

# Healthcare for the Future in West, North and East Cumbria

*Consultation for NHS Cumbria CCG and  
Success Regime West, North and East Cumbria*

Report from The Campaign Company (TCC)

*February 2017*



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## Executive summary

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### Background to the consultation

The health and social care system in West, North and East Cumbria faces a number of major challenges. The NHS set up the West, North and East Cumbria Success Regime in autumn 2015 to work with local NHS organisations, clinicians, care bodies, communities and national experts to address some of these challenges. NHS Cumbria Clinical Commissioning Group is the partner organisation within the Success Regime responsible for undertaking the consultation.

Building on this work, and on the ideas that had come from the public and patients in the past, the Success Regime has developed a vision to create a centre of excellence for integrated health and social care provision in rural, remote and dispersed communities. The *Healthcare for the Future in West, North and East Cumbria* consultation document sets out this vision and a number of proposals on how to turn this vision into reality. The document explains how services might change in communities and hospitals and details possible changes in services for maternity (including urgent gynaecology), stroke and acute medical patients, children's inpatient services, emergency surgery and community hospital inpatient beds.

A consultation to get the public's views on these proposals was launched on 26 September 2016 and ran until 19 December 2016. This report is an independent analysis of the responses to the consultation received during this period.

### The consultation process

The *Healthcare for the Future in West, North and East Cumbria* consultation offered people a number of ways to make their views known including:

- **Online survey** – this could be accessed through the *Healthcare for the Future* consultation website. The survey contained closed questions to gauge levels of support for the proposals and open-ended questions to give people the opportunity to express their opinions in their own words.
- **Paper survey** – this mirrored the questions asked in the online response form. An Easy Read version was also available.
- **Written and video feedback** – letters, e-mails and long-form submissions were sent to the *Healthcare for the Future* e-mail and freepost address. Six petitions were also submitted by e-mail or post. Video submissions were also submitted via e-mail.
- **Meetings** – a number of public meetings, stakeholder meetings, NHS employee consultation events and deliberative events were held during the consultation period and reports of these were submitted as part of the consultation.

- **Representative telephone survey** – a telephone survey of 1002 local residents, broadly representative by geography and demographics, was conducted across West, North and East Cumbria.
- **Social media** – comments were received through the Success Regime’s Facebook, Twitter and Youtube channels.

A total of 5194 responses were received within the consultation period. The number of responses received from different channels is shown in Table 1.

*Table 1: Responses to the public consultation*

Method	Total number of responses
Online consultation questionnaire	2856
Paper consultation questionnaire	840
Paper consultation questionnaire – Easy Read	14
Telephone survey	1002
Letters and e-mails (from individuals)	202
Letters, e-mails and long-form submissions (organisations)	112
Public meetings	17
Stakeholder meetings and deliberative events	27
NHS staff meetings	20
Video submissions	3
Social media (Facebook – 85; 9 – Twitter; 1 – Youtube)	95
Petitions	6

## Headline findings

The *Healthcare for the Future in West, North, and East Cumbria* consultation document (referred to from now on as ‘the consultation document’) sets out the Success Regime’s vision and proposals for change. Some of the proposals involved substantial developments or changes in the way some services are provided and the Success Regime wanted to consult with the public on these before making any final decisions. The services concerned are:

- Maternity services (including urgent gynaecology)
- Children’s services
- Community hospital inpatient beds

- Emergency and acute care
- Hyper-acute stroke services
- Emergency surgery, trauma and orthopaedic services

Each of these service areas had a number of options for consideration including the preferred option for the purpose of the consultation.

Attitudes towards the proposals in each of these service areas were consistent across the different ways in which people responded so are summarised thematically by service area below.

### ***Maternity services***

#### **The proposals**

The consultation document outlined three options for the future provision of maternity services in West, North and East Cumbria. These are summarised below.

**Maternity Option 1** – the provision of a consultant-led maternity unit at both Cumberland Infirmary Carlisle and at West Cumberland Hospital, alongside a midwife-led maternity unit at both sites, a full range of antenatal and postnatal care at both sites and the continued option of giving birth at the Penrith Birthing Unit or at home.

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

The consultants would not provide intrapartum care (care during labour). It may be possible to offer low risk, planned caesarean sections at West Cumberland Hospital, once the midwife-led unit was fully established. Maternity Option 2 would also involve the provision of a dedicated ambulance, based at Whitehaven, to transfer any women who experience complications during labour or who need further pain relief, to the consultant-led unit at Carlisle.

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

Maternity Option 2 is the preferred option for the purpose of the consultation.

## The findings

In the consultation questionnaire, respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were invited to offer proposals of their own. People also sent in their views on these options in different formats including letters and e-mails.

The quantitative headlines, obtained from the consultation questionnaire, are shown below in Table 2.

Table 2: Preferences for maternity services options

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	57%	2097	85% (1782)	11% (231)	4% (84)
Number who did not express preferences but commented on proposals	37%	1366			
Number who did not respond to the question	6%	234			
<i>Total number of respondents</i>	100 %	3696			

57% of respondents identified preferred options; over a third (37%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 6% did not answer either part of the maternity services section.

Of those who expressed preferences, 85% of respondents selected Maternity Option 1 as their preferred option. Maternity Option 2 was the preferred option for the purpose of Consultation.

In terms of the qualitative feedback received on this across the consultation response, it is clear that the main influence on the response to the maternity options is the relative safety that is offered to expectant mothers and babies by each of the options. Maternity Option 1 was perceived by many as the safest option.

There was strongly expressed opposition to all of the options, across all the consultation channels, with many making the case for retaining the current level of maternity service provision at West Cumberland Hospital.

## ***Children's services***

### **The proposals**

The consultation document outlined three options for the future provision of children's inpatient services in West, North and East Cumbria.

**Children's Option 1** - the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be a short stay paediatric assessment unit for children requiring short term observation and treatment. There would also be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.

**Children's Option 2** - the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven – as with Children's Option 1 – there would be a short stay paediatric assessment unit for children requiring short term observation and treatment but there would be no overnight beds at Whitehaven for children. Any child who needed inpatient admission would be admitted to Carlisle.

**Children's Option 3** - the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be paediatric outpatient services only and no short stay paediatric assessment unit. All urgent care would be delivered at Cumberland Infirmary Carlisle.

The preferred option for the purpose of the consultation is Children's Option 1.

### ***The findings***

In the consultation questionnaire, respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were invited to offer proposals of their own. People also sent in their views on these options in different formats including letters and e-mails.



The quantitative headlines, obtained from the consultation questionnaire, are shown in Table 3.

*Table 3: Preferences for children's services options*

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	46%	1690	94% (1589)	5% (84)	1% (17)
Number who did not express preferences but commented on proposals	38%	1399			
Number who did not respond to the question	16%	607			
<i>Total number of respondents</i>	100 %	3696			

In total, 46% of respondents identified preferred options; over a third (38%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 16% did not answer either part of the children's services section.

Children's Option 1, the preferred option for the purpose of the consultation, is the most popular option among those who expressed preferences.

In terms of the qualitative feedback received across the consultation channels, much of the response to the children's services options relate to safety for patients as well as the impact on the wellbeing of their parents, carers and families. As is familiar with other service areas, location and distance from services is a major factor affecting respondents' feelings on the options.

### ***Community hospital inpatient services***

#### **The proposals**

The consultation document outlined four options for the future provision of community hospital inpatient services in West, North and East Cumbria.

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

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

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

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

Community Hospitals Inpatients Option 1 is the preferred option for the purpose of the consultation.

### The findings

In the consultation questionnaire, respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were invited to offer proposals of their own. People also sent in their views on these options in different formats including letters and e-mails.

The quantitative headlines, obtained from the consultation questionnaire, are shown in Table 4.

*Table 4: Preferences for community hospitals inpatient beds options*

Responses	Total (%)	Total (actual)	First preference expressed			
			Option 1	Option 2	Option 3	Option 4
Number who expressed first preferences for the options	45%	1659	86% (1427)	6% (100)	4% (66)	4% (66)
Number who did not express preferences but commented on proposals	36%	1338				
Number who did not respond to the question	19%	699				
<i>Total number of respondents</i>	100%	3696				

In total, 45% of respondents identified preferred options; over a third (36%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 19% did not answer either part of this section.

Community Hospital Inpatients Option 1, the preferred option for the purpose of the consultation, is the most popular option among those who expressed preferences.

A substantial number of the comments in the questionnaire were unsupportive of the proposals with many saying that they had not stated a preferred option because none of the options were 'suitable' or 'acceptable'. There were also respondents who had stated Community Hospital

Inpatients Option 1 or others as their preference because it was the 'least worst' option and they expressed concern or disappointment that the overall number of inpatient beds in community hospitals was being reduced. This level of concern reflects the significant response received through other consultation channels expressing disapproval at the overall reduction in number of beds in community hospitals and / or concern about inpatient beds no longer being available in Alston, Wigton and Maryport in any of the proposed community hospital options.

### ***Emergency and acute care***

#### **The proposals**

The consultation document outlined three options for the future provision of emergency and acute care across West, North and East Cumbria.

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

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

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

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

**Emergency and Acute Option 3** - involves a significantly expanded 24/7 A&E at Cumberland Infirmary Carlisle equipped to care for all West, North and East Cumbria patients brought in by emergency ambulance. It would also care for the majority of GP referrals. The number of emergency assessment unit, inpatient, and intensive care beds would increase to manage all

acutely ill patients in this area. There would also be inpatient beds for the frail elderly, as well as specialist rehabilitation.

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

This option would also require more paramedics and ambulances.

Emergency and Acute Option 1 is the preferred option for the purpose of the consultation.

### The findings

In the consultation questionnaire, respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were invited to offer proposals of their own. People also sent in their views on these options in different formats including letters and e-mails.

The quantitative headlines, obtained from the consultation questionnaire, are shown in Table 5.

*Table 5: Preferences for emergency and acute care options*

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	46%	1709	95% (1624)	3% (51)	2% (34)
Number who did not express preferences but commented on proposals	32%	1201			
Number who did not respond to the question	21%	786			
<i>Total number of respondents</i>	100 %	3696			

In total, 46% of respondents identified preferred options; 32% chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 21% did not answer either part of this section.

Emergency and Acute Option 1, the preferred option for the purpose of the Consultation, is the most popular option among those who expressed preferences.

Those who expressed a preference for Emergency and Acute Option 1 did so mainly because they disagreed with Options 2 and 3 which implied a loss of A&E services at West Cumberland

Hospital. A large number of responses rejected all of the options, wanting instead to retain the status quo. The main concerns are in line with those received through other consultation channels. These focus on the risk for patients travelling from West or Southern Cumbria to Cumberland Infirmary Carlisle and an objection to the reduction in services currently provided by West Cumberland Hospital.

### ***Hyper-acute stroke services***

#### **The proposals**

The consultation document outlined two options for hyper-acute stroke services in West, North and East Cumbria.

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

**Hyper-Acute Stroke Option 2** – would see all acute stroke cases managed in a single hyper-acute stroke unit based at Cumberland Infirmary Carlisle. Ambulances would take possible stroke patients direct to Carlisle. Patients arriving at West Cumberland Hospital by other means would be transferred by ambulance to Carlisle. On leaving the hyper-acute stroke unit patients resident in West Cumbria would be transferred to acute stroke and rehabilitation facilities at West Cumberland Hospital if further hospital care was needed. As with Hyper-Acute Stroke Option 1, this service would be complemented by ensuring improved, early supported discharge in both Carlisle and Whitehaven.

Hyper-Acute Stroke Option 2 is the preferred option for the purpose of the consultation.

#### **The findings**

In the consultation questionnaire, respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were invited to offer proposals of their own. People also sent in their views on these options in different formats including letters and e-mails.

The quantitative headlines, obtained from the consultation questionnaire, are shown in Table 6.

*Table 6: Preferences for hyper-acute stroke service options*

			First preference expressed	
Responses	Total (%)	Total (actual)	Option 1	Option 2

Number who expressed first preferences for the options	44%	1635	68% (1104)	32% (523)
Number who did not express preferences but commented on proposals	32%	1161		
Number who did not respond to the question	24%	900		
<i>Total number of respondents</i>	100 %	3696		

In total, 44% of respondents identified preferred options; 32% chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 24% did not answer either part of this section.

Hyper-Acute Stroke Option 1, which was not the preferred option for the purpose of the consultation, is the most popular option among those who expressed preferences.

The strength of opinion for one option over another was more balanced for hyper-acute stroke services compared to the other service options being consulted on. This was also reflected across all consultation channels.

Many of those who expressed support for Hyper-Acute Stroke Option 1 did so because it appeared to better serve people across West, North and East Cumbria and not just those in North Cumbria. Some also recognised that it would allow quick access to stroke services, respecting both the 'golden hour' required to minimise long-term damage arising from potential strokes and the act F.A.S.T. principles in place that recognise the signs of stroke. Many also expressed support for this option because it was the closest to 'no change' as possible. Many of those who expressed support for Hyper-Acute Option 2 agreed with the rationale outlined in the consultation document of having a specialist centralised service and felt that this was the most sustainable option in the long-term.

## ***Emergency surgery, trauma and orthopaedic services***

### The proposal

The consultation document outlined its approach for emergency surgery, trauma care and orthopaedic services. Respondents were asked for their views on this.

#### *FROM THE CONSULTATION DOCUMENT*

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

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

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

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

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

### The findings

The response to the proposal for emergency surgery, trauma and orthopaedic services is, in common with much of the rest of the questionnaire response, centred largely on the perceived effect on patient safety and the risks involved, with a particular focus in this case on the effect of the changes on staffing and recruitment challenges.

There is no accompanying option ranking question for this service area, as the consultation document presented a single proposal, so it is not possible to precisely quantify support or opposition to it. On balance, the comments received in response to it are more critical of the proposal than in support of it.

## **Concluding comments**

A consistent picture emerges from the different strands of the consultation. There is mixed support for many of the proposals outlined in the consultation document including the preferred options for the purpose of the consultation. Potential changes to services, particularly where loss of services are involved, understandably cause apprehension among those who may be affected. There has been clear and vocal opposition where this is potentially the case (for example, from those impacted by the proposed changes at West Cumberland Hospital and from the areas where there is a loss of inpatient beds in community hospitals in Alston, Wigton and Maryport).

All the different strands of the consultation also highlight some clear concerns about the proposals including:

- The impact on patient safety – and potentially the risk to life especially for those having to travel further distances to access emergency or acute services such as stroke services or maternity services.
- Their impact on the ability to access high quality care closer to home – particularly for those who live in more rural areas of the county. This was also linked to the belief by many that the current infrastructure – mainly transport – and current resourcing could not deliver the proposed changes.
- The health and social impacts – many felt these proposals impacted most on the most disadvantaged and vulnerable across the county and could lead to poorer health outcomes.



# 1 About the consultation

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This section of the report describes the background to the consultation and the way the consultation has been conducted. It provides a summary of the different types of responses that were received throughout the consultation period; the quantity of responses by each consultation method; the process that was carried out to collect and manage these responses; and how they have been analysed to produce this report.

## 1.1 Background to the consultation

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

- overall the health of the local population is not as good as in other parts of the country;
- locally the NHS finds it very difficult to attract the doctors, nurses, paramedics and other staff who are needed to deliver services;
- some people are admitted to hospital, or stay too long in hospital, when they should be receiving care at home or in the community;
- the NHS in this area has significantly overspent its budget over a number of years;
- the Care Quality Commission, which inspects and regulates health and social care services, has declared some local NHS services to be either inadequate or in need of improvement.

The West, North and East Cumbria Success Regime was set up by the NHS in autumn 2015 to try and address some of these challenges. The Success Regime is made up of a number of partners including:

- NHS Cumbria Clinical Commissioning Group (CCG) which is made up of 74 General Practices across Cumbria and holds the budgets to pay for the majority of NHS care provided for their patients. The CCG has the legal responsibility for undertaking the Healthcare for the Future public consultation.
- Cumbria Partnership NHS Foundation Trust which delivers a range of community services and mental health services.
- North Cumbria University Hospitals NHS Trust which delivers the services at West Cumberland Hospital and Cumberland Infirmary Carlisle.
- North West Ambulance Service NHS Trust which delivers paramedic emergency services, patient transport, and 111 services.

By working with local NHS organisations, local clinicians, national experts and local care bodies, and building on the ideas that had come from the public and patients in the past, the Success Regime has now developed a new vision which it believes will help it attract the right staff and enable them to deliver services that are tailor-made for communities in West, North and East

Cumbria. This vision is to create a centre for excellence for integrated health and social care provision in rural, remoted and dispersed communities.

The Success Regime sets out this vision and some of the proposals to begin the process to achieve this in the *Healthcare for the Future in West, North, and East Cumbria* consultation document. The consultation document also provides more detail on the case for change and the way the options for change were developed.

Some of the proposals involve substantial developments or changes in the way some services are provided and NHS Cumbria CCG, on behalf of the local NHS partner organisations, was committed to consulting with the public before making any final decisions. The services concerned are:

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

Each of these service areas has a number of options for consideration, including the preferred option for the purpose of the consultation.

The consultation to get the views of patients, public and others with an interest in these issues, was launched on 26 September 2016 and ran until 19 December 2016. Because of a postal strike that took place in December, responses received by post up to 24 December 2016 were accepted and processed. Submissions received beyond this date are reported on in Appendix G.

## 1.2 The consultation process

The following channels were provided for people to respond throughout the consultation period:

- **Online consultation questionnaire** hosted on the Future of Healthcare consultation website <http://www.wnecumbria.nhs.uk>. The survey included some closed questions to measure levels of support around the service options proposed and a number of open questions around the proposals to allow respondents to express views in their own words. Information about demographics and the context in which people were responding to the consultation were also asked for sub-group analysis.
- **Paper surveys** were also available which contained the same questions as the online survey with a freepost return option. There were no requests for translation into additional languages. Easy Read versions of the survey were also available.

- **Meetings** – a number of public meetings, stakeholder meetings, staff consultation events and deliberative events were held during the consultation period and reports of these were submitted as part of the consultation.
- **Submissions in the form of letters, emails, videos and petitions** could be submitted to the consultation by post or by e-mail.
- **Representative telephone survey** – a telephone survey of 1002 local residents, broadly representative by geography and demographics, was conducted across West, North and East Cumbria.
- **Social media** – comments were received through the Success Regime’s social media channels including Facebook, Twitter and YouTube.

The consultation was communicated through the following channels:

- Over 20,000 hard copy consultation documents distributed to hospitals, GPs surgeries, local authority centres, libraries etc.
- Local and regional media (772 pieces of media coverage during the formal consultation period).
- An interactive website (17,542 visits during the consultation period with 45,638 page views).
- Widespread advertising in local newspapers, local radio and online.
- Electronic newsletters sent to a database of over 1,000 local organisational and individual stakeholders (7 newsletters during consultation and one immediately after consultation).
- A YouTube information channel.
- Healthwatch ‘Chatty Van’ – Healthwatch’s ‘outreach’ consultation vehicle visited over 30 locations and engaged over 3,500 during the consultation period.

### 1.3 Responses to the consultation

A total of 5197 responses were received during the consultation period. The number of responses received from different channels is shown in Table 7.

*Table 7: Responses to the public consultation*

Method	Total number of responses
Online consultation questionnaire	2856
Paper consultation questionnaire	840
Paper consultation questionnaire – Easy Read	14
Telephone survey	1002

Method	Total number of responses
Letters and e-mails (from individuals)	202
Letters, e-mails and long-form submissions (organisations)	112
Public meetings	17
Stakeholder meetings and deliberative events	27
NHS staff meetings	20
Video submissions	3
Social media (Facebook – 85; 9 – Twitter; 1 – Youtube)	95
Petitions	6

The total number of responses by audience demographics is shown in Table 8. Demographic data was only collected in the questionnaires and surveys. These are self-reported and therefore not completed by everyone.

*Table 8: Responses by demographic profile*

Demographic information	Total	Percentage
<b>Age</b>		
16-25	155	5%
26-35	586	20%
36-45	474	16%
46-55	533	18%
56-65	558	19%
66-75	449	15%
76+	147	5%
Total recorded	2902	100%
<b>Gender</b>		
Male	922	32%
Female	1916	66%
Prefer not to say	56	2%
Total recorded	2894	100%

Demographic information	Total	Percentage
Ethnicity		
White British	2660	93%
White Other	40	1%
Mixed/multiple ethnic groups	12	0%
Asian/Asian British	14	0%
Black/Black British	5	0%
Other	15	1%
Prefer not to say	128	4%
Total recorded	2874	100%

In Appendix D, the profile of consultation responses by age, gender and geography is compared with the profile of West, North and East Cumbria. These profiles show that consultation respondents are more likely to be older and female than the population of West, North and East Cumbria as a whole.

Questionnaire responses are shown in Table 9 by the town area attributed to post codes.

*Table 9: Questionnaire responses by post town*

Town Area	Postcode(s)	Count	Total (%)
Whitehaven	CA28	918	25%
Workington	CA14	417	11%
Carlisle	CA1, CA2, CA3, CA4, CA5, CA6	278	8%
Cockermouth	CA13	265	7%
Keswick	CA12	258	7%
Egremont	CA22	246	7%
Cleator Moor	CA25	178	5%
Seascale	CA20	144	4%
Maryport	CA15	114	3%
Alston	CA9	109	3%
St. Bees	CA27	91	2%
Penrith	CA10, CA11	89	2%
Frizington	CA26	87	2%
Wigton; Carlisle	CA7	83	2%
Millom	LA18, LA19	65	2%
Holmrook	CA19	62	2%
Brampton; Carlisle	CA8	46	1%
Cleator	CA23	46	1%
Moor Row	CA24	33	0.91%
Beckermest	CA21	28	0.77%
Appleby-In-Westmorland	CA16	19	0.52%
Ravenglass	CA18	14	0.38%

Town Area	Postcode(s)	Count	Total (%)
Kirkby Stephen	CA17	13	0.36%
Kendal	LA9	7	0.19%
Barrow-In-Furness	LA13, LA14	3	0.08%
Lancaster	LA1	3	0.08%
Ware	SG12	2	0.05%
Northwich	CW8, CW9	2	0.05%
Ormskirk	L40	2	0.05%
London	WC2A	1	0.03%
Sunderland	SR3	1	0.03%
Skipton	BD23	1	0.03%
Melton Mowbray	LE13	1	0.03%
Ulverston	LA12	1	0.03%
Clitheroe	BB7	1	0.03%
Chorley	PR6	1	0.03%
Barnstaple	EX31	1	0.03%
Hexham	NE47	1	0.03%
Lanark	ML11	1	0.03%
Torrington	EX38	1	0.03%
Kilmarnock	KA3 2	1	0.03%
Liverpool	L2	1	0.03%
Ambleside	LA22	1	0.03%
Manchester	M20	1	0.03%
Canonbie	DG14	1	0.03%
Birmingham	B33	1	0.03%
Gretna	DG16	1	0.03%
Broseley	TF12	1	0.03%
Total		3641	100%

Questionnaire responses by local authority are listed in Table 10 below. Where responses are shown divided into local authorities in this report, any post code area which includes a specified local authority is included. Therefore, responses from postcode areas which straddle local authorities, will appear among results shown from both.

Table 10: Questionnaire responses, by local authority

Local authority	Postcode(s)	Count	Total
Copeland	CA18, CA19, CA20, CA21, CA22, CA23, CA24, CA25, CA26, CA27, CA28, LA18, LA19	1912	53%
Allerdale, Copeland	CA14	417	11%
Allerdale	CA13, CA15	379	10%
Allerdale, Eden	CA7, CA12	341	9%
City of Carlisle	CA1, CA2, CA3, CA6	254	7%
Eden, Northumberland	CA9	109	3%

Local authority	Postcode(s)	Count	Total
Eden	CA11, CA16	68	2%
Eden, South Lakeland	CA10, CA17	53	1%
City of Carlisle, Northumberland	CA8	46	1%
City of Carlisle, Allerdale	CA5	15	0.41%
City of Carlisle, Eden	CA4	9	0.25%
South Lakeland	LA9, LA22	8	0.22%
City of Lancaster	LA1	3	0.08%
Barrow-in-Furness, South Lakeland	LA14	2	0.05%
Cheshire West and Chester	CW8, CW9	2	0.05%
East Hertfordshire	SG12	2	0.05%
West Lancashire, Chorley	L40	2	0.05%
Barrow-in-Furness	LA14	1	0.03%
Birmingham	B33	1	0.03%
Camden, Westminster, City of London	WC2A	1	0.03%
Chorley	PR6	1	0.03%
Craven and Ribble Valley	BD23	1	0.03%
Dumfries and Galloway	DG14	1	0.03%
Dumfries and Galloway, Carlisle	DG16	1	0.03%
East Ayrshire	KA3 2	1	0.03%
Liverpool	L2	1	0.03%
Manchester	M20	1	0.03%
Melton	LE13	1	0.03%
North Devon	EX31	1	0.03%
Northumberland	NE47	1	0.03%
Ribble Valley	BB7	1	0.03%
Shropshire	TF12	1	0.03%
South Lakeland, Barrow-in-Furness	LA12	1	0.03%
South Lanarkshire	ML11	1	0.03%
Sunderland	SR3	1	0.03%
Torridge	EX38	1	0.03%
Total		3641	100%

The Success Regime covers the three districts of Carlisle, Allerdale and Eden, and most of Copeland, bringing in both western and eastern areas of the county as well as the north. Figure 1 shows the spread of hospitals across West, North and East Cumbria. As part of its considerations, the Success Regime will also consider patient flows in the southern part of

Cumbria, as patients often choose to access healthcare provided beyond their immediate geographical boundaries.

Figure 1: Geographical coverage of Success Regime's scope



In this report, any analysis of responses by geography is done by district council breakdown. The main healthcare institutions in each of these areas impacted by the proposals are shown in Table 11.

Table 11: Healthcare institutions covered in the proposals by district area

District area	Name of healthcare institution
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District area	Name of healthcare institution
Allerdale	<ul style="list-style-type: none"> <li>• Cockermouth Community Hospital</li> <li>• Mary Hewetson Cottage Hospital, Keswick</li> <li>• Victoria Cottage Hospital, Maryport</li> <li>• Wigton Community Hospital</li> <li>• Workington Community Hospital</li> </ul>
Carlisle	<ul style="list-style-type: none"> <li>• Brampton War Memorial Hospital</li> <li>• Cumberland Infirmary Carlisle</li> </ul>
Copeland	<ul style="list-style-type: none"> <li>• West Cumberland Hospital, Whitehaven</li> </ul>
Eden	<ul style="list-style-type: none"> <li>• Penrith Community Hospital</li> <li>• Ruth Lancaster James Cottage Hospital, Alston</li> </ul>

The key themes and findings from the consultation questionnaires are reported in section 2 of this report. Those from the telephone survey can be found in section 8. The responses from individuals, stakeholders and organisations who sent in bespoke submissions are analysed in sections 3 and 4. The key themes arising from consultation meetings held with members of the public, stakeholders and staff during this period can be found in sections 5-7. Responses in other forms (including social media and petitions) are reported on in section 9.

## 1.4 Interpreting the response

The Campaign Company was commissioned to provide an independent analysis of the consultation responses of each of the channels used to respond to the consultation. This report sets out the findings from this analysis.

The outcome of this consultation will be reported to the NHS Cumbria Clinical Commissioning Group's Governing Body, the West, North and East Cumbria Success Regime and to other local NHS Trust boards. The Clinical Commissioning Group (CCG) will consider the outcome of the consultation – in partnership with the Success Regime, the local NHS Trusts and other partner organisations – before taking any decisions.

The methods used to collect evidence are designed to allow everyone to contribute to the consultation, but the evidence collected is not necessarily representative of the population as a whole. Responses are self-selecting: only people who chose to give their views have had them recorded. Typically, in public consultations, responses tend to come from those who are more likely to be impacted by any proposals and more motivated to express their views. The responses must therefore be seen as representative of those who wanted their views heard. As

a result, in interpreting the response, particular attention is paid to understanding who has responded to the consultation, to understand where some groups are being under or over represented through the findings.

The exception to this is in the analysis of the telephone survey response. This was undertaken with a broadly representative cross-section of 1000 residents across West, North and East Cumbria to ensure that the consultation process also captured the views of the wider population. This was achieved using a stratified sampling approach with quotas based on age, gender, ethnicity and geography.

For the analysis of the consultation questionnaire and telephone survey responses, closed question responses are described as percentages. In places, percentages may not add up to 100 per cent. This is due to rounding or questions allowing multiple responses. Where questions have allowed multiple responses, this is clearly stated.

Due to a high number of partially completed responses, ranging from only one question to all but one question being answered, the base number for many questions varies and is stated for each question.

Open questions and free text responses were analysed using a qualitative data analysis approach. Using qualitative analysis software (NVivo), all text comments have been coded thematically to organise the data for systematic analysis. To do this, a codeframe was developed to identify common responses; this was then refined throughout the analysis process to ensure that each response could be categorised accurately and could be analysed in context.

It is important to note that where open text comments have been analysed using qualitative methods, these aim to accurately capture and assess the range of points put forward rather than to quantify the number of times specific themes or comments were mentioned. Where appropriate, we have described the strength of feeling expressed for certain points, stating whether a view was expressed by, for example, a large or small number of responses. However, these do not indicate a specific number of responses that could be analysed quantitatively.

## 2 Analysis of consultation questionnaire responses

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### 2.1 Introduction

This section reports on the response to the *Healthcare for the Future* consultation questionnaire that was available online and as a tear out section at the back of paper versions of the consultation document. A copy of the survey questions is included in Appendix A.

The consultation document provided information on the proposed changes and detail to help respondents understand how the proposals had been reached. The questionnaire asked whether people had read the consultation document to gauge the extent to which responses are informed by the supporting information.

The consultation questionnaire was open to all members of the public throughout the consultation period and promoted in a number of ways (see section 1.2). As with all public consultations, the response cannot be seen as representative of the population but rather a cross section of interested parties who were made aware of the consultation and were motivated to respond. We have conducted analysis on the response using statistical software and coding software.

The consultation questionnaire sought opinion on the proposed changes in the following services that the Success Regime were recommending in order to meet the needs of patients in West, North and East Cumbria:

- Maternity services
- Children's inpatient services
- Community hospital inpatient beds
- Emergency and acute care
- Hyper-acute stroke services
- Emergency surgery, trauma and orthopaedic services

Quantitative and qualitative findings for each service area are reported on in this section as well as views expressed about the wider health and social care strategy and other issues raised by respondents as part of the consultation process. Where there is a notable difference in responses we have included breakdowns of the data by type of user, geography and demographics. For quantitative data, we have included a base figure to highlight the number of responses.

## 2.2 Consultation questionnaire response

A total of 3710 responses to the consultation questionnaire were received. Of these 840 were paper copies and 14 were Easy Read versions of the questionnaire.

The demographic profile of respondents is shown in Table 12.

*Table 12: Demographic profile of respondents*

Demographic information	Total	Percentage
<b>Age</b>		
16-25	155	5%
26-35	586	20%
36-45	474	16%
46-55	533	18%
56-65	558	19%
66-75	449	15%
76+	147	5%
Total recorded	2902	100%
<b>Gender</b>		
Male	922	32%
Female	1916	66%
Prefer not to say	56	2%
Total recorded	2894	100%
<b>Ethnicity</b>		
White British	2660	93%
White Other	40	1%
Mixed/multiple ethnic groups	12	0%
Asian/Asian British	14	0%
Black/Black British	5	0%
Other	15	1%
Prefer not to say	128	4%
Total recorded	2874	100%

## **2.3 Maternity services - key findings**

### **2.3.1 Background**

The consultation document outlined three options for the future provision of maternity services in West, North and East Cumbria.

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

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

The consultants would not provide intrapartum care (care during labour). It may be possible to offer low risk, planned caesarean sections at West Cumberland Hospital, once the midwife-led unit was fully established. Maternity Option 2 would also involve the provision of a dedicated ambulance, based at Whitehaven, to transfer any women who experience complications during labour or who need further pain relief, to the consultant-led unit at Carlisle. It is anticipated that between 300 and 400 women a year would use the stand-alone midwife-led maternity unit at West Cumberland Hospital once it was fully developed. As with Maternity Option 1 women would continue to have the choice of giving birth at the Penrith Birthing Unit or at home.

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

Maternity Option 2 is the preferred option for the purpose of the consultation.

Respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were invited to offer proposals of their own.

### 2.3.2 Quantitative findings

57% of respondents identified preferred options; over a third (37%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 6% did not answer either part of the maternity services section (see Table 13).

Of those who expressed preferences, 85% of respondents selected maternity Option 1 as their preferred option (see Table 14). Maternity Option 2, the preferred option for the purpose of the consultation, was the second preference for most respondents.

Table 13: Preferences for maternity services options

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	57%	2097	85% (1782)	11% (231)	4% (84)
Number who did not express preferences but commented on proposals	37%	1366			
Number who did not respond to the question	6%	234			
<i>Total number of respondents</i>	100 %	3696			

Table 14: Preferences for maternity options (by percentage of each preference)

Maternity services options	First preference	Second preference	Third preference
Option 1	85%	13%	5%
Option 2	11%	79%	7%
Option 3	4%	7%	88%
<i>Total responses by preference</i>	2097 (100%)	1479 (100%)	1463 (100%)

A similar pattern of preferences is shown when looking at responses examined by different demographic and lifestyle variables (see Table 15). When looking at responses from residents who live across West, North and East Cumbria, people from Copeland District have a stronger preference for Maternity Option 1 than residents from other areas. Since this is the only option which offers to maintain the current provision of a consultant-led maternity unit at West Cumberland Hospital in Whitehaven, which is located in the Copeland district area, this response is not unexpected.

Respondents who are pregnant or have more recent experience of maternity services are also more likely to favour Maternity Option 1.

Table 15: First preferences for maternity options by socio-demographic and lifestyle variables

Demographic / lifestyle characteristic	Option 1	Option 2	Option 2	Totals
First preferences by district area				
Allerdale	84%	12%	4%	750 (100%)
Carlisle	66%	24%	9%	232 (100%)
Copeland	93%	5%	3%	1222 (100%)
Eden	66%	25%	9%	348 (100%)
First preferences by gender				
Male	82%	13%	5%	506 (100%)
Female	86%	10%	3%	1070 (100%)
First preferences by age				
Under 45	92%	5%	3%	690(100%)
Over 45	80%	15%	5%	925 (100%)
First preference by pregnancy status				
Currently pregnant	92%	5%	3%	72 (100%)
Not pregnant	85%	11%	4%	1366 (100%)
First preferences of respondents who have children under the age of 24 months				
Has at least one child under 24 months	95%	4%	2%	164 (100%)
Does not have a child under 24 months	84%	12%	4%	1301 (100%)

### 2.3.3 Qualitative comments

In total, 3134 qualitative responses were made by respondents to explain their preference for different options or their decision not to choose any of the options. Attitudes towards the proposed maternity options, common themes emerging from these responses and alternative suggestions to the proposals are summarised below.

#### ***Attitudes towards maternity options***

The main influence on the response to the maternity options is the perception of safety that is offered to expectant mothers and babies by each of the options. While this is underpinned by a number of other themes, this is the main rationale from people supporting Maternity Option 1 ahead of the other options. The decision of the Success Regime to prefer Maternity Option 2, for the purpose of consultation, is criticised by some on the basis that it is not felt to reflect the recommendation in the 2014 Royal College of Obstetricians and Gynaecologists report that two consultant-led units be maintained.

### **Support for Maternity Option 1**

Support for Maternity Option 1 is perceived by many to be the safest option of the three. For many respondents, this is considered the only acceptable option, as it offers more choice for patients and does not carry with it the same need for transfers to Cumberland Infirmary Carlisle as the other options which are seen as a potential threat to the health of both mother and child. The accessibility of West Cumberland Hospital in Whitehaven for West Cumbria residents, and the concern about having to travel to Carlisle instead, is a consistent argument made particularly against Maternity Options 2 and 3 throughout the response to this question.

### **Support for Maternity Option 2**

Many of those who chose this option as their first preference did so on the basis that it appears to provide a compromise between continuing to support births at both acute hospitals, and the sustainability of services in the longer term. There is some support for centralising specialist staff at Cumberland Infirmary Carlisle, and the option is seen as more realistic in terms of practicality and staffing. There are also some references from respondents that they are selecting this option in deference to the expert opinion outlined in the consultation document. In some isolated instances it is considered the fairest of the three, and the best for North Cumbria residents.

### **Support for Maternity Option 3**

Maternity Option 3, while considerably less popular than the other options, does receive some support. Arguments for this option include the fact that it is most sustainable of the three, that a single consultant-led maternity unit will offer the best quality facility, and that the lack of resources means consolidation of them into one site is the best course of action.

### **Rejection of all options**

A significant number of responses reject all three maternity options. These responses are particularly focused on maintaining the status quo of a consultant-led maternity unit at West Cumberland Hospital, with a large number of responses also arguing for reinstating any maternity services that have already been relocated. Respondents also argue for 'all services' without specifying a particular location in many cases. Safety is a major concern among these responses, with the threat of expectant or new mothers and babies losing their lives frequently stated. There is also a large response that does not provide a particular reason for rejection of the options, but makes clear a demand for either maintaining a consultant-led maternity unit at West Cumberland Hospital, a 24/7 consultant-led maternity unit there, returning all maternity services to West Cumberland Hospital, or variations of these.



## **Key themes**

There are a number of key themes emerging from the responses that underpin people's attitudes and views towards the maternity options. These are broadly expressed as concerns about:

- the impact on patient well-being and risk to life
- being able to access essential and timely maternity care when needed
- the effect of resourcing on quality of care
- wider financial, economic and social concerns

### **Impact on patient well-being and risk to life**

There is a consistent fear expressed by many respondents about the life-threatening risk posed to mothers and babies if either Maternity Options 2 or Option 3 are considered. Some qualify their response with personal stories about their experiences as parents describing how they feel they, or their children, would not be alive today if consultant care or emergency intervention had not been immediately available when complications in their births had occurred.

Many respondents state that there is no such thing as a low-risk birth. Some describe, with examples from their own births or those of their friends or relatives, that high-risk births can be unforeseeable, and often follow largely innocuous pregnancies. They raise concerns about how emergency or crash caesarean sections would be handled in a midwife-led unit when no consultant is available.

There are also specific concerns raised around the effect the proposed changes could have on the mental health and wellbeing of mothers and their families. The time before and after birth is described by many as one of high risk and vulnerability for mental wellbeing.

It is argued by some that if the consultant-led maternity unit was to be removed from West Cumberland Hospital, that anxiety among expectant mothers in that area would rise, especially if they were concerned about how any complications in birth would be dealt with. This could lead to possible ill effects on their health and that of their child.

Some also raise concerns that those mothers who are transferred to Carlisle from West Cumbria would be further isolated from their families and support networks, which could increase the risk to their wellbeing, including a potential increase in postnatal depression. This is further complicated if they have other children at home whom they may worry significantly more about when they are further away from them.

