *“Midwifery led care, although well recognised to provide cost effective care is being side-lined.”*

2.12 Formal and informal stakeholder meetings

The Success Regime held 42 formal meetings with stakeholders during which minutes and records of their views were recorded. The purpose of these meetings was to ensure individuals and key community groups - often those who are a conduit for communicating with their own audiences - in Cumbria were given an opportunity to input their ideas and suggestions on how to improve healthcare services in the area.

Additionally, a further 101 informal meetings also took place to keep people updated on the progress of the Success Regime and its emerging thinking.

These stakeholders included campaign and community groups, medical professionals, local and national government officials, MPs, elected councilors, local businesses and industry, among others.

The purpose of these meetings was to ensure groups in Cumbria, often those who are a conduit for communicating with their own audiences, were updated on the progress of the Success Regime and its emerging thinking, and in order to give them an opportunity to input their ideas and suggestions.

2.13 Social media activity

The Success Regime made extensive use of social media (**Facebook** and **Twitter**). This served two purposes:

- **To inform:** to put information into the public domain - for instance that a public meeting was to take place or that a document was now available on the website.
- **Interaction:** to interact with local residents and campaign groups with a view to answering any questions or concerns raised, as well as working with them to propagate the latest information.

A number of key themes emerged:

- **West Cumberland Hospital (WCH):** It was emphatically the view of most respondents that WCH must remain a ‘fully functioning’ hospital with full A&E services and a consultant-led maternity service. This was supported by a significant number of personal stories submitted on comment cards at a meeting of the **We Need West Cumberland Hospital** campaign group. These cards were then uploaded on residents behalf by **Annette Robson**.

- **Travel and transport:** The difficulties associated with travelling from one location to another (the journey from Whitehaven to Carlisle was most often raised) was a common issue. For instance **Belinda Rae** raised it in relation to stroke services and patient survival times.
- **Nuclear industry:** The proximity of major (current and planned) nuclear installations was put forward as a concern; both as a rationale for the retention of services at Whitehaven and for keeping inpatient beds in the community hospitals. By way of example **Mahesh Dhebar** cited “*new nuclear expansion ... on the horizon*” as one reason for retaining services as well as noting it was the reason the WCH was first built.
- **Recruitment:** The difficulties that exist in recruitment (most especially in relation to WCH) were generally acknowledged. One of the most widely offered solutions was to “*offer attractive packages, promote the area when advertising - use the assets the region has that Mother Nature bestowed on it.*”

Other quotes of note/interest:

- “*If it [WCH] isn't a proper fully functioning hospital in all respects, then it's tantamount to perpetrating genocide on West Cumbrians.*” **Ian Marsh**
- “*We keep having consultations and get asked for our views. I think everyone knows what we in West Cumbria want so don't keep asking then doing nothing but ask again. We are not going to change our minds. We want consultant led maternity, 24 hour paediatrics and emergency surgery returned.*” **Teresa Ancell**
- “*No, decisions were made as soon as we were with CIC to degrade us. Steal our departments "temporarily", what a joke. Don't burden all the staff at CIC with us. It's totally unfair and we are not going to stop harassing you until all our services are returned and you leave to poison another part of the NHS with your insane ideas of medical care in the 21st century.*” **Daphne Mercer**
- “*Why are our children worth less than those in the north of the county, or the south of the country?*” **Victoria L Murray**
- “*Every business has to factor in certain costs, therefore you must have calculated how much the trust will pay out for each unlawful death following a transfer to CIC vs services at WCH? Are we simply playing a numbers game and gambling with lives? You know we need WCH so stand up for us and tell the trust that we need services and they can find another way to pay for their PFI hospital.*” **Kara Smallman**
- “*Who the hell is success regime? This is disgusting. These people are ruining our health service and won't be happy until children and babies are dying.*” **Lee Butterworth**
- “*so we'll exhaust everyone with engagement then start on consultation?*” **Rachel Holliday**

2.14 Other correspondence

As well as communicating with stakeholders through the above channels, the Success Regime received a number of emails, letters and social media posts during which questions were asked about the Success Regime; its areas of work, timelines, the engagement process more. While these were not engagement submissions as such, they did provide an opportunity to provide members of the public, community groups, MPs and organisations with further information about the Success Regime and how they could get involved in the engagement process to help inform them so that they could provide us with their feedback and ideas.

SECTION 3 - KEY THEMES

Across all elements of engagement - whether expressed at a public or private meeting, through online, email or postal submissions, or via social media - there were several common themes which were clearly reoccurring.

We have broken these themes into six broader areas.

1. Recruitment and retention

- Recruitment and retention is one of the biggest concerns for local people, particularly among staff who feel stretched and morale is low.
- There are some who believe that more could and should be done to solve recruitment problems and this should be the focus of activity before any services are changed. Many assert that a clear vision with a bright future for services in Cumbria will help attract and retain staff, although there were few specific suggestions as to what recruitment measures could be.
- Some people argue that local recruitment challenges stem from uncertainty about services in West Cumbria and returning services to West Cumberland Hospital will help solve this issue.

2. West Cumberland Hospital (WCH):

- There is little evidence of public support for any option that reduces the perceived level of maternity service at WCH, with many referring to a consultant-led service being the only acceptable option.
- The idea of removing any further services from WCH did not have support from respondents.
- A fully functioning WCH with services returned and A&E services protected is the objective of local campaigners.

3. Community hospitals

- While people understand the difficulties associated with recruiting, retaining and rostering staff in community hospitals, there was considerable opposition to the idea of removing inpatient beds from any community hospital site. We received a particularly large number of responses from the community in Keswick in this respect.

- There are calls from some quarters to increase inpatient beds at community hospitals to reduce ‘bed blocking’ and delays at A&Es, or at least an increased role, with more services provided from these sites, in any future models of care.

4. Financial

- There are some people who believe North Cumbria University Hospitals NHS Trust should bear the burden of any cost reductions because its deficit makes up a large proportion of the overall health system overspend.

5. Integration

- All respondents agreed that better integration of services - between adult and social, residential, community and acute care - is essential to improve healthcare in Cumbria, with many suggestion shared services under one roof. As such, there was a great deal of support for the idea of Integrated Care Communities, although many called for more detail about they would work in practice and many staff expressed concern that cuts to social care would make integration hard to implement.
- There were several who felt that this integrated system should go as far as a single NHS organisation with one collective budget to help ensure better coordination and delivery of services.

6. New services:

- There was widespread support for the increased use of tele-medicine in delivering efficient and effective patient care.
- There are mixed views about potential for a heli-medicine service. Anything that aids service delivery in remote areas is broadly supported but some people seem to understand the proposed service as being a helicopter ambulance service for injured patients. Others feel the heli-medicine option is something of a “gimmick” rather than a realistic proposal.

7. Factors specific to WNE Cumbria:

- The rurality and geography of west, north and east Cumbria - and its poor transport links - was perhaps the single most common concern among all responses we received. There are concerns about expectant mothers and acutely ill patients not receiving adequate care during the so-called ‘golden hour’. Furthermore, while many supported the idea of care closer to or in people’s home, several people highlighted issues in such as the time it would take for nurses and other social care staff to travel from patient home to patient home.
- 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.