### **Access to essential and timely maternity care**

A large proportion of responses express deep concern about the distances and difficulty in travelling from one part of the county to another which could be the case if Maternity Options 2 or 3 were implemented. The additional journey time for West Cumbria residents of 45-48

minutes suggested in the consultation document is contested, with some saying this is a best-case scenario, and others considering it altogether unrealistic.

Several respondents specifically cite NICE guidelines on intrapartum care stating that where an emergency caesarean section is required, Category 1 cases should be carried out within 30 minutes, and Category 2 cases within 30-75 minutes. These guidelines, it is pointed out, are in danger of not being met, particularly in the case of Category 1 caesarean sections, if a transfer from West Cumberland Hospital to Cumberland Infirmary Carlisle is needed. A point is also raised about guidelines stating that a newborn baby should not be in a car seat for more than 30 minutes.

Road infrastructure in general is criticised as poor and cited as a reason not to support Maternity Options 2 or 3. The A595, as the main channel between West Cumberland Hospital and Cumberland Infirmary Carlisle, is a single carriageway road which is often described in responses as dangerous and prone to both road traffic accidents and congestion. Potential hold-ups caused by tractors, agricultural transport, livestock and HGVs are cited as frequent issues on the road and add to the journey time between the two sites. Similarly, the road network to the more rural parts of the county is felt to be liable to disruption and unsafe for expectant mothers in need of urgent medical assistance, with concerns about the ability to administer pain relief over the course of a long journey.

The geography and weather hazards in the county are frequently mentioned. While the remoteness of many areas and the physical characteristics of the area provide challenges for travel alone, a high frequency of road closures and hazardous travel conditions brought on by weather events is cited by many respondents. Flooding, snow and fallen trees are all mentioned as having caused recent road closures, and when these closures affect main roads connecting the North and East to the West of the county, the latter can become effectively cut off. This is seen to pose a risk to any expectant mothers or babies in need of emergency obstetric care in the West of the county.

The size of the county and its rurality are also given as reasons why more than one consultant led maternity unit is necessary in West, North and East Cumbria to ensure women can easily access the maternity services they need without increasing any risks to their pregnancy or childbirth.

For those residents and patients who do not drive, the difficulties are seen to be even more acute. The provision of public transport, or lack of it, is suggested as a major obstacle to covering any great distance for those without their own means of transport especially for those living in or south of the Whitehaven area who might be expected to travel to Carlisle.

An additional point raised by some respondents concerns the added pressure on traffic and congestion at peak times around Sellafield – a situation some consider will become worse with increased investment and construction on the energy coast.

### **The effect of resourcing on quality of care**

There are concerns raised by many about the potential resource pressures that could arise from the proposed options and the impact of these on the quality of antenatal and postnatal care that patients might receive.

Many points are raised around the likely effects on resources of more births being delivered at Cumberland Infirmary Carlisle. Some recognise the benefits to clinical care standards that might be achieved by centralising resources and expertise at one site, as is suggested in Options 2 and 3. However, more responses are critical of this and are specifically critical about locating the only consultant-led maternity unit at Cumberland Infirmary Carlisle. Some question the value in abandoning a recently refurbished and updated unit at Whitehaven.

There is some doubt expressed as to whether Cumberland Infirmary Carlisle is in a position to absorb the extra births proposed from West Cumberland Hospital. The hospital and unit there are described by some as overcrowded and/or understaffed at present, with examples of women being sent from Cumberland Infirmary Carlisle to West Cumberland Hospital to give birth due to a lack of beds at the former. There are some arguments made that additional investment in staffing and capacity at Cumberland Infirmary Carlisle will be necessary for either Maternity Option 2 or 3 to be implemented.

Some respondents anecdotally express complaint about their own experience of using Cumberland Infirmary Carlisle, and are critical of the quality of care provided there.

For some the dedicated maternity ambulance proposed as part of Maternity Option 2, to address the West Cumberland Hospital to Cumberland Infirmary Carlisle transfer issue, is received with some scepticism. Many respondents question what would happen in a case when more than one patient needed to be transferred close to the same time, with round journeys potentially taking several hours.

There is also concern about the level of expertise that will be available for an ambulance transfer, with some asking whether specialist doctors would be on board or what training paramedics would receive given the level of paediatric or obstetric expertise necessary.

Some raise the point that resource pressures that are already placed on the North West Ambulance Service make it unlikely to be able to provide a dedicated maternity ambulance transfer service.

The journey time is again called into question with little optimism about ambulances overcoming familiar challenges in the road network linking West Cumberland Hospital and Cumberland Infirmary Carlisle.

There are also various comments made about staffing. Some point to the current recruitment and staffing issues (both in the hospitals and within the ambulance service), as outlined in the consultation documents, as jeopardising any proposed plans to improve quality of care. They do not feel that the job uncertainty and working conditions of the recent past, which have led to recruitment challenges, are being addressed in the proposed options. There are also a number of comments that suggest that the proposed options are likely to make staff feel more pressured and under-resourced, especially the midwives tasked with leading the maternity unit at West Cumberland Hospital.

It is also speculated by some that the demand for services and pressure on resources is likely to increase in the county, and especially in West Cumbria. The planned development of the Moorside nuclear plant is suggested to be likely to attract a significant growth in the working age and childbearing age population locally, putting additional pressure on the local healthcare and specifically maternity healthcare provision.

It was recognised by many that extensive training would need to be provided to staff, particularly life-saving obstetric and paediatric care if emergency transfers or midwife-led units are taken forward.

An ongoing consultation by Sellafield and NuGeneration Ltd around how to deal with the extra traffic and its impact brought about by the Moorside development was also mentioned and it was suggested that this consultation should feed into that in some way.

### **Wider financial, economic and social concerns**

There are a number of concerns raised about both the financial basis for these changes and the fairness of these proposals especially in terms of equality, or inequality, of access to services.

There are a number of suggestions that the options proposed put cost savings before quality of care and, in some cases, patient wellbeing.

There are more specific responses about where savings could be made instead. Management structures are criticised by some as a waste of money, with a top-heavy structure costing the hospital trust too much, leaving less funding for medical and nursing staff. Some responses also suggest that maternity should be the 'last resort' for cuts and accept cuts to other services to maintain the sufficient funding for maternity.

The PFI contract for Cumberland Infirmary Carlisle is also mentioned in some responses, either it is simply blamed for the financial strains facing the hospital trust, or respondents demand that it be ended to free up more funds.

A further source of funding some cite is central government, arguing that more could be done to lobby them for additional funding instead of imposing the changes suggested.

There are several comments made around the socio-economic implications of the proposals especially on residents of West Cumbria. Respondents argue that there are pockets of high deprivation in West Cumbria, both within Whitehaven and in the rural areas of the region and that the proposals impact on those in these areas who are most disadvantaged or vulnerable.

It is argued that people in these areas are faced with health and income inequalities that mean they are more likely to have high-risk births, less likely to be equipped to deal with the cost of travel to Carlisle and therefore most likely to be impacted by the proposals in Maternity Options 2 and 3.

Emotive language is used by respondents as they describe the sense that they, as West Cumbria residents, are being proposed a 'second class service', and even that they are being treated as 'second class citizens'. There are also some suggestions that the proposed options favour urban dwellers over those in rural areas.

A repeated point made in responses is that there should be equal right for those in West Cumbria as those in the North and East to have access to equal healthcare provision in their local area. Reasons given for this include the fact that residents in all parts of the county pay taxes, meaning it is unfair to remove services from one part instead of the other.

It is also stated by a number of respondents that a basic right exists that women and parents should be able to make a choice regarding where they give birth, something seen as being potentially removed under Maternity Options 2 and 3.

### ***Additional suggestions***

As well as providing reasons for why they favoured any of the options, or otherwise, some respondents volunteered suggestions as to other changes or initiatives that could be considered.

### **The location of maternity and birth units**

There was support mentioned for the Copeland Borough Council proposal which recommended "the provision of a consultant led maternity unit at both Cumberland Infirmary Carlisle and at West Cumberland Hospital, alongside midwife-led maternity unit at both sites and the continued option of giving birth at the Penrith Birthing Unit or at home. There would be a special care baby unit at both Cumberland Infirmary Carlisle and West Cumberland Hospital."

There are also a number of suggestions that the proposal in Maternity Option 2 for a consultant-led unit at Cumberland Infirmary Carlisle and maternity-led unit at West Cumberland Hospital should be reversed. This is based on the idea that residents in the North of the county have more alternative hospitals with easier access, including Hexham, Glasgow, Newcastle and

Lancaster. There is also a suggestion that maternity care is maintained at West Cumberland Hospital and a specialist unit could be at Cumberland Infirmary Carlisle to work with Newcastle.

There are repeated suggestions that it will be important to have consultant expertise 'on-call' outside of the 8am to 8pm onsite hours outlined in Maternity Option 2.

The Birthing Centre at Penrith is subject of a few conflicting suggestions. There is a suggestion that it could reasonably be closed and mothers travel to give birth at Cumberland Infirmary Carlisle instead, while in contrast it is also suggested that it should be expanded, to handle more births from a wide surrounding area, given that it is well connected to major roads.

There are multiple calls for home births to be encouraged, ostensibly reducing demand on services within hospitals. There is also a suggestion that more services based in smaller, rural hospitals would temper the need to concentrate demand on larger acute hospitals.

### **Staff, skills and recruitment**

Concerning staffing in the area, suggestions include relieving shortages by considering multi-speciality roles and GPs with a Special Interest role, and for consultants to be contracted to work at both Cumberland Infirmary Carlisle and West Cumberland Hospital.

There are a number of suggestions concerning recruitment, with a focus from some on incentives, including a weighting similar to the London Weighting for Cumbria, as well as offering 'the right price' and golden hellos if this means attracting the right quality candidates. Appropriate efforts into advertising roles is also suggested. One response suggests reintroducing matrons.

### **Funding**

As efforts to generate the necessary funding to tackle the financial pressures on the Trust, several respondents comment that they would accept paying a higher tax or National Insurance contribution if it meant that services could be maintained locally, particularly at West Cumberland Hospital, or that a positive difference was made to consultant staffing levels.

As previously mentioned, there are also several assertions that respondents would accept a reduction in other services in order to prioritise maternity services, especially at West Cumberland Hospital.

### **Transport and infrastructure**

Many respondents argue the quality and capacity of the road network, especially between Whitehaven and Carlisle, must be improved in order for the proposed changes to be safely implemented. There are a few suggestions that the cost for such improvements could be met partly by the Highways Agency and NuGeneration Ltd.

In addition to necessary road improvements, some respondents suggest it may be necessary, if transfers of mothers and babies with birth complications are implemented, to have a dedicated

or increased helicopter transfer available between Whitehaven and Carlisle, although in some responses this suggestion is tempered by the prospect that its use may be restricted in certain weather conditions.

## **2.4 Children's services - key findings**

### **2.4.1 Background**

The consultation document outlined three options for the future provision of children's inpatient services in West, North and East Cumbria.

**Children's Option 1** - the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be a short stay paediatric assessment unit for children requiring short term observation and treatment. There would also be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.

**Children's Option 2** - the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven – as with Children's Option 1 – there would be a short stay paediatric assessment unit for children requiring short term observation and treatment but there would be no overnight beds at Whitehaven for children. Any child who needed inpatient admission would be admitted to Carlisle.

**Children's Option 3** - the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a short stay paediatric assessment unit. At West Cumberland Hospital, Whitehaven there would be paediatric outpatient services only and no short stay paediatric assessment unit. All urgent care would be delivered at Cumberland Infirmary Carlisle.

The preferred option for the purpose of the consultation is Children's Option 1.

Respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and invited to offer proposals of their own.

### **2.4.2 Quantitative findings**

In total, 46% of respondents identified preferred options; over a third (38%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 16% did not answer either part of the children's services section (Table 16).



Children's Option 1, the preferred option for the purpose of the consultation, is by far the most popular of the three options among those who expressed preferences (Table 17). 94% of first preference selections are for Children's Option 1. Most second preferences are for Option 2 (91%), while third preferences are mostly centred on Children's Option 3 (94%).

Table 16: Preferences for children's services options

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	46%	1690	94% (1589)	5% (84)	1% (17)
Number who did not express preferences but commented on proposals	38%	1399			
Number who did not respond to the question	16%	607			
<i>Total number of respondents</i>	100 %	3696			

Table 17: Preferences for children's services options (by percentage of each preference)

Children's services options	First preference	Second preference	Third preference
Option 1	94%	5%	3%
Option 2	5%	91%	3%
Option 3	2%	4%	94%
<i>Total responses by preference</i>	1690 (100%)	1270 (100%)	1259 (100%)

A similar pattern of preferences is shown when looking at different geographic, demographic and lifestyle variables. Overall preference for Children's Option 1 is strong across all district areas but most strong in Copeland (Table 18) where 97% of responses are for Option 1. Unlike the other proposals, Children's Option 1 proposes some overnight inpatient children services at West Cumberland Hospital which is in the Copeland area.

Table 18: Children's services first preferences, by district

	Allerdale	Carlisle	Copeland	Eden
Option 1	92%	87%	97%	89%
Option 2	5%	10%	2%	9%
Option 3	2%	4%	1%	2%
<i>Total responses by preference</i>	622 (100%)	199 (100%)	941 (100%)	315 (100%)

First preferences by different demographic and lifestyle variables are shown in Table 19. This shows a very strong preference for Children's Option 1 across the board.

Table 19: First preferences for children's services options by socio-demographic and lifestyle variables

Demographic / lifestyle characteristic	Option 1	Option 2	Option 2	Totals
First preferences by gender				
Male	91%	7%	2%	462 (100%)
Female	95%	3%	2%	968 (100%)
First preferences by age				
Under 45	95%	4%	1%	644 (100%)
Over 45	93%	5%	2%	821 (100%)
First preference by pregnancy status				
Currently pregnant	98%	2%	0%	65 (100%)
Not pregnant	94%	4%	2%	1243 (100%)
First preferences of respondents who have children under the age of 24 months				
Has at least one child under 24 months	95%	4%	1%	153 (100%)
Does not have a child under 24 months	94%	4%	2%	1179 (100%)

### 2.4.3 Qualitative findings

In total, 2689 comments were made by respondents to explain their preferences or decisions not to choose any of the options. Attitudes towards the proposed children's services options, common themes emerging from these responses and alternative suggestions to the proposals are summarised below.

Much of the response to the options is framed around safety for patients. Particularly in the case of children's services, mental wellbeing of child patients and their parents, carers and families is paramount in many responses. As is familiar with other service areas, location and distance from services is a major factor affecting respondents' feelings on the options.

#### **Support for Children's Option 1**

The large support for this option over the other two options is largely explained in terms of accessibility and proximity to children's services, particularly for those in West Cumbria. The importance of local overnight services is emphasised in avoiding separating children from their families, and improving wellbeing. The difficulty of accessing Carlisle from other parts of the county is outlined repeatedly.

A significant portion of the support for Children's Option 1 is in terms of 'best of a bad bunch', with retention of the full inpatient unit preferred.

### ***Support for Children's Option 2***

Support for Children's Option 2 over the other options, whilst muted, is reasoned on the basis largely of concerns about staffing at West Cumberland Hospital. In some cases, retention of overnight services there is seen as the ideal but, with staffing uncertainties, possibly less realistic and therefore a less safe option. However, this view is tempered in some cases by concerns about accessibility of Cumberland Infirmary Carlisle for those in other parts of the county.

### ***Support for Children's Option 3***

Support for Option 3 is limited, but where it is favoured it is again largely because of uncertainty over staffing at West Cumberland Hospital. Consolidation of services at Cumberland Infirmary Carlisle is seen by some as the best or only way of ensuring better quality of care and safety for patients.

### ***Rejection of options***

In many cases respondents refrain from giving preference to any option. In these cases, by far the most common desire is for maintenance of full services at West Cumberland Hospital. Particular focus is put on the need for 24/7 children's services locally for West Cumbrians, with the distance from and difficulty of travelling to Carlisle frequently emphasised. The consequent separation of children from their families is a major concern.

There are a number of responses of similar if not identical wording, demanding a "fully functioning paediatric department" and a "24/7 Children's Ward" with overnight stays and a Special Care Baby Unit at West Cumberland Hospital.

There is a degree of disagreement with the rationale for change presented in the consultation document. On staffing in particular, respondents argue that the priority should be to attract more staff through committing to a full service, rather than downgrading the existing provision.

### ***Level of inpatient service at West Cumberland Hospital***

A key overall theme in the response to the children's services options is the provision of overnight beds at West Cumberland Hospital. While this is praised as an element of Children's Option 1 over the other options, there is significant opposition to the notion of running this on a daytime admission only basis. The implications of reducing the current inpatient unit, or worse, absence of overnight beds altogether, are repeated concerns. The recurring themes among these responses are outlined below.

### ***Distance from and access to full paediatric services***

Respondents express concern at the prospect of needing to access paediatric services no longer available at West Cumberland Hospital, whether overnight or at all, when situated in West

Cumbria or other parts of the county, from which access to Carlisle can be difficult. There are some responses in which a compromise of travelling a longer distance for the best care is accepted and supported, but these are relatively very few in number.

### **Barriers to travelling**

The journey to Carlisle is described as long (particularly for those travelling from the other side of Whitehaven or further south east) and dangerous, including reference to the A595 being a particularly dangerous road. These accessibility and travel obstacles are seen to be liable to being exacerbated by poor weather – which can cut off parts of the county from others – or road traffic incidents en route. The road infrastructure is described as poor and public transport poorly served. At night public transport is said to be virtually non-existent, with weekends also adversely affected.

Lack of public transport is seen as particularly important as West Cumbria is mentioned as being economically disadvantaged, with relatively low car ownership and fuel poverty being relevant issues. The cost of making the journey, using either personal or public transport, is seen as prohibitive in some cases for the same reason. Similarly, arranging childcare for parents' other children is seen as a potential challenge, both in terms of availability and cost.

### **Effects of difficulty of journey**

The idea of making the journey, said by many to be over an hour, with a sick child is described as worrying and in some cases unacceptable. It is noted by many respondents that children's conditions can deteriorate rapidly, sometimes unexpectedly, and the need to be transported such a distance, either in an ambulance or in regular transport, could represent a serious risk to their health and, in some cases, life. The golden hour for treatment is mentioned by several respondents.

There are various personal stories told of how either respondents or their children may have suffered critically had they not had the services they needed locally. The prospect of a long journey to Carlisle is a serious concern, and it is suggested by a few respondents that the awareness of this journey being necessary may actually put parents off taking their child as soon as they should, preferring to 'wait and see' for longer than they otherwise might.

The added stress of the journey is seen as a threat to the mental wellbeing of both child and parent or travelling companion, and this potentially makes the journey itself more dangerous as a result.

### **Separation of child and support (family and carers) and effects**

Once in an inpatient unit some distance from their home, many respondents suggest that children would be isolated from their families and support networks. The difficulty of the journey is present in terms of visiting, for many of the same aforementioned reasons, as well as several that surface specifically relating to visiting.

Those most affected include again those who do not have their own means of transport, who have to rely on sometimes irregular or patchy public transport connections. Working parents or guardians are affected due to their other time commitments, and some respondents suggest in this case such a situation could lead to parents' jobs being in jeopardy. Parents with other children, particularly single parents, have the added barrier of having to find childcare, pick up other children from school, and other commitments that make long distance visits difficult. Affordability of making regular journeys, and arranging cover for childcare or other commitments, again is seen to present a financial burden.

The effects of this separation are described in blunt terms, including fear and anxiety for children in an unfamiliar and quite possibly scary environment, and in the longer term mental health issues stemming from the isolation. The latter is also a risk for parents, with stress and worry about their sick children exacerbated by the distance between them. There are several personal stories from respondents about their own emotionally stressful experiences as children in hospital with limited visits.

There is also a suggested effect on recovery. Some respondents claim that recovery for children is aided by the presence of, or regular contact, with their family or support network, and that this contact is vital. This is coupled with anecdotal praise from respondents for the ability to visit their children in the past in a nearby hospital. In contrast, the suggested consequence of not being able to visit as frequently as liked, is a prolonged recovery time and bed-blocking. Creating this separation between sick children and their parents is described in strong terms; words such as 'cruel' and 'inhumane' are used.

### ***Resources and staffing***

#### **Staffing**

For some the challenge in recruiting the staff needed, and the reliance on locums, makes consolidation of services at Cumberland Infirmary Carlisle the most sensible direction for the Trust to take. For others, the staffing and recruitment issues act as a rationale for maintaining and committing to services at both sites, particularly West Cumberland Hospital.

Arguments that staffing problems are cause for consolidation generally state that the prospects for improving the current state of staffing affairs look unlikely, with a few pointing to a national shortage of paediatricians and that it is in the interests of quality of care and safety to concentrate expertise on permanent staff rather than temporary. If this involves consolidating the specialism in a single location, it is seen as a price worth paying. However, this viewpoint is heavily outweighed by the number of those who argue the opposite.

There is a strong response that the current staffing problems are largely a result of the uncertainty around the future of healthcare in the area, particularly at West Cumberland Hospital. The solution to this, it is argued, is to commit to future services, or Children's Option 1

at the least, and provide some certainty to potential consultants and staff, aiding recruitment. Reduction of services is seen by some as likely to hamper recruitment further, as it makes working at West Cumberland Hospital a less attractive option for the best staff. Recruitment efforts thus far are criticised by some. There are many suggestions that consultants and staff employed by North Cumbria University Hospitals NHS Trust should be contractually obliged to work across both sites. A number of further suggestions around staffing and recruitment are outlined under *Suggestions* later in this section.

Further community outreach nursing is advocated by several respondents, with references to previous plans to pursue this more directly, as a chance to supplement the main children's units.

### **Capacity and beds**

Capacity is a concern for some respondents, with comments that Cumberland Infirmary Carlisle is operating at or near capacity already, mentioning that ambulances are sometimes on 'postcode divert' to other sites, and West Cumberland Hospital sometimes accepts patients from Cumberland Infirmary Carlisle due to lack of beds during winter (it is acknowledged that this works the other way at times too). The option to add more than 70 per cent extra admissions (based on the consultation document's statement that 58% of children's admissions are currently to Cumberland Infirmary Carlisle, and 42% to West Cumberland Hospital) is seen by some as a risk of exceeding capacity there. Parking at Cumberland Infirmary Carlisle is also mentioned as inadequate. A lack of beds is also seen by some as likely to exacerbate anxiety and stress.

There is some concern expressed that the number of overnight beds at West Cumberland Hospital through Children's Option 1 may not be sufficient. The wider capacity concerns are mentioned alongside the prediction that the local population may grow as a result of construction and then operation of the Moorside development.

### **Ambulance service**

In support of the options, there is some approval noted of the plan to provide dedicated ambulance cover in order to help with the safe transfer of patients in need of acute care. But from others there are doubts about the proposed dedicated ambulance service. Primarily there are suggestions that the service faces staffing and capacity issues of its own, and will require more vehicles and paramedics to provide a sufficiently comprehensive service. The road infrastructure is also seen as limiting to its efficacy, and there are comments that other areas of the county will still need to be covered by the service.

There is some confusion over whether the dedicated ambulance is an addition to the maternity ambulance or if it is proposed as single shared vehicle. One response states that the wider document and attendance at public meetings has suggested the latter is the case.

A few responses state transfers for less severe conditions that need to be treated at Carlisle could stretch the service further. There are further concerns about who would accompany a patient in the dedicated ambulance, whether a consultant would be on hand or a specialised paramedic, and the real cost savings of the options with the necessary ambulance investment added is questioned.

A response cautions that Grantham provides an example of a similar ambulance scheme not working in a geographically remote area.

### ***Additional safety impacts***

In addition to those impacts already outlined in the *Distance* section previously, further points are made about the risks attached to proposals to downgrade children's services.

There are frequent mentions of the added importance of being seen quickly for certain conditions. Respiratory problems such as asthma, as well as meningitis, anaphylaxis and sepsis are mentioned as potentially life-threatening if not treated quickly. It is pointed out that with transfers between two hospitals there may be double the normal time spent waiting to be seen by a doctor. Again, personal stories are recorded about either the respondent themselves, or a child, or someone they know, who may have died in a certain situation had it not been for the presence of a full children's service within easy reach.

There is an added difficulty identified in assessing the most appropriate course of action for a child. Parents, it is suggested, may well interpret symptoms in a way that leads them to take their child to one acute site when it would have been more appropriate to take them straight to the other. Doctors at West Cumberland Hospital too, face a more difficult decision in whether to send a child home, to transfer them to Cumberland Infirmary Carlisle, or to admit them to an emergency department inappropriately. Both situations, it is suggested, carry an inevitability of error at some point.

A separate point is mentioned about the risk posed by young people who self-harm, and often are admitted at night. The likely mental health struggles of such patients are seen by some respondents to constitute an increased vulnerability to the mental wellbeing effects previously summarised.

### ***Equality of services***

There are various criticisms of the fairness of the options concerning the equality of care offered across the county. Those in West Cumbria, and the more rural areas across the county, are seen by some as being neglected in terms of the provision of basic healthcare services. The point is made particularly acutely that children deserve equal healthcare access independent of which part of the county or country they live in.

There is again a sense conveyed that the most financially disadvantaged families and children are likely to be the hardest hit, due largely to the problems of accessibility previously outlined.

### ***Consultation comments***

There is, as well as widespread criticism of the options, pessimism about the consultation process itself and the rationale behind the options proposed. Several respondents infer that they demonstrate a lack of understanding of the impacts, particularly in terms of travel and accessibility, local infrastructure and its faults.

There is also further scepticism expressed about figures used for average journey times and their impact, as well as use of other figures, or lack of them. A number of responses request clear evidence of recruitment efforts and an assessment of why consultants are not being attracted.

There is also criticism of the document as misleading around the aforementioned ambiguity of the dedicated ambulance, with a perceived discrepancy between implication that these would be separate for maternity and children's services, and the suggestion in meetings and other documents that this is not the case.

### ***Suggestions***

#### **Staffing and recruitment**

A number of suggestions are made about the way staffing and recruitment could be made more effective. There are numerous comments advocating consultants and staff rotating between sites rather than patients. There are also suggestions of training nurses and midwives to be advanced practitioners, and to staff hospitals partnering these roles with consultants in a 'mixed economy'.

Collaboration with other organisations such as medical schools, UCLan, Royal Victoria Infirmary, NuGen and local colleges to boost recruitment prospects are also suggested, including offering innovative job offers with opportunities to work in different roles and institutions throughout the year, attractive training opportunities and learning from recruitment techniques that have worked in other industries. Staffing models from A&E and emergency and acute care are also suggested for consideration. It is also suggested to offer locums ultimatums on permanent positions or something to encourage commitment, and more direct recruitment techniques are suggested in the form of head hunting.

#### **Alternative location of services**

There is a repeated suggestion that full paediatric inpatient services should be concentrated at West Cumberland Hospital rather than Cumberland Infirmary Carlisle, often citing the better connections from Carlisle to alternative hospitals if needed, compared with Whitehaven. A consultant-delivered service at West Cumberland Hospital, with a consultant-led service at Cumberland Infirmary Carlisle, is also advocated, with Furness General Hospital given as an



example. The movement of non-urgent cases instead of those acutely unwell is also suggested to avoid the same disruption to families.

There is a suggestion that children too sick for West Cumberland Hospital should go to Royal Victoria Infirmary rather than Cumberland Infirmary Carlisle, while another suggests the addition of a children's intensive care unit at Cumberland Infirmary Carlisle.

An isolated point is made about the apparent lack of consideration to facilities at Barrow, relevant to those in the south of West, North and East Cumbria.

### **Alternative ways of working**

A small number of suggestions are put forward around alternative ways of working. Increased use of video conferencing and other technology could minimise travel time, and allow for more rotation of paediatricians between Cumberland Infirmary Carlisle and West Cumberland Hospital. Further preventative outreach work to combat paediatric health problems, such as obesity and smoking while pregnant, is advocated, as are working relationships with Great North Children's Hospital and direct referrals there from West Cumberland Hospital.

### **Additional elements with options**

Some additional suggestions are made as appendages to the options. The provision of free accommodation for parents travelling from the West of Cumbria to Carlisle is frequently suggested, sometimes as a condition of support for any such proposal, and transport assured by local authorities and businesses is also put forward. Assisted travel for parents with low incomes or on state benefits is also requested. The addition of a standby helicopter service is suggested.

### **Endorsements**

Other alternative proposals are endorsed, those from Copeland Borough Council; West Cumbrians' Voice for Healthcare; and Mahesh Dhubar, promoting a freeze on changes to pursue more training and recruitment.

## **2.5 Community hospital inpatient beds - key findings**

### **2.5.1 Background**

The consultation document outlined four options for the future provision of community hospital inpatient services in West, North and East Cumbria.

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

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

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

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

Community Hospitals Inpatients Option 1 is the preferred option for the purpose of the consultation.

Respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and invited to offer proposals of their own.

### **2.5.2 Quantitative findings**

In total, 45% of respondents identified preferred options; over a third (36%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 19% did not answer either part of this section (Table 20).

Of those who expressed preferences, 86% of respondents selected Community Hospitals Inpatients Option 1 as their preferred option which was also the preferred option for the purpose of the consultation (Table 21). Community Hospitals Inpatients Options 2, 3 and 4 which proposed consolidation of beds onto fewer sites were not popular, with Option 4 (consolidation of beds onto three sites) gathering the lowest levels of support.

Table 20: Preferences for community hospitals inpatient beds options

Responses	Total (%)	Total (actual)	First preference expressed			
			Option 1	Option 2	Option 3	Option 4
Number who expressed first preferences for the options	45%	1659	86% (1427)	6% (100)	4% (66)	4% (66)
Number who did not express preferences but commented on proposals	36%	1338				
Number who did not respond to the question	19%	699				
<i>Total number of respondents</i>	100%	3696				

Table 21: Preferences for community hospitals inpatients options (by percentage of each preference)

Community hospitals inpatients options	First preference	Second preference	Third preference	Fourth preference
Option 1	86%	8%	5%	5%
Option 2	6%	69%	22%	2%
Option 3	4%	21%	70%	3%
Option 4	4%	2%	3%	90%
<i>Total responses by preference</i>	1659 (100%)	1201 (100%)	1177 (100%)	1149 (100%)

A similar pattern of preferences is shown when looking at different geodemographic and lifestyle variables. Responses from residents who live across West, North and East Cumbria are shown in Table 22.

Table 22: Preferences for community hospitals inpatients options by district area (by percentage of each preference)

District	Community Hospitals Inpatients option	First preference	Second preference	Third preference	Fourth preference
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District	Community Hospitals Inpatients option	First preference	Second preference	Third preference	Fourth preference
Allerdale	Option 1	89%	7%	4%	3%
	Option 2	5%	69%	21%	1%
	Option 3	4%	22%	71%	3%
	Option 4	2%	2%	4%	92%
	<i>Total responses by preference</i>	628 (100%)	440 (100%)	425 (100%)	412 (100%)
Carlisle	Option 1	75%	11%	6%	13%
	Option 2	13%	64%	21%	1%
	Option 3	4%	20%	66%	7%
	Option 4	8%	4%	7%	80%
	<i>Total responses by preference</i>	181 (100 %)	137 (100%)	134 (100%)	132 (100%)
Copeland	Option 1	86%	8%	5%	4%
	Option 2	5%	66%	25%	3%
	Option 3	5%	24%	67%	3%
	Option 4	4%	3%	3%	91%
	<i>Total responses by preference</i>	931 (100%)	688 (100%)	679 (100%)	661 (100%)
Eden	Option 1	90%	7%	2%	6%
	Option 2	4%	77%	16%	1%
	Option 3	2%	15%	76%	5%
	Option 4	3%	1%	5%	88%
	<i>Total responses by preference</i>	325 (100%)	213 (100%)	209 (100%)	202 (100%)

The strongest support for Community Hospitals Inpatients Option 1 came from the areas where community hospital inpatient beds were to be lost namely Eden district (where the community hospital in Alston is located) and Allerdale (where Wigton and Maryport community hospitals are located).

First preferences by different demographic and lifestyle variables are shown in Table 23. This shows a very strong and consistent preference for Community Hospitals Inpatients Option 1 across the board.

Table 23: First preferences for community hospitals inpatients options by socio-demographic variables

Demographic / lifestyle	Option 1	Option 2	Option 3	Option 4	Totals
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characteristic					
First preferences by gender					
Male	83%	7%	4%	6%	483 (100%)
Female	87%	5%	4%	3%	980 (100%)
First preferences by age					
Under 45	87%	4%	5%	4%	645 (100%)
Over 45	85%	7%	4%	5%	848 (100%)
First preferences by declared disability status					
With disability	86%	7%	3%	4%	303 (100%)
No declared disability	87%	5%	4%	4%	1093 (100%)

### 2.5.3 Qualitative comments

2476 respondents left comments to explain their preferences or decisions not to choose any of the options. Attitudes towards the proposed community hospital inpatient beds options, common themes emerging from these responses and alternative suggestions to the proposals are summarised below.

#### ***Attitudes towards community hospitals inpatient beds options***

Over half of the comments were unsupportive of the proposals with many stating that they had not stated a preferred option because none of the options were 'suitable' or 'acceptable'. There were also respondents who had stated Community Hospitals Inpatients Option 1 or others as their preference who expressed concern or disappointment that the overall number of inpatient beds in community hospitals was being reduced. This level of concern reflects the response received through other consultation channels expressing disapproval at the overall reduction in number of beds in community hospitals and / or concern about inpatient beds no longer being available in Alston, Wigton and Maryport in any of the proposed community hospital options.

#### **Support for Community Hospitals Inpatients Option 1**

Many respondents expressed support for this option because they felt it was the 'most acceptable' one being proposed since it offered consolidation of inpatient community hospital beds onto six sites. From their perspective, this kept the most number of community hospitals opened and offered the best coverage of community hospitals across the county. This would also increase the likelihood of inpatient services being offered closer to home.

Some respondents also recognised that consolidation seemed to be an efficient use of resources and was probably the most sustainable option in the long-term and one that was less likely to lead to closure of community hospitals. Some felt that consolidation of inpatient provision made sense across sites that were close or easily accessible to other community hospitals (although

some felt that this was not the case in Alston). A small number also qualified their response by saying that the loss of inpatient beds at Alston, Wigton and Maryport should not mean closure in the long-term but a genuine opportunity for different roles for these hospitals as part of the Integrated Care Communities plan.

A number also expressed support for this option while also making the case to keep inpatient beds at the community hospitals in Alston, Maryport and Wigton.

### **Support for Community Hospitals Inpatients Option 2**

The small number who commented on their support for Community Hospitals Inpatients Option 2 felt that this option still provided good access to community hospital inpatient beds across the county. A number felt that this would still allow the new facilities at Cockermouth to be used (unlike Community Hospitals Inpatients Options 3 and 4). A small number also stated that consolidating beds between Workington and Whitehaven was sensible with some mentioning the good bypass link between the two. Some who believed that consolidation is sensible in the long-term felt that Community Hospitals Inpatients Option 1 had not addressed the issue enough which is why they were expressing support for this option.

A number also made the case for keeping inpatient beds at the community hospitals in Alston and Maryport while supporting this option. A very small number also made the case for retaining inpatient beds at Keswick which was also a part of this option.

### **Support for Community Hospitals Inpatients Option 3**

As with Community Hospitals Inpatients Option 2, this option offered the consolidation of inpatient community hospitals beds onto five sites. However, in this case, the proposal was to offer inpatient beds at Workington Community Hospital rather than Cockermouth Community Hospital (as suggested in Community Hospitals Inpatients Option 2). The small number who commented on their support for this option, tended to state that their preference was due to the fact that this option had community hospitals at sites that were well served by public transport and that offered reasonably good access from across the county. One respondent felt that this option would also address the potential demand on services that the introduction of Nugen Moorside reactor sites, and therefore new jobs and people, would bring.

### **Support for Option 4**

This was the least supported option with many dismissing it because it provided the fewest opportunities for inpatient services closer to home. The small number who did support this option, and who explained their reasons, tended to welcome the long-term benefits of this option and saw the benefits of community hospital / step up step down services located alongside acute hospitals as a way of reducing pressure on acute hospital services. Some also felt that a new site at Carlisle would provide better access to community hospital inpatient beds for residents of Alston, Wigton and Brampton.

## **Rejection of options**

Just over half of the qualitative comments were a rejection of all the options being proposed. Many of these were from respondents who would be impacted by the loss of inpatient beds at Alston, Maryport and Wigton. A number were also comments from organised campaign supporters who expressed the view that *'No option is acceptable. We need to retain the beds we have in our community hospitals to alleviate the pressure on West Cumberland Hospital and Cumberland Infirmary Carlisle'*.

A number of respondents who were not impacted by these proposals, still found them unacceptable, because they were concerned for patients in very rural areas such as Alston. A small number felt they did not have the full information to be able to comment on the options so did not respond while a small number of others felt that options to keep Alston, Maryport and Wigton open should also have been presented.

Even though no options recommended community hospital closures there were still a number of respondents who rejected the proposals because they appeared to indicate the closure of community hospitals at Alston, Maryport, Wigton and potentially others.

Some respondents could not understand why there were suggestions to increase the number of beds at the Copeland Unit at Whitehaven, at the expense of other community hospitals, when those patients could have access to West Cumberland Hospital which the Copeland Unit is linked to.

## **Key themes**

There are a number of key themes emerging from the responses that underpin people's attitudes and views towards the Community Hospitals Inpatient Options. These are broadly expressed as:

- lack of access to local healthcare services and the impact on patient wellbeing and safety
- effect of resourcing on quality of care
- the case for community hospitals
- wider financial, economic and social concerns

## **Accessibility to local healthcare and patient safety**

Many expressed concern that the proposals to lose inpatient beds at Alston, Maryport and Wigton impacted those in the most rural areas (Alston) and those with poor transport links (all sites). They felt that the limitations provided by the inadequate transport infrastructure and problem roads such as the A595 (from Whitehaven to Carlisle), the A686 (from Alston to Penrith and beyond) and minor roads, would limit people's access to inpatient health services.

They also mentioned the cost of the additional travel that might be needed to access services in other locations both in terms of time and money. The families and friends in these areas would also be impacted and may be restricted in their ability to visit patients as a consequence. This could have a negative impact on the recovery and rehabilitation of patients.

As a result of these factors, many who supported Community Hospitals Inpatients Option 1 did so explicitly because this provided the most access to inpatient beds across the county and not necessarily because they supported the principle of consolidation of inpatient beds.

A number of responses were concerned that these options did not really support the care 'closer to home' principles that the NHS in Cumbria had been trying to encourage for over a decade which saw community hospitals as central to the delivery of health and social services in the communities they serve. Moving care further away from 'home' limits patients' ability to access the right treatment, at the right place and at the right time. A number of personal experiences were described to show how important it was for patients, and their families, to have palliative / end of life care provided as locally as possible. This was raised as particularly important for older people who might be limited in their ability to travel long distances to visit loved ones including their spouses.

Some responses expressed strong concern that the loss of inpatient beds would be putting lives at risk with some qualifying their concerns about the safety of patients in Alston. As touched upon previously, some also contended that removing access to local inpatient services might impact on a patient's journey to recovery as well as impacting on the health and well-being of their families.

### ***Effect of resourcing on quality of care***

Those who supported the proposals felt the principle of consolidating beds and resources would lead to better staffing levels and a better quality of care for patients.

There were many, however, who felt that the community hospitals which were potentially losing beds were being penalised because of the difficulty of recruiting staff. There were also many who recognised that the uncertainty surrounding the future of community hospitals would in itself lead to difficulties in recruitment. Many of these respondents felt that this was an 'NHS as employer' problem and that patients should not be penalised as a consequence. They felt that the NHS should be offering better reward, recognition, flexible working arrangements and more training to its staff to attract the right calibre of people in areas that were struggling to do so. Some also felt that failure to recruit staff was an 'excuse' since their own community hospitals appeared to be well staffed while others worried that Integrated Care Communities would require more staff to succeed.

Some were concerned that this would lead to a reliance on volunteers at a time when the third sector as a whole were struggling to recruit and retain good volunteers. Others suggested



rostering staff from acute hospitals into community settings as a way of resolving capacity issues and broadening knowledge and expertise.

Others felt that there needed to be an increase in number of beds rather than a reduction with some feeling that reducing numbers now was not sustainable in the long-term when an increasing and aging population who might be in need of more beds closer to home in the future.

Many also felt that reducing the number of community hospital beds would put more pressure on beds at the acute hospitals where there are already problems such as bed-blocking mentioned in both West Cumberland Hospital and Cumberland Infirmary Carlisle. Some also felt the implications of pressured social care provision had not been taken account in these proposals: the fact that fewer care home or nursing home beds were available could put an increased pressure on the number of beds available in community hospitals.

There were a number of comments raised about Cockermouth Community Hospital and how these new facilities, which seemed as if they were being under-used, could be used in a better way to support local community need. Others also mentioned the new facilities at Workington Community Hospital citing the investment in both of these hospitals as a reason not to reduce inpatient provision there.

### ***The case for community hospitals***

There were many who made the case for community hospitals, and specific community hospitals, as part of their case for or against the options. The benefits of community hospitals as community assets that provided trusted and easily accessible care for patients and their families was described by many. Many also described how these could relieve pressure on acute hospitals by providing rehabilitation, palliative care and urgent care services closer to people's homes and also play a key role in Integrated Care Communities.

It was also felt though, that community hospitals needed to be properly resourced in order to play a key role and anxieties were raised about the future function of those mentioned in the consultation document (especially Maryport and Wigton) whose buildings required substantial capital investment. The proposals did not appear to suggest how this would be addressed.

Millom Community Hospital was cited by some as a good example of providing a small inpatient service alongside accessible medical, nursing, rehabilitation and end of life care close to patients' homes.

There were also cases made for specific community hospitals whose inpatient provision was potentially at risk in the proposed options with many using personal experiences to show why these community hospitals were important to them. The arguments presented for each are summarised below:

***Ruth Lancaster James Cottage Hospital, Alston*** – there were a number of recommendations for keeping Alston Community Hospital open including many from respondents who were not from that area. Suggestions for retaining or increasing inpatient beds in the Ruth Lancaster James Cottage Hospital were made on the basis that it was located in a remote and rural area and that it would be difficult for vulnerable people (and their families and friends) to travel to other inpatient sites especially in winter. There were a number of personal stories of good experience at the hospital mentioned to demonstrate how much local people valued it. Some of these stories also mentioned the fact that Alston patients and residents had raised money for beds and the electronic doors themselves.

***Victoria Cottage Hospital, Maryport*** – many recognised that the community hospitals in Maryport, Workington, Cockermouth and Keswick were closely located so some consolidation of inpatient beds in this area might be workable. However, many also suggested that this should not be at the expense of inpatient beds in Maryport which has been identified as one of the most deprived areas in the county (and is in the top 10% of most deprived areas in England). It was argued that loss of inpatient provision would hit low-income households more than families in the more affluent surrounding communities such as Cockermouth and Keswick.

***Wigton Community Hospital*** – Those who made the case for Wigton to retain inpatient beds used the fact that it was the site that provided easiest access to health and social care to residents across the Solway as well as people living south of the Carlisle area. Some argued that if it were to lose inpatient beds then proper investment to make it a new integrated healthcare hub would be needed.

#### ***Wider financial, economic and social concerns***

There were a number of anxieties expressed about whether there was enough in the health and social care budgets to support the implementation of the options and the Integrated Communities Care proposals. A small number felt that impact of loss of community inpatient beds would cost the NHS more in the long-term because people would have to be treated at home. A number questioned whether the ‘small but positive’ financial impact these options would provide was worth the distress and increased risk to safety that would be caused to patients and their families.

A small number also felt that they were paying for the cost of Cumberland Infirmary’s Carlisle’s Private Finance Initiative contract. Others felt that the Government should support the NHS more: they felt that these proposals were a direct consequence of reduced public sector spending and investment in costly initiatives such as HS2.

A number of people also pointed out that loss of inpatient beds seemed to be happening in the most deprived areas (for example, Maryport) and areas of poor health with a bigger impact on those communities than in the more affluent areas with better transport links and so on. Others who have been identified as being disadvantaged by these proposals are: those living in rural or remote communities (for example, people in Alston); the elderly and vulnerable; and residents of West Cumbria.

### ***Alternative suggestions***

As well as providing reasons for why they favoured any of the options, or otherwise, some respondents volunteered suggestions as to other changes or initiatives that could be considered.

### **Reallocating inpatient bed provision**

Many of the suggestions revolved around keeping the status quo or increasing the number of beds. A number also suggested different permutations of the current options (for example keeping inpatient beds at Maryport, Alston and/or Wigton at the expense of one of the other community hospitals). A number also suggested that having 8 patient beds in some sites would allow inpatient provision in very rural areas like Alston to be accommodated.

### **Recruitment and staffing**

There were a number of suggestions that investment in the recruitment and training of the right staff was needed to resolve the issues rather than reducing the number of inpatient beds. Investment in continued professional development was identified as a motivator for staff that might improve retention. Some thought that the continued use of temporary and locum staff was not going to address the staffing crisis.

There was also a suggestion that staff at the acute hospitals in Whitehaven and Carlisle should be rotated into the community to spread learning and expertise.

### **Services offered at community hospitals and at home**

There were some suggestions that palliative beds should be available in all community hospitals. One suggestion was that care agencies such as Cumbria Care could treat patients who required end-of-life/ palliative/ last resort care at home thus relieving pressures on acute and community hospitals. There was anecdotal evidence that there was capacity in areas such as Whitehaven for care agencies to do more in this area.

There were also suggestions that more support services currently provided at acute hospitals could be provided in community hospitals as well as day surgery. This would relieve pressure on acute hospitals as well as invigorating community hospitals.

Many suggested that there should be a transition period before inpatient bed provision was lost whereby adequate community care services were in place at the impacted locations so that local people would know where and how to access community or home-based healthcare services.

### **Management and governance of Community Hospitals**

Suggestions relating to the governance of community hospitals included giving responsibility for managing these back to GPs and agreeing joint arrangements, including joint funding, with social services. There was also a suggestion that Alston Community Hospital should fall under the remit of Northumbria Healthcare NHS Trust due to its location.

### **Other**

Support was mentioned for the alternative proposals that had been expressed by the Alston Hospital League of Friends and Dr Barrie Walker's "A sustainable model for healthcare in West Cumbria."

There was a view expressed that the decision-makers should be working directly with local communities to come up with local solutions to meet local needs (as happened in Millom Community Hospital).

## **2.6 Emergency and acute care services - key findings**

### **2.6.1 Background**

The consultation document outlined three options for the future provision of emergency and acute care across West, North and East Cumbria.

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

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

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

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

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

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

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

This option would also require more paramedics and ambulances.

Emergency and Acute Option 1 is the preferred option for the purpose of the consultation.

Respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were also invited to offer proposals of their own.

## 2.6.2 Quantitative findings

In total, 46% of respondents identified preferred options; almost a third (32%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 21% did not answer either part of the acute and emergency care services section (Table 24).

Of those who expressed preferences, there was overwhelming support (95%) for emergency and acute option 1 (Table 25). This was also the preferred option for the purpose of the consultation.

Table 24: Preferences for emergency and acute care options

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	46%	1709	95% (1624)	3% (51)	2% (34)
Number who did not express preferences but commented on proposals	32%	1201			
Number who did not respond to the question	21%	786			
<i>Total number of respondents</i>	100 %	3696			

Table 25: Preferences for emergency and acute options (by percentage of each preference)

Emergency and acute options	First preference	Second preference	Third preference
Option 1	95%	3%	3%
Option 2	3%	93%	4%
Option 3	2%	4%	94%
<i>Total responses by preference</i>	1709 (100%)	1145 (100%)	1123 (100%)

A similar pattern of support for Option 1 as a first preference is shown when looking at different demographic variables (Table 26).

*Table 26: First preferences for emergency and acute options by demographic variables*

Demographic characteristic	Option 1	Option 2	Option 2	Totals
First preferences by district				
Allerdale	95%	3%	2%	624 (100%)
Carlisle	88%	6%	6%	185 (100%)
Copeland	98%	1%	1%	956 (100%)
Eden	93%	4%	3%	333 (100%)
First preferences by gender				
Male	95%	3%	3%	505 (100%)
Female	96%	3%	2%	1070 (100%)
First preferences by age				
Under 46	96%	3%	1%	668 (100%)
46 and over	95%	3%	2%	924 (100%)
First preferences by declared disability status				
With disability	95%	3%	2%	322 (100%)
With no declared disability	95%	3%	2%	1163 (100%)

### 2.6.3 Qualitative comments

In total, 2598 comments were made by respondents to explain their preferences or decisions not to choose any of the options. Attitudes towards the proposed emergency and acute options, common themes emerging from these responses and alternative suggestions to the proposals are summarised below.

#### ***Attitudes towards emergency and acute options***

There was strong support amongst those who selected a preference for Emergency and Acute Option 1. This was largely based on strong rejection of the loss of A&E services at West Cumberland Hospital in Emergency and Acute Options 2 and Options 3. A large number of responses rejected all of the options, wanting instead to retain the status quo. The main concerns are in line with those received through other consultation channels and focused on the risk for patients travelling from West Cumbria to Cumberland Infirmary Carlisle and objection with reduction in services currently provided by West Cumberland Hospital.

#### **Support for Emergency and Acute Option 1**

The reasons for support for this option centred on the retention of Accident and Emergency Services at West Cumberland Hospital. Many expressed that this was a minimum requirement

necessitated by the need in the area. This need was linked to a number of factors included the location and distance from Cumberland Infirmary Carlisle, the poor condition of roads, the requirements of the nuclear facility, and the importance of being receiving emergency care rapidly. There were mixed views on nurses taking on additional roles: this was felt by some to be innovative, by others to be a risk.

### **Support for Emergency and Acute Option 2 and 3**

There was very sparse support for Emergency and Acute Options 2 and 3. The reasons given regarded long term financial sustainability, and that this may reduce unnecessary Accident and Emergency visits.

### **Rejection of all options**

A large number of responses rejected all the options being proposed. The predominant view was that all of the options represented a decline in services at West Cumberland Hospital and that no change and a full retention of services was their chosen choice. A key concern was the requirement to transport intensive care unit patients to Carlisle which was felt to be endanger patient safety, provide less accessible care, and unfairly impact more on West Cumbria. An additional concern was that the changes were the first step to future reduction in A&E services at West Cumberland Hospital.

### ***Key themes***

#### ***Accessibility and travel***

Many respondents expressed concerns about the accessibility of services in Carlisle for patients living in West Cumbria. The quality and safety of roads, specifically the A595, was felt to be unreliable and represent a significant risk both in terms of potential fatalities and also travel time. Alongside this the areas unique geography and the size of the catchment area were given as reasons to retain emergency and acute services at West Cumberland Hospital.

The high number of accidents on the roads is felt to make the journey dangerous and also increase the likelihood of delays. The roads are described as perilous in adverse weather conditions such as snow and flooding, often blocked by slow moving vehicles, slowed by traffic jams, and less safe when travelling in the dark.

The journey times were felt to be too long for emergency treatment and for friends and family visiting patients at Carlisle, this was particularly mentioned for people living south of Whitehaven. The lack of adequate public transport was also mentioned as placing additional demands on patients and their families. The impact of this was mentioned in terms of the mental and physical wellbeing of people visiting patients in the intensive care unit and that inpatients being more isolated from family and friends could negatively impact their recovery.



It was felt by a number of respondents that transferring patients to Carlisle would cost more in terms of fuel, ambulances and air transfers.

### ***Patient safety***

Many respondents raised concerns for emergency and acute care with regard to patient safety. The main element of this concentrated on the 'golden hour – the crucial time after a traumatic injury where treatment is required and how facilities at West Cumberland Hospital were required to ensure that treatment could be received in this time. A number of personal experiences were provided by respondents describing times when urgent treatment had been required. A large number of respondents were explicit in their views that changes reducing emergency and acute services would lead to an increase in fatalities.

Another frequent safety issue raised regarded the nuclear facility at Sellafield and this requiring a fully functioning A&E locally in the case of an incident at the facility. Developments at the facility were felt likely to increase this need.

Specific concerns were raised around the risk assessments used in developing proposals and the extent that the risk to safety had been adequately considered. The risk to patients of Emergency and Acute Option 1 not being tested was mentioned frequently as potentially risking the safety of patients.

### ***Staffing***

A number of views were given regarding staffing and recruitment. A frequent response was that the issue of staff shortages and recruitment challenges was due to uncertainty over services and low morale. Many respondents suggested that the way staff are recruited could be improved and that services should not suffer because of this. A number of respondents felt that the area of recruitment was being used as an excuse to reduce services, particularly at West Cumberland Hospital.

There were mixed views regarding the proposal in Emergency and Acute Option 1 for the development of other clinicians (such as nurses) to take on acute care roles. Some respondents were very positive, feeling that this was an innovation that would benefit staff and patients. Other respondents were sceptical that nurses would be able to fulfil these roles, and felt that the quality of care could diminish through this. Other concerns included the cost of extensive training and increased salaries for staff taking on extra roles, and that the time required to supervise these staff members may not be available.

### ***Inequality***

A large number of respondents felt that the changes were unfair as they were not providing equal services for people across the region and the country. A frequent comment was that West Cumbrian residents were being treated as second class citizens and were not being afforded the

same quality services as others and not getting what they deserve. For a number of respondents, the proposals represent preferential treatment for Carlisle, and would prefer services to move from Carlisle to West Cumbria.

Respondents suggested that the area that would be most affected by changes to services would be West Cumbria, and that the geography and socio-economics of the area, mean that disadvantaged residents will be most affected by changes, and inequalities will increase.

Additional travel from West Cumbria to Carlisle was felt by many respondents to impact negatively on the elderly, those with disabilities, and those with mental health difficulties.

### ***Capacity and resources***

A number of responses express concern regarding the capacity pressures facing the ambulance service, A&E and intensive care units at Cumberland Infirmary Carlisle and West Cumberland Hospital. The West Cumberland Hospital intensive care unit is described by many respondents as currently lacking capacity currently and having shortages. Many respondents state concerns over whether Cumberland Infirmary Carlisle, will be able to manage any additional resource pressures with views that Carlisle is currently struggling with capacity pressures in this area.

A similar concern was expressed with regard to ambulance services. There was a feeling that these services are currently overburdened for lots of areas and that further transfers from West Cumbria to Carlisle would lead to additional resource pressures that would worsen patient outcomes.

There was concern that the proposals had not factored in the expansion of the nuclear facility and developments in West Cumbria that would mean significant additional demand on health services in West Cumberland Hospital.

### ***Alternative suggestions***

A number of respondents felt that West Cumberland Hospital intensive care unit outperforms the intensive care unit at Cumberland Infirmary Carlisle, and that instead of moving beds to Carlisle, the reverse should be considered. A closer proximity to university medical schools and research centres was given as an additional reason for this.

Comments were made that consultants should work across both hospital sites to maintain services at West Cumberland Hospital.

To improve the transport connections between West Cumberland Hospital and Cumberland Infirmary Carlisle it was suggested that roads should be improved with the introduction of a dual carriageway, that parking should be improved at Carlisle, and that public transport should be improved. A government funded helicopter was also suggested.

A number of respondents suggested that an investment in technology to enable remote consultation and diagnosis, using tools such as map of medicine, could improve services and help with staffing challenges.

## **2.7 Hyper-acute stroke services**

### **2.7.1 Background**

The consultation document outlined two options for hyper-acute stroke services in West, North and East Cumbria.

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

**Hyper-Acute Stroke Option 2** – would see all acute stroke cases managed in a single hyper-acute stroke unit based at Cumberland Infirmary, Carlisle. Ambulances would take possible stroke patients direct to Carlisle. Patients arriving at West Cumberland Hospital by other means would be transferred by ambulance to Carlisle. On leaving the hyper-acute stroke unit patients resident in West Cumbria would be transferred to acute stroke and rehabilitation facilities at West Cumberland Hospital if further hospital care was needed. As with option 1, this service would be complemented by ensuring improved, early supported discharge in both Carlisle and Whitehaven.

Option 2 is the preferred option for the purpose of the consultation.

Respondents were asked to rank the order in which they preferred the options. They were also asked to explain why they favoured their first option and were also invited to offer proposals of their own.

### **2.7.2 Quantitative findings**

In total, 44% of respondents identified preferred options; almost a third (31%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 24% did not answer either part of the hyper-acute stroke services section (Table 27).

Of those who expressed preferences, there was majority support (68%) for Hyper-acute Stroke Option 1 (see Table 28) and 32% support for Hyper-Acute Stroke Option 2, the preferred option for the purpose of the consultation.

Table 27: Preferences for hyper-acute stroke service options

			First preference expressed	
Responses	Total (%)	Total (actual)	Option 1	Option 2
Number who expressed first preferences for the options	44%	1635	68% (1104)	32% (523)
Number who did not express preferences but commented on proposals	32%	1161		
Number who did not respond to the question	24%	900		
<i>Total number of respondents</i>	100 %	3696		

Table 28: Preferences for hyper-acute stroke options (by percentage of each preference)

Hyper-acute stroke options	First preference	Second preference
Option 1	68%	38%
Option 2	32%	62%
<i>Total responses by preference</i>	1635 (100%)	1216 (100%)

There are clear differences in support by district (see Table 29). This shows that residents in Eden are more likely to support Hyper-Acute Stroke Option 2 (which proposes the set-up of a hyper-acute stroke unit at the Cumberland Infirmary Carlisle) whereas there is a preference in other areas, even Carlisle, for Option 1. The strongest levels of support for Hyper-Acute Stroke Option 1 are in Copeland which is the furthest distance away from the proposed hyper-acute stroke unit in Carlisle.

Table 29: Preferences for hyper-acute stroke options by district area (by percentage of each preference)

District	Hyper-acute stroke options	First preference	Second preference
Allerdale	Option 1	62%	44%
	Option 2	38%	56%
	<i>Total responses by preference</i>	590 (100%)	528 (100%)
Carlisle	Option 1	56%	53%
	Option 2	44%	47%
	<i>Total responses by preference</i>	188 (100 %)	142 (100%)
Copeland	Option 1	79%	26%
	Option 2	21%	74%
	<i>Total responses by preference</i>	929(100%)	666 (100%)
Eden	Option 1	42%	59%
	Option 2	58%	41%
	<i>Total responses by preference</i>	297 (100%)	250 (100%)

Hyper-Acute Stroke Option 1 is also the preferred option when exploring responses by different demographic variables (Table 30).

*Table 30: First preferences for hyper-acute stroke options by demographic variables*

Demographic characteristic	Option 1	Option 2	Totals
First preferences by gender			
Male	67%	33%	492 (100%)
Female	68%	32%	1016 (100%)
First preferences by age			
Under 45	75%	25%	657 (100%)
45 and over	63%	37%	886 (100%)
First preferences by declared disability status			
With disability	62%	38%	312 (100%)
With no declared disability	95%	2%	1163 (100%)

### 2.7.3 Qualitative comments

A total of 2312 comments were made by respondents to explain their preferences or decisions not to choose any of the options. Attitudes towards the proposed hyper-acute stroke options, common themes emerging from these responses, and alternative suggestions to the proposals, are summarised below.

#### ***Attitudes towards hyper-acute stroke options***

As shown in the quantitative findings, the strength of opinion for one option over another was more balanced for these services compared to the other service options being consulted on. This was also reflected in the qualitative comments.

#### **Support for Hyper-Acute Stroke Option 1**

Many of those who expressed support for this option did so because it appeared to better serve people across West, North and East Cumbria and not just those in North Cumbria. Some also recognised that it would allow quick access to stroke services, in line with the act F.A.S.T. principles in place that recognise the signs of stroke. Many also expressed support for this option because it was the closest to 'no change' as possible. Some respondents had experienced good quality stroke services at Whitehaven and did not want to lose access to these.

#### **Support for Hyper-Acute Stroke Option 2**

Many of those who expressed support for this option agreed with the rationale outlined in the consultation document of having a specialist centralised service and felt that this was the most sustainable option in the long-term. Many also felt that it would lead to better care for people.

Others could not believe that there was not already a specialist hyper-acute stroke service in Cumbria.

However, many were also concerned about the impact on patient outcomes if a transfer from West Cumberland Hospital to Cumberland Infirmary Carlisle were required for someone with a suspected stroke. Some were concerned that this option disadvantaged those who lived in West Cumbria.

### **Rejection of options**

A significant minority of respondents either did not accept the options or stated their preference for an alternative option of having an acute stroke unit at West Cumberland Hospital rather than just a rehabilitation service because it would serve a larger proportion of people across West, North and East Cumbria.

Many of those who did not agree with any of the options felt that there should be full hyper-acute stroke services provided at both West Cumberland Hospital and Cumberland Infirmary Carlisle.

### ***Key themes***

There are a number of key themes emerging from the responses that underpin people's attitudes and views towards the Hyper-Acute Stroke options.

These are broadly expressed as:

- the impact on patient safety and risk to life
- resource allocation and the effect on quality of care
- wider financial, economic and social concerns

### ***Patient safety, well-being and risk to life***

A significant number of respondents commented that these options were not safe. Many referred to the importance of the 'Golden Hour' for stroke patients and how this might be lost if patients could not access acute stroke services at West Cumberland Hospital. They expressed concern that estimates of the time taken to transfer a stroke patient from West Cumberland Hospital to Cumberland Infirmary Carlisle did not fully take into account the poor road network especially the A595 (the main thoroughfare from Whitehaven to Carlisle) which is frequently congested; subject to flooding; has had a high number of fatal road traffic accidents in recent years; and has been widely recognised, even in parliament, as needing an urgent upgrade. The need to transfer such a long distance was seen by many as a big risk to patient safety, survival and recovery.

Some respondents were also disturbed that the consultation document itself recognised that a very small number of people from West Cumbria might be 'collateral damage' under the preferred option and felt strongly that this was unacceptable.

A small number of respondents raised the issue of risk assessment and questioned what type of risk assessment had been done to evaluate the impact of the options proposed.

In addition to the concerns raised about not being able to access treatment quickly if there was a hyper-acute stroke unit located at Cumberland Infirmary Carlisle, many also expressed concern about the impact that having no acute stroke services at West Cumberland Hospital might have on the recuperation of patients no longer close to home. They also recognised the additional the pressure on their families who had to travel further distances to visit them.

### ***The effect of resources on quality of care***

Many welcomed the benefits that a specialist hyper-acute stroke unit would bring (irrespective of location) particularly in terms of rehabilitative services and support for ongoing care in community settings and people's homes. This did lead others to question why these services could not be provided from West Cumberland Hospital as well as at Cumberland Infirmary Carlisle.

While some recognised the advantages of a specialist and centralised hyper-acute stroke service particularly in terms of improving the quality of treatment and aftercare for stroke patients, they still felt that acute stroke services should be provided at both West Cumberland Hospital and Cumberland Infirmary Carlisle and on a 24/7 basis.

Some also felt that early supported discharge in both Carlisle and Whitehaven was essential for any option to succeed. However, they were anxious that this would rely heavily on community rehabilitation support services that currently did not exist across the county (and which might be further diminished if inpatient provision in certain community hospitals were to close).

Many praised the current telestroke arrangements at West Cumberland Hospital and questioned why this could not continue. There were a number of personal anecdotes about stroke services from respondents that they or a family member had recently experienced. In each instance people felt that the stroke patient had survived because they were seen quickly and expertly at Whitehaven.

A number of respondents questioned whether the Ambulance Service would be equipped to deal with emergency transfers from West Cumberland Hospital to Cumberland Infirmary Carlisle. Some of them were worried that this would lead to additional pressure on a service that was already stretched.

Some also questioned whether Cumberland Infirmary Carlisle could cope with the additional demand placed on them if a hyper-acute stroke unit were located there.



Some respondents also felt that using 'staffing' as a reason for changes was not acceptable and that the NHS in Cumbria should take more responsibility for providing the right training at all levels to properly deal with suspected stroke patients and to introduce the right incentives to attract specialist stroke consultants. Others recognised that a specialist hyper-acute stroke unit would be more likely to attract good 'talent' but were concerned about the quality of care and standards that would exist at West Cumberland Hospital as a consequence.

A small number referenced the work Dr Orugun is undertaking with UCLan to develop training and health modules in West Cumbria to provide succession planning and development of existing staff as well as the integration of new and emerging treatment concepts. They felt this should be capitalised on and might provide a solution that would improve the care of the people of West Cumbria in a better way than Hyper-Acute Stroke Option 2 would.

### ***Wider financial, economic and social concerns***

A small number of respondents felt that these proposals were driven by financial needs rather than patients' needs. They criticised the Private Finance Initiative contract at Cumberland Infirmary Carlisle and the Government, and felt the Trust could do more do lobby for more adequate funding to make sure everyone in Cumbria was well served.

A number of respondents also felt that the preferred option was unfair on residents of West Cumbria in particular and that people deserved equal access to healthcare wherever they lived. Some also expressed concern about the health inequality gap widening if Option 2 were in place with people's health outcomes being different based on where you lived. There were anxieties that the health inequality gap would widen between North Cumbria and West Cumbria, which already has some of the most deprived areas in the county and indeed country. Many referred to people of West Cumbria being treated as 'second class' citizens.

### ***Alternative suggestions***

The main alternative suggestion offered was to have the hyper-acute stroke unit located at West Cumberland Hospital to serve more of the West, North and East Cumbria area.

Other suggestions included:

- reviewing the ability to have a 'drip and ship' system at Whitehaven to thrombolysise patients before they were transferred to Carlisle to improve patient safety
- making more decisions for thrombolysis via telesharing with a rota of stroke experts to cover the entire West, North and East Cumbria area
- reviewing whether a hyper-acute stroke unit is needed at all
- having two hyper-acute stroke units – one at each of the acute hospitals
- being able to thrombolysise a stroke patient at every acute and community hospital before transferring them to a specialist unit.

## **2.8 Emergency surgery, trauma and orthopaedic services - key findings**

### **2.8.1 Background**

The consultation document outlined its approach for emergency surgery, trauma care and orthopaedic services. Respondents were asked for their views on these.

#### **Proposal for the purpose of the consultation**

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

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

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

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

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

### **2.8.2 Qualitative comments**

In total, 1974 comments were made by respondents to explain their preferences or decision not to choose any of the options. Attitudes towards the proposed options, common themes emerging from these responses and alternative suggestions to the proposals are summarised below.

The response to the proposal for emergency surgery, trauma and orthopaedic services is, in common with much of the rest of the consultation questionnaire response, centred largely on

the perceived effect on patient safety and the risks involved, with a particular focus in this case on the effect of the changes on staffing and recruitment challenges.

There is no accompanying option ranking question for this service area, as the consultation document presented a single proposal, so it is not possible to precisely quantify support or opposition to it. On balance, the comments received in response to it are more heavily critical of the proposal than in support of it. However, there is a body of support for the proposal, in some cases outright support and in others qualified by specific conditions or concerns.

### ***Support for the proposal***

There is shared support for elements of the changes proposed. The retention of those services that are outlined as being kept at West Cumberland Hospital are generally well received, with respondents pleased at the idea of more activity returning to the hospital, although there are some more isolated calls for greater centralisation to Cumberland Infirmary Carlisle. There is a repeated sense of 'the more the better' at West Cumberland Hospital in terms of services. As well as returning services to West Cumberland Hospital, some respondents express positivity about the idea that more operations taking place at West Cumberland Hospital may relieve some pressure on Cumberland Infirmary Carlisle.

Some respondents also assert that the proposed model has been shown to work and are therefore happy to endorse it. For others support is more reluctant and based on the lack of confidence that the staffing challenges at West Cumberland Hospital will be resolved. Avoiding long travel distances for operations that could now take place at West Cumberland Hospital is also well received by a few respondents.

Among support expressed with caveats, there is a strong body of feeling that in order for the proposal to be acceptable and workable, a readily available and reliable transport provision should be in place between West Cumbria and Carlisle, with caution expressed about this impacting on the availability of emergency ambulance services.

### ***Opposition to the proposal***

Opposition to the proposal varies in its scope and motivation. For many it is rooted in the safety issues it presents. For others, it is seen as the wrong solution to the problem of understaffing and financial pressures, as an unjust stripping of services from West Cumberland Hospital, or that there have been faults in the process of developing the temporary measures now being proposed to be made permanent.

There is popular opposition to the option of centralising emergency surgery in Carlisle, with arguments around the need for rapid emergency surgery provision locally for residents in West Cumbria, the difficulty of travel to Carlisle, and the effect this is likely to have on recruitment prospects and staff morale at West Cumberland Hospital. Repeated references to the new

facilities at West Cumberland Hospital are also made as grounds for more surgery to take place there.

There is also criticism voiced around the implementation of the temporary measures in the first place, with some respondents alluding to the absence of public consultation in their implementation. In addition, many respondents are disparaging about the current proposal as motivated primarily by cost cutting at the expense of quality of care.

### ***Staff and recruitment***

#### **Staff and consultants**

There is some support expressed for the proposal on the grounds of staffing issues. The lack of staff available for West Cumberland Hospital, and the perceived difficulty in retaining and recruiting staff, is seen by some to negate the benefits that the newer facilities present, and mean the proposal is the most sensible approach.

#### **West Cumberland Hospital-centric response**

There is a pushback from many respondents against the direction of the proposal: they feel that pulling services is the wrong approach to cost-cutting, in favour of more investment to make West Cumberland Hospital in particular attractive to staff, and boost retention. Short term contracts are seen by some as counterproductive as they do not make positions attractive or inspire confidence in future prospects. There are several suggestions that the top heavy structure of the local healthcare system is problematic, and that the preferable solution might be to replace management positions instead.

The need for specialist or surgical staff at West Cumberland Hospital is a recurrent theme. Arguments are made that it would be more cost effective for staff to rotate between Cumberland Infirmary Carlisle and West Cumberland Hospital than patients, and that paying higher salaries for full time positions would still be cheaper than paying for temporary cover. Contracts, it is suggested by a few respondents, could include rotation between the two sites.

The current staff at West Cumberland Hospital are widely praised, and there are comments that they have too little opportunity to practice specialisms since services have been relocated to Carlisle, potentially contributing to low morale and poor retention.

The need to train staff is also mentioned frequently, with a desire expressed to turn West Cumberland Hospital into a teaching hospital where it can make the most of the trainees that come through.

#### **Cumberland Infirmary Carlisle-centric response**

There is a far smaller body of response that advocates more or full centralisation of surgery at Cumberland Infirmary Carlisle. Some cite it as a way of increasing the likelihood of attracting, and recruiting more staff.

## ***Recruitment***

Many respondents express the view that the main issue in question is poor or failing recruitment. The blame for this is apportioned by some towards those responsible for recruitment not offering attractive contracts and opportunities. The lack of certainty about the future of the hospital is also seen as hindering recruitment of the best consultants and staff, and concerns are raised about the quality and effectiveness of advertising of posts.

There is a strong sense of concern among the responses that scaling back any services at West Cumberland Hospital will only serve to make it an increasingly unattractive place to work. In line with the threat of current staff feeling disempowered and leaving, the prospects of attracting new recruits are also seen as likely to decline should services decrease. In contrast, there is a feeling that retaining and returning more services to West Cumberland Hospital will make it a more interesting place to work, and likely to help with recruitment efforts – the phrase, “build it and they will come”, or variations of this, are mentioned in some responses, with the feeling that commitment to services and long term contracts offer more to potential recruits.

Some respondents express doubt or confusion as to the difficulty in attracting staff to an area with the benefits – on the doorstep of the Lake District in particular – that West Cumbria can offer, and the lack of trouble local business and industry has in recruiting. The fact that several consultants have been recruited “by Stephen Eames” suggests to some that recruitment may not be as great an obstacle as indicated in the proposal’s rationale. Similarly, with St Martins College and UCLAN nearby, some respondents question how attracting trainees is proving so difficult.

## ***Resources and capacity***

The capacity required versus that which is available is a repeated concern. Some support is expressed in small quantities for the proposal’s potential to free up beds at Cumberland Infirmary Carlisle. However, there is also a qualified level of support expressed on the condition that more beds are provided at Cumberland Infirmary Carlisle.

Other comments on Cumberland Infirmary Carlisle’s capacity pressures include fears North Cumbria could suffer as a result of absorbing new patients from West Cumberland Hospital (with reports that Cumberland Infirmary Carlisle currently sends patients to West Cumberland Hospital due to lack of beds). Moving operations back to West Cumberland Hospital, the presence of many locums and a high sickness rate due to burnout are listed as examples of Cumberland Infirmary Carlisle struggling. Car parking is also described as a problem there, and the idea of future bed closures is considered by some as unrealistic. There are many personal stories of waiting hours to be seen as well as further comments about the shortage of beds.

The lack of capacity at Cumberland Infirmary Carlisle, as well as a perceived underuse of West Cumberland Hospital, is given by many as a reason for more, or all, services to be returned to West Cumberland Hospital instead of just those laid out in the proposal.

Several respondents highlight that they fear the proposed level of service would be unable to cope in the case of a disaster such as a nuclear incident, extreme weather or anything like the 2010 Cumbria shootings.

Many responses mention the need for more ambulances and paramedics to make this proposal work, with a reliance on transferring patients from West Cumberland Hospital to Cumberland Infirmary Carlisle potentially stretching the service. There are also more isolated suggestions that expansion plans for Cumberland Infirmary Carlisle are too far in the future, and worries that there is insufficient interim arrangement in the proposal.

There are also many comments about the likelihood of the population of West Cumbria growing, raising the capacity required, and the number who would have to travel to Carlisle for major trauma or surgery. The planned Moorside nuclear development and the proposed new mining venture in the area are given as examples of industries likely to draw many more people to the area.

There is also some isolated opposition to returning any orthopaedic surgery to West Cumberland Hospital that would require consultants to travel from Carlisle, citing safety issues due to lack of post-operative consultant supervision.

### **Facilities**

Many respondents express confusion or anger that there has recently been a £90 million improvement of facilities at West Cumberland Hospital, yet the proposal is to concentrate many services away from it. There is strong support to make the most of the newer theatres and facilities by either having full services at both sites or concentrating them instead at West Cumberland Hospital.

On the other hand, Cumberland Infirmary Carlisle is criticised by many for its facilities by comparison. Although there is some praise for staff and services there, and in some cases its facilities are considered better than West Cumberland Hospital, there are many comments about it being overcrowded and unsafe, even not fit for purpose, with specific references to fire risk and failing medical standards.

### ***Location and accessibility***

The point is made repeatedly that the implication of the proposal is at least a 40 minute drive from West Cumberland Hospital to Cumberland Infirmary Carlisle in the case of emergency surgery. While there is some acceptance that the journey is worth it for the best treatment, there is far more feeling against this. Even in the case of those who do accept the journey, there

are often qualifications around local follow-up care and rehabilitation, and an acknowledgment that the journey will be difficult for many.

The size of the county and the poor state of the roads are flagged as reasons why the journey to Carlisle from other parts of the county could be particularly difficult. The extra journey time for residents from areas south of Whitehaven is also noted. Poor public transport provision is mentioned as impacting those without cars, and the tourist season is highlighted as an added cause of congestion on the roads. Weather, once again, is mentioned as a significant obstacle, with recent storms and floods given as examples where emergencies had to be dealt with at West Cumberland Hospital as Carlisle as inaccessible. A few respondents suggest that Carlisle-based patients would be highly unlikely to accept the reverse allocation of services.

### **Impact of distance and journey time**

Impacts of the journey time are outlined mainly in opposition to concentration of emergency surgery and trauma at Cumberland Infirmary Carlisle. Aside from the discomfort or agony of a long journey with broken bones, the 'golden hour' for treatment is mentioned, with the stated transfer time of up to 48 minutes between West Cumberland Hospital and Cumberland Infirmary Carlisle alone leaving just 12 minutes' leeway. Patients with certain critical conditions such as heart attacks are also mentioned as being particularly put at risk.

There is an assertion that the aim of a 'Closer to Home' strategy within the health service is being ignored, with points made particularly about injuries such as broken hips and longer healing conditions. Visits are also mentioned as being more difficult, and cancelled and postponed operations (mentioned as happening due to shortage of beds at Cumberland Infirmary Carlisle) as more affecting due to the long journeys each way. Elderly patients, seen as more susceptible to trauma fractures, are mentioned as particularly vulnerable to any ill effects of a long journey as well as the impact of being far from home on recovery.

A point is raised that with some serious cases being referred to Newcastle, treatment may have to go via transfers from West Cumberland Hospital to Cumberland Infirmary Carlisle and then to Newcastle.

It is mentioned in one response that the court in West Cumbria has been kept open because it was deemed unacceptable for those attending to travel to Carlisle for court hearings – questioning the logic of asking people in need of emergency treatment to make the same journey.

### **Choice of location**

A number of responses make points around the logic of the decision to concentrate services in Carlisle specifically, and thoughts on the alternatives. Carlisle, it is pointed out, is on the edge of the county so not well placed for residents of other parts of Cumbria, and is relatively well connected to sites of other acute hospitals, meaning not concentrating services there could be

more easily offset by access to alternatives. Penrith is also mentioned as being better connected to other areas.

As well as the argument against Carlisle being the main hospital for trauma and emergency surgery in West, North and East Cumbria, reasons are given as to why it may make more sense to use Whitehaven for this purpose. Its proximity to Sellafield and Moorside, as well as farms and the Lake District, mean it is better placed geographically to accept patients from any of these sites who require emergency surgery, trauma or orthopaedic services.

### **Separation from support networks**

The importance of having local health services is strongly emphasised in many responses. As well as the negative effect predicted for areas south of Whitehaven, including Seascale and Egremont, the difficulty for patients to access or be accessed by their friends and family, as well as their children if they are parents, is frequently mentioned. The same issues as outlined in previous sections on travel practicality affect visitors too, making visits harder and potentially isolating patients from support that aids in their recovery and wellbeing. It is noted that as well as the added stress this puts on both patients and families and friends, discharge planning is easier when patients are treated closer to home, aiding recovery and freeing up beds.

### ***Effect of Private Finance Initiative***

There are many references to the Private Finance Initiative contract in place at Cumberland Infirmary Carlisle, and the perceived effect this has had on the financial position of North Cumbria University Hospitals NHS Trust. Some respondents assert that there were no financial pressures of the type currently experienced in West Cumbria before the construction of Cumberland Infirmary Carlisle and the formation of North Cumbria University Hospitals NHS Trust.

### ***Ambulance service***

A number of comments are made about the impact of the proposal on the North West Ambulance Service – the local ambulance service is seen as already being stretched. Personal stories include waits of up to four or more hours for ambulance transfers between the two hospitals. A few respondents emphasise the importance of involving the North West Ambulance Service in any decision making, noting the impact on the service, possibly including vulnerability to having no cover for emergencies.

As well as wider comments about the impact of a major incident or disaster on the proposed service, there are specific concerns raised about the ambulance service's ability to cope in such an event, noting again that it is stretched under normal circumstances.

There are a few comments mentioning the need for air ambulance cover to Newcastle, and that this cover may not be all-weather or available at night.



### ***Economic effects***

A number of comments are made about the economic logic of the proposal. There is a repeated, if outweighed, support for the proposal on the basis that centralising services makes more economic sense.

While there is widespread concern that it appears to prioritise cost-saving over quality of care and patient safety, that savings are the only benefit from implementing it, and that the savings are not worth it when the negative impact is considered, there are also questions raised about how much financial sense it would make.

Queries on the economic benefit include the cost of ambulance cover required, with several respondents suggesting that the cost for this alone would potentially be very high. Additional funding for Cumberland Infirmary Carlisle and the list at West Cumberland Hospital is seen to be required should the proposal be implemented, which it is suggested may negate a degree of the financial benefit.

There is also a repeated claim that the top heavy workforce structure and poor management are to blame for the economic pressures on the area, and an argument that more, rather than less, funding is required to raise morale among staff.

### ***Equality and fairness***

In common with responses regarding other service areas, there is a sense voiced that West Cumbrians are being treated unequally through the proposal. Many respondents argue that it constitutes an effort to drive down healthcare in the West towards a two-tier healthcare system in the county. In some impassioned comments, respondents ask whether the wellbeing of people in this area matters.

There is further criticism of the perceived unfairness of what is being proposed, that residents across the county pay taxes and deserve equal healthcare. The phrase 'postcode lottery' is used to describe the possible impact in several cases, and a few respondents complain that West Cumbrians are expected to accept the presence of large nuclear sites on their doorstep without equally accessible healthcare.

### ***Quality of care***

There are a number of responses that comment on the quality of care at either West Cumberland Hospital or Cumberland Infirmary Carlisle, or comparing both. Many of these are based on personal experience or anecdotally from their relatives or friends.

West Cumberland Hospital is largely praised for its calmness and quality of service, including a few specific references to the former trauma service. Concerns are voiced by some that the service has been allowed to deteriorate in recent years, and some others mention that it has

suffered since services were relocated elsewhere. However, there are also several responses that report long waits and quality issues – in a few cases pessimism about this improving is provided as a reason for support of centralisation of services at Cumberland Infirmary Carlisle.

Cumberland Infirmary Carlisle is praised by some respondents but there is a more frequent negative response, largely alongside arguments against concentrating services there. Positive remarks include praise for the staff and approving anecdotes of procedures performed there.

More unfavourable comments about Cumberland Infirmary Carlisle generally concern previously mentioned anxieties about capacity and the impact on waiting times and cancelled appointments and operations. There are also some remarks about quality and safety, including poor coordination and suboptimal care, and suggestions that there is a widely-shared lack of faith in services there.

### ***Lack of trust or information***

#### **Trust in the process and decision making**

There are multiple concerns raised about the integrity of the consultation process. The 2013 temporary changes are identified as not having been consulted on with the public, contributing to a lack of trust in that and subsequent processes. Respondents express doubt in the worth of this consultation, predicting in some cases that the changes will be made permanent whatever the feedback to the consultation. Some comments are more even more accusatory, with phrases including as “deliberate sabotage” used to describe the process.

The Success Regime and North Cumbria University Hospitals NHS Trust are also mentioned as holding little trust, with the former accused of not taking local service users’ views into account, or having a connection to the area.

Overall there is a sense among many respondents that the overall aim of the proposal is to act as a step in stripping services from West Cumberland Hospital, particularly given the impression that it is very hard to reinstate a service once it has been removed.

#### **Trust in rationale and supporting evidence**

The supporting argument for the proposal is criticised by many. As well as doubting the stated journey times as in responses regarding other service areas, there are further claims that the figures given in support of the proposal are either inaccurate or ‘spun’ to make them appear better.

#### **Lack of necessary information**

Some respondents claim there is insufficient information provided to comment on the proposal or state support or opposition in an informed way. Some respondents note that they would need more detailed numbers including mortality rates, lives saved and waiting times to be

published. Others state that the definitions are unclear around what constitutes minor or major surgery.

There are also repeated comments and queries about risk assessments, with many stating these are absent, but that they should have taken place in order to inform feedback and decisions.

### ***Alternative suggestions***

A number of alternative suggestions were made in response to the proposal. These vary in scope and are summarised under themes below.

#### **Mitigation for concentration or centralisation of services in Carlisle**

A number of suggestions or conditions are mentioned in the event that some services are concentrated as laid out in the proposal. A few points are made about the value of developing or making more accessible, surgical assessment tools and services to GPs or other healthcare personnel, to ensure patients are transferred directly to the most appropriate site. Similarly, there are comments made in support of being able to transfer certain orthopaedic patients, including those with neck of femur or hip fractures, directly to Cumberland Infirmary Carlisle.

Making journeys easier is also a repeated theme among suggestions, with several calls for a regular, in some cases free, transport provision between Carlisle and other parts of the county. Improving roads in general is also mentioned again. Older and more vulnerable patients, it is also suggested, must be given the best care to help treatment, recovery and access.

Suggestions are also made about emergency transport provision, with air ambulances suggested, although there are comments made that these may not be able to fly at night or stipulations about needing to be funded by the NHS.

#### **Service provision**

Several points are made suggesting priority given to recovering close to home, with minimal stays at Cumberland Infirmary Carlisle and relocation to hospitals closer to home where appropriate. A pro-active discharge and rehab pathway is suggested to allow patients to recuperate closer to home. There are also general suggestions that rehab take place at West Cumberland Hospital, as well as clear criteria to meet before discharge.

Services are suggested as possible to continue at West Cumberland Hospital, including abscess and more in-demand local surgeries, and retention of an intensive care unit for complications. A reduction in opening hours is suggested as a cost-saver, while there are conflicting suggestions to invest in or cut tele-med services.

Older people and those suffering from conditions such as dementia are again mentioned as needing special arrangements in place, including a suggestion of more care home services.

### **Alternative allocations of services**

Instead of the allocation of services suggested in the proposal, some alternatives are suggested. These include maintenance of community hospitals in place of walk-in centres, enhancement of minor injuries units, and either upgrading certain community hospitals to cover more services or reducing them to free up funds.

There is also a repeated suggestion that emergency surgery rather than planned and orthopaedic services, should be maintained at West Cumberland Hospital, so that emergencies can be dealt with quickly and that all services are concentrated there instead of Carlisle.

Additionally, there are a few suggestions to build a new, more centrally located hospital to base these services at, in order to better serve residents of more areas, as well as suggestions to build either a standalone unit or medical school at Carlisle to support meeting the demand there.

### **Financial**

There are a number of suggestions that the Trust should either close Cumberland Infirmary Carlisle or seek to nullify the Private Finance Initiative contract in place, or a suggestion to re-mortgage it at current, lower rates, in order to escape the debt it is currently locked into there.

There are again suggestions to cut managerial roles or salaries, and that the North Cumbria University Hospitals NHS Trust could be split into West and North trusts again to protect West Cumberland Hospital.

There are a few responses including a suggestion to seek more funding from central government, including reassessing how its funding allocations are based, with the suggestion that Cumbria suffers from its low population density. A more detailed suggestion includes references to the government's legal duty under the NHS Act 2006, for continuous improvement of quality of services and outcomes achieved from provision of services.

### **Resources and capacity**

A small number of suggestions focussed on resources and capacity, aside from those summarised in other parts of this chapter, focus on more beds provided at Cumberland Infirmary Carlisle, and the use of Hexham as a site for orthopaedic surgery if requested, due to its accessibility.

### **Staff and recruitment**

Among responses concerning staffing and recruitment, suggestions include reintroducing or reopening housing for doctors and other staff, incentives for graduates to improve recruitment, rebuilding West Cumberland Hospital's status as a teaching hospital, and training general surgeons.

## **2.9 Views about the vision and wider health and social care strategy**

Respondents were asked to comment on the vision and wider strategy that had been outlined in the *Healthcare for the Future* consultation document.

### **Key findings**

Responses to this were mixed and tended to validate particular viewpoints that respondents had expressed elsewhere in the consultation that either supported or opposed specific proposals.

### **Support for the vision and strategy**

A number of respondents supported what they saw as an ambitious vision for Integrated Care Communities. They felt it would provide more streamlined and joined-up services for patients particularly between community and acute care. They also felt it would also allow patients to be seen more quickly and increased the chances of them being seen closer to home.

Some of the other benefits that were mentioned about the vision and strategy were that it allowed better integration of health and social care that would ultimately deliver safer and better quality care.

Others welcomed the fact that it appeared to be evidence-based, person-centred and sustainable.

### **Concerns about the vision and strategy**

There were a number of respondents who supported the principles and intent underpinning the vision and strategy but also expressed concern about whether it was realistic and whether there was enough funding available to achieve the ambition stated in the document. Some also qualified their support by saying it would only work if there were enough full functioning community hospitals across the county; if services 'did not appear to be going from the West to the North'; and if the problems of NHS staff recruitment were significantly addressed. They advocated that having a 'fully-functioning' West Cumberland Hospital was an important part of an Integrated Care Communities system.

Some respondents felt they needed more information before being able to make an informed comment about the vision and strategy. Some of these explicitly asked for more detail about how it would work for primary, community and outpatient mental health care. Others felt that there should have been a risk assessment and equality impact assessment published as part of the business case materials that were produced alongside the consultation documents.

There were a number of people who were critical of the strategy: many of them did not go into detail about their concerns. Of those who did, there were a number of consistent themes that were being raised that have also been mentioned elsewhere in the questionnaire response including: patient safety; the limiting impact that the poor transport infrastructure had on the success of the strategy; wider social concerns especially around the 'fairness' of the strategy and

whether it would provide equal access to services or care closer to home for the residents of West, North and East Cumbria.

## **Key themes**

There were a number of themes underpinning people's attitudes to the vision and strategy.

### **Patient safety**

A number of respondents felt the strategy and plans were unsafe and were putting the lives of patients at risk, especially if they lived in West Cumbria or remote places like Alston. They felt the pressure that was being put on an over-pressured Cumberland Infirmary, as well as a diverting of resources away from West Cumberland Hospital, would lead to poorer patient care and outcomes, potentially increasing Cumbria's mortality rate rather than reducing it.

### **Transport**

Many also linked safety to the poor transport infrastructure across the county and specifically on the A595 linking Whitehaven to Carlisle. There were a sizable number of comments that the county's geography and the transport infrastructure had not been taken into consideration when the vision and strategy had been developed. Many referenced the fact that the consultation document had underestimated the travel time between the hospitals in Whitehaven and Carlisle and that this would impact on a number of the proposals including those on maternity services, stroke services and emergency care. Many also mentioned that the A595 had been recognised as the most dangerous road in Cumbria by the police and that it was often shut by accidents, flooding and bad weather and were anxious that the success of the proposals was based on a false assumption that these roads would be fully functional.

Others implied the strategy was more suited to urban areas where transport is frequent and ambulances and hospitals are close by but that this did not apply in 'rural, remote and dispersed' Cumbria. Some also felt that the poor public transport provided in Cumbria meant that patients might find it difficult to get to Carlisle for non-urgent care and that families and friends might find it difficult to visit their loved ones.

A number questioned whether the ambulance service would be able to cope with the increased demand. Some also mentioned specialist ambulance services such as Air Ambulance and wondered if they had been fully consulted about their role in realising the vision and strategy. Some also felt that lessons could be learnt from Scotland's Ambulance Service and the way they coped in remote highland areas.

### **Wider health and social impact**

There were also a significant number of comments about the apparent inequality of access to high quality care within the strategy particularly in areas within the West Cumbria that had high levels of socio-economic deprivation and where poor health outcomes already existed (some

pointed out that the consultation document had said the health of West Cumbrians was the worst in the country). They were anxious that the strategy would increase this health inequality gap.

While some related this to the reduction of community hospitals inpatient provision, the majority related their concerns directly to the seeming downgrading of services at West Cumberland Hospital and the transfer of some of them to the Cumberland Infirmary in Carlisle. They questioned the value of recent investment to modernise West Cumberland Hospital if these facilities were not going to be fully used and questioned why familiar services which local people valued were going to be taken away from them. Living so close to Sellafield, many felt reassured by the knowledge that there was a fully functioning hospital near-by and were anxious about the capability of emergency services to deal with a crisis, should anything ever happen at the plant, without losing lives unnecessarily. This anxiety was particularly compounded by the knowledge that the Moorside nuclear power station was soon to be developed bringing with it increased risk but also an additional 6000-8000 workers and their families who would all be needing access to local health services. A small number expressed the vision as one which had 'no vision for West Cumbria'.

### **Concerns about Cumberland Infirmary Carlisle**

Many respondents were concerned about the Cumberland Infirmary's ability to meet demand now and in the future if any of the preferred options were to be implemented. Some thought that the proposals wouldn't address the fact that staff at the Cumberland Infirmary were overstretched. A small number also blamed the Private Finance Initiative Contract at the Cumberland Infirmary for the current state of finances within the health system in Cumbria.

### **Costs**

There were a number of people who felt the strategy was just a centralisation of services to reduce costs rather than to improve quality of care. Some implied that this was a 'cost-led' rather than a care-led' strategy which did not take into account the needs of local people. Others were worried that because of national policy and funding commitments that the money was just not available, particularly in social care, to invest in the successful implementation of an Integrated Care Communities programme.

### **Staff**

Many recognized that the relationship between health and social care was strained because of lack of resources and 'stressed burnt out staff' who cannot provide the quality of treatment and support they aspire to. They felt that overstretched staff need better managerial support to help them deal with these stresses and to retain them in the long-term.

Some felt that the development of new ways of working and utilising technology such as telemedicine, links to specialist consultants within the rest of the country should be developed

and supported, but this should be enabling the West Cumberland Hospital and Cumberland Infirmary Carlisle to develop more services not less. It should be used to make posts more attractive, so that prospective staff feel that the hospitals are keeping up with medical advances and have the connectivity with the national specialists rather than feeling remote and cut off.

### **Decision-making and management**

There was a strong feeling by some that the vision, strategy and proposals had been drawn up by people who did not know or appreciate the challenges of providing care in a huge rural county. For them, these felt like 'urban' solutions. They felt that decision-makers and managers were out of touch with people who lived in Cumbria and were not willing to listen to the concerns of the public or those who worked within the NHS in Cumbria.

A small number felt that the management at North Cumbria University Hospitals NHS Trust should take responsibility for the current state of affairs especially the staffing situation.

### **Alternative suggestions**

A number stated their support for the Copeland Borough Council proposals as alternatives to the vision and strategy outlined in the response.



## **2.10 Personal impact**

Among the specific equalities and monitoring questions raised in Part Two of the consultation questionnaire, respondents were also asked: 'How do you think the options contained in this consultation document will particularly affect you?'.

### ***General responses***

While the question was focused specifically on respondents' perceptions of what the proposed impact of changes might be for them personally, the majority of responses instead used the opportunity to repeat points already made in response to other questions or to make a general statement about the whole consultation.

These repeated points tended to be negative about changes to the NHS in West, North and East Cumbria. There are three sets of concerns relating the proposals: that the proposed changes will make it harder to access required healthcare in a safe timescale; that they will result in increasing inconvenience to patients; and that the capacity of the system to provide treatment or facilitate access to treatment (i.e. demands upon the North West Ambulance Service) as a result of the proposed changes won't keep up with patients' needs.

Where respondents expressed positive points, they focused around the belief that: the proposals would improve outcomes through increasing specialisation; they would move the local NHS to a better financial footing; the Integrated Care Communities proposals were good; and there would be improvements to staffing arrangements.

### **None**

Few respondents indicated in their answers that the changes wouldn't affect them in anyway, it may well be that respondents who did not identify a specific personal impact opted not to respond. Then again, non-respondents may well have felt they had already sufficiently detailed the way they were personally impacted earlier in the questionnaire. Some of those answering 'no' explained that the reason for their response was that they lived near Carlisle or outside of West, North and East Cumbria.

### **Yes...**

A fair number of answers indicated that the respondent, or a group that they were referring to, would be affected by the proposed changes but did not specify any details as to how they would be affected, nor even whether the impacts would be largely positive or negative.

### **Save West Cumbria Hospital**

Many of the responses expressed a desire to retain, restore or improve services at West Cumbria Hospital, either as a simple statement or as part of a broader answer given to the question.

### **Responding for the community**

Considerable numbers of respondents expressed that while they might not personally be affected by the changes proposed in the consultation document, they were responding on behalf of the whole of Cumbria, their individual community (Whitehaven, Alston Moor, Keswick, etc.) or future generations.

### **Pointless question**

Some of those answering the question felt that the question itself was pointless, given that the services outlined in the consultation document were sufficiently all-encompassing that they would inherently impact upon all individuals living in the area at one point or another.

Alternatively, they expressed the view that without the ability to see into the future it was not possible to provide an accurate account as to how the proposed changes might impact upon their lives.

### **Impacted groups**

In addition to those who provided general responses, there were a number of answers which identified the respondent as belonging to a group which would be directly affected by the changes proposed in the consultation document for example expectant mothers or residents of West Cumbria.

### **Expectant mothers**

There were a large number of responses from women who were either pregnant or were planning to conceive in the future, in addition to members of their family. While answers focused on changes to maternity provision, respondents also raised concerns about changes to children's services and access to emergency treatment. Members of this group raised concerns around the possible impacts of changes with regard to safety and stress. They also said that changes would affect their decision around where they would choose to give birth, where they would choose to live in the future and whether they would choose to have any further children.

### **Senior citizens**

A significant number of respondents either classified themselves as elderly or stated that they were likely to form part of that category in the near future. It was highlighted that members of this group experienced greater and increasing healthcare needs than the general population. Stroke services were highlighted as a particular area of concern, as was access to emergency treatment for a range of conditions, often by those with a history of those conditions. In addition to concerns over the safety of proposals this group raised concerns over their ability access more remote health facilities and the impact of increasing distances upon those who might wish to visit them.

### **Friends and family**

Large numbers of respondents identified themselves as having a parent, child (adult or juvenile), grandchild, spouse, significant other, member of the wider family or close friend who would be directly affected by the proposals. Many highlighted a particular condition held by that friend or relative which resulted in the need for a high frequency of treatment, which posed a difficulty travelling far for treatment or where there was a high risk to that individual's health if treatment were delayed. Parents with young children expressed particular concern over the future of children's services and some commented that they would consider relocating out of the area if the changes were approved. Those with elderly relatives raised issues with the proposals for stroke and emergency services, and the loss of inpatient community beds. For members of this category the impact of changes upon the ability to visit a friend or relative in hospital was a regular point of concern, either making it harder to visit or ruling out visits entirely.

### **Healthcare professionals**

Multiple responses were made by healthcare professionals working within the affected services and their answers displayed a wide range of opinions on the proposals. Some were of the view that the changes would be negative, impacting upon morale and recruitment (particularly at West Cumbria Hospital), and resulting in worse outcomes. Others felt that the changes would lead to improved outcomes and capacity, better recruitment and an enhanced financial position for the local NHS. Views were also expressed that there needed to be improvements to management for services to get better and that for Integrated Care Communities to work they needed a greater level of resourced than was anticipated.

### **Geography and demography**

Various respondents made reference to their living in a rural area and the disadvantages that remoteness conferred with regard to their ability to access treatment. Others raised the high levels of economic deprivation which could be found in some communities, both in terms of changes potentially compounding existing health inequalities and the difficulties those on low incomes could face in accessing more remote healthcare facilities.

### **Other service providers**

Some of those making comments identified themselves as members of other parts of the health and care services, such as GPs, community nurses and paid carers. A number of points were made in response to the proposals, particularly around the importance of investing sufficient resources in the services closer to the community in order to adapt to the general changes proposed and Integrated Care Communities in particular.

### ***Other Considerations***

Alongside the general responses and specifically impacted groups, several other considerations were raised in respondents' answers to this question.

**Economy**

Several of those working in jobs connected to the nuclear and tourism industries highlighted that the proposed changes could affect these parts of the economy, particularly around the levels of local support for the proposed expansion of nuclear power production in the area and the attractiveness of the area for tourists.

**Mental wellbeing**

Respondents expressed a high level of fear in their responses regarding the potential impact of the proposals, both for themselves and others. It may well be that the fears people express, and the underlying impact upon people's mental wellbeing, could reasonably be considered a direct impact in its own right.

## 2.11 Other comments

Respondents were asked if they had any other views they wanted to share.

### Key findings

Many people used this as an opportunity to reinforce some of the key messages and points they had raised before. Most of these reflected their anxieties about specific proposals which have already been summarised in sections 2.3-2.8.

The most common themes raised were:

- the risk to lives that people thought the proposals would bring – there were some very emotional pleas for decision-makers to reconsider the reallocation of resources that were being suggested. Most of these were in support of retaining the current level of services at West Cumberland Hospital.
- making the recruitment and retention of staff a priority – many felt that this was the only way the proposals would be viable in the long-term and others also felt that there had been no concerted attempts to tackle the situation.
- lack of trust in the consultation process – some felt that the decisions had already been made by the Success Regime. Others felt that the evidence upon which decisions were being made was not robust enough with many challenging some of the assumptions underpinning the proposals as well as querying whether full risk and impact assessments had been made.
- the need for good transport infrastructure and networks for this to work – many felt the proposals were built on the assumption that there was the supporting infrastructure to enable the changes but this was not the case at the moment. They felt this would be more pressure on patients and reduce their ability to access high quality care at the right place at the right time.
- these proposals were not suitable for the people of Cumbria – the rurality and unique nature of Cumbria were mentioned by many as features that the proposals appeared to overlook. In particular, many felt these proposals were not suitable for the people of West Cumbria who many felt would be particularly disadvantaged by reduced access to key maternity and emergency services.

## **3 Analysis of individual submissions**

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### **3.1 Introduction**

While the vast majority of responses took the form of completed questionnaires, either on paper or via the online platform, a number of respondents chose to make separate written representations as part of the consultation. In total 107 written responses were made by letter and 75 were made by email, including some cases of more than one response by the same respondent.

As the majority of these written submissions do not follow the format of the questionnaire, there is insufficient quantitative data across the letters and emails to provide a numerical breakdown of support for the options which have been proposed or details as to the demographic characteristics of respondents as a whole. It has also meant that many of the responses do not necessarily fit into the same sections as the qualitative responses provided to the questionnaire. Consequently, rather than looking at responses by letter and email alongside the questionnaires, they have been analysed separately, the findings of which are covered in this section of the report.

The responses have been analysed thematically and the findings outlined in this section. Although the analysis has not inflated any single response over another, it should be noted that there were some extended or more technical responses received, addressing the viability of the proposed changes, and alternative proposals covering the consulted service areas and wider healthcare approaches.

All of the original individual letter and email submissions have been shared with NHS Cumbria CCG and the Success Regime, and the detail taken into account by the decision-making bodies.

### **3.2 Extended responses**

Two extended responses (included in the totals above) were received in the form of reports on the viability of the proposals, and on recommendations for a variety of preventative approaches to healthcare that did not relate directly to the proposals or specific service areas under consultation.

These responses have been included in the thematic analysis reported in this section. They, like all the long form submissions, have also been shared in full with NHS Cumbria CCG and the Success Regime to ensure their full content is accessible to the decision makers.

### **3.3 Summary of key themes**

#### **Maternity Services**

Amongst the letters and emails received, a large number of comments were made about maternity services in relation to the proposed changes set out in the consultation document.

In addressing the proposed changes to maternity services, respondents overwhelmingly expressed concern about the idea that consultant-led maternity provision would no longer be provided at West Cumberland Hospital.

While the consultation document set out that only patients with high-risk births would need to access consultant-led maternity services, respondents highlighted that risk in pregnancy was hard to assess and that things could go wrong quickly. Consequently, underlying most of the issues raised was the risk posed to mothers in travelling to access consultant care at Cumberland Infirmary, as well as risk to the health of new-born babies. Concerns centred around the length of time it would take to access care (with scepticism expressed as to the length of time between hospitals stated in the consultation document), the poor standard of the road network connecting Carlisle and West Cumbria, and the availability of transport to access Cumberland Infirmary.

Some raised concerns about the additional stress created through being required to make the journey to Carlisle while giving birth, but most responses stressed the perceived safety concerns involved, including the risk of having to deliver en route or the potential loss of life from a delay in accessing consultant care.

There was further reference to a particularly acute impact of implementing a single CLU, on parents with other young children, and those most financially vulnerable.

Alongside those submissions which expressed a desire to preserve the status quo for maternity provision, several respondents explicitly suggested retaining around the clock consultant cover at West Cumberland Hospital. In order to deal with any staffing issues it was suggested that consultants from Cumberland Infirmary could provide night-time cover on a rota, while existing consultant provision could be maintained during the daytime.

#### **Children's Services**

Children's services featured fairly infrequently amongst individual submissions to the consultation, typically being featured mainly in those responses which systematically went through the proposals or service areas raised in the consultation document.

While responses featured more mixed support for the options than with maternity services, the majority of comments made were in opposition to the proposals for changing Children's Services. Most respondents did not elaborate on their grounds for support or opposition to the proposed changes, other than to say that they did not believe them to be safe, and where

arguments were made they often focused on the important role of paediatric care in ensuring the ongoing provision of maternity at West Cumberland Hospital.

However, it was pointed out that children can become ill at any time, day or night, and can deteriorate fast, which was seen as grounds for maintaining more local overnight care. The fact that children cannot diagnose themselves, and that the severity of their condition can therefore be hard to ascertain, was also mentioned as a reason they needed access to treatment quickly. The impact of children spending time in Carlisle on West Cumbrian families was also highlighted, with the greater distance creating difficulties for parents wishing to visit sick children and the consequential impact to their mental wellbeing.

Several responses made reference to staffing issues for Children's Services, stating that they were not as bad as claimed or suggesting measures for resolving problems, such as rotating staff into West Cumberland Hospital from other hospitals, providing cheaper housing or making use of other types of clinician to make up for a lack of consultants.

Longer or extra visits for children who are patients, as well as older and stroke patients, are suggested as useful to mitigate against isolation and to involve carers in rehabilitation and reduce strain on staff.

### **Community Hospital Inpatient Beds**

Community hospital inpatient beds received a great deal of attention through individual letter and email submissions. While a number of different community hospitals were mentioned, the single hospital with the largest response was Ruth Lancaster James Hospital in Alston. While the consultation document sets out several alternative proposals for restructuring the provision of inpatient beds across West, North and East Cumbria, none of the proposals featured in the questionnaire include an option for retaining beds in Ruth Lancaster James Hospital, Maryport Victoria Cottage Hospital or Wigton Community Hospital.

The response amongst letters and emails was almost wholly negative to all of the proposed options for community hospital inpatient beds, with respondents for the most part focusing on the impact for specific hospitals and communities. A few submissions directly questioned the assumptions which had gone into putting the options together, including the number of beds required for safe staffing to be provided.

General concerns were raised around the loss of beds at a time when capacity was already stretched and with the potential growth in demand stemming from an ageing or growing population. Respondents were sceptical that Integrated Care Communities would produce a solution to the area's care needs without maintaining inpatient beds in community hospitals, particularly considering funding restrictions around adult social care, the speed at which change was being proposed and the apparent lack of co-ordination with other public sector organisations. A view was also expressed that reductions in community hospital inpatient beds



are a false economy, increasing pressures at acute hospitals through bed blocking, an increased susceptibility to hospital virus outbreaks and an increase in emergency admissions from those dying at home, with inpatient beds held up as an important level of provision between acute and home care.

A number of submissions raised the increased distances and poor transport links which would result from losing inpatient beds at a particular hospital and the impact on patients' ability to receive visits. It was felt that the result would be an additional source of stress and financial burden on visitors at a difficult time, hampering the effective recovery of patients in the process and resulting in longer hospital stays. Older people were seen to be particularly affected, including those struggling to visit as well as patient themselves.

Several respondents highlighted the high quality of care they received or was available at a particular community hospital, something which was attributed to having members of staff with a strong local connection, and a number were keen to stress importance of choice in where you receive care. The hospital in Alston was praised in one response for particularly good end-of-life care.

While the consultation document made it clear that the Success Regime is not proposing any community hospital closures, there were a number of responses which made the case for retaining other services at the hospitals, in one case specifically out of the concern that the resulting loss of staff from inpatient bed closures would force a further loss of services. Again, these submissions stressed the distance and difficulty in accessing other healthcare facilities and the potential impacts with regard to morbidity and mortality.

Some community hospitals were held up as being important in addressing the additional pressure on health services created by tourists, whereas others highlighted the isolation of, and difficulty in getting to and from, Alston as justifying the retention of the local hospital. Residents of Alston were also keen to make the case that the loss of the Ruth Lancaster James Hospital would have much wider impacts than simply over residents' access to healthcare, forming part of an ongoing loss of local services which threatened the ongoing viability of the community.

A separate isolated criticism was made about the proposal to increase beds at Cockermouth Community Hospital, arguing the building and facilities, while relatively new, are not necessarily suited to expansion.

Respondents suggested the retention of beds in community hospitals and made a number of arguments for making such provision viable. Several proposals were made for reducing wastage in order to free up funding for inpatient beds.

Alternatives for intensifying the use of community hospitals were also put forward, including the provision of a midwife-led maternity unit in Alston and the integration of social care

provision into several community hospitals, both onsite and homecare, alongside traditional health provision in order to increase the viability of local hospitals and provide better later-life and end-of-life care. Provision of facilities for physiotherapy and minor injuries is also suggested to offer care at a more accessible proximity to patients' homes.

One submission suggested the use of Wigton Community Hospital as a centre of specialist care for rehabilitation. It was proposed that any issues with staffing community hospitals could be confronted through a more effective advertising, such as in urban centres and other EU countries, or operating a rota between hospitals with temporary housing provision at more remote hospital sites.

Several responses endorse proposals submitted by organisations, most frequently those submitted by the Alston League of Friends.

### **Emergency and Acute Care**

A number of respondents referenced emergency and acute care in their written submissions, although often not in the same level of detail as their other responses and with a much narrower range of comments.

Rather than focus on the options outlined in the consultation document, many respondents discussed the provision of emergency and acute care in general. None of the letters or emails expressed support for the downgrading of provision at West Cumberland Hospital, rather expressing support for ongoing 24/7 A&E treatment at the hospital or explaining the risks of moving away from such provision. Respondents were keen to highlight that in their view its retention was the only safe option and that requiring patients to travel to Carlisle would result in an increase in fatalities due to the distances involved.

Concerns were also raised as to the ability of Cumberland Infirmary to adapt to a significant increase in the numbers of people accessing its services and the capacity of the ambulance service in taking on additional demand for patient transport. One respondent highlighted the potential long-term impact of changes to West Cumberland Hospital, that a significant change to the provision of A&E at the hospital could result in a deskilling of the existing workforce, a negative impact on the recruitment and retention efforts and eventual downgrading of emergency treatment, potentially meaning that the hospital would no longer have the ability to play a role stabilising patients prior to their transport to Carlisle.

### **Hyper-Acute Stroke Services**

In considering the future provision of Stroke Services in West, North and East Cumbria the consultation document set out two ways of changing the provision of treatment within the area. Nonetheless, responses have generally focussed on a choice over whether it was best to concentrate provision in a single location in order to provide a centre of excellence, in this case

at Cumberland Infirmary, or to retain the status quo, with a particular focus on West Cumberland Hospital.

Respondents expressed a mixture of support and opposition to the idea of centralising stroke services at Cumberland Infirmary. There is a shared perception that Option 2 might result in an overall improvement in the quality of healthcare available within West, North and East Cumbria, while the chief point of contention was whether the improvement in quality justified the loss of direct provision within West Cumbria, and the consequential impact upon morbidity and mortality for patients in areas seeing a loss of direct provision.

Frequent mention was made of the importance of speed in accessing treatment for strokes, particularly Thrombolysis, and view that many held that distances involved in reaching Cumberland Infirmary and the poor condition of the current transport infrastructure would prevent services being accessed within the critical timeframe. Concerns over the distance and accessibility of services centralised at Cumberland Infirmary were also raised in the context of visits from friends and family, with respondents highlighting the potential benefits of such visits in assisting patient recovery and the frequency of visits could decline as a result of services being centralised in a single location. One respondent questioned the quality of treatment available at Cumberland Infirmary.

One response suggested that Cumberland Infirmary would need an additional CT scanner if it was to function as a local centre of excellence, while several others suggested that every local hospital should be able to undertake thrombolysis and the stabilisation of patients before they were moved to a centre of excellence. It was also suggested that expertise based at Cumberland Infirmary could be used to provide an enhanced service for treating strokes at West Cumberland Hospital through a creative use of information technology.

### **Emergency Surgery, Trauma and Orthopaedic Services**

The proposals for emergency surgery, trauma and orthopaedic services attracted few comments and it did appear that there was some crossover in responses regarding this category differing from or overlapping the provision of emergency and acute services.

For the few respondents who addressed this element of the consultation in their letters and emails, their responses were largely limited to a general statement of opposition without detailed explanation as to whether they were objecting to the whole proposal or specific elements. A detailed criticism raised came from a respondent who was in agreement with the proposal overall but was concerned that the proposal would result in more deaths as a result of using 'the most dangerous road in the county'. Some others were pleased to see services restored to West Cumberland Hospital and felt that the proposals would offer a better quality of service.

The only suggestion made with regard to emergency surgery, trauma and orthopaedic services was for the proposals to be regarded as temporary and to be reviewed at a later date, with a hope that West Cumberland Hospital would see further services restored in due course.

## **Wider strategy**

### ***Integrated Care Communities***

The individual submissions received made reference to Integrated Care Communities quite often. In many cases this related to the potential overlap between community hospital inpatient beds and Integrated Care Communities around the issues of later-life and end-of-life care. Indeed, the majority of responses in relation to Integrated Care Communities featured some mention of community hospitals.

In addressing the issue of Integrated Care Communities there was general support for the concept; however that was accompanied with considerable scepticism around the likelihood that in practice they would achieve the ends set out in the consultation document. Existing problems in adult social care, a lack of financial resources and staffing on the community-level, and the speed at which it was proposed Integrated Care Communities would take effect were all raised as areas of concern. Others highlighted that the loss of community hospital inpatient beds seemed to limit how much local involvement there could be in providing care and that the size of 'natural communities' around which Integrated Care Communities would be built did not reflect the general dispersal of Cumbria's population.

No clear alternative to Integrated Care Communities was put forward in the letters or emails, but respondents did stress that the proposal would need time to work, improvements to staffing and resources, and far greater involvement of other organisations in designing and implementing, than appeared to have been the case.

### ***Suggestions***

Several suggestions are made about areas that could or should be prioritised as part of a wider healthcare strategy, including more focus on education, social initiatives and preventative health measures to reduce the demand for healthcare services in the long term; and specialised concentrated care for elderly people and for physiotherapy.

It is also suggested there is a need for better connected healthcare and changing from over-bureaucratised referral systems is stressed in one response, including for tests and specialist care.

## **Overarching Comments**

In addition to commenting on proposed changes to specific service areas, a number of submissions made comments which referred to issues across West, North and East Cumbria and the local healthcare provision as a whole.

### ***Financial motivation and impact***

Many respondents doubted the claim that the proposed changes were not about money and felt that the current financial situation in the NHS was the dominant motivation behind the proposals. There was a recognition that money did have a role to play but that the options were potentially ignoring the human cost of what was being proposed and that the proposals would ultimately prove to be false economies, including as a result of subsequent legal actions brought against the NHS. A number of people put the blame for the Trust's financial difficulties on Cumberland Infirmary and in particular on the hospital's PFI deal. A question was also raised as to the cost of running consultations and whether they represented value for money. Others sought to argue that better ways to save money might be restructuring management, improving the efficiency of the system through better use of IT and reusing medical equipment.

### ***Inequality***

Various respondents made reference to the changes as in some way being unequal, unfair or compromising their rights. It was felt that the rural nature of Cumbria should not result in poorer health provision than would be available in an urban area and that local residents were being treated in a way which would not be considered acceptable in, for instance, the South of England. This was seen to be particularly wrong in the context of the area's existing economic and health inequalities, with changes set to hurt those who already had the least. With poor transport infrastructure and higher levels of deprivation, the ability of those in West Cumbria in particular to afford to access healthcare further afield was judged to put them at a disadvantage when compared to other regions.

### ***Recruitment and retention***

A number of responses discussed the staffing issues in West, North and East Cumbria, which had featured strongly in the consultation document as part of the case for change. Many were of the view that the lack of certainty around local provision was contributing to the recruitment difficulties, as was the working environment – with a suggestion that staff do not feel sufficiently empowered or listened to by management – while others were of the view that local staffing was not the problem it had been made out to be. A number of suggestions were made around recruitment, many focusing on incentives which could be provided in the way of training, financial compensation and housing for those who chose to work at local hospitals. Some suggested developing programmes to grow the skills locally, working with other local organisations to recruit or adopting different advertising strategies, including working on this in collaboration with other groups such as the County Council locally. Others supported the proposals to centralise staff on the grounds of improving safety and helping to maintain training recognition, something which might be more attractive in bringing in new clinicians.

### ***West Cumberland Hospital***

Amongst the individual submissions were a number of respondents who expressed a desire to see as many services as possible retained or restored to West Cumberland Hospital, either alongside those same services still being provided at Cumberland Infirmary or relocating them entirely to Whitehaven. Amongst the arguments made were questions over the capacity of Cumberland Infirmary, the increasing demands upon local services stemming from growth in the nuclear industry locally, questions over the ongoing viability of the hospital without these services and concerns that having services based in Carlisle was detrimental to the health and wellbeing of those living in West Cumbria.

### ***Impact upon other services***

Various responses made reference to the impact that changes would have on other local services. There was some mention that changes may well negatively impact upon local GP provision and mental health services, and a significant response related to adult social care, ambulance services and concerns over whether or not they could cope with the changes.

The importance of ensuring sufficient ambulance cover was raised, not only in order to deal with the increase in the number of trips between West Cumberland Hospital and Cumberland Infirmary, but also in ensuring that people could access services in Carlisle directly, such as stroke services. There was some scepticism that this would be possible. Similar doubts existed in the ability of councils to take on a role assisting local healthcare, particularly in the context of the loss of inpatient beds at community hospitals and the introduction of Integrated Care Communities.

### **Consultation Comments**

In addition to any other comments or suggestions, a number of submissions had points to make about the consultation itself, ranging from issues with the consultation document to criticisms of the overall approach of the Success Regime.

### ***The consultation process and documentation***

Respondents raised concerns over the accessibility of the questionnaire and consultation document and the impact that this may have over response rates in comparison to other forms of response, such as signing petitions, attending public meetings or participating in local referenda, such as in Alston. Such issues included a belief that the language used in the consultation document may preclude a number of stakeholders from responding and that the document was too long for a population with increasingly busy lives to take the time to respond to. Particular concerns were expressed that it should not be inferred from a low response rate that those who had not taken the time to respond were in any way supportive of the proposals.

Respondents also expressed the views around what could be done to improve response rates, including sending a copy of the document to every household affected by the proposals and tailoring specific consultations to individual communities within the affected areas.

Other criticisms included the belief that the consultation document contained a lack of information, including a lack of relevant information for areas south of Whitehaven, and the options therein had not been properly risk assessed, that the document was contradictory or inaccurate in parts and contained insufficient options, particularly for those who would prefer to have selected 'none of the above' or for an option representing the status quo on one for one or more of the service areas.

### ***Local input***

A number of concerns were raised around the level of input into the redesign of local health services. There was a feeling that the consultation favoured certain conclusions, that those putting together the proposals were not local and that a lack of local understanding had resulted in a failure to understand their full impact, particularly with regard to the distances between populations (including unrealistic and unfounded average estimate journey times) and services and the knock-on effects of a loss of local provision to communities.

There was a mixture of views over whether stakeholders were being listened to, although more frequently raised as a doubt, with concern that previous rounds of 'engagement' did not appear to have informed the proposals set out in the consultation document.

Amongst those rejecting the proposals, there was a view that any new proposals should be drawn up on the basis of residents' submissions, that they should show more imagination and feature greater involvement of frontline workers and other public sector bodies in the design process.

### ***Trust in the Success Regime***

While there was considerable overlap between concerns relating to the Success Regime and issues raised over local input and the consultation process, there were specific points made revealing an underlying lack of trust in the Success Regime itself. There was a particular concern that the results of the process are a foregone conclusion, although the reasons for that varied widely. Some respondents were of the view that there was a long-term plan to close West Cumberland Hospital, of which this was the latest stage, and that ultimately local issues were the result of political decisions taken either in Westminster or by NHS managers trying to preserve their own jobs at the cost of local services. Others were of the view that the issue stemmed from narrow-mindedness on the part of the Success Regime, that centralising services in Carlisle was the easiest option.

## 4 Analysis of organisational and stakeholder submissions

### 4.1 Introduction

Submissions that were received from 112 organisations or elected representatives. Where organisations submitted multiple submissions, these have not been included in this total. These submissions were submitted as letters or emails either directly to the consultation or to the Success Regime or its organisations. All of the full original submissions have been shared with NHS Cumbria CCG and the Success Regime.

Submissions have been classified as being from organisations where the organisation from which the submission is being written is clearly stated; where this was not the case submissions have been classified as individual and analysed in Section 3. Where organisations submitted multiple submissions, they have been counted as one in this total.

These submissions are much wider in scope than the questions in the consultation questionnaire and include a wide range of arguments and evidence.

Short summaries of each of these submissions are provided below. These summaries are not meant to act as a replacement for the full submissions which can be read in Appendix H. It is not possible for these summaries to capture the range of evidence and arguments included in these submissions. The summaries, instead, provide an overview of some of the points regarding the views on the proposals, consultation or other evidence in each submission. The length of summaries is not an indication of their individual importance or relevance.

It should be noted that these summaries have been designed to accurately represent the views expressed rather than assess the strength of the evidence submitted. As a result, the evidence base for the arguments below has not been analysed here.

Table 31 shows a breakdown of the submissions by type organisation or stakeholder.

*Table 31: Organisations, elected representatives and stakeholder groups who have provided formal submissions*

National organisations (10)	
Alzheimer's Society	Healthwatch and Public Involvement Association (HAPIA)
Association of Air Ambulances Chief Executives	Maternity and Women's Health, NHS England
British Medical Association	Royal College of Midwives
British Orthopaedic Association	Royal College of Nursing
Chartered Society of Physiotherapy	Stroke Association



Staff groups and trade unions (21)	
<p>Consultant Paediatricians at Cumberland Infirmary Carlisle</p> <p>Medical and Dental Staff Committee for Cumbria Partnership NHS Foundation Trust</p> <p>Midwives and maternity care assistants at West Cumberland Hospital</p> <p>NCUHT, Foundation Programme</p> <p>NCUHT, General Surgery Consultant Body</p> <p>NCUHT, Obstetrics and Gynaecology</p> <p>NCUHT, Pathology consultant body</p> <p>NCUHT, Radiology and Nuclear Directorate</p> <p>NCUHT, Respiratory Services consultant body</p> <p>NCUHT, Trust, Trauma and Orthopaedic Consultant Body</p> <p>NCUHT, Head and Neck Consultant Body</p> <p>NCUHT, Stroke and Elderly Care Physicians</p>	<p>NCUHT, Emergency Care and Acute Medicine</p> <p>NCUHT, Anaesthesia and Intensive Consultant Body</p> <p>North Cumbria University Hospitals NHS Trust Nursing, Midwifery and Allied Health Partnerships Leadership Team</p> <p>Paediatric Department / Children and SCBU teams at West Cumberland Hospital</p> <p>Royal College of General Practitioners, Cumbria Faculty</p> <p>The Royal College of Midwives North Cumbria</p> <p>West Cumberland Hospital Emergency Department team</p> <p>West Cumbria NHS staff</p> <p>Wigton Hospital Staff</p>
NHS bodies (14)	
<p>Cumbria Local Medical Committee</p> <p>Cumbria Partnership NHS Foundation Trust</p> <p>Cumbria Partnership NHS Foundation Trust Governors Council</p> <p>North Cumbria Maternity Services Liaison Committees</p> <p>Newcastle upon Tyne Hospitals NHS Trust</p> <p>NHS North of England Clinical Senate</p> <p>NHS North of England Strategic Clinical Networks, Maternity Network</p> <p>North Cumbria University Hospitals Trust (NCUHT) Board</p>	<p>North of England, Urgent and Emergency Care Network</p> <p>North West Ambulance Service NHS Trust</p> <p>Northumbria Healthcare NHS Trust</p> <p>Success Regime Transport Enabling and Advisory Group</p> <p>The Strategic Clinical Network of Paediatrics for the North East and Cumbria</p> <p>University Hospitals of Morecambe Bay NHS Foundation Trust</p>
Elected Representatives (13)	
<p>Cllr Peter Frost-Pennington, Muncaster Parish Council</p> <p>Cllr Bill Finlay, Allerdale Borough Council</p> <p>Cllr Christopher J Reay, Copeland Borough Council</p> <p>Cllr Colin Glover, Leader of the Council, and Cllr Lee Sherriff, Portfolio Holder for Communities, Health and Wellbeing, Carlisle City Council</p> <p>Cllr Rebecca Hanson, Cockermouth Town Council</p> <p>Cllr Judith Derbyshire, Eden District Council</p> <p>Eden District Council Liberal Democrat Group</p>	<p>Jamie Reed MP, Member of Parliament for Copeland</p> <p>John Stevenson MP, Member of Parliament for Carlisle</p> <p>Lord Liddle, Councillor Cumbria County Council</p> <p>Peter McCall, Police and Crime Commissioner for Cumbria</p> <p>Rory Stewart MP, Member of Parliament for Penrith and The Border</p> <p>Sue Hayman MP, Member of Parliament Workington</p>
Patient and Health Representation Groups (12)	
<p>Alston Moor Hospital Campaign</p> <p>Carlisle Carers Mental Health Group</p> <p>Copeland Patient Participation Group</p> <p>Friends of Brampton Community Hospital</p> <p>Friends of Mary Hewetson Hospital Keswick</p> <p>Healthwatch Cumbria</p> <p>Joint League of Friends of Cumbria Community Hospitals</p>	<p>Penrith &amp; Eden Community Hospital Leagues of Friends</p> <p>Seascale and Bootle Patient Group</p> <p>The Fellview Healthcare Patient Panel Group</p> <p>West Cumbrians' Voice for Healthcare</p> <p>Wigton Hospital League of Friends</p>

Community and Local Groups (13)	
Age UK West Cumbria Alston Community Partnership Churches Together on Alston moor Copeland Citizens Advice Copeland Conservatives Cumbria Rural Forum Cumbria Third Sector Network	Cumbria Youth Alliance Cumbrian Societies for the Blind Maryport 'Alliance' Penrith and Border Young Labour Solway Community Partnership West Cumbria Liberal Democrats
Local Authorities (23)	
Allerdale Borough Council Allhallows Parish Council Alston Moor Parish Council Aspatria Town Council Beckermest with Thornhill Parish Council Bewcastle Parish Council Blennerhasset and Torpenhow Parish Council Copeland Borough Council Cumbria County Council Dundraw Parish Council Eden District Council's Housing and Community Scrutiny Committee	Egremont Town Council Hayton and Mealo Parish Council Kirkby Stephen Town Council Lamplugh Parish Council Langwathby Parish Council Penrith Town Council Seaton Parish Council St Bees Parish Council Stanwix Rural Parish Council Waberthwaite and Corney Parish Council Waverton Parish Council Wigton Town Council
Other experts and organisations (6)	
Cumbria Health on Call Cumbrian Newspapers Limited Health Education England North East Independent and external reviewer, Children Services at the West Cumberland Hospital and Cumberland Infirmary Carlisle	Keswick Community Housing Trust NuGeneration Ltd

## 4.2 National organisations

**Alzheimer's Society** - A submission was made by the Alzheimer's Society. The submission includes views on the proposals and information about dementia services. Views on the proposals include: ranking of options for community hospital inpatient beds with Option 1 most favoured, then Options 2, and 3 respectively; that the preferred option is one that offers sustainable numbers of beds at the remaining community hospitals; that removing hospital beds from Maryport, Wigton and Alston will mean longer travel times; ranking of Emergency and Acute Care Options with Option 1 first, then Options 2 and 3 respectively; belief in maintaining a full 24/7 accident and emergency unit at West Cumberland Hospital; Hyper-Acute Stroke Option 2 ranked first followed by Option 1; that strokes can be the trigger for vascular dementia and the needs of people with dementia and carers should be taken into account; and that consolidation of expertise on one site will have the most beneficial clinical outcomes for patients.

**Association of Air Ambulances Chief Executives** – A submission was received from the Association of Ambulance Chief Executives. The submission gives views on the proposals and the consultation. This includes: understanding that the provision of sustainable high quality

healthcare may require significant transformation across a range of services; that it is clear the proposals have been developed in partnership with many key stakeholders including North West Ambulance Service NHS Trust; that there are noteworthy issues raised within the document, particularly relating to maternity services and Integrated Care Communities; and that continued engagement with the North West Ambulance NHS Trust will help positively in managing the complexities of implementing whichever options are eventually adopted.

**British Medical Association** – A submission was received from the British Medical Association. The submission focussed on concerns regarding Sustainability Transformation Plans. These concerns include: that there is sufficient public awareness of the plans, that they are drawn up in an open and transparent way, and that they have the support and involvement of clinicians, patients and the public from the outset; that all proposals within plans are realistic and evidenced based; that there is no legal or clinical accountability within the Sustainability Transformation Plans process; that the plans need to be funded appropriately to have a chance to deliver what has been promised; and that the primary focus for Sustainability Transformation Plans is not on delivering the best possible patient care but in cutting back budgets and, therefore services.

**British Orthopaedic Association** – A submission was received from the British Orthopaedic Association. This included a response to the consultation survey and clarification that the British Orthopaedic Association supports the preferred option with regard to emergency surgery, trauma and orthopaedic services.

**Chartered Society of Physiotherapy** - A submission was received from the Chartered Society of Physiotherapy. The submission includes views on the proposals. Views on the proposals include: that the changes will have a detrimental impact on our ability to recruit and retain physiotherapists at the West Cumberland Hospital due to the downgrading of services; that the proposed options mean extra staff will be needed in the community; concerns as to how the University of Cumbria will be able to provide comprehensive learning opportunities and placements for the development of students within their core areas of physiotherapy; that the closure of community hospital beds and the relocation hospital services to the community will increase staff workload; that staff are concerned that community services will be expected to deal with the increased demand without the necessary financial support needed in order to provide safe and effective services for patients; that staff are concerned they will become de-skilled and in turn de-banded due to the lack of acutely unwell or complex patients being treated at West Cumberland Hospital; and that the inability to recruit and retain experienced clinicians and the de-skilling of current staff will impact on the training opportunities available for newly qualified staff to acquire specialist physiotherapy skills. In addition, concerns are made regarding the removal of acute and community beds, maternity proposals, and ambulance/patient transfers. The submission also states that if the process was about quality

and safety rather than being financially driven, more services would be invested in at a local level and at the West Cumberland Hospital.

**Healthwatch and Public Involvement Association** - A submission was received from Healthwatch and Public Involvement Association. The submission gives a number of views on the consultation process and views on the proposals. Views on the consultation process include: that there is absence of clarity about the clinical evidence base underpinning proposals; that there is a lack of evidence that choices were drawn up in light of patient choice; that there was a lack of differentiation between options presented in the consultation document and other significant changes intended by the Clinical Commissioning Group and Success Regime that are not subject to consultation; and that references to practical considerations being relevant undermines the legitimacy of the consultation as they are undefined. Views on the proposals include: that the case for change in maternity is weak and Options 2 and 3 are inconsistent with the need of women and their families in rural areas; and that an ambulance is not sustainable for unplanned occasional use by maternity services.

**Maternity and Women's Health, NHS England** - A submission was received from Matthew Jolly, National Clinical Director for Maternity and Women's Health and Jacqueline Dunkley-Ben, Head of Maternity at NHS England. The submission includes views on the proposals. Views on the proposals include: that the options outlined for maternity services show consideration of the recommendations of Better Births, the report of the National Maternity Review; that there are particular challenges involved in providing services to the people of West, North and East Cumbria, not least with regard to the sparsity and remoteness of the local population; that one area which may benefit from clarification is the proposal under Maternity Option 2 for a midwifery unit at West Cumberland Hospital where planned caesarean sections for low risk women may be carried out; and that although post-operative complications occur rarely for women of this group, it may be beneficial to set out explicitly how this risk will be managed.

**Royal College of Midwives** – A submission was received from the Royal College of Midwives. The submission sets out the views of Royal College of Midwives' members, representatives and officers with regard to the proposals. Views on the proposals include: recognition of the challenges maternity services in Cumbria face; that the quality of services at Carlisle and Whitehaven are currently good; support for Maternity Option 1; that the Royal College of Midwives would have been prepared to support the preferred option if they were satisfied that the distance between West Cumbria and Cumberland Infirmary Carlisle was acceptable; that support for Option 1 is on the basis it is implemented in accordance with the recommendations in the Royal College of Obstetricians and Gynaecologists review and is consistent with the preferred option for children's services; and that the assertion that a continuing reliance on locum doctors could lead to temporary closures is alarmist.

**Royal College of Nursing** – A submission was received from the Royal College of Nursing. The submission includes comments and questions regarding the proposals and consultation materials and comments on the proposals linked to the Royal College of Nursing's 2015 strategy regarding health and social care within Cumbria. Views on the proposal include: that the consultation only focuses on medical recruitment and not recruitment and retention of nursing staff across all grades and specialities; lack of recognition of the contribution made by highly trained and specialised nurses and other healthcare professionals in terms of patient experience and outcomes; that if all preferred options are implemented this may result in the affected areas finding it increasingly difficult to maintain, retain and develop the skills, experience and knowledge of staff across a breadth of clinical areas; that there is no community hospitals long term preferred option provided, only Option 1 as a medium term preference; and concern with proposed changes to children's services leading to de-skilling of highly trained paediatric nurses. Views of the proposals linked to the Royal College of Nursing's 2015 strategy for health and social care within Cumbria includes: concern about the lack of detail about how the proposed changes will be implemented and the timeframes for this; that there is little detail regarding integration of health and social care; that there is lack of alternative options for if additional funding is not forthcoming; concern that the proposed changes do not provide security regarding recruitment shortages; that there is little or no detail regarding how the area will develop and secure its own staff given changes to student nurse funding; and that whatever changes are introduced they need to adequately address the current as well as future needs of the population.

**Stroke Association** – A submission was received from the Stroke Association. The submission gives views on proposals and proposes alternatives. The views on proposals include: a conditional preference for Hyper-Acute Stroke Option 2. This provides a single hyper acute base at Carlisle with rehabilitation delivered at Carlisle and Whitehaven. The condition is based on a review of the decision to rule out the addition of a triage set up at Whitehaven (a drip and ship protocol). It is felt that the fully benefits of this should be given further consideration. Further views on proposals include support for the Integrated Care Communities where it is urged that their development is based on community and third sector involvement.

### **4.3 Staff groups and trade unions**

**Consultant Paediatricians at Cumberland Infirmary Carlisle** – A submission was received from Consultant Paediatricians; whose base site is the Cumberland Infirmary Carlisle. The submission includes views on the proposals. Views on the proposals include: support for the preferred Obstetric and Paediatric options stated in the Success Regime proposal document; recognition of the interdependencies of the Options Appraisal for both Obstetric and Paediatric Support with none of the three Paediatric options directly supporting the maintenance of

consultant-led obstetric units on both sites; that all of the maternity options will involve an increase in the neonatal workload for the Cumberland Infirmary Carlisle Neonatal Unit and for Paediatric Staff, with this being most pronounced for the options where there is an end to the West Cumberland Hospital Consultant-led Obstetric Unit; that advantages for Maternity Options 2 and 3 include equality of provision of neonatal care, assisting with current neonatal nurse staffing shortage and enabling mothers to stay with their babies on either hospital site; advantages for paediatric options include higher likelihood of achieving Royal College of Paediatricians and Children's Health standards for Paediatric care and Joint Royal Colleges Standard for maternity care, achieving a larger pool of consultants; and that the disadvantages of Obstetric and Paediatric Options are the perceived risk of longer travel times, inconvenience and expense for families and visitors.

**Medical and Dental Staff Committee for Cumbria Partnership NHS Foundation Trust –** A submission was received from the medical and dental staff committee for Cumbria Partnership NHS Foundation Trust, a body of senior doctors and dentists within the trust; this includes individual emails from consultants. The overall submission gives views on the proposals. Views on the proposals include: concern expressed by consultants about the potential increased risk to patients that could arise out of proposals to reduce acute medical services in West Cumbria and the significantly increased travel time to access acute service in Carlisle; concern around patient safety in the areas of maternity services, community beds and sexual health; the absence of mental health services from the consultation was expressed as a concern; and that minimal effort has been made to actively engage local doctors in the proposals.

**Midwives and Maternity Care Assistants from West Cumbria / at West Cumberland Hospital –** A submission was received from Midwives and Maternity Care Assistants from West Cumbria. This includes views on the proposals and a number of questions. Views on the proposals include: welcoming a Midwife-Led Unit alongside Consultant-Led Unit at West Cumberland Hospital; severe concerns regarding the safety and sustainability of freestanding Midwife-Led Unit in Whitehaven; that it is not acceptable or safe to have no intrapartum care located in West Cumbria (as per Maternity Option 3); that the proposed changes will bring inequality in terms of fair access to maternity services across the county; and concern that a robust risk assessment has not been carried out detailing how the proposed changes would work in practice; that removing consultant-led care at West Cumberland Hospital will lead to removal of choice of birthplace to everyone.

A further submission was received from midwives and maternity care assistants at West Cumberland Hospital, reiterating concerns about downgrading of maternity services. The submission includes views of the proposals. Views on the proposals include: concerns that downgrading of maternity service in West Cumbria is not a fair or safe option for West Cumbrian women; that the size of the unit is irrelevant when considering the unique

circumstances of the local community; that a midwife-led unit in Whitehaven would have one of the longest transfer times to a consultant-led unit anywhere in the UK; that no provision has been made for the time effective, safe or secure transfer of women and/or their babies; concern that implementation of Maternity Option 2 will result in the eventual implementation of maternity Option 3; and that there is no evidence for a successful and safe midwife-led unit so far from a consultant-led unit and that the proposals are based on assumptions and guess work.

**North Cumbria University Hospitals NHS Trust Foundation Programme** – A submission was received from the North Cumbria Foundation Programme. The submission provides a specific interpretation of the proposals from the perspective of the Foundation Programme and Foundation Year (FY) 1 & 2 training provision. Overall there is a view that the programme as a whole at West Cumberland Hospital may need to be reconsidered if service changes moved training posts away from the site, due to the knock-on effect of relative isolation for the fewer trainees left at West Cumberland Hospital. Views on the proposals include: that the options for maternity services, children's services and emergency and acute care, and Hyper-Acute Stroke Option 2 could or would impact on the current training provision. Hyper-Acute Option 1 and the proposed options for community hospital inpatient beds and emergency surgery, trauma and orthopaedic services would not impact on the current distribution of FY doctors.

**North Cumbria University Hospitals NHS Trust General Surgery consultant body** – A submission was received from North Cumbria University Hospitals NHS Trust General Surgery consultant body. The submission includes views on changes made three years previously and current provision. These include: that changes made to the service over the past three years had been for the benefit of patients; and more specifically: that centralisation of complex emergency services at Cumberland Infirmary Carlisle due to concerns regarding the provision of a safe and sustainable emergency service across two sites, means a safer service is being provided to patients regardless of where they live; that changes have enabled improvements to be made to service provision at West Cumberland Hospital; that changes in surgery mean that the Consultant Surgeon of the week is now personally fielding all GP referrals on a dedicated line; and that if a patient does need to come into hospital, they will not have to wait in A&E but instead been seen directly on the new assessment unit.

**North Cumbria University Hospitals NHS Trust, Obstetrics and Gynaecology** – A submission was received from the Obstetrics and Gynaecology consultant body at North Cumbria University Hospitals NHS Trust. The submission states the letter reflects the consensus view of the consultant body. The submission includes views on the proposals. These views on the proposals include: that the best option would be to have two consultant-led maternity units at Cumberland Infirmary Carlisle and West Cumberland Hospital; but if this is not feasible due to documented reasons including staffing issues, a preference for Maternity Option 3; support for

all antenatal and postnatal services to be delivered at West Cumberland Hospital no matter what the outcome of the consultation, with only birth and labour parts of women's care consolidated at Cumberland Infirmary Carlisle.

**North Cumbria University Hospitals NHS Trust, Pathology Consultant Body** - A submission was received from the Clinical Director of Pathology at North Cumbria University Hospitals NHS Trust on behalf of himself and colleagues. The submission gives views on the current operation of pathology services and provides views on the proposals. Views on the current operation of Pathology services include: detail regarding the integration between West Cumberland Hospital and Cumberland Infirmary Carlisle; the current 24/7 blood science service on both sites; and the specimen transport between Trust sites. Views on the proposal include supporting change to develop better integrated services across West, North and East Cumbria.

**North Cumbria University Hospitals NHS Trust, Radiology and Nuclear Directorate** – A submission was received from the North Cumbria University Hospitals NHS Trust Radiology and Nuclear Medicine Directorate. The submission includes views on the proposals and provides additional suggestions for service transformation. Views on the proposals include highlighting that diagnostic imaging provision is demand led and based on the requirements of other clinical services within both primary and secondary care, and that the key considerations from a diagnostic imaging perspective are: the continuation of MRI, CT, X-Ray and Ultrasound services for inpatients and outpatients on the Cumberland Infirmary Carlisle and West Cumberland Hospital sites; the requirement to expand diagnostic services at Community Hospitals; remodelling of Radiologist, Radiographer and Sonographer workforce to meet any potential change in urgent care, obstetric, paediatric and inpatient provision; and the need to review and where appropriate the realignment of diagnostic imaging requirements in primary and secondary care pathways. Additional ideas are mentioned regardless of the final outcome, these include: capital investment, introduction of a network approach to reporting, and continued investment in Advanced Practitioners.

**North Cumbria University Hospitals NHS Trust, Respiratory Services Consultant Body** – A submission was received on behalf of the consultant body working in Respiratory Services at North Cumbria University Hospitals NHS Trust. This includes: recognition of the challenge in recruiting and retaining staff at consultant levels; that they have supported the acute care model of transferring high risk patients to Cumberland Infirmary Carlisle; that they already work closely with the community respiratory team; and that the NHS is changing and there is a need to recognise this and keep up with the innovating practice, meaning staying the same is not an option.

**North Cumbria University Hospitals NHS Trust, Trauma and Orthopaedic Consultant Body** – A submission was received from North Cumbria University Hospitals NHS Trust Trauma and Orthopaedic Services consultant body. The submission includes comments on changes three



years ago, and views on the proposals. Changes three years ago are described as including centralisation of complex trauma and orthopaedic surgery at Cumberland Infirmary Carlisle due to urgent safety concerns at West Cumberland Hospital. The submission expresses that the changes made three years ago were for the right reasons and have enabled the maximisation of local service at West Cumberland Hospital. Views on the proposals include: that West Cumberland Hospital is a small district general hospital which should provide as many services as it can provide safely and for services such as obstetrics and paediatrics out-of-hours services cannot be sustained in the long term and attempts to provide this will hamper further development of clinical models and risk the service completely collapsing; and that the clinical model for West, North and East Cumbria needs finalising as soon as possible as uncertainty is affecting the Trust's reputation as well as staff recruitment and retention.

**North Cumbria University Hospitals NHS Trust, Head and Neck Consultant Body –** A submission was received from the consultant body working in Head and Neck Services at North Cumbria University Hospitals NHS Trust. The submission gives their views on current services. This includes: that oral and maxillofacial surgery and ear, nose and throat services have always been centrally provided at Cumberland Infirmary Carlisle with outreach clinics at West Cumberland Hospital in Whitehaven; that being based in one hospital has allowed the development of specialist services that are not always available in district general hospitals; that it would not be possible to provide this if expertise was spread more widely across two hospital sites; and that concentration of expertise has enabled extensive training opportunities for future consultants.

**North Cumbria University Hospitals NHS Trust, Stroke and Elderly Care Physicians –** A submission was received from stroke and elderly care physicians at North Cumbria University Hospitals NHS Trust. The submission gives views on the proposals and views on what will be needed to make the proposed model work. The views on the proposals include: support for Hyper-Acute Stroke Option 2 and for Community Hospitals Inpatients Option 1. The reasons given for support for Hyper-Acute Stroke Option 2 include: that there would be a more resilient service by concentrating staff that will be required for the first 72 hours of stroke care on a single site, and that this would enable the Trust to develop seven day stroke services; and that the disadvantage for patients travelling from the furthest points of the catchment area are offset by a better service for a large number of people who present to a hospital with a stroke or mini stroke. The views given as to how to make the proposed model work include recruitment of consultants, increasing the number of stroke nurses, increasing and developing the capacity and infrastructure of the hyper-acute stroke unit, and a second CT scanner at Cumberland Infirmary Carlisle and improving imaging capacity.

**North Cumbria University Hospitals NHS, Trust Emergency Care and Acute Medicine –** A submission was received from the Divisional Associate Medical Director for Medicine and

Emergency Care and Associate Clinical Director for Emergency Care and Acute Medicine for North Cumbria University Hospitals NHS Trust. The submission includes views on the proposals and explanation of their work, including: that through the introduction of the composite workforce model they can improve safety, quality outcomes and patient experience that is sustainable; that specialities such as cardiology, gastroenterology and respiratory medicine have been working together across the two hospital sites to develop best care pathways; and that their overall aim is to provide the best clinical care, seven days a week; and that they support the proposals for medical services.

**North Cumbria University Hospitals Trust, Anaesthesia and Intensive Consultant Body –** A submission was received from the Anaesthesia and Critical Care consultant body in North Cumbria, which includes both West Cumberland Hospital and Cumberland Infirmary Carlisle sites. The submission includes views on current services and views on the proposals. Views on current services include: that the provision of anaesthetic and intensive care unit across two remote sites presents a challenge in regard to out of hours cover; that there is a particular staffing challenge for their departments with the current small consultant-led obstetric unit in the West Cumberland Hospital combined with a small intensive care unit, both covered by a single anaesthesia consultant; that anaesthesia recruitment to West Cumberland Hospital has been unsuccessful for some years and present staffing arrangements are unlikely to be sustainable in the long term. Views on the proposals include: that Maternity Option 3 exhibits sustainability in delivery and recruitment which exceeds the current model to benefit critically ill patients managed at the West Cumberland Hospital site.

**North Cumbria University Hospitals NHS Trust Nursing, Midwifery and Allied Health Partnerships Leadership Team –** A submission was received from North Cumbria University Hospitals NHS Trust Nursing, Midwifery and Allied Health Partnerships Leaderships Team. This sets out to reflect the views of staff members. The submission includes views on the proposals, including: support for the preferred options, whilst noting certain points of concern. These include: that while midwives fully support the development of midwifery-led care, they have expressed concerns regarding the distance from the consultant-led unit, and the long-term viability of such a unit; and in Paediatrics concerns regarding children living in West Cumbria with lifelong or life-limiting conditions are raised, with a desire for some exception based criteria for this small cohort of children overnight.

**Paediatric Department / Children's ward and special care baby unit staff at West Cumberland Hospital –** A submission was received from the children's ward and special care baby unit at West Cumberland Hospital, a subunit of the Children's Business Unit. The submission is signed by 23 members of staff. The response gives views on the proposals, views on the consultation, proposes alternative options, and gives views on the current service. Views on the proposals include: that there has not been enough emphasis on levels of deprivation in

the parts of West, North and East Cumbria affected by the changes; that the advantages of Maternity Option 1 do not adequately balance the disadvantages for both children and new-born babies; that the proposals are unlikely to resolve recruitment and retention challenges; and that the proposals for transferring patients to Carlisle for care will have little additional benefit for West Cumbrian patients. Views on the consultation include: that the options provided do not match those on which both sides of the department did considerable work together and that their vision was not adequately described in the consultation and should not be defined as doing nothing. Alternative options provided include: for whole-system integration of hospitals and primary care; different staffing arrangements including the use of Paediatric Nurse Practitioners at night; the use of telehealth; and that using their uniqueness and focus on being an excellent General Paediatric Unit will attract good staff.

Accompanying comments were made by 'the 3 substantive consultants who work sessions' in the Paediatric Department of the West Cumberland Hospital, responding to individual points in the submission made by consultants from Cumberland Infirmary Carlisle. This includes: that the increase in neonatal provision impacting on the availability of consultants for Children's Ward is a better argument for keeping 2 level one SCBU's rather than aiming for one larger one; that there is majority opinion that there is good clinical care to patients at West Cumberland Hospital; that a two site model can facilitate outreach and increase confidence for staff working with children in primary care; that losing one of A&E, anaesthetics and paediatrics could destabilise the process; and that the stated aims of the Success Regime and future aspirations of the Royal College of Paediatrics and Childcare would open up opportunities to attract from a different pool of candidates.

**The Royal College of General Practitioners, Cumbria Faculty** – A submission was received from the Royal College of General practitioners, Cumbria Faculty. The submission includes views on the proposals. These views on the proposal include: agreement that if there is not a reliable paediatric service it is not safe to have a full maternity/delivery service; that absence of a full maternity service at West Cumberland Hospital is a frightening prospect; that without other alternatives reduction in community beds risks increasing the length of stay of patients at acute hospitals; that community hospitals will be a big loss especially in rural areas; that there should be proven alternatives before reducing beds in community hospitals; welcoming the 12 GP trainees in West, North and East Cumbria as last year there were none; and concern about plans to integrate the two sites heavily on the availability and use of ambulances as this would put more strain on the already stretched ambulance service.

**The Royal College of Midwives North Cumbria** – A submission was received from the Royal College of Midwives North Cumbria Branch. The submission gives view on the proposals and on the consultation process. The views on the proposals include: concern about Maternity Option 2 and disappointment that no meaningful conversations between midwives and the Success

Regime preceded the publication of the documents outlining the preferred options; support for the questions and statements put forward in the initial submission from Midwives and Maternity Care Assistants of West Cumbria (see Page 110), which is included as an appendix to this submission; and seven detailed themes that they feel need to be considered against the preferred options. These seven points are: alignment with overarching maternity policy and strategy for England; classification of women suitable for different birth locations; transfers between units in emergency situations and the ambulance services; transport -impact on local families; inconsistencies in approach to services and the decision-making process; risk to quality of the service; and professional standards and training and recruitment. Views on the consultation process include: that there is inconsistency in logic between paediatrics and maternity on staffing; need for risk mapping on Cumberland Infirmary Carlisle and contingencies if that facility is overburdened; plus questions over the modelling of future population needs.

**West Cumberland Hospital Emergency Department team** – A submission was received from the West Cumberland Hospital Emergency Department team. This includes views on the proposals. Views on the proposals include: concern that the interdependencies of the department have not been properly accepted and understood; and that there is an extremely high likelihood that should the favoured option be pursued for Obstetrics, Maternity and Paediatrics, the Emergency Department would be unable to function and forced to close in a short space of time.

**West Cumbria NHS staff** – A submission was received that had been signed by 50 healthcare professionals working in West Cumberland including local GPs, GP Registrars, nurses and practice managers. The submission includes views on the proposals and views on current services. Views on the proposals include: that Maternity Options 2 and 3 will not provide the best service for West Cumbrians and that harm will be done to patients on an individual level and the Trust as a whole if the proposals go ahead; that there is a lack of plans for addressing future staffing of Maternity Option 2 and 3; that there is a risk of midwives taking early retirement, moving from the county or leaving the profession in the case of a standalone maternity-led unit at West Cumberland Hospital; that comparison with Withybush Hospital in Pembrokeshire is inappropriate due to West Cumbria's unique geography with longer journey times; that the potential of the proposed changes include high risk roadside delivery without midwife assistance and an increased sense for women that they need to attend hospital very early in labour; that more needs to be done to recruit Paediatrics; and acknowledgement of the complexities involved and statement of wish to be part of greater investigation and discussion to solve them.

**Wigton Hospital Staff** – A submission was received from staff at Wigton Hospital. The submission gives views on the current situation at the hospital and what services are currently

provided, gives views on the proposals, and proposes alternative changes. It is noted that the hospital is coping and doing well, including excellent provision of rehabilitation services, nursing, and end of life care, and concern is expressed about the impact of the closure of beds on both the community and the staff. The proposed changes are for an intermediate care model that utilises therapy staff to become core leaders in the service. The submission states that this model will meet the needs of patient case load and overcome challenges such as recruitment of Registered General Nurses and the lack of services to provide care for patients close to the home of the community.

#### **4.4 Local and regional NHS and medical bodies**

**Cumbria Local Medical Committee** – A submission was received from Cumbria Local Medical Committee. The proposal includes comments on Cumbria Local Medical Committee's involvement in the Success Regime and views on the proposals. This states that Cumbria Local Medical Committee had observer status at the West, North and East Cumbria Success Regime programme board meetings, but as this merged into the Sustainability Transformation Plan board, this invitation was withdrawn. Comments on the proposals include: that the population of North Cumbria does not merit two centres of secondary care by current health needs assessment metrics; concerns that proposed changes appear untested, have a challengeable clinical evidence base, and lack detailed clinical or financial community plans; concerns that the modelling for the transfer of some emergency services to Carlisle from West Cumbria has not fully addressed concerns regarding travel time; and support for GPs in West Cumbria's views on the proposals, particularly regarding the transfer time for labouring women the inability of the Cumberland Infirmary Carlisle Unit to cope with extra demand, the Royal College of Obstetricians and Gynaecologists report in 2015 not recommending removal of maternity consultant cover at West Cumberland Hospital and unacceptable travel time for parents to Special Care Baby Unit.

**Cumbria Partnership NHS Foundation Trust** – A submission was received from the Cumbria Partnership NHS Foundation Trust. The submission gives views on proposals and provider alternatives. The views on proposals include a general acceptance of the clinical strategy with caveats including further consideration of commissioning and delivery of appropriate skills which is seen at the key to the whole system. Views on specific proposals and alternatives include community hospitals where work is ongoing to develop wider options than available in the consultation document with the community. The submission states that options will be consistent with the Integrated Care Communities and there is a view that no permanent changes should be made to inpatient beds until Integrated Care Communities are in operation in the relevant areas. With Children's and Paediatrics, the preferred option is supported but with a request for greater focus on community children's services linked to Integrated Care Communities and universal children's services commissioned by the County Council. In respect

of the other four specific service proposals the Trust welcome strong and enduring links to Newcastle.

**Cumbria Partnership NHS Foundation Trust Governors Council** - A submission was received from Cumbria Partnership NHS Foundation Trust Governors Council. The submission includes views on the proposals and views on the consultation process. Views include that proposals relating to the community hospitals in Wigton, Maryport and Alston are not acceptable; that Emergency and Acute Option 1 is acceptable provided the aspects covered in the "Summary of Options" are not degraded due to, or because of staffing issues; that Hyper-Acute Stroke Option 2 is reluctantly acceptable, although it will provide better outcomes for many patients, it will disadvantage West Cumbrians; and that reassurance is needed that patients travelling from North and East Cumbria for surgery at West Cumberland Hospital will not be disadvantaged compared to the present service provided to them at Cumberland Infirmary Carlisle. Views on the consultation include: disappointment in the poor engagement process; maternity issues have drowned out the impact on the other services affected in the consultation document; and that there is a need for public acknowledgement of the potential impact of the proposals on the wider health economies of Cumbria and beyond and the possible effects of decisions made elsewhere.

**North Cumbria Maternity Services Liaison Committees** – A submission was received from North Cumbria Maternity Services Liaison Committee. The submission includes a response gathered from information collected at a number of engagement forums, meetings and other activities. The submission includes seven appendices including presentations, correspondence, reports and meeting notes. The submission gives views on the proposals including: concern over maternity options regarding inequality of access, lack of clarity in proposals, a need for risk analysis of all options, potential reduction in continuity of carer under options, and concern over the quality, care and capacity of a larger consolidated unit at Cumberland Infirmary Carlisle; that Children's Option 1 has the least negative impacts for West Cumbria, but it is felt that it needs modifying further; and that there will be difficulties from imposing change on a community unconvinced that the case for change benefits them.

**Newcastle upon Tyne Hospitals NHS Trust** – A submission was received from Newcastle upon Tyne Hospitals NHS Foundation Trust. The submission gives views on the proposals. The views on the proposals include: support for Maternity Option 2; Children's Option 1; Community Hospitals Inpatients Option 1; Emergency & Acute Option 1; and Hyper-Acute Stroke Option 2. The recent temporary changes to emergency surgery, trauma and orthopaedic services are seen to have reflected much needed reorganisation that has demonstrated improved outcomes.

**NHS North of England Clinical Senate** – A submission was received from the Northern England Clinical Senate. The submission gives views regarding the Hyper Acute Stroke Service, this includes that a Cardiovascular Network review, visits by the Senate and a review by the

National Clinical Director for Stroke Services all concluded that there would likely be an improvement to patient safety and outcomes if a more centralised service were on offer, probably at Carlisle. It states that the change would require careful consideration to be given to the rehabilitation part of the Stroke pathway and urges NHS Cumbria CCG to ensure this aspect is fully addressed.

**NHS Northern England Strategic Clinical Networks, Maternity Network** – A submission was received on behalf of the two Clinical Leads for the NHS Northern England Maternity Clinical Network. The submission includes comments that the Northern England Maternity Network feels it has been able to contribute substantially, in a constructive and supportive way to discussions about the future of maternity services in Cumbria; that the arguments set out in the consultation document for each option, including the preferred option, are sound and well considered; and that the aspect of the consultation document that probably presents most challenges is that of transport. The proposal in Maternity Option 2 for a dedicated ambulance is welcomed, but it is noted that it is less clear in Options 2 and 3 whether there are any general transport and infrastructure improvements intended, to help the additional women and families who would have to travel to or stay in Carlisle before or after birth.

A further submission gave views regarding evidence in papers that had been cited directly or indirectly in two other submissions to the consultation. The papers in question include statements in relation to an increased incidence of adverse outcomes amongst women who live far away from consultant-led obstetric care. Views submitted include the conclusion that there is not sufficient evidence in the papers referenced to justify the conclusion that increased travel times to the nearest maternity unit (at less than 4 hours' distance) are associated with an increased risk of either stillbirth and / or neonatal death.

**North Cumbria Hospital University Hospitals NHS Trust Board** – A submission was received from the North Cumbria Hospital University Hospitals NHS Trust Board. The submission sets out views regarding the preferred options and the actions of the Trust. This includes support for Maternity Option 2, Children's Option 1, Community Hospitals Inpatients Option 1, Emergency and Acute Option 1, Hyper-Acute Stroke Option 2, and maintaining changes to service provision for emergency surgery, trauma and orthopaedics at West Cumberland Hospital.

**North of England, Urgent and Emergency Care Network** – A submission was received from the Urgent and Emergency Care Network. This includes feedback collected from group discussions and specific feedback from individuals. This includes comments on the proposals and evidence in the consultation document. This includes the view that the issues faced are balancing the economic challenges faced in healthcare versus centralisation of services, with the uniqueness of the geography it is fundamental to keep patient safety in mind. Individual clinicians' views include: it was positive to note the highlighting of the key constraint of workforce, which in other circumstances has not been as well acknowledged in plans; there is a

failure to reference workforce trends; the Penrith birthing unit seems an extravagance for the number of births per year; concerns over the proposal for Whitehaven and the proposed national guidance on ED provision; and concern that there is conflict between the current regulated systems and the proposed model.

**North West Ambulance Service NHS Trust** – A submission was received from North West Ambulance Service NHS Trust. The submission includes views on the proposals. Views on the proposals include: broadly supporting the outlined proposals on the basis that they support their direction of travel in providing safe care, closer to home; welcoming the formation and implementation of integrated care communities; that Maternity Option 2 does not deliver a clinically safe transfer package for high acute cases and although the Trust can provide the vehicles and staff for these transfers, it will take time to implement due to recruitment and procurement; that the transport time to Carlisle is vastly longer than documented; support for the consolidation of children's services on one site; that Community Hospitals Inpatients Option 1 would mainly affect the non-emergency Patient Service and will have minimal impact on the Trust's services; support for Emergency and Acute Option 1 but asks for consideration to be given to transfer numbers, positively or negatively and that the impact they may have on the Trust's services; support for Hyper-Acute Stroke Option 2 with recognition of the impact this would have on operational cover across the region whilst transfers and direct transport are taking place; and that the Trust supports the proposal to take emergency surgery and trauma services back to West Cumberland Hospital.

**Northumbria Healthcare NHS Trust** – A submission was received from Northumbria NHS Foundation Trust. The submission includes views on the proposals. Views on the proposals include: support for Maternity Option 2; support for Children's Option 1; support for Community Hospitals Inpatients Option 1; support for Emergency and Acute Option 1; support for Hyper-Acute Stroke Option 2; and support for the proposals described for Emergency Surgery, Trauma and Orthopaedics.

**Success Regime Transport Enabling and Advisory Group** – A submission was made by the Success Regime Transport Enabling and Advisory Group. The submission notes issues raised by lay members of the group and responses from the Group Chair and other NHS group members. Issues mentioned include: that no decisions should be made on other services until the shape and scope of the Integrated Care Communities has been defined and detailed; concern that the consultation has unduly focused on impact in the west of the county; that concern exists regarding the deliverability and affordability of the proposals.

**The Strategic Clinical Network of Paediatrics for the North East and Cumbria** – A submission was received from the Strategic Clinical network for Paediatrics for the North East and Cumbria. The submission gives views on the proposals. Views on proposals relate to maternity and paediatric proposals. Regarding maternity services the need is emphasised for a



dedicated ambulance service for transfers to avoid inevitable competition between hospital transfer and 999 calls. The importance of prompt transfer is highlighted. There is support for Children's Option 1 with a further suggestion regarding recruitment.

**University Hospitals of Morecambe Bay NHS Foundation Trust** – A submission was received from University Hospitals of Morecambe Bay NHS Foundation Trust. The submission includes views on the proposals. Views on the proposals include: support in broad terms with the preferred options set out; support for Maternity Option 2; support for Children's Option 1; support for Community Hospitals Inpatients Option 1; support for Emergency and Acute Option 1; support for Hyper-Acute Stroke Option 2; support for emergency surgery, trauma and orthopaedic services recommendations; and that it is important that the ongoing developments across North Cumbria and those undertaken by Bay Health and Care Partners continue to be taken forward in a way that is aligned and mutually supportive.

## **4.5 Elected Representatives**

**Councillor Peter Frost-Pennington, Muncaster Parish Council** – A submission was received from Councillor Peter Frost-Pennington, Muncaster Parish Council. The submission includes views on the proposals including: that they diminish rather than enhance health care provision for people living in West Cumbria; that proposals will increase inequality of services and inequality of access to services to the local populace in West Cumbria; the importance of getting to maternity cases quickly and to those patients who are acutely ill; and concern regarding proposals to consolidate community bed provisions into fewer sites.

**Councillor Bill Finlay, Councillor Allerdale Borough Council** – A submission was received from Councillor Bill Finlay, chair of Aspatria Rural Partnership. The submission includes views on the consultation and views on the proposals. Appended to the submission was a letter to Cumberland News and Times and Star. Views on the proposals include: lack of rationale for not conducting a root and branch restructuring; a need for Cumbria County Council to have been on the Success Regime partnership at the planning stage; and criticism of the health inequalities data used to compare West, North and East Cumbria with national data. Comments on specific proposals include: Maternity Option 2 and Children's Option 1 the least worst options assuming NHS budgets cannot be enhanced; questioning of the rationale for the proposed changes to community hospital inpatient beds; lack of assessment of the costs and benefits of retaining and enhancing Wigton and Maryport hospitals prior to developing preferred option suggests predetermined non-viability of Maryport and Wigton community hospitals; an alternative option proposed to enhance facilities at Wigton and Maryport; Emergency and Acute Option 1 the least worst option; that sustainable delivery Hyper-Acute Stroke Option 2 depends on an enhanced capacity for paramedic transfers to Carlisle; and that, as no options are provided for emergency surgery, trauma and orthopaedic services, there is nothing being consulted on.

**Councillor Christopher J Reay, Copeland Borough Council**

A submission was received from Cllr Christopher J Reay, a Copeland Borough Councillor representing Mirehouse Ward. The submission includes views on the consultation. The views on the consultation include: that the consultation document and response are too long winded and the vast majority of the population do not have the time to deal with such a booklet; that the replies to the consultation will only represent a small percentage of the total population and not be able to show whether people support or oppose the plans; and that there may be a lack of ambition on the part of hospitals in attracting consultants.

**Councillor Colin Glover, Leader and Councillor Lee Sheriff, Communities, Health and Wellbeing Portfolio Holder, Carlisle City Council** – A submission was received from the Leader of Carlisle City Council and the Communities, Health and Wellbeing Portfolio Holder. The submission includes views on the proposals and on the consultation. Views on the proposals include: that the current range of options do not represent safe and practical solutions that will sustainably improve quality of care and treatment; that the national picture for health and social care is a serious constraint on delivering a long term, sustainable solution to accessible, high quality health care and treatment; that preferred options are constrained by national ideology and a rigid determination to impose formula and regulations across all communities, irrespective of the local challenges for achieving good health; that the preferred options will disproportionately disadvantage those in greatest need, creating greater health inequalities, poorer community cohesion and lower economic productivity; concern about the impact of proposals on already strained resources, facilities and surrounding infrastructure at Cumberland Infirmary Carlisle; that local people feel the consultation approach has not engaged various important communities served by the NHS in Cumbria; that financial challenges facing the NHS in Cumbria are stark; that the issue of recruiting key staff is particularly stark in West Cumbria and it would appear that the proposals may well exacerbate this position; and that the proposals may lead towards a potential net migration from the County. Views on the consultation include: that whilst significant effort and expense have been targeted at the consultation there is concern that local people believe that this approach has not properly engaged the various important communities served by the NHS in Cumbria; and that it is not clear how the consultation relates to the West, North and East Cumbria Sustainability and Transformation Plan 2016-21.

**Councillor Rebecca Hanson, Cockermouth Town Council** – Three submissions were received from Cllr Rebecca Hanson. A report investigating whether there is evidence that journey times to consultant-led care of over 45 minutes are safe was received. This submission's conclusions include: that closure of the obstetric unit in Whitehaven is highly likely to be associated with increased perinatal and maternal risk due to transfer times; that expert assessments into level of risk could have but have not been carried out; that the fears of local people regarding the consultation have not been challenged by credible data and that no such reassuring information exists; and that local expert consultants are speaking out unanimously against Maternity

Options 2 and 3. In light of the evidence put forward it is proposed that the consultation on obstetrics and paediatric services is suspended until there is an expert risk analysis of the impact of transfers from Whitehaven to Carlisle and the overall financial and birth outcome benefits can be demonstrated taking into account this analysis.

An additional report was received, on the implications of closing obstetric care in Whitehaven on birth outcomes. This submission draws on evidence from various studies conducted elsewhere, and provides specific calculated estimates of the likely impact in the event of the closure of obstetric care in Whitehaven. Its conclusions include the prediction of extra neonatal deaths; additional cases of babies needing special care baby unit or intensive care; additional babies born out of hospital by accident; and increased incidences of births to mothers subject to serious stress attributed to lack of nearby obstetric support. Its recommendations include: that the consultation on obstetric, paediatric and emergency services is suspended until a quantified risk assessment and financial study recognising identified risks has been carried out; and that the Care Quality Commission review and change its behaviour towards providing hospital services in Cumbria.

An additional statement was received, regarding the role of the Care Quality Commission in the proposed closure of paediatric and obstetric services in Whitehaven. The submission states that Cllr Hanson has been advised the CQC had imposed an ultimatum on Cumbrian healthcare administrators regarding paediatric staffing, leading to a consultation on closure of consultant-led paediatric, and therefore obstetric, care in Whitehaven. The submission calls for the CQC to clearly state that closing emergency care in Whitehaven, including paediatric and obstetric care, is not its recommended way forward, unless it demonstrates through robust risk assessments that this will improve patient outcomes.

**Councillor Judith Derbyshire, Councillor Eden District Council** – A submission was received from Judith Derbyshire. The submission includes views on the proposals. Views on the proposals include: that there should be no reduction in community hospital beds until the Integrated Care Communities have been well established; agreement with most points in the submission from the CPFT Governors' response; agreement with most points in the submission from Midwives from West Cumbria regarding Maternity proposals; and agreement with the submission to the consultation from Eden Liberal Democrat Councillors.

**Eden District Council Liberal Democrat Group** – A submission was received from the Liberal Democrat Group at Eden District Council, signed by 8 councillors. The submission includes views on the proposals. Views on the proposals include: that the consultation does not realise all the potential of the Pre-Consultation Business Case; that the rigidity of the passing/failing the 'Hurdle criteria' does not allow a nuanced solution that will reflect the needs of the communities; concerns regarding community hospitals including over the impact of removal of in-patient beds from Alston Hospital on Alston Moor; welcoming of the introduction of the

Integrated Care Communities but concern that social care provision may not be ready or adequately funded to pick up the care which they will need to deliver; that an increase in funding from Central government is essential to enable both social care and the NHS to make sustainable changes; that there is an inexplicable omission in not including specific recommendations for mental health; that there is a major concern, risk and expense in terms of transport and that Eden District has very poor public transport; that they are unconvinced that the RCOG report on maternity services was followed in the proposals; and that staffing problems are exacerbated by the culture of locums and there should be national consideration given to de-incentivising this employment status.

**Jamie Reed, Member of Parliament for Copeland** – A submission was received from Jamie Reed MP. The submission was formed following hundreds of communications from constituents and attendance at a number of meetings and conferences on the issue – including a public meeting hosted in Whitehaven. The submission gives views on the proposals and the consultation. Views on the proposals include: that there has not been any supportive comments of the Success Regime proposals made throughout engagement with constituents; rejection of the options proposed by the Success Regime regarding maternity services; support for 24 hour consultant-led paediatric services including inpatient beds being retained at the West Cumberland Hospital; opposition to proposals to remove community hospital beds; support for retention of consultant-led 24 hour A&E at the West Cumberland Hospital; rejection of the preferred option for stroke services; and rejection of the preferred option for emergency surgery, trauma and orthopaedic services. The submission also criticises the Success Regime as an expensive wasted opportunity due to the lack of support and resource from Government, and lack of consideration of the consequences of the proposals for communities in West Cumbria.

**John Stevenson MP, Member of Parliament for Carlisle** – A submission was received from John Stephenson MP, Member of Parliament for Carlisle. The submission gives views on the proposals. The views on the proposal relate to a recognition of significant problems within the local healthcare economy and the need for a radical solution. There is recognition that the solutions put forward may not be perfect. The MP would be supportive of those solutions where the system adopted has clear leadership, clear accountability and is able to deliver an organisation that will deliver a health service fit for Cumbria.

**Lord Liddle, Councillor Cumbria County Council** – A submission was received from Lord Liddle, a Cumbria County Councillor for Wigton. The submission gives views on the proposals and proposes alternative options. The views on the proposals relate to the removal of beds from Wigton Hospital. There are a number of points put forward to contest the decision, including the previously cited lack of low intensity beds to deal with acute admissions; the inadequacy of re-ablement services; and the premature removal of facilities prior to the development of a local

integrated care community. The reasons for immediate closure are questioned and it is suggested that partnership with the University of Cumbria may provide some solution to the identified staffing issues.

**Peter McCall, Police and Crime Commissioner for Cumbria** – A submission was received from Peter McCall, Police and Crime Commissioner for Cumbria. The submission includes views on the proposals. Views on the proposals include: recognition of financial and recruiting challenges; the need for all emergency services to work collaboratively to find a way forward for health in west Cumbria; concerns regarding the logistics and the safety of roads used for the robust and dedicated transfer service described; and the impact of, in urgent cases, the police being called upon for support.

**Rory Stewart MP, Member of Parliament for Penrith and The Border** – A submission was received from Rory Stewart MP. The submission includes views on the proposals relating to the future of community hospitals. The views of the proposals include: that community hospitals should continue to fulfil a key function in rural healthcare delivery in Cumbria; the in-patient beds should not be reduced; that the role of community hospitals should be significantly enhanced in order to address many of the issues of sparsity and rurality that the Success Regime approach seeks to solve; that Alston and Wigton pose particular problems of accessibility for a number of patients, are at capacity and are demonstrably effective at reducing the burden on the Acute Trust; support for proposals put together by CPFT/League of Friends; and support for the need for the North Cumbria University Hospital NHS Trust and Cumbria's community hospitals to work more closely with the Royal Freeman Hospital in Newcastle.

**Sue Hayman MP, Member of Parliament Workington** – A submission was received from Sue Hayman. The submission includes views on the proposals. Views on the proposal include: support for maternity services Option 1; disappointment that the status quo for children's services is not offered as an option; disappointment that the status quo for community hospitals is not offered as an option; support for Emergency and Acute Option 1; support for Hyper-Acute Stroke Option 1; that through additional recruitment of specialist staff, the Trust should ensure that as much surgery can be carried out at the West Cumberland Hospital as possible; that all minor surgery should be returned to the West Cumberland Hospital as soon as possible; that the focus on staff recruitment is welcome but must be an ongoing process; support for the concept of Integrated Care Communities; and that whatever decisions the Success Regime makes must be accompanied by a proper plan on how services will be managed going forward.

## **4.6 Health and Patient Representation Groups**

**Alston Moor Hospital Campaign** – A submission was received from Alston Moor Hospital Campaign. The submission includes views on the consultation, these include: that the

consultation fails the statutory duty under section 13Q of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), to involve the public in commissioning services for NHS patients; that the current public consultation document, as it relates to the provision of in-patient beds appears to provide both inadequate information and potentially misleading statements and as such can be demonstrated to have failed this fairness test; that there is an implication in the consultation document that the decision to remove inpatient beds from the Ruth Lancaster James Cottage Hospital has already been made; that other health care regions have lower numbers of community hospital inpatient beds than 16 and do not regard this practice as unsafe; that there is a lack of information about Integrated Care Communities; that there was a lack of sufficient clarity about the proposals at the public meeting in Alston; that the consultation document implies a decision on the minimum size of a Community Hospital In-patient Bed unit has been taken; and that by discounting the continuance of in-patient beds at the hospital, the impression is given of being closed to proposals that fail to meet the 16 bed standard.

**Carlisle Carers Mental Health Group** – A submission was received from Carlisle Carers Mental Health Group, this included 15 signatures from members of the group. The submission gives views on the proposals. The views on the proposals include concerns regarding: that the paper does not include details of plans for mental health developments; that there is a lack of details on the part to play of Integrated Care Communities in the delivery of outpatient mental health services; the quality of involvement at all stages; awareness of the wide range of carer needs; issues regarding information sharing; crisis support; the need to reduce stigma; half-way house housing provision; and the loss of beds and community care needs.

**Copeland Patient Participation Group** – A submission was received from the Copeland Patient Participation Group. The submission includes views on the proposals. These include: support for maternity services Option 1; that maternity Option 2 is unacceptable and would disadvantage people living in west Cumbria; rejection of children services options; rejection of community hospitals inpatient beds options; support for Emergency and Acute Care Option 1; support for Hyper Acute Stroke Services Option 1; that regarding emergency surgery, trauma and orthopaedic services moving patients and families across Cumbria using the most dangerous road in the County will result in more deaths on the roads and an overall increase in the death rate; that many of the preferred options will remove or reduce medical services to these communities which are most at need with the shortest life expectancy; and that innovation is lacking throughout the proposals with the exception of the A&E proposals at West Cumberland Hospital.

**Friends of Brampton Community Hospital** – A submission was received from the Friends of Brampton Community Hospital. The submission gives views on proposals, proposes alternatives and provides details of local support for the hospital. The views on the proposals include:

rejection of the closure of the in-patient beds which are seen as cost effective in a system where prompt discharge to social care is absent. The proposed alternatives view the consultation as an opportunity to establish additional services at the community hospital, reducing the strain on the Cumberland Infirmary and 'bed-blocking' in particular. Services that have been put forward as 'suggested by the Brampton Medical Practice' have their full support. Local support for the hospital includes 2500 local people signing a paper petition, 769 likes at 13000 cumulative visits to their Facebook page, and 233 people attending a pre-consultation meeting.

**Friends of Mary Hewetson Hospital Keswick** – A submission was received from the Friends of Mary Hewetson Hospital Keswick. The submission gives views on proposals and proposes alternatives. The views on the proposals includes being heartened by Community Hospitals Option 1 and its recommendations for In-patient beds in Keswick. There is a commitment to fundraise and support the increase from 12 to 16 in-patient beds.

**Healthwatch Cumbria** – A submission was received from Healthwatch. The submission was formed following engagement of over 14,000 people through a wide variety of engagement activities. Their submission is drawn up from responses from multiple sources and does not state preferences. Views on the proposals and consultation include: strong views being expressed for the full suite of consultant led services for maternity and paediatrics; people being very worried, concerned and angry, especially in West Cumbria, about the possible changes to services as this may result in key services being further away from where they live; people feeling very strongly that all community hospitals should have beds; concerns about the process and analysis of the consultation and its relationship with the emerging Sustainability and Transformation Plan (STP); and concern over lack of awareness of the consultation.

**Joint League of Friends of Cumbria Community Hospitals** – A submission was received from the Joint League of Cumbria Hospitals. The submission includes a range of views on the consultation document including regarding financial analysis, recruitment, integrated community care, and geography/topography. Views include: that the format and execution of the consultation exercise is flawed to the extent that it could be challenged in court; that it disregards many local factors that make the practices of other NHS areas unsuitable for this county; and that it has been produced by temporary visitors to the county.

**Penrith & Eden Community Hospital Leagues of Friends** – A submission was received from the Penrith & Eden Community Hospital Leagues of Friends. The submission gives views on the proposals and proposes alternatives. The views on the proposals includes an acceptance in principle of the number of inpatient beds but that the removal of any beds should be linked to the effective operation of a local integrated care communities. Alternatives and additional services that should be part of the thinking around Penrith include: extension of the role of the intravenous teams role to administer Dialysis and possibly Chemotherapy; re-establishment of 24 hour Blood Pressure monitoring; pre-op assessments to be carried out; increasing the volume

of Elderly Care Clinics; greater use of the Eye Clinic and its assets; increased provision of respiratory clinics; establish a bone density clinic; equip Penrith for minor ops similar to Keswick; establish an audiology clinic; extend CDU to 7 days a week; and the use of Lonsdale Unit for community services. There is a recognition of cost implications and a commitment to fundraising support.

**Seascale and Bootle Patient Group** – A submission was received from Seascale and Bootle Patient Group. The submission includes examples from patients registered with Seascale Health Centre of how patients feel they will be affected by the proposal and views on the proposals. Views on the proposals include: that the large majority of their patients already live more than 20 miles from West Cumberland Hospital and at busy times a usual 30-40 minute journey can take over an hour and that extra travel to Carlisle will have a significant impact; concerns regarding the safety of additional travel to Carlisle; concern extra journeys will cause accidents on the roads; and request to offset the changes by providing investment in local primary care services to prevent strokes, educate patients and equip practice staff with training and technology to detect and improve the ongoing management of patients at risk of heart attack, stroke or respiratory conditions.

**The Fellview Healthcare Patient Panel Group** – A submission was received from The Fellview Healthcare Patient Panel Group. The submission gives views on the proposals, the consultation process and proposes alternatives. An additional submission received includes additional data and other sources of information on how to improve transport systems for West, North and East Cumbria. The views on the proposals include: support for Maternity Option 1 and support for Children's Option 1 (although the latter is contradicted in the additional submission, on the basis that the proposed dedicated ambulance service will make the ambulance service worse); opposition to Community Hospital Inpatients Option 4, and unable to support Community Hospitals Inpatients Options 1-3 until the necessary Integrated Care Communities are in place; support for Emergency and Acute Option 1; support for Hyper-Acute Stroke Option 1; and general support for the proposals outlined on page 41 of the consultation document about emergency surgery, trauma and orthopaedic services. Views also include: specific concerns relating to the adequacy of Emergency Transport Services – the basis of that concern is set out in detail in an analysis of the current and likely scenario; rejection of the preferred option for maternity and children services due to concerns about transport in the additional submission; and that the group are encouraged by some of the proposals but need further assurances on others. Views on the consultation include: doubts as to whether the public response will carry any material influence; a challenge for the Success Regime to demonstrate it has really engaged by ensuring its final proposals reflect public opinion; a request for further information on quoted savings to provide reassurance, and question marks over the demographic assumptions that are used to make the case. The proposed alternatives include a new Health Budget that is based on the twin factors of rurality and equitability. This outlines an additional amount of



funding to equalise the healthcare outcomes between rural areas (such as Cumbria) and urban areas. There is a request to revisit elements of the proposals to provide more innovative solutions such as, for example, supervised Physician Associates and Clinical Practitioners.

**West Cumbrians' Voice for Healthcare** – A range of submissions were received from the West Cumbrians' Voice for Healthcare including: a letter citing a lack of, and including an example of, travel time and distance impact analysis; a research report; a handout; an extended response to the consultation questionnaire; notes of a meeting; and a collection of pre-consultation correspondence. These include views on the proposals, views on the consultation and alternative proposals. The views on the proposals include: a rejection of all of the options and proposals in the service areas; a belief that safe care can only be delivered by a consultant-led maternity service in Whitehaven; that Children's Services should be retained in Whitehaven due to hardships removal would visit on families of sick children; that the removal of emergency and acute care capability will impact on treatment timescales and costs; and that centralisation of emergency surgery, trauma, and orthopaedics may have a negative impact on patients with long term conditions such as diabetes due to cancellations. Views on the consultation include: disappointment in the deficiencies of the consultation Travel Impact Analysis; that both the level of detail and the format of communications are inappropriate and are contrary to both the consultation principles and guidance from the NHS; and concern over the timescales of the consultation particularly given the perceived dominance of the maternity question and its potential to detract from other significant changes; and that the NHS and other health systems need to consider they deal with populations with different needs to the majority of their members, such as Cumbria's isolated communities. The alternatives put forward include: leaving consultant-led maternity at Whitehaven whilst considering wider local developments, amend Option One for Children's Services maintaining inpatient beds in both Whitehaven and Carlisle; adopt a model for community services inpatient beds put forward by Dr Barrie Walker; adopt 'drip and ship' system for Hyper-Acute Stroke patients; that West Cumberland Hospital should deliver 24 hour emergency care with all but major injuries supported locally with consultant led care from 8am-8pm; and how to overcome problems left by a consultant-led service at Whitehaven with regard to issues including recruitment.

**Wigton Hospital League of Friends** – A submission was received from Wigton Hospital League of Friends. The proposal includes two parts: a report titled "Sustaining Health and Care Services in Solway" and individual comments from different members of the public. The report includes views on the proposals and alternative proposals. Views on the proposals include opposition to the removal of the 19 inpatient beds in the community hospital. Alternative proposals are for a fully integrated exemplar of health and care provision in a rural setting based around the triple aim of better care, better health and long term sustainability. There are three components of this proposal: a new model of place based integrated health and care provision, a high level business case, and options for the delivery platform. Individual comments include a number of

arguments for retaining beds at Wigton Hospital, including: the need for local beds in the area, that closure will lead to more bed blocking at Carlisle, that transport links are very poor which provides difficulties for relatives to visit, and that Wigton Hospital is an important half way house for people returning home after a stint in the city hospital.

## **4.7 Community and other Local Groups**

**Age UK West Cumbria** – A submission was received from AGE UK West Cumbria. The submission states that Age UK West Cumbria contributed to and fully supports the Third Sector Network response to the Future of Healthcare in West, North and East Cumbria and contributed to West Cumbria Voice and Copeland and Allerdale Councils responses. This submission includes views on the proposals, views on the evidence for the proposals and views on the consultation. The comments include: that there is no mention of pensions and the attendance allowance; disappointment that a more joined up approach to acute health financial issues is not being progressed with much vigour; that housing is not more actively involved as this is a key reason why older people in west Cumbria become ill and are unable to return home or have appropriate adaptations; an assumption that there should be more provision of day surgery but this may not be realistic or appropriate for many older people; that the preferred option for community hospitals would leave a large rural area on the Solway Plain particularly vulnerable with the proposed closure of beds at the Wigton and Maryport community hospitals; and disappointment at the absence of representatives from Social Care at consultation meetings; and that the Partnership Trust breaking even is achieved through poor delivery around mental health and long term dementia.

**Alston Community Partnership** – A submission was received from the Alston Community Partnership. The authors of the submission are from Alston GP Surgery, Alston League of Friends, Alston Parish Council, Eden District Council and CPFT. The submission rejects the proposals and sets out an alternative model. This model has three components, firstly a new place based model of health and care provision for Alston. This includes one fully integrated health and care team – this integration builds in greater flexibility in dealing with issues across the spectrum of need. An integrated bed base to support it – this bed base will be located in one place acting as an enabler for one team with a common purpose, within this option there are a mixture of bed types as well as a base for other services (a hub). A radical increase in the use of digital technology including the adoption of tele-healthcare including testing and acute care administered by GPs with a support team to avoid admissions. The proposal recognises that merging services would address some of the running costs and offset any capital costs needed to realise the model. The second component is a business case discussing how budgets can be pooled to create a more sustainable workforce across sectors. The third component is the exploration of delivery options to include local communities, this may be facilitated by a new vehicle – e.g. a community interest company.

**Churches Together on Alston moor** – A submission was received from Churches Together on Alston Moor. The submission from clergy responsible for Alton Moor gives views on the proposals regarding beds at Alston Hospital and suggests alternatives. Views on the proposal include: that the proposal does not take account of the particular geographic circumstances of the area nor the nature of the hospital itself; is flawed in a number of respects; does not take proper account of the particular geographical circumstances of the area, nor the hospital itself; that the plans are likely to be seriously detrimental to the wellbeing of the people in their care and will not achieve their intended objectives. Alternatives proposed include expanding provision and using it more imaginatively. An appendix was received of a letter from the Cumbria Constabulary regarding travel times.

**Copeland Citizens Advice** – A submission was received from Copeland Citizens Advice. The submission includes views on the community aspects of the proposals and views on the consultation. Views on the community aspect of the proposals include: a request that where possible consultant-led specialist services should be retained at West Cumberland Hospital; that sufficient recognition is given to ease difficulties which arise when Copeland patients and families are required to travel to Carlisle; that mitigation of additional burdens are mitigated through enhancing the Patient Transport Service, provision of a shuttle bus, and subsidy of the cost of transport for patients and visitors; and concerns regarding the physical capacity of the Cumberland Infirmary Carlisle to cope with an increase number of patients and staffing levels at Carlisle. Views on the consultation include that there has been only intermittent and irregular notice of meetings and events, that there is an understanding that there would be an opportunity for further submissions regarding mitigation measures at a later stage, and that full risk assessments of the proposals will be made to the public.

**Copeland Conservatives** – A submission was received from the Copeland Conservatives. This submission raises a number of concerns with the Success Regime consultation and makes comments on the proposals. Maternity Option 1 is supported with fears expressed regarding safety for Option 2; support is set out for paediatric care at West Cumberland Hospital with the view that Option 1 for children's services may not be enough and Options 2 and 3 certainly are not; Community Hospitals Option 1 is supported, Emergency and Acute Care Option 2 is supported; Hyper-Acute Stroke Option 2 is supported; and the proposal to bring emergency surgery, trauma and orthopaedic services to West Cumberland Hospital is welcomed.

**Cumbria Rural Forum** - A submission was received from Cumbria Rural Forum. The submission includes general comments and views on the proposals. Views on the proposals include: that reduction in maternity services seems to lead inevitably to a reduction in the acute services available at the site; that there is a likelihood of poorer outcomes for babies and mothers from transferral due to complication in the proposals; children's services will risk children health due to transport delays and have longer term implications and costs for health services; that the

Integrated Care Communities should be up and running before changes made to Community Hospital beds; that the Emergency and Acute Care option is an example of an urban model not translating well in a rural situation; that the proposed option for strokes is welcomed on the whole; that proposals for Emergency Surgery and Trauma services will lead to poorer outcomes due to travel from and transfer; and that a Trauma Centre is needed on the west coast.

**Cumbria Third Sector Network** – A submission was received from Cumbria Third Sector Network that comprises 17 specialist networks. It states that the submission is based on information gathered during network events and other engagement with the Success Regime process. The submission includes views on the proposals and the consultation. Views on the proposals include: that many of the options proposed would have the greatest impact on those already disadvantaged; that proposals to provide care “closer to home” are reliant on a social care system under significant strain; concerns with all Maternity options but preference for Option 1; concerns for all children’s services options but preference for Option 1; all community hospital inpatient beds proposals are not acceptable; support for Emergency and Acute Care Option 1; acceptance of clinical advantages of specialised hyper-acute stroke model; concerns with Hyper-Acute Stroke Option 2 will disadvantage patients who live south of West Cumberland Hospital; and support for the proposal to allow additional surgery and trauma to take place at West Cumberland with only more complex surgery being consolidated at Carlisle. Views on the consultation include that the Success Regime staff and local health system leaders although committed to finding solutions that work for the people of Cumbria, are too constrained by national regulations and structures to have the freedom to do this effectively and that these restraints are partly financial but also ideological and regulator.

**Cumbria Youth Alliance** – A submission was received from the Cumbria Youth Alliance. The submission gives priorities for young people’s health based on a qualitative and quantitative exercise to establish young people’s current health care experience and future health care vision. Using ‘Sam’s House’ methodology the research and engagement exercise established ‘Fair access to safe, sustainable, and high quality services and support to achieve a health future. Joined up services that are close to home and delivered in partnership with children, their families and other agencies’ as the goal. Supporting that goal are a number of pillars based on what children and families have said they want (for example ‘Waiting areas, treatment rooms and wards that are child and family friendly and where we feel comfortable’. These are in turn supported by a set of foundations that need to be in place such as ‘Universal services for all children and families’. The exercise is supported by primary evidence from surveys and focus groups.

### **Cumbrian Societies for the Blind**

A submission was received from Cumbria Societies for the Blind, a consortium of local sight loss charities representing people with sight loss and visual impairment across Cumbria. The

submission states a number of concerns relating to transport in the proposals. These include: that proposals refer to average travel times between sites but do not state the transport method used and the majority of people with sight loss and other disabilities will use public transport or voluntary transport which has longer travel times; and the proposals does not indicate or reference any improvement or expansion to be made to the Patient Transport Service or commissioning of additional provision.

**Maryport 'Alliance'** – A submission has been received from the Maryport 'Alliance' made up of local community groups and local practices. The submission provides detailed alternatives to the proposals. The submission specifically addresses the Community Hospital proposals and reflects an exercise facilitated by the Success Regime. There is a rejection of the existing proposals in the consultation document as they relate to Maryport Hospital, two alternative options have been developed and put forward with detailed supporting evidence. The first alternative is Option 1 (Maryport Alliance) proposes a smaller 8 bed unit running 24/7 focussing on short stay rehabilitation and re-ablement. The second alternative is Option 2 that proposes a 7 days a week Hospital with no overnight stays.

**Penrith and Border Young Labour** – A submission was received from Penrith and Border Young Labour. The submission includes views on the proposals. Views on the proposals include: deep concerns and anger with the proposals; concern about hospital beds being lost; concern about the impact on the most vulnerable, the elderly and the local community; concern for West Cumbria not having consultant-led maternity care; and the view that the current financial situation is due to Private Finance Initiative contracts in Carlisle.

**Solway Community Partnership** – A submission was received from the Solway Community Partnership. The submission includes rejection of the proposals put forward and a detailed alternative proposal. The alternative put forward is built on three propositions: Better Health, Sustainable in the long term, and Better Care. The first includes: a bed base in Wigton to act as a hub for community health and social care services to allow clinicians to escalate and deescalate within the community; a different set of assets including the potential for a new facility on the existing site; 16 step up/step down beds, 40 residential care beds plus a base hub for a number of additional services; a maximisation of the use of digital health care tools; greater flexibility in working practice; and digital technology embedded to create the scope to use digital tools to create efficiency in provision. The second component is a business case identifying how budgets may be pooled to create a more sustainable workforce across sectors and address infrastructure needs. The third component is the delivery of the model which sets out five potential options for the delivery vehicle including a new vehicle including a community interest company.

**West Cumbria Liberal Democrats** – A submission was received from the West Cumbria Liberal Democrats. The submission includes views on the proposals, including: that all maternity

options are not acceptable; that all children services options are not acceptable; that all inpatient beds in community hospitals options are not acceptable; that all emergency and acute care options are not acceptable; that hyper-acute stroke services options are not acceptable; that it is essential that emergency surgery is provided at West Cumberland Hospital due to the distances involved; that the absence of statements that acknowledge reality creates a narrative that appears disingenuous and does not encourage constructive discussion; and that the consultation is fatally flawed, misses context such as risk assessment of the expected impact of changes, the financial aspects and the relation to other services.

## **4.8 Local Authorities**

**Allerdale Borough Council** – A submission was received from Allerdale Borough Council. The submission includes the council's priorities, views on the consultation and views on the proposals. The council's priorities include improving health and wellbeing, tackling inequality and strengthening our economy. Views on the proposals include concern for the long term effect the changes will have on communities due to demographic trends and levels of deprivation; concerns about journey times and public travel difficulties for those from West Cumbria who are transferred to the Cumberland Infirmary; concerns the proposed savings are a transfer of actual costs to social care providers; concerns that the removal of services due to recruitment issues will create a vicious cycle in terms of reliance on locums and lack of consistency of a quality service; and that the proposals threaten the well-being of the communities represented, will damage the social, economic and environmental sustainability of West Cumbria and are in direct conflict with and undermine the policy and strategy of the Council.

**Allhallows Parish Council** – A submission was received from Allhallows Parish Council. The submission includes four points regarding the proposals and consultation: opposition to the removal of any beds from Wigton (or Maryport) Cottage Hospital as this will add to the hardship that people suffer in visiting loved ones and friends in hospital as they must travel further; opposition to the removal of the Consultant Maternity facility at West Cumberland Hospital as this will increase the distance expectant women must travel; opposition to the removal of the Consultant Maternity facility at West Cumberland Hospital as this will increase the distance expectant women must travel; that in the proposals there appears to be little or no consideration for the geography of the area and the distances which people will be expected to travel and that public transport is very poor; and that during a presentation it was obvious that the proposals had not been costed or fully researched before they were put forward for consideration by the public.

**Alston Moor Parish Council** – Two submissions were received from Alston Moor Parish Council. One submission gives views on the proposals and endorses objections made by Penrith

Town Council. An additional submission shares the results of a ballot. Views on the proposals include: that action should be taken now to halt the process to stem the fears people have about the risk to health and wellbeing should services be lost; objection to the omission to include an option to retain the in-patient beds in Alston Cottage Hospital; that the consultation process is flawed; that community hospitals were set up to ease the pressure on the city hospitals; that there is no mention in the document of improving the ambulance service to take into account the additional journeys required and the stresses on family and friends of having to travel long distances to visit their loved ones; and that rural depopulation is an issue and facilities such as the hospital help give pride to the community. The second submission includes the results of a ballot conducted on the 15<sup>th</sup> December 2016 on proposals regarding in-patient beds. Overall 1998 people, 859 on the Alston Moor registers and 139 others voted. The result was 100% in favour of keeping in-patient beds (996+2 spoilt papers).

**Aspatria Town Council** – A submission was received from Aspatria Town Council. The submission gives views on the proposals. Views on the proposals include strong opposition to the removal of beds at Wigton and Maryport, and that Cockermouth Hospital will be the only alternative and is not served currently by a bus route from Aspatria.

**Beckermeth with Thornhill Parish Council** – A submission was received from Beckermeth with Thornhill Parish Council. The submission was a joint response to the consultation questionnaire. The question response includes: selection of Maternity Option 1; selection of Community Hospitals Inpatients Option 1 as the first ranked option; selection of Emergency and Acute Option 1; selection of Hyper-Acute Stroke Option 1 as the first ranked option with Option 2 ranked second with the comment that consolidation of Stroke Aftercare at one of the two sites would be acceptable; and views that if there is need for consolidation of the trauma service at one hospital there are benefits of this been in Whitehaven rather than Carlisle.

**Bewcastle Parish Council** – A submission was received from Bewcastle. The submission includes views on the proposals, including: concern about the closure of beds at Brampton Cottage Hospital; that when considering 'Care in the Community' the remoteness of the area means that time allocated to the visits of Nurses and Carers must include this factor; that it can take up to two hours for an ambulance to reach the parish and drivers can become lost in our small lanes; and that the Parish Council is very impressed with reablement work that the Carers are doing with patients in the community.

**Blennerhasset and Torpenhow Parish Council** – A submission was received from Blennerhasset and Torpenhow Parish Council. The submission gives views on the proposals. These include: opposition to the options put forward for community hospitals; that there is a need at Wigton Hospital for the beds to remain for pre-convalescence and respite care; that the closure of beds at Wigton Hospital will lead to bed blocking at Cumberland Infirmary; that with no hospital in Wigton the nearest option is Cockermouth, Brampton or Penrith and patients

would be away from their families; and that Wigton Hospital is a vital facility for the community.

**Copeland Borough Council** – A submission with an addendum was received from Copeland Borough Council. The submission gives views on the proposals, comments on the consultation and proposes alternatives. Views on the proposals include: that none of the options are accepted on maternity; rejection of all options on children's services; rejection of all options on community hospital inpatient beds; that Option 1 is favoured on emergency and acute care with retention of A&E at West Cumberland Hospital; that on hyper-acute stroke services no view is given as it is felt the decision has been made on this; that the proposal for additional emergency surgery and trauma to take place in West Cumberland Hospital is supported in relation to Emergency Surgery, Trauma and Orthopaedic Services; and that the need to change the Strategy and Vision is accepted. Alternatives are suggested for some of those positions, for maternity this amounts to an altered Option One where West Cumberland Hospital retains consultant-led maternity and a Special Care Baby Unit as would Cumberland Infirmary Carlisle; on children's services this would be a version of Option 1 with West Cumberland Hospital retaining 24 hour inpatient arrangements and overnight beds for children with less acute and more acute illnesses with specialist's base in Carlisle and out with Cumbria; and on Community Inpatient Beds there is an expectation that no beds will be lost. The addendum provides specific points relating to the provision of Stroke services following further correspondence with the Success Regime. Those points highlight the evidence found that West Cumberland Hospital is currently performing better than Cumberland Infirmary Carlisle, that travel will be required for all West Cumbria stroke patients except those receiving rehabilitation, that there are concerns over ambulance availability, that statistically the area will have a greater need for stroke services and that given the level of stroke incidence in West Cumberland the Stroke centre should be moved to West Cumberland Hospital.

**Cumbria County Council** – A submission was received from Cumbria County Council. The submission includes a views on the consultation across each of the proposals across service areas and makes some points regarding the financial assumptions used for the options. Views on the proposals include: support for the concept of Integrated Care Communities working within an Accountable Care Organisation; that the proposal to make savings by the removal of inpatient community hospital beds at Alston, Maryport and Wigton, without costed alternative arrangements being put in place and at the same time reducing the number of beds across the two hospital sites is not acceptable; support for the continuation of a consultant led maternity unit at both Cumberland Infirmary in Carlisle and at West Cumberland Hospital; that none of the options regarding paediatric provision at West Cumberland Hospital are acceptable; that there should not be a diminution of services currently provided at West Cumberland Hospital; that a key part of the solution for both the NHS and the County Council will be increasing



integration of health and social care; and that there is a need for a fairer national funding formula.

**Dundraw Parish Council** – A submission was received from Dundraw Parish Council. The submission includes views on the proposals. Views on the proposals include: concern about the future provision of inpatient beds at Wigton Hospital; that the trend towards concentration of acute high level medical and surgical services will continue given the expertise and investment needed to deliver them; that efficient use of acute beds in a scattered community such as Cumbria can only happen if acute services are supported by pre-convalescent and respite care beds in Community Hospitals; and that Wigton hospital provides a service for the whole of the Solway area and the number of beds makes it an efficient nursing unit.

**Eden District Council's Housing and Community Scrutiny Committee** – A submission was received from Eden District Council's Housing and Community Scrutiny Committee. The submission includes comments on the consultation and on the proposals. Comments on the consultation include that with greater public engagement and publicity the Success Regime could inspire increased involvement from the public in discussions about the future of NHS services. Comments on the proposals include: general support for the move toward care in the community but concern about the process and costs of this, particularly in the transitional period; concerns that proposals regarding inpatient beds at Alston Community Hospital and Penrith Community Hospital will lead to further isolation of individuals and rural communities; a proposal to postpone removal of beds, if this is decided, until the Integrated Care Community is established and shown to be effective; that it is surprising that the consultation document does not contain options to achieve the aims interdependency between mental and physical health services; and support for the work of the Success Regime to deliver more cost effective services to the West, North and East of Cumbria but concerns that the options cannot be adequately funded and delivered.

**Egremont Town Council** – A submission was received from the Council Chairperson of Egremont Town Council. The submission was prepared following discussions with residents. The submission gives views on the proposals. Views on the proposals include: the view that overall their residents will experience disadvantage and marginalisation from lack of equal access to services; opposition to all Maternity options and preference for a consultant-led maternity unit at both Cumberland Infirmary Carlisle and West Cumberland Hospital, alongside a mid-wife led maternity unit at both sites, the continued option of giving birth at the Penrith Birthing unit or at home, and a special care baby unit at both hospitals; opposition to all Children's Services options and preference for a 24 hour paediatric unit at West Cumberland Hospital along with overnight beds; opposition to preferred options for Community Hospital Inpatient Beds and support for no reduction in beds; support for Emergency and Acute Care Option 1; and support

for additional emergency surgery and trauma care to take place at West Cumberland Hospital and for the hospital to be used for more than minor and care services.

**Hayton and Mealo Parish Council** – A submission was received from Hayton and Mealo parish Council. The submission includes two points regarding the proposals: opposition to the removal of any beds from either Wigton or Maryport Hospital as there are no direct public transport links to Cockermouth Hospital and it would be very difficult for relatives and friends to visit; and opposition to the re-location of consultant-led maternity facilities to Cumberland Infirmary as this would increase the travelling time on the already busy roads and could result in the loss of life.

**Kirkby Stephen Town Council** – A submission was received from Kirkby Stephen Town Council. The submission gives views on the proposals. Views on the proposals include: that it is difficult to argue with the proposals or the reasoning for the preferred options; awareness of the pressures faced by the NHS in recruiting staff and managing resources; and concern about the impact to social care if the proposals to transform out-of-hospital care go ahead.

**Lamplugh Parish Council** – A submission was received from Lamplugh Parish Council. This included views on the proposals. Views on the proposals include: concern over the potential reduction of services at West Cumberland Hospital and the potential loss of beds at the Cockermouth Hospital; concerns regarding the travel times and security of access in terms of bad weather from Lamplugh Parish to the Cumberland Infirmary Carlisle; that services at West Cumberland Hospital and Cockermouth Hospital are particularly valued by older parishioners both in terms of accessing appointments themselves and in terms of visiting loved ones; and that whilst Councillors do take note of the challenges of recruiting medical staff and the financial challenges to NHS Services in West Cumbria, current proposals appear to significantly disadvantage those living in more remote areas with dispersed populations such as in Lamplugh.

**Langwathby Parish Council** – A submission was received from Langwathby Parish Council. The submission includes views on the proposals. Views on the proposals include: concern over the possible loss of bed space at Alston Hospital; that it is essential for there to be a small number of NHS and social care bed spaces available so that those in need, including the terminally ill, are not having to be transported in difficult road conditions, to available bed spaces elsewhere; that it is important that family and friends can visit easily; and that the suggestion of an Integrated Healthcare facility on the site of the Alston Hospital in which the NHS requirement and those of Social Care are combined, are to be applauded and given serious consideration.

**Penrith Town Council** – A submission was received from Penrith Town Council. The submission gives views on the proposals. The views on the proposals include a complete rejection of the proposals to close inpatient beds in Cumbria, this is supported by a number of arguments including: the current demographic trends, the difficulties in establishing Integrated Care

Communities, the subsequent establishment of vulnerable rural communities, and that it represents a minimal financial saving. There is serious concern expressed about the basis of the business case and the bed occupancy predictions that are contained within it.

**Seaton Parish Council** – A submission was received from Seaton Parish Council. The submission gives views on the proposals. The view on the proposals state that none of the options put forward serve the interests of the people of Seaton.

**St Bees Parish Council** – A submission was received from St Bees Parish Council. The submission states that the Parish Council wishes it to be noted that it supports in principle the concerns raised by Copeland Borough Council about the loss of services in West Cumbria.

**Stanwix Rural Parish Council** – A submission was received from Stanwix Rural Parish Council. The submission includes views on the proposals and views on the consultation. Views on the proposals include: that there would be great difficulty in persuading the general public of the credibility of the proposals overall without proposals for primary, sub primary, social care and full consideration of transport; that the actual extent of problems of the dispersed population accentuated by the poor transport facilities in large parts of the area have not been credibly addressed; and that the Stanwix Rural Parish Council population is well served by the proposals for acute care, with the caveat that under adverse weather or travel conditions the Brampton College Hospital should be kept equipped and exercised to provide cover to the East. Views on the consultation include that completion of the option section is of little value due to the flawed nature of the study overall.

**Waberthwaite and Corney Parish Council** – A submission was received from Waberthwaite and Corney Parish Council stating support for the submission provided by Copeland Borough Council.

**Waverton Parish Council** – A submission was received from Waverton Parish Council. The submission gives views on the proposals and the consultation. Views on proposals highlight the disappointment that there is closure of beds at Wigton hospital built into all of the options. In referring to the consultation, the Council are keen to understand why no option to keep beds open locally has been included.

**Wigton Town Council** – A submission was received from Wigton Town Councillors. The submission expresses support for the Community Care Alliance Group's submission for the Solway area and states that the services provided by Wigton Hospital are critical to the community healthcare provision for the Wigton area.

## **4.9 Other experts and organisations**

**Cumbria Health on Call** – A submission was received from Cumbria Health on Call. The submission includes views on the proposals. Views on the proposals includes: support for Maternity Option 1; opposition to reduction of acute children's services as proposed; support for any plans that maintain beds both in the acute hospital and in the community; opposition to no community beds at Alston, Maryport and Wigton; support for Emergency and acute care option 1; support for hyper-acute stroke Option 2; support for any plan to increase surgical expertise for better outcomes; and concern around the transfer of risk to the population and to Cumbria Health on Call.

**Cumbrian Newspapers Limited** – A letter was received from Cumbrian Newspapers Limited on behalf of a group of newspapers that cover West, North and East Cumbria, including the News and Star, Whitehaven News, Times and Star and The Cumberland News. The submission includes views on the proposals, views on the consultation and references the petition in opposition to the proposals signed by 9,532 people. Views include: that the proposals for maternity services, paediatrics and other care have not been demonstrated to have been safe; that there is not sufficient evidence that Cumberland Infirmary can cope with the planned influx of urgent transfers from the west; that the proposals regarding community hospitals do not take into account factors such as geography, isolation, poor transport links and deprivation and will have a detrimental impact on many communities; that there is a need for innovative discussions to respond to staffing; that Government should be lobbied for a fairer funding package; that the lack of detail in the options makes it virtually impossible for those taking part to make a clear choice; that the Success Regime did not appear to take into account feedback from the pre-consultation engagement phase in proposing the Healthcare for the Future options; and that no decisions should be made until the issues raised have been addressed.

**Health Education England North East** – A submission was received on behalf of Health Education England North East. This welcomes the aspiration for a centre of excellence for integrated health and social care provision in rural remote and dispersed communities. There is recognition that recruitment is a challenge and that the system as proposed acknowledges that patient flow is a significant factor in future sustainability. It states that it is clear that it will not be possible to provide a full team of junior doctors for middle grade cover at all sites that deliver services within the region and that although training needs to occur where service is delivered, all service delivery does not require junior doctors in training to deliver it. It offers help in developing a model to support workforce transformation. It states that for plans to work there needs to be involvement by clinicians working in both primary care with the CCG's as well as secondary care, and expresses concern for the level of engagement.

**Independent and external review, Children Services at the West Cumberland Hospital and Cumberland Infirmary Carlisle**

A submission was received from an independent and external reviewer of Children's Services at West Cumberland Hospital and Cumberland Infirmary Carlisle. The submission includes comments on how the proposals relate to recommendations in the document "Report on the Proposals for Reconfiguration of Children Services North Cumbria University Hospital NHS Trust" and gives views on the Children's Services proposals. It states that the model of the "low acuity paediatric unit" in the proposals does accurately portray the difficulties in maintain paediatric inpatient services in smaller units and that the three options outlined are the most appropriate models of care if it is not possible to maintain a 24 hour inpatient service. Views on the proposals include: that Children's services Option 1 would allow West Cumberland Hospital the most comprehensive service for the local population but would depend upon the ability to maintain/recruit paediatric nurses and doctors with the necessary skills; that Children's Services Option 2 would mean no overnight beds at West Cumberland Hospital but there would be a short stay in paediatric assessment unit; and that Children's Services Option 3 could be regarded as the model that would be easiest in terms of medical nurse staffing but would involve the most disruption to local families as more children would need to be treated on the Cumberland Infirmary Carlisle.

**Keswick Community Housing Trust** – A submission was received from Keswick Community Housing Trust. The submission includes comments on the proposals. Comments on the proposals include: support for Community Hospitals Option 1 and that key workers find it difficult to afford making Keswick their home and are often forced out of the locality. The submission offers a partnership with Cumbria NHS to help support Option1 in providing affordable housing for people working in the health care service in Keswick.

**NuGeneration Ltd** – A submission was received from NuGeneration Ltd. The submission acknowledges the process and points to the role that NuGeneration Ltd have taken in establishing a Health Impact Assessment (HIA) and an HIA Steering Group as part of recognised good practice in delivering major infrastructure projects. There is recognition of the issues set out in the consultation document and their relevance to the Moorside project. They seek via the HIA and working with the HIA Steering Group to ensure any impacts of the Moorside Project are understood and a mechanism for any mitigation which may be required is identified and agreed. They estimate that approximately 6500 people will work on the Moorside Project, with the peak occurring around 2025. The areas of interest to NuGen are maternity, community hospitals and emergency and acute care. NuGeneration Ltd would like to take the opportunities provided by the HIA to discuss issues related as they relate to the Moorside Project.

## 5 Analysis of public meetings

### 5.1 Introduction

Throughout the consultation period, 17 public meetings were held at different locations around West, North and East Cumbria. The dates and details of these events are outlined in Table 32 below. Each meeting was attended by representatives of several of the NHS bodies involved in the consultation. Overall, approximately 1,947 members of the public attended the meetings.

Table 32: Public meetings schedule

Date	Location / Time	Senior NHS representative / SR representative in attendance
12/10/2016	Silloth - Solway Technology Community College, Liddell Street, 6.30pm-8.30pm	Anna Stabler (NCUHT), John Howarth (CPFT), Niall McGreevy (CCG), Colin Patterson (CCG), Stephen Childs (CCG), Mark Newton (NWS)
13/10/2016	Millom - Guide Hall, St George's Road, 1pm-3pm	Rick Shaw (NWS), John Howarth (CPFT), Helen Ray (NCUHT), Joanna Cox (NCUHT)
13/10/2016	Appleby - Public Hall, Appleby Town Council, 7pm-9pm	Stephen Childs (CCG), Rod Harpin (NCUHT), Carol Davies, Michael Smillie (CPFT)
18/10/2016	Carlisle - Ballroom, Crown & Mitre Hotel, 4 English Street, 1pm-3pm	Debbie Freake (NCUHT), Peter Rooney (CCG), Andrew Brittlebank (CPFT), Rick Shaw (NWS)
19/10/2016	Maryport, St Mary's Church, Church Street, 6.30pm-8.30pm	John Howarth (CPFT), Stephen Singleton (CCG), Carol Davies (NWS), Rod Harpin (NCUHT), Christina Cuncarr (NCUHT), Dinesh Moga (NCUHT), John Wayman (NCUHT)
19/10/2016	Whitehaven - United Reformed Church, James Street, 1pm-3pm	Stephen Eames (NCUHT), Rod Harpin (NCUHT), (NCUHT), David Rogers (CCG), Carol Davies (NWS), Andrew Brittlebank (CPFT), Christina Cuncarr (NCUHT), Debbie Freake (NCUHT), Dinesh Moga (NCUHT)
25/10/2016	Penrith Methodist Church, Wordsworth Street, 1pm-3pm	Caroline Rea (CCG), Lynn Marsland (CPFT), Stephen Singleton (CCG), Derek Thompson (NCUHT), Christine Brereton (NCUHT)
25/10/2016	Wigton, The Market Hall, Church Street, 7pm-9pm	Stephen Childs (CCG), Andrew Brittlebank (CPFT), Rod Harpin (NCUHT), Carol Davies (NWS)
26/10/2016	Kirkby Stephen, Masonic Hall, North Road, 1pm-3pm	Debbie Freake (NCUHT), Caroline Rea (CCG), Derek Thompson (NCUHT), Lynn Marsland (CPFT)

Date	Location / Time	Senior NHS representative / SR representative in attendance
26/10/2016	Alston, Samuel King's School, Church Road, 6.30pm-8.30pm	Craig Melrose (CPFT), Stephen Childs (CCG), Rick Shaw (NWS), Helen Ray (NCUHT), Nick Strong (NCUHT)
7/11/2016	Workington, Carnegie Theatre, Finkle Street 6.30pm-8.30pm	Stephen Eames (NCUHT), Anna Stabler (NCUHT), Andrew Brittlebank (CPFT), Stephen Singleton (CCG), Peter Rooney (CCG), Matt House (NWS), Neil McKay (SR)
8/11/2016	Whitehaven, United Reformed Church, James Street, 6.30pm-8.30pm	Stephen Eames (NCUHT), Rod Harpin (NCUHT), Anna Stabler (NCUHT), Stephen Childs (CCG), Claire Molloy (CPFT)
9/11/2016	Cockermouth, Eco Centre, Cockermouth School, Castlegate Drive, 6.30pm-8.30pm	John Howarth (CPFT), Caroline Rea (CCG), Helen Ray (NCUHT), Mark Newton (NWS), Rod Harpin (NCUHT), John Wayman (NCUHT)
21/11/2016	Brampton, William Howard School, Longtown Road, 6:30pm to 8:30pm	Peter Rooney (CCG), Debbie Freake (NCUHT), Mark Newton (NWS), Claire Molloy (CPFT)
28/11/2016	Keswick, Queen Anne's Hall, Keswick School, Vicarage Hill, 7pm-9pm	Matt House (NWS), Niall McGreevy (CCG), Joanna Forster-Adams (CPFT), Stephen Eames (NCUHT), Rod Harpin (NCUHT)
29/11/2016	Carlisle, Ballroom, Crown & Mitre Hotel, 4 English Street, 6.30pm-8.30pm	Stephen Childs (CCG), Helen Ray (NCUHT), Michael Smillie (CPFT), Maurya Cushlow (NCUHT)
30/11/2016	Egremont, The Falcon Club, Croadella Avenue, 6.30pm-8.30pm	John Howarth (CPFT), Anna Stabler (NCUHT), Peter Rooney (CCG)

## 5.2 Meeting format

Each public meeting followed a standard format. Panel members representing various NHS organisations were introduced, and one or more of them delivered a presentation of the consultation, proposals and options in each service area. A copy of the presentation delivered can be found in Appendix C. A Q&A session with attendees, generally structured by service area or area of interest, then followed.

### 5.3 How issues were recorded

Each public meeting was attended by a panel of representatives from different NHS bodies involved in the Success Regime and/or the consultation. The panel heard and responded to questions and concerns directly at the meetings. Attendees were also encouraged to complete the consultation questionnaire or respond in other ways.

Each meeting was audio recorded in full. Recordings have been made available to download on the consultation website, and were supplied to TCC for summary analysis. Analysts have listened to the recordings and noted the topics of discussion and issues raised. A head count was conducted at each meeting to provide an estimated attendance, as detailed in the summaries in this section.

A brief summary of each meeting's main topics of discussion are included in this section. All individual questions from attendees and responses from the panels can be heard in the audio recordings, publicly available on the consultation website and in possession of the decision making organisations.

### 5.4 Summary of issues raised by meeting

The following section includes topics of discussion at the public meetings. Full audio recordings of the meetings were collected by the Success Regime and have been published on their website, available to download.

#### ***Silloth, 12<sup>th</sup> October 2016***

*Panel: Anna Stabler, John Howarth, Niall McGreevy, Colin Patterson, Stephen Childs, Mark Newton.*

The meeting in Silloth was attended by approximately 30 people.

There were a number of questions and issues raised about the challenges around staffing and recruitment and their causes. Additionally, several attendees enquired about ICCs and how they would be run. Finances were scrutinised in terms of the PFI contract and sources of funding for the proposed changes.

#### ***Millom, 13<sup>th</sup> October 2016***

*Panel: Rick Shaw, Joan Howarth, Helen Ray and Joana Cox.*

The meeting in Millom was attended by approximately 27 people.

Much of the discussion centred on maternity services and the impact of the proposed options, including plans for a dedicated ambulance. There were additional points raised about



community hospital inpatient beds and end-of-life care, as well as a question about the evidence presented in the consultation documentation.

**Appleby, 13<sup>th</sup> October 2016**

*Panel: Stephen Childs, Rod Harpin, Carol Davies, Michael Smillie*

The meeting in Appleby was attended by approximately 33 people.

Several questions were asked about the impact of ICCs and how they would work in the area. Concerns were raised about capacity at CUMBERLAND INFIRMARY CARLISLE, and the transport issues in Cumbria and travelling across the county, and the effect of this on maternity options. Concern was also raised regarding the future location of certain maternity services and the need for community hospital beds to meet demand from the population. Mental health services and drug and alcohol were raised as further points for consideration.

**Carlisle, 18<sup>th</sup> October 2016**

*Panel: Debbie Freake, Peter Rooney, Andrew Brittlebank and Rick Shaw. Total number of attendees: around 27.*

The meeting in Carlisle was attended by approximately 27 people.

Discussion focussed on a range of issues, including the issues of staffing and recruitment and the effect of the consultation on this. Several queries were made about funding and spending, in terms of hyper-acute stroke service and ICCs. Issues were raised about leadership and accountability within the local healthcare service, and concerns noted about whether the consultation feedback would influence decision making.

**Maryport, 19<sup>th</sup> October 2016**

*Panel: John Howarth, Stephen Singleton, Carol Davies, Rod Harpin, Christina Cuncarr, Dinesh Moga, and John Wayman.*

The meeting in Maryport was attended by approximately 230 people.

Questions and concerns raised varied in subject matter but there were a number of points made specifically about the impact on Maryport, including opposition to the possible closure of the town's community hospital beds, concerns about future funding, and the plan for a Maryport Alliance to present a proposal to the Success Regime. Concerns were also raised about the safety of maternity proposals and appreciation of the county's challenges in infrastructure and geography.

**Whitehaven, 19<sup>th</sup> October 2016**

*Panel: Stephen Eames, Rod Harpin, David Rogers, Carol Davies, Andrew Brittlebank, Christina Cuncarr, Debbie Freake, Dinesh Moga*

The meeting in Whitehaven was attended by approximately 190 people.

Many issues were raised over the course of the meeting, the majority of which concerned the impact of maternity services and other proposals that would see services being consolidated at CUMBERLAND INFIRMARY CARLISLE rather than West Cumberland Hospital. Many questions and concerns were about the safety implications of transferring women in labour between the two hospitals, as well as enquiries about the ambulance service and the ability to meet demand. Further points were also discussed around the need for paediatric consultants, the risk of centralising hyper-acute stroke services, and the post-trauma care for patients based in the West of the county.

***Penrith, 25<sup>th</sup> October 2016***

*Panel: Stephen Singleton, Derek Thompson, Lynn Marsland, Caroline Rea, Rachel Preston, Carol Davies, Christine Broughton. Around 30 attendees.*

The meeting in Penrith was attended by approximately 50 people.

A variety of subjects were discussed, including issues around ICCs' workability, and communities and patients' involvement in local healthcare. Several points were raised around the demand for services being met, including the need to support district nursing, social services and the concerns about the ambulance service. A point was also raised about the need to retain community hospital inpatient beds as care homes close.

***Wigton, 25<sup>th</sup> October 2016***

*Panel: Stephen Childs, Andrew Brittlebank, Rod Harpin, Carol Davies.*

The meeting in Wigton was attended by approximately 200 people.

Concerns were raised about a number of subjects, with the most frequent topics regarding the impact of the community hospitals inpatient beds options on the local hospital, and the effect on those in the town and nearby areas. Further questions and issues were raised about recruitment and retention of staff, capacity issues at Cumberland Infirmary Carlisle, and the lack of information on, and challenges facing, ICCs.

***Kirkby Stephen, 26<sup>th</sup> October 2016***

*Panel: Debbie Freake, Caroline Rea, Derek Thompson, Lynn Marsland*

The meeting in Kirkby Stephen was attended by approximately 50 people.

Issues discussed included the impact of proposed changes on the ambulance service and outpatient services for Kirkby Stephen residents, the need to consider the East, as well as West and North Cumbria, and the need for social provision and end of-life care. The importance of

maintaining services to attract staff was also raised, as was the difficulty for people in rural areas to be treated closer to home.

***Alston, 26<sup>th</sup> October 2016***

*Panel: Craig Melrose, Stephen Childs, Rick Shaw, Helen Ray, Nick Strong.*

The meeting in Alston was attended by approximately 230 people.

The main issues discussed centred on the proposals for community hospital inpatient beds' impact on the community hospital in Alston, with strong opposition expressed to closures of beds there and concern that that decision has already been made. The hospital was praised for its end of life care, convalescence and other aspects, and there are questions about the justification for closing its beds. It was also seen as relieving demand for Cumberland Infirmary Carlisle, which receives criticism. Scepticism about the chances of success for ICCs, staffing efforts and ambulance services were also noted. There was further discussion of the Alston League of Friends' proposal.

***Workington, 7<sup>th</sup> November 2016***

*Panel: Stephen Eames, Anna Stabler, Andrew Brittlebank, Stephen Singleton, Peter Rooney, Matt house, Neil McKay.*

The meeting in Workington was attended by approximately 75 people.

A number of concerns were raised around the maternity proposals, including the need to treat women who with birth complications quickly, and the distance to Cumberland Infirmary Carlisle. There were further concerns raised about the impact on families of proposed changes to children's services and risks associated with the travel time to Cumberland Infirmary Carlisle for stroke patients. There was also discussion of the staffing and recruitment challenges and concerns about the openness of the consultation and the potential savings achievable.

***Whitehaven, 8<sup>th</sup> November 2016***

*Panel: Stephen Eames, Rod Harpin, Anna Stabler, Stephen Childs, Claire Molloy*

The meeting in Whitehaven was attended by approximately 125 people.

Scepticism about the maternity options, particularly those that propose a single CLU at Carlisle, was expressed throughout. A particular point was raised about the RCOG changing its recommendation away from Option 2 on seeing the state of the county's roads first-hand. Further criticism of the proposals on the grounds of safety and concern about the dedicated ambulance being inadequate or unrealistic was voiced. Further concerns were raised about the risks of a hyper-acute stroke centre of excellence and plans for a smaller ICU at West Cumberland Hospital.

**Cockermouth, 9<sup>th</sup> November 2016**

*Panel: John Howarth, Caroline Rea, Helen Ray, Mark Newton, Rod Harpin, John Wayman*

The meeting in Cockermouth was attended by approximately 120 people.

Questions and concerns were voiced around staffing and recruitment, the financial restraints facing local healthcare, and capacity issues at Cumberland Infirmary Carlisle and the ambulance service. There were more specific concerns expressed about the maternity proposals, community hospital inpatient beds and the role of ICCs in the consultation process.

**Brampton, 21<sup>st</sup> November 2016**

*Panel: Peter Rooney, Debbie Freake, Mark Newton, Claire Molloy*

The meeting in Brampton was attended by approximately 120 people.

ICCs were discussed, with thoughts raised that they were a good idea but hard to implement considering the financial cost and workforce involved. The challenges facing those in more rural and isolated communities were raised, and there was opposition to community hospital inpatient bed closure, with a focus from some on the effect this could have on bed blocking. Some disagreement with points made in the consultation rationale was voiced.

**Keswick, 28<sup>th</sup> November 2016**

*Panel: Matt House, Niall McGreevy, Joanna Forster-Adams, Stephen Eames, Rod Harpin*

The meeting in Keswick was attended by approximately 150 people.

The community hospital in Keswick was praised and the proposal to increase the number of inpatient beds there was welcomed by some attendees. Issues around the practicalities of implementation of ICCs were discussed, as was the importance of social care and providing care in the community or close to home. Questions were asked about staffing and the financial aspects of healthcare and the consultation.

**Carlisle, 29<sup>th</sup> November 2016**

*Panel: Stephen Childs, Helen Ray, Michael Smillie, Maurya Cushlow*

The meeting in Carlisle was attended by approximately 210 people.

There was repeated criticism of the consultation itself, as well as the proposals, including opposition to maternity transfers, closures of community hospital beds and stroke transfers. The proposed changes were described as unsafe by attendees and it was suggested local people and experts were not being listened to, and that the consultation was politicised. The capacity,

organisation and PFI arrangement at Cumberland Infirmary Carlisle were all mentioned negatively.

***Egremont, 30<sup>th</sup> November 2016***

*Panel: John Howarth, Anna Stabler, Peter Rooney*

The meeting in Egremont was attended by approximately 80 people.

Several questions and issues were raised about the maternity proposals, including the dedicated ambulance. Discussion also covered children's services, staffing and the impact on rural or isolated communities. There were also comments raised about the consultation process and finances, including discussion of the PFI arrangement at Cumberland Infirmary Carlisle.

## 6 Analysis of stakeholder meetings

### 6.1 Introduction

23 meetings with stakeholder groups and four deliberative events with stakeholders were held at different locations around West, North and East Cumbria. The dates and details of these events are outlined below.

Table 33: Details of stakeholder meetings

Date	Activity	Location / Time	Senior NHS representative in attendance
05/10/2016	Maryport Health Alliance meeting	Maryport Health Services, Alneburgh House, 6.30pm-8.15pm	John Howarth (CPFT)
6/10/2016	Penrith League of Friends meeting	Penrith Hospital	John Howarth (CPFT), Craig Melrose (CPFT)
12/10/2016	Stakeholder Meeting	Workington - The Oval Centre, Salterbeck, Workington CA14 5HA, 10am-12pm	Debbie Freake (NCUHT), Andrew Brittlebank (CPFT)
13/10/2016	Health Scrutiny Committee	Cumbria County Council	David Rogers (CCG), Rod Harpin (NCUHT), Debbie Freake (NCUHT), Stephen Singleton (CCG), Stephen Eames (NCUHT)
14/10/2016	West Cumbria Community Forum	Cleator Moor Civic Hall, 10am – 12.30pm	Stephen Eames (NCUHT)
17/10/2016	CVS Action for Health meeting	Rheged, Penrith	John Brown (Chair Action for Health), David Rogers (CCG), David Lewis (CPFT), Mike Taylor (CPFT)
17/10/2016	Brampton Hospital meeting	Brampton Hospital	John Howarth (CPFT)
19/10/2016	Maryport Health Alliance Meeting	Maryport Health Alliance	John Howarth (CPFT)
1/11/2016	Cumbria CCG AGM	Stricklandgate House, Kendal, 4pm – 5:45pm	Dr Hugh Reeve (Clinical Chair) Stephen Childs (Chief Executive) Charles Welbourn (Chief Finance Officer)
2/11/2016	Allerdale & Copeland local area committee meeting	Wigton Market Hall, Cumbria, 1pm-2:45pm	Stephen Childs (CCG), Craig Melrose (CPFT)
7/11/2016	Stakeholder Meeting	North Lakes Hotel, Penrith, 12:20pm-2:30pm	Debbie Freake (NCUHT), Joanna Forster-Adams (CPFT), Eleanor Hodgson (CCG)
7/11/2016	Cockermouth League of Friends meeting	Cockermouth Hospital, 2pm-4pm	Claire Molloy (CPFT), Dr John Howarth (CPFT)
7/11/2016	Copeland scrutiny meeting	United Reform Church Hall, Whitehaven 2pm-4pm	Caroline Rea (CCG), Niall McGreevy (CCG)

Date	Activity	Location / Time	Senior NHS representative in attendance
10/11/2016	Eden District Council meeting	Eden District Council, Town Hall, Penrith, 6pm	Stephen Singleton (Success Regime)
23/11/2016	Copeland Disability Forum meeting	Copeland Disability Forum, Cumbria County Council	Christine Harrison (CCG)
24/11/2016	Eden Local Council Meeting	Town Hall, Penrith, 6pm	Stephen Childs (CCG), Rachel Preston (CCG)
25/11/2016	West Cumbria Community Forum	Cleator Moor Civic Hall, 10am-12pm	Stephen Singleton (Success Regime)
29/11/2016	Stakeholder Meeting	Carlisle, Ballroom, Crown & Mitre Hotel, 4 English Street, 10am-12pm	Debbie Freake (NCUHT), Joanna Forster-Adams (CPFT), Christine Brereton, Rachel Preston (CCG)
29/11/2016	Breast Feeding support group meeting	Howgill Children's Centre, Whitehaven	Christine Harrison (CCG)
29/11/2016	Bumps to Babies meeting	Howgill Children's Centre, Whitehaven	Christine Harrison (CCG)
29/11/2016	Antenatal group meeting	Egremont	Christine Harrison (CCG)
30/11/2016	Eden Local Area Committee meeting	Cumbria Fire Service QY, Carleton Avenue, Penrith, 10:30am-11:15am	Debbie Freake (NCUHT)
6/12/2016	Equality Impact Analysis Workshop	Cumbria CCG	Christine Harrison (CCG)
7/12/2016	Stakeholder Meeting	Cleator Moor Civic Hall and Masonic Centre, Cleator Moor, CA25 5AU, 10am-12pm	Stephen Singleton (CCG), Peter Rooney (CCG), Rod Harpin, (NCUHT), Stephen Eames (NCUHT)
15/12/2016	LGBT+ Discussion	Sticky Bits Café, Carlisle 2pm-3.30pm	Christine Harrison (CCG)

A summary of the issues raised at the stakeholder meetings can be found in section 6.2.

Four deliberative events also took place as part of the Healthcare for the Future consultation. These were facilitated by the NHS North of England Commissioning Support team.

Each event ran for a half-day and was publicised to existing networks and contacts in West, North and East Cumbria. Although a limited attendance at each event was seen, this did not prevent in-depth discussion of the complex issues presented in the consultation. The topics specifically addressed at these events were: hyper-acute stroke services, community hospitals, maternity and paediatric services, and a general discussion on consultation topics for the Hard of Hearing and Deaf Communities.

The time, location and topic discussed at each event is shown in Table 34.

Table 34: Schedule of deliberative events

Place	Topic	Time and venue	Number of attendees
Penrith	Hyper-acute Stroke Services	Stoneybeck Inn, Bowscarr, Penrith, CA11 8RP 21st November 2016 9am -12:30pm	Seven
Penrith	Community Hospitals	Stoneybeck Inn, Bowscarr, Penrith, CA11 8RP 21st November 2016 2 pm – 5.30pm	Eighteen
Whitehaven	Maternity and Paediatric Services	Whitehaven Civic Hall, Lowther Street, Whitehaven, Cumbria, CA28 7SH 3rd December 2016 9am – 12 pm	Eleven
Workington	General discussion on consultation topics for the Hard of Hearing and Deaf Communities	Age UK, Solway House, Oxford Street, Workington, CA14 2AL 14th December 2016 2pm – 4:30pm	Seven

The full feedback from each deliberative event is included in Appendix E. A summary of the issues raised at these events can be found in Section 6.3

## 6.2 Summary of issues raised at stakeholder meetings

### *Maryport Health Alliance, Maryport, 5 October 2016*

*There was a total of 20 attendees.*

#### Questions

- If there is no criticism of the state of the hospital in the CQC report, why are there issues being raised now by the Success Regime?
- Is it unfeasible to consider if the hospital was to accommodate more services if this would equal more investment into the infrastructure?
- Had Social Services been invited to the meeting and asked if the limited provision by Social Services to support people in their own home is the biggest issue with regards to effective use of hospital beds?



- What is the process for the implementation of the Success Regime's plans? What is the role of the CCG in this?

### General Concerns

- Success Regime proposals are to close the inpatient beds in Maryport; keeping them open is not an option they have offered.
- Several people commented that it is difficult to communicate with social services and therefore it may be difficult for them to become partners in the discussions, plans and delivery of ICC.

### Service Issues

#### Community Hospital Inpatient Beds (Maryport):

- Hospital could comfortably accommodate 8 beds, but the opportunity to scale up to 16 beds would be challenging. Many challenges to providing safe nursing practice with the current 13 beds as the wards and rooms are not currently big enough for hoists etc. The proximity of toilets and bathrooms to beds is not close enough at the moment either. Their summary was that the hospital as it stands could accommodate 8 beds but would need some remodelling to bring it up to modern standards, particularly toilets and bathing facilities. To accommodate more beds would require significant capital investment.
- It was commented that out of all of the Success Regime's recently stated options for health provision in Cumbria, the cottage hospitals are the only ones without a status quo i.e. all of the options involved the removal of beds. She said that some groups are investigating whether there is a legal challenge to the Success Regime to be made based on whether they are properly able to consult on something if it isn't offered as an option.

### Suggestions

- Will begin the process of developing the arguments as to why inpatient beds should remain open, but we need to do this within the wider discussion of how health and care services are delivered in Maryport for the future.

#### ***Penrith League of Friends, Penrith, 6 October 2016***

*Total of 15 attendees.*

### General Concerns

- Criticism of the consultation document that there is no option to keep all community hospital beds.

- Although understanding of ICCs is improving, feeling that the consultation has come too soon and a better understanding is required.
- The cost of aids/adaptations is increasingly falling to voluntary sector and the speed of delivery is resulting in more additions than necessary.
- Community teams are already over stretched and worried about additional workloads with seemingly few plans to build up resources.
- More care in the community will put additional pressure on carers creating additional pressures.

## Service Issues

### Community Hospital Inpatient Beds (Penrith)

- Issues of removing beds at Penrith Community Hospital are rise in patients requiring acute care, number of patients needing home care, general rise in population and investment not increasing in line with this. Lack of affordable nursing homes in area, lack of transport with greater isolation.
- Potential to provide additional services such as chemotherapy and dialysis.

## Suggestions

- Discussed the need to find a balance between finance, quality and sustainability.
- Concerns that there are insufficient numbers of Allied Health Professionals – a lot of admissions to hospital could be avoided with more therapeutic support, keeping people at home for longer.
- Need to 're-educate' public on what community hospitals are for – there is a perception that they are for long stays. Need to work differently and use the discharge to assess model if going to treat more people in the community. With communities need to be encouraged to get more involved/take more responsibility for their own health.
- Social care needs to be adequate to support care in the community – although there is very little on this in the consultation document.
- Discussed the need for stronger local partnerships and a revamp of the payment system – removing payment by results for acute.

### ***Workington stakeholder update, Workington, 12 October 2016***

*Total number of attendees unknown.*

## Questions

- Will you take people's opinions into account? Will opinions change anything?
- We have had these problems for years and done nothing about them until now. Why haven't we learned from our poor leadership over the years?

- If SR moves all services to Carlisle, will Carlisle hospital be expanded? CIC is already full, what's the plan?
- Is one ambulance enough?
- Can strokes and heart attacks be stabilised before transport up to Carlisle?
- Will there be a children's ward at Whitehaven Hospital?

### General Concerns

- Concerns about lack of public engagement with consultation. Some doctors' surgeries are not aware, how will people have their say if they do not know it's happening?
- Concern around submitted letters not being included in evaluation process.
- Concerned with lack of inclusion of carers within consultation.
- Mental health has been deliberately excluded from this consultation. Mental health can affect physical health and should have been taken into account in this consultation. This is very flawed.

### Service Issues

#### Stroke services

- The impacts caused by isolation and separating families on the rehabilitation of stroke patients.

#### Maternity services

- Taking away choice from pregnant women. May end up with 800-1200 pregnant women traveling to Carlisle for delivery as they will not risk being in midwife led unit if something goes wrong and have to travel over one hour.
- Concerned about emergency caesareans at West Cumberland Hospital. If one is needed it must be done within 30 minutes, and if there is no consultant then transport to Carlisle is 45 – 48 minutes.

### Suggestions

- Lack of understanding around Integrated Care Communities in consultation, feel should have been included in consultation document as need more information. Suggestion to pilot this before you close any beds? Various solutions to making the consultation document more accessible.
- People won't take home whole consultation document – suggestion to only include 4 'necessary' pages.

***West Cumbria Community Forum, Cleator Moor, 14 October 2016***

*Total number of attendees unknown.*

## General Concerns

- Lots of concerns over transport travel and turnaround times of ambulances, however has been acknowledge North West Ambulance Service recruitment programme means that is making progress in getting to where they need to be.
- Issues re availability of data relating to transport and access and how much this has been taken into account in considering the options.
- National programmes and CQC standards are designed for urban areas, often taking a narrow view, which does not suit an area like Cumbria.
- Differences in the perception of risk between the public view and the medical view.
- Concern that people will feel they cannot influence the outcome of the consultation so won't bother taking part.

## Service Issues

### Maternity & Children's Services

- Any proposals must provide sustainable clinical services that meet the standards set out by CQC.
- Children's services and maternity services are aligned, with many issues surrounding assessing risk.
- Impression from presentations that decision has been made, giving a negative view of maternity option 1.
- GPs have been involved in discussions but would be giving individual responses not a joint one.
- Taking away the choice of where to give birth, where the distance to travel is significant.
- Strong feelings about the loss of consultant led maternity at West Cumberland and the recruitment issues. Linked to the urban model not suiting a rural area and the lack of radical solutions that would suit the local area.
- The amount of work and ideas that have gone into trying to improve recruitment and the difficulties highlighted nationally as well as locally.
- A recognition that maternity is seen as the biggest issue as it's been the most difficult to develop the options. Clarification that finance isn't the biggest issue and that Cumberland Infirmary Carlisle could be as vulnerable as West Cumberland.
- Highlighted the developments with UCLAN and the medical school, but acknowledging that it would take time.

### Emergency & Acute Services

- Concern that the only real option was Option 1, which is the preferred option

- Importance of development of Integrated Care Communities with links into Primary Care to improve the management of long term conditions and support to prevent crisis' happening that lead to a hospital admission.
- Concern over all complex services moving to Cumberland Infirmary Carlisle, especially with the area having high prevalence of some conditions.
- Specialist centres link to somethings coming back to West Cumberland and the ability to provide a 7-day service instead of a 5-day service.

***CVS Action for Health meeting, Penrith, 17 October 2016***

*Attended by 30 people representing 24 third sector groups.*

**Questions**

- Why are initiatives such as the 'golden hello' not used to aid recruitment?
- Why are not enough Doctors being trained?
- Is there a need for triage at West?
- Would engagement that took place before consultation be considered or would responses need to be resubmitted?

**General Concerns**

- Recruitment issues in Cumbria are not confined to the health service, initiatives to be used.
- Decisions are being taken from a clinical viewpoint rather than considering social care and the third sector.
- Concern about capacity at Cumberland Infirmary Carlisle, having already experienced lack of access to physiotherapy services.
- Concerns about key information not included in document, with specific comments made by the *Voice Group* that there are issues with the consultation and supporting document, in that the county's geography was not completely taken into account citing rurality but not deprivation.
- A participant with an interest in mental health felt this should have been included within this consultation rather than looked at as an independent service.

**Service Issues**

Maternity services

- Primary concerns from service users in the West particularly relating to travel times.
- Other concerns include limited choice for women including, lack of any consultant provision in the preferred option, the impact of mental health on women and babies during labour with increased diagnosis of a problem.

Community Hospital Inpatient Beds

- Lack of information and expertise to make an informed decision, with a need for geography and demographics to be taken into greater account.
- Other concerns around recruitment and accessibility of local hospitals.

### Stroke Services

- A number of concerns expressed surrounding the Stroke Services proposal, in that the proposal does not fully understand Cumbria's infrastructure. Added pressure on North West Ambulance Service due to having to assess patients risk. Concerns about travel times and that the consultation lacks evidence of this point.

### **Suggestions**

- Improvement to HR processes and development of recruitment hub to support GP recruitment.
- Language being used during consultation process needs to be less clinical and in plain English.
- Don't think the 'drip and ship' model has been fully considered.
- Social services are 'on their knees' with a real funding issue that is impacting on the third sector as less donations are being made. We need to involve them more in the solutions.
- Maternity service suggestions to conduct a risk analysis of each proposal, with provision of an alternative plan for high risk births. Greater input from women and families, with a need to co-design proposals.

### ***Brampton Hospital meeting, Brampton, 17 October 2016***

*A total of 14 attendees.*

### **Questions**

- What happened to all the feedback that was gathered as part of the pre-consultation and how do we know if this is going to be fed into the process?
- Will there be an increase in ambulance service?
- PFI how much does this cost us?

### **General Concerns**

- A number of concerns raised regarding the consultation document: It is not visible enough, there is no option to keep the status quo – in other parts of the consultation this is an option, the financial information is very difficult to find on the website, the way the document is written could lead, it is not clear whether you have to feedback on all of the consultation or just the part you are interested in. There was a feeling that the ideas within the consultation are ideologically driven.

- Concern was raised as to the amount of consideration that has been given to public transportation. The transport that has been considered is either ambulatory or a car. There is concern for the Brampton community as many of the catchment areas have no bus service at all.
- There is also concern that there has been no public acknowledgement of the integration of social care into the plans.

## Service Issues

### Community Hospital Inpatient Beds (Brampton)

- There has been no formal acknowledgement of the BLOF plans of expanding the services at Brampton Hospital.

## Suggestions

- People should still be encouraged to sign any petition as this will enable people to be properly represented. The Chair said that he was keen that the League of Friends should be part of constructive and collaborative talks.
- Various suggestions for recruitment of staff and incentives.
- The BLOF had asked if the “Back to Nursing” courses could be expanded.

### **Maryport Health Alliance, Maryport, 19 October 2016**

*Number of total attendees unknown.*

## Questions

- “Why does Maryport need overnight beds?”
- How does accountability work?

## General Concerns

- Centred around the closure of community beds in Maryport. Maryport Health Alliance to draw up alternative proposals which are financially viable.
- There was concern that the proposals will be ignored.

### **Cumbria County Council Health Scrutiny Committee, 13 October 2016**

*Total number of attendees unknown.*

## Questions

- Can North West Ambulance Service deliver a dedicated ambulance vehicle and if it would be effective given the logistics of travel between Whitehaven and Carlisle?
- If community beds removed from Alston, what is the travel time necessary if Alston residents had to visit other community hospitals?

## General Concerns

- See consultation as creating disadvantages to west Cumbria and challenged proposals as creating further health inequality based on geographic circumstance. Disappointed this seems primarily based on centralisation of services.
- Feel there's a lack of availability of evidence, including the unpublished travel impact assessment already mentioned.
- Expressed the need for West Cumberland Hospital, with problems of access to services for west Cumbria. These services changes were overly dependent on quality assurance, not patient safety.
- Despite the county's rurality, Cumbria remains underfunded.
- Problems accessing the consultation document, including the fact the majority is online and is too complex. Statistics including too general and look at national rather than the unique case.
- The impact ICCs will have on carers, could potentially lead to an increase of stress, cost and travel on Cumbria's carers.

## Service Issues

### Maternity services

- Do not meet with the expectations of West Cumbria in terms of travel times, availability of consultant-led maternity services is affecting women's choice of where to give birth, there was a low-preference among the population for stand-alone midwifery led units, yet this constituted the preferred option of the provider which may leave women feeling pressured. Greater clarity needed.

## Suggestions

- Full partnership with the local authority is necessary for the success of integrated care.

### **Cumbria CCG AGM, Kendal, 1 November 2016**

*About 20 members of the public attended.*

## Questions

- Various questions were raised about when the panel would respond to the issues raised (see below) at the meeting

## General concerns

- The validity of the consultation was challenged – a challenge was submitted in written form to the panel by 15-20 Alston residents, which the panel agreed to look into and respond to following legal advice and guidance.



- The Alston residents felt they had been cut out of the easy read version of the consultation document, and questioned how this could constitute a fair consultation, and whether the document would be removed from circulation

## Service issues

### Community Hospital Inpatient Beds

- 15-20 Alston residents attended and made the case for Ruth Lancaster James Cottage Hospital, citing its isolation and the unique nature of the local community.

### **Allerdale and Copeland Local Area Committee meeting, Wigton, 2 November 2016**

*Attended by 17 county councillors, 7 officers and 1 reporter (28 attendees in total).*

## Questions

- Thoughts were this was going to be a holistic review of the Success Regime. This isn't so, why not reform the Trust, or configure the Trusts differently? Greater vision is limited e.g. building a new hospital has been ruled out because doesn't fit Success Regime timetable. Why has the Success Regime changed?
- Accessibility issues are real concern, roads are not fit for purpose, why isn't the consultation addressing this?
- What is the difference in cost of the Primary Care Trust to the Clinical Care Commissioning Group?
- With increased capacity at Carlisle, is the Success Regime able to deliver on the proposals?
- Why are there difficulties recruiting to West Cumbria? This has been an ongoing problem, with recruitment even coming from abroad with no resolution yet reached.
- How far did the Care Quality Commission report on the proposals for the hospitals, especially Maryport?
- What discussions has the Success Regime had with Moorside and Nugen about the developments near Sellafield and the impact an increased population will have? Similarly within industry, have the annual 26 million tourists and visitors been included in plans?
- Lack of inclusion of South Cumbria – have communities around Haverthwaite, Bootle, Ulverston and Millom been told to go to Barrow? How are you increasing the understanding of people in South Copeland?
- There is a lack of understanding surrounding Integrated Care Communities by the general public. People in South Copeland in particular are confused – are they part of the Success Regime?

## General Concerns

- Should be greater argument for additional funding due to rurality of area.
- "I fear that this is all finance driven – it is not community centred."

- Comments relating to equality and rights, being a part of NHS England feel areas deserves the same health service as everyone across England.
- Issues with proximity of hospitals and separation of families, with patients being left stranded a long way from home.
- Concern there are still no risk assessments which have been carried out.
- Has been stated there is a problem recruiting staff with adequate skill level, has been suggested to upskill the workforce to alleviate these issues, but if services are withdrawn there will be nowhere for them to train.

## **Service Issues**

### Acute & Emergency Care

- Stated organisations have accepted the new ways of working but these have not been accepted by any union.

### Stroke services

- Issues around plans for stroke services and the 15% of stroke patients who are haemorrhagic. Suggestions those travelling from the South of the country should be stabilised at West Cumberland Hospital first.

## **Suggestions**

- Question around whether alternatives have been looked at such as air ambulance.
- A call to lobby Government for additional funds for Cumbria due to deprivation and industry development.
- Make Wigton hospital a hub and keep the beds.
- Clarify the projections of births at Cumberland Infirmary Carlisle and West Cumberland Hospital in the PCBC and the Consultation document.
- Are the best use of resources having nurses driving to patients at home or treating them under one roof in a community hospital?

### ***Penrith stakeholder meeting, Penrith, 7 November 2016***

*Number of attendees unknown.*

## **Questions**

- Could you lay out what is planned for Alston and the pros and cons?
- Where are the resources for adult social care and carer organisations going to come from?
- Can you clarify about the split of CCGs?

## **General Concerns**

- Staffing issues not being solved, building a new maternity facility in Furness, could be used to pay staff increased wage to retain.
- Further concern around recruitment of carers specifically. How many of the current carers are 55 or over and will be retiring in the next ten years? How will hospitals and communities cope? Concern over the amount carers paid in comparison to general workforce.
- When SR first started we were told to write in, we have now been told that these submissions have scrapped - do we have to put forward another written submission to the CCG?
- There is confusion about whether it's SR or CCG.
- It seems like the closure of community inpatient beds will only work alongside successful implementation of ICCs. But I can't see any GPs or carer organisations working with you, saying that this is possible.
- Discrepancies between the figures being quotes for PFI costs by Sir Neil McKay range from £6-20 million.

## **Service Issues**

### Community Hospital Inpatient Beds

- Everyone is holding up Millom as an example, but Millom retained all 8 of its beds in the reorganisation 8 months ago. Nobody has talked about adult social care or funding for it. What's going to change in the future, that's going to get delayed transfers of care down?
- I Keswick have a great GP service that works with the community, would be good to have additional 8 beds. There's an ICC already. Until NHS sorts out Cumbria's problems and gets staff, you will never solve the problems.
- Request the retention of Wigton Hospital, lots of success stories where Newcastle told people they wouldn't be able to live independently and Wigton helped them do that.
- Concerns re-ablement and acute rehabilitation do not work.

## **Suggestions**

- Incentives for staff - The NHS should work with businesses to highlight this to the government. We need more affordable homes to keep young people here.
- The advantages of having more education so that people can deal with issues without going to GP and hospitals.
- There shouldn't be any bed closures until the ICCs are running effectively. People will suffer if not. Partnership working is very difficult to achieve, I think it will take 7 to 10 years before ICCs can be set up and said to be working well. And closing beds would only save 2 million.

***Cockermouth League of Friends meeting, Cockermouth, 7 November 2016***

*Number of attendees unknown.*

**Questions**

- Cumbria Partnership NHS Foundation Trust stated they could not support an option with no beds at Cockermouth. Following this response, it was asked why CHIP Options 3 & 4, which do propose no beds at Cockermouth, were included in the consultation?
- If the hospital increases to 16 beds, what are the plans for this?
- If Maryport beds close, where will patients go?
- Why are social services not involved?
- What does the wider consultation mean for Cockermouth?

**General Concerns**

- Concerns were raised around finances in the system and changes in one area only putting pressure on another.

**Service Issues**

Community Hospital Inpatient Beds (Cockermouth)

- Cockermouth hospital building was designed to provide integrated care which puts it in a good place for the future, is not currently being used to full potential.

**Suggestions**

- Cockermouth League Of Friends wants to offer voluntary support to the hospital and asked where this is most needed.

***Copeland Scrutiny meeting, Whitehaven, 7 November 2016***

*Attended by 4 residents.*

**Questions**

- Discussion around how we are looking at different approaches to recruitment to help to get GPs training in expertise areas. Further discussion about the long processes often involved in recruitment/formal procedures to go through for consultants (lead times, advertising, formal decisions and notice) sometimes this might take up to 6 months plus.
- Is there any way to know why we are losing medics and they are moving areas (is this just one place/reason?)
- Will ICCs put more pressure on GPs to be present in communities – will they ever find the services to make it work. It needs investment in the community and people to do this. GP situation getting worse and people are working to their limit which seems to

contrast with the current locum situation. Will the cost to the tax payer be a lot more? Will families have to do more if they can't get the staff from social services?

- Worries with 'Closer to home' as the systems are going to change – will the hubs change with this?

### General Concerns

- Often Cumbria not recognised for funding because it is masked by larger area of the lakes but we are now one of the few CCGs to support overseas recruitment and NHS England are helping with the funding.
- Discussion around the availability of medicines – this can be due to numerous factors including regulations, factories burning down, cost changes etc.
- Need to be a certain size to make ICCs work-able and going back to the beginning of prevention instead of the 'finger in the dam' approach. In order to get things more co-ordinated through integration.

### Service Issues

#### Maternity services

- Discussion around the maternity issues/options – Would have consultancy in both – but how do you make this safe without the paediatricians, again another national issue which is particularly affecting west Cumbria.

### Suggestions

- Talk around primary and secondary care stages, telephone triage, minor ailment schemes, choose wisely campaigns – basically trying to do more to get all patients on the same page. People are currently coming to 'crisis points' as they can't get through the system in a timely way and struggling to get appointments.
- How much would Physician Associates help, in the case of community hospitals? Need to work differently in general practice (eg. Practices getting together to operate a service).  
Different kinds of professionals working in primary care team: pharmacy, psychologists etc.
- "Feeling that Carlisle can go to Newcastle but West can't go anywhere."

### ***Eden District Council meeting, Penrith, 10 November 2016***

*A total of 10 attendees.*

### Questions

With an over spend of over £70 million at what stage will the government intervene? What savings are the Success Regime projected to make?

### Service Issues

### Maternity services

- In relation to maternity journeys to Cumberland Infirmary Carlisle – inaccurate times quoted for those living further South of Whitehaven – there will be less impact at Cockermouth and Keswick if changes are made there as suggested.

### **Suggestions**

- Concerns from Alston relating to closure of community hospital, alternative plans have been proposed. Have you seen this plan? Is it deliverable?
- It's a very legitimate point of view to say that you don't like the option for urgent care as creates a fragility at Carlisle but we need to look at what strengthens services or makes them more sustainable. To not have a 24-hour A&E doesn't seem to make sense.

### ***Copeland Disability Forum, Copeland, 23 November 2016***

*Attended by members of Cumbria Deaf Association, Cumbria County Council & Copeland Borough Councillor and representatives from Headway & Parkinson's Association. There was a total of 9 attendees.*

### **Questions**

- How will governance arrangements of ICC's work, which agency leads, budgets, etc.?
- What efforts do the acute hospital make to ensure that follow up appointments can be delivered closer to people's homes? Currently most admitted to Wigton or Workington.
- General Concerns
- Additional concerns surrounding accessibility, with Stagecoach due to withdraw services in Copeland from January, resulting in no public transport going through Moresby with reduced services through Egremont.
- NHS in the area is underfunded and under resourced, leading to dishonesty surrounding the consultation that this is not related to financial strains. Further points raised that ICC's must be sufficiently funded in order to meet new demand.
- Part of the A595 is having major works done until next year, with a temporary road currently in place. Additional points raised surrounding accessibility and separating families include questions specifically looking at the access of disabled people visiting their partner or family member. Not all taxis are equipped to transport disabled people for visiting, with this even more so on public transport. This leads to greater disadvantages for being a disabled person in West Cumbria.
- Several concerns discuss the accessibility of disabled people into Cumberland Infirmary Carlisle hospital itself, citing several design flaws which leave disabled people at greater disadvantage of accessing the hospital. This is expanded into concern for disabled children and isolation.

- The success of ICC's will greatly depend on Adult Social Care and the commitment of Cumbria County Council.

## Service Issues

### Maternity services

- Opinions that the preferred option is unsafe, with a need to put aside finances for litigation costs
- Issues surrounding the transfer of women in labour and managing births in the ambulance.

### Stroke services

- Concern over stroke and the 'golden hour' for treatment and delays in being treated. Not just surviving but the level of disability people are left with.

## Suggestions

- Will there be a formal review of what is put in place at the end of the consultation and what will happen if its seen to be not working.

### ***Eden Local Council meeting, Penrith, 24 November 2016***

*There was a total of 15-20 attendees.*

## Questions

- What exactly does care in the community mean & how is specialist care going to work for Eden?
- What if I don't like the options? i.e. don't want Alston to close – Why are we limited to this small range of options?
- Patient numbers at A&E – has health service done enough to educate people on what it's actually for?
- To what extent has the public finance at the infirmary caused issues with the budget already?

## General Concerns

- Greater consideration of how people get to hospital and the distances they travel on buses
- Why was the council not involved in this process? Did they not want to join in – was there no way of integrating?
- If we accept care in community is a good thing, it needs to be set up at same time so that the existing system is running and parallel running – how is this achievable? What if the resource needed is not available?
- Difficulty in understanding all the joint organisations – a very confusing system.

- Business case states it is not about saving money, but about cost and using money wisely. Technology a big part of this; getting phone signal in Cumbria is an issue.

## Service Issues

### Community Hospital Inpatient Beds

- Concerns around the future of Keswick hospital, it alleviates pressure off the acute hospitals.

### ***West Cumbria Community Forum, Cleator Moor, 25 November 2016***

*There was a total of 30 attendees.*

## Questions

- How local is 'place based'?
- Wide range in the size of ICCs, are there any agreed size or sub groupings within ICCs?

## General Concerns

- Concern regarding Moorside over the impact on already stretched health services with the influx of a large number of people.
- Issues regarding finance and governance of different integrated organisations.
- Comment that ICCs are 'nothing new; has been around at various times in the past', that it is not a technical issue, rather legal and accessing records, so why should it be any different this time?
- Concern about the ICC timeline and not waiting for results of 'pilot' before rolling out more.

## Suggestions

- Re-opening Penrith to Workington railway line would take pressure off roads.
- NHS England and Cumbria County Council – looking at how to better co-ordinate and work more effectively together to be more efficient.

### ***Carlisle stakeholder meeting, Carlisle, 29 November 2016***

*Number of attendees unknown.*

## Questions

- Are you offering diverse roles to doctors to keep them satisfied?
- Are we showing enough imagination to deal with these issues?
- What is the cost of ambulance compared to driving?
- Why do we have a shortage of doctors and nurses?
- How much dialogue have we had with the Moorside project?
- Care in the community, how much influence do you have on that?



- How much focus is around prevention because that can reduce the load by 20%. Are we making use of the pharmacy, tackling diabetes and obesity?

### General Concerns

- General feeling that locums are paid too much with whole departments run by them. A cap was imposed, has this shown any difference in Cumbria? Locums are a poor solution due to continuity of service.
- Concerns about deprivation in West Cumbria especially cost to visit family in hospital.
- Nursing homes closing, cost of renting alone is high.
- There's a big difference between community infrastructure levy and the 106 agreement. Issues and confusion around the organisation of the health service.
- There is a danger of consultation and document fatigue. At what level do we get the best return?
- Does SR have capacity for carers for increased care in the community?

### Service Issues

#### Community Hospital Inpatient Beds

- Issues around stating community beds work best with 8 beds. If wanted a hospital with 6 beds, would we want one trained member of staff on their own? Would we want one lone worker in the community hospital because there are not enough beds and is that good for mental health?

### Suggestions

- Offer staff incentives i.e. longer contracts, housing, access to schools.
- With vast numbers of redundancies among local authorities – can some of these people be retrained in areas within health industry?
- Suggestion to provide emergency helicopters to deal with stroke and maternity emergencies.
- Looking at other rural examples in the Highlands, Asia, Australia.

### ***Breast Feeding support group; Bumps to Babies, Whitehaven; Antenatal group Egremont, 29 November 2016***

*Attended by members of local mother and baby groups and expectant parents. There was a total of 50 attendees (11 Breastfeeding Support Group; 15 Bumps to Babies; 24 Antenatal Group)*

### General Concerns

- Various responses specifically related to accessing maternity services during labour and an emergency whether this be condition of roads, driving a partner direct or waiting for

an ambulance and the potential need to return home if labour hasn't progressed, especially those in the South of the county.

- Will Cumberland Infirmary Carlisle be able to cope with increased demand across all the proposed service changes?

## **Service Issues**

### Maternity services

- All attendees concerned about the risks to mum and baby if no full consultant led service at West Cumberland, as well as the withdrawal of special baby care unit causing great concern.
- Large concerns related to assessing risk and the inability to predict a low risk pregnancy changing to a high-risk labour.

### Stroke services

- Delivery speed of 'golden hour': would not reach Cumberland Infirmary Carlisle within required time.

## ***Eden Local Area Committee meeting, Penrith, 30 November 2016***

*Number of attendees not known.*

## **General Concerns**

- Concern that resource for local areas gets sucked into 'central' services.
- Annoyance (Councillor Hughes) that presentation talks so much about West Cumberland Hospital, where all services are going to be impacted including Cumberland Infirmary Carlisle.
- Lots of concern about ambulance response times, along with resident's desire to keep beds and the lack of carers in Alston. Offered solutions that the community support health services to deliver locally.
- Concern from another colleague that the ICC geographical areas are not really based locally.

## **Service Issues**

### Community Hospital Inpatient Beds (Eden)

- Disappointed that the consultation presentation still continues with the options for CHs as set out including no beds at Alston.
- The consultation was essentially flawed: why if nothing has been pre-determined had we excluded any option with Alston in-patient beds.

- Main concern was the lack of community capacity to be able to remove beds/activity at Cumberland Infirmary Carlisle. Lacks specific detail about what exactly will be delivered in the community.

### Suggestions

- Review of NHS patient transport provision, signposting patients/families/staff to available NHS, public and community transport options, working with wider Cumbria community to develop car share schemes, community transport services etc. Want to see the NHS invest money into public transport noting the particular Eden issues.
- Need to work together across health and social care.

### **Equality Impact Analysis Workshop, Cumbria CCG, Penrith, 6 December 2016**

*Stakeholder meeting, held on 6<sup>th</sup> December 2016. Organised by Action for Health Network and attended by members with a protected characteristic. There was a total of 28 attendees.*

### Questions

- Better Births talks about “maternity hubs” – will these be part of ICC model?
- Sexual orientation and sexuality - may prefer anonymous service?

### General Concerns

- Conducting an equality impact assessment as to what impact this consultation will have on certain vulnerable members of the population. Identifying issues and providing solutions where appropriate. Identified issues include race particularly among traveller and immigrant communities, religion and beliefs, gender with concerns around staff and dignity, disability and how to overcome these issues at various levels, sexual orientation, age, pregnancy/maternity, rural isolation/deprivation and carers.
- Problems understanding and accessing information from certain communities, greater understanding needed of how NHS system works.
- Concerns over services less likely to be accessed by men, both at present and in the future.
- Issues releasing people back into the community - home may be adapted if long term disability, but if new disability (e.g. amputation, stroke) then home may not be ready.
- Accessibility of public transport not only issue, changes to benefits system means that many people have lost their mobility care and are now reliant on others for transport. Cuts to bus subsidies, and so loss of services, make this worse. Affordability and deprivation concerns: transport costs less affordable for those in deprived wards which may be a barrier to them accessing services.
- Older adults who experience social isolation will not be included fully if they do not have support and encouragement to access local health and care services.

## Service Issues

### Community Hospital Inpatient Beds

- Closure of some community hospital beds and care in a community hospital in another community will make it more difficult for people in those areas to see their families, increasing their isolation. This is especially relevant where people have existing vulnerabilities around their mental health.

### ***Cleator Moor stakeholder meeting, Cleator Moor, 7 December 2016***

*Number of attendees unknown*

### Questions

- Will you share the assessments that you've done?
- Where will you get the staff for Integrated Care Communities?
- Have we got plans in place for 'grow our own' staff?
- Have the costs of changing services been factored into this, in addition to the overspend?
- Are you optimistic that about getting enough funding?

### General Concerns

- Concern around the standard of risk assessment completed at start of consultation – not a full review.
- Conflicting facts, others been told that the risk assessment will be done after the consultation has finished. Differing views - staff talk about risks to patients, SR talk about risk to organisation. Where is the risk assessment for patients?
- Additional evidence that supports a lot of the options that was not there at the start of consultation.
- More information needed on Integrated Care Communities. We have a growing elderly population, the care in the home services aren't there now, and unless they are completely effective you'll be putting lives at risks.
- More transparency needed in process, does not look like co-production. This process, and the Closer to Home process, are flawed.
- Different views and opinions from various national organisations including Royal College of Paediatrics and Royal College of Surgeons.
- Issues around gaining and retaining qualified paediatrics in Whitehaven. Seen as 'end of the line' career wise by medical profession.
- Concern around accessibility of consultation document need reassurance that the mitigation plans or proposals will be available to discuss. Been communication issues and not enough people are aware of the consultation and meetings.

- You haven't involved the right people who know the area.

## Service Issues

### Maternity services

- Midwife led unit not safe. Have a duty to keep people safe, sending the service backwards.

### Children's Services

- Concern around lack of pediatric care in Whitehaven. Suggested need for consultants to remain at West Cumberland Hospital as more remote places e.g. Seascale is too far to travel.

### Community Hospital Inpatient Beds

- Cumberland Infirmary had 25 bed-blockers this week, but Wigton Hospital said they had 14 free beds; isn't it cheaper for patients to be moved there? Give them some rehab as well, before they get care in the community.

## Suggestions

- Should Cumbria be treated as a unique case in the medical profession?
- Difficult planning for the future if still uncertain. We need a realistic plan, which include a proper network not just a small unit here for paediatric healthcare. Better links to Newcastle, better links into communities. Suggestions that rather than go down the consultations route, we need to have certainty for 5 - 10 years, so we can develop a good model and build that network, formalise that relationship with Newcastle.
- Currently working on an urban model which is unsuitable. Government to rethink how all this works; funding for all services (social care, public health, NHS) needs to go into one pot and we need to work together.

### ***LGBT stakeholders meeting, Carlisle, 15 December 2016***

*Chaired by Christine Harrison. There was a total of 12 attendees.*

## Questions

- Currently how do NHS organisations get in touch with the LGBT+ community?
- Is this consultation a direct result of Brexit?
- **General concerns**
- Not many attendees understood the consultation proposals in great detail.
- Mental health is a major concern with no mention of this in the consultation, especially when working with ICC's.

- Lack of transgender services available in the area meaning people already need to travel to areas further afield such as Newcastle, along with a lack of understanding by medical professionals about transgender issues, and sometimes a lack of compassion.
- Comments that waiting times for referrals for transgender surgeries are too extensive and some have been on waiting lists for at least three months.

### **Suggestions**

- Needs an increase in communication between healthcare professionals and the LGBT+ community. It was understood that conversations need to be two ways.
- Should be transitional period when implementing the changes to services.
- LGBT+ people are less likely to go for STI screening and more should be done to promote awareness. There were suggestions for pamphlets to be distributed from local GP surgeries.

## **6.3 Summary of issues raised at deliberative events**

A summary of the issues raised at the deliberative events is outlined below.

### ***Summary of the deliberative event on hyper-acute stroke services***

There was an overall acceptance by participants that because of the geography of Cumbria it would be difficult to ensure that everyone had the same opportunities of access. Reluctantly the participants felt that probably the preferred option was the best one but they wanted to ensure that:

- Evidence considers potential delays in ambulance and transport issues
- Ambulance arrival times are improved
- Prevention and education form part of the mitigation to encourage people to recognise the signs and get help quickly
- Patients, carers, social care, GP's, specialist hyper-acute stroke staff all work together to ensure a quality service
- Mitigation including drip and ship continue to be investigated as services are developed.

### ***Summary of the deliberative event on community hospitals***

The discussion was lively and productive. The following key points were made by participants:

- No beds should be closed until the Integrated Community Care models are operational
- Inpatient beds are essential in rural areas and all localities present said they are important for their wider community
- Transport issues and weather conditions also increases the important role of community hospitals and of ICC based on local needs

- Further work is needed to take place with partners, especially with Adult Social Care to consider the impact on the whole system of these proposals.

### ***Summary of the deliberative event on maternity services and paediatrics***

The discussion was lively and productive and the following key points were made by those present:

- Risk assessments work carried out so far is insufficient and concerns were raised that there will be fatalities if the proposals are implemented.
- Inpatient beds are essential in rural areas with the appropriate level of expertise available to deal with emergencies for both mothers, newborns and children.
- Staff including midwives, nurses and GPs need to be more involved in the work of Success Regime to support further work to improve the current delivery model and build upon current improvements.
- Ambulance issues are a big concern because of the time transfers could take, the specialist support needed and the need for more than 1 specialist transfer vehicle. People are concerned about the limited things that can be done to monitor mother and baby during the journey.
- Local people should be involved in working on models for their community which fit local circumstance.
- Staff working on a locum contract should be asked if they want permanent contracts and the recruitment process should be re-visited.

### ***Summary of the deliberative event with members of the deaf community***

The group chose to talk about Operations, Stroke and Emergency and Acute Care. Key for the group was communication and how this impacted on all their attendances at hospitals and in the community for health and care. Their ability to understand what was happening and why was greatly affected and they felt isolated from decision making as a result. They wanted the same access to information as anyone else and were keen to support engagement with the wider deaf community as much as they could. The use of text, tablets, visual minutes were some of the methods of engagement the group felt were positive but the need for interpreters and staff to be trained in deaf awareness was key.

Key points discussed are summarised as:

- Training in deaf awareness for all staff.

- Training up to Level 1 in Sign Language for all staff and, for more complex issues, level 3 and above (always use a qualified interpreter not a family member).
- Treat deaf people equally and respect them, allow extra time if necessary
- More discussion needed on the Success Regime proposals and implementation with the wider deaf community.

It should be noted that interpreters at the event also actively contributed to these discussions with comments about what they see and hear during the course of their work with the deaf community.



## **7 Analysis of NHS staff meetings**

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### **7.1 Introduction**

A number of approaches were used by the Success Regime during the consultation to engage with and communicate with staff during the consultation period.

This included providing information about the consultation process and options, and signposting staff to attend public meetings and staff engagement meetings. Staff were also encouraged to complete the online questionnaire.

### **7.2 Themes from staff engagement**

The themes arising from the staff engagement sessions largely mirrored the concerns of the community with a greater emphasis on how changes would impact on their services and therefore their job security.

Some of the key issues raised are summarised below:

- Asking for information on timescales
- Likely impact on their service (and therefore jobs)
- Recruitment
- Transport
- Capacity of social services
- Impact on palliative care

There have been formal submissions submitted by staff groups which have been included in section 5.3 of this report. Submissions were received from the following groups:

- Children and SCNU teams at West Cumberland Hospital
- Consultant Paediatricians at Cumberland Infirmary Carlisle
- Medical and Dental Staff Committee for Cumbria Partnership NHS Foundation Trust
- Midwives and maternity care assistants at West Cumberland Hospital
- North Cumbria University Hospitals NHS Trust Nursing, Midwifery and Allied Health Partnerships Leadership Team
- North Cumbria University Hospitals NHS Trust Nursing, Midwifery and Allied Health Partnerships Leadership Team
- Royal College of General Practitioners, Cumbria Faculty
- The Royal College of Midwives North Cumbria
- West Cumberland Hospital Emergency Department team

- West Cumbria NHS staff
- Wigton Hospital Staff

Any individual responses from staff to the consultation questionnaire have been analysed as part of the overall report.

## 8 Analysis of resident telephone survey

### 8.1 Introduction

This section reports the results from a telephone survey of 1002 residents across West, North and East Cumbria. The telephone survey was conducted from the 24<sup>th</sup> November to the 18<sup>th</sup> December 2016.

The purpose of the telephone survey was to supplement the information provided by the other channels. This method captures views of a more randomised sample of the population than other self-selecting consultation channels and provide findings that are representative of the population.

A broadly representative sample was captured through a quota sample method, with quotas set for demographics and geography. The sample breakdown is provided below.

The questions asked in the survey were different to those in the main consultation response form and the results should not be directly compared. The surveys were designed to provide additional information about residents' perceptions of the service areas, and capture additional measures such as awareness of the consultation. The full questionnaire included scripted question introductions can be viewed in Appendix B.

Analysis of the responses has been conducted using statistical software. Where respondents were asked to rank their top three choices, a weighted percentage is displayed in this report. This was calculated by assigning weightings of '3' to any first choices, '2' to second choices, and '1' to third choices. The weighted percentage is the percentage of this weighted total for each option. For example:

*Table 35: Example of weighted percentage calculation*

	First choice	Second choice	Third choice	Weighted total	Weighted %
E.g. Option A	5	4	1	24	40%
E.g. Option B	3	5	2	21	35%
E.g. Option C	2	1	7	15	25%

E.g. Option A is chosen 5 times as a first choice, 4 times as a second choice and once as a third choice, so its weighted total is 24 (5 first choices\*3 + 4 second choices\*2 + 1 first choice\*1). This accounts for 40% of all the weighted totals.

Percentages may not add up to 100 per cent due to rounding.

## 8.2 Sample breakdown

Below is the breakdown of the survey sample by age, gender, ethnicity and district.

Age	
16-25	128
26-35	120
36-45	163
46-55	180
56-65	177
66-75	131
76+	103

Gender	
Male	472
Female	527
Prefer not to say	3

Ethnicity	
White English/Welsh/Scottish/Northern Irish/British	957
White Other	2
Mixed/Multiple ethnicities	10
Asian or Asian British	12
Black or Black British	10
Other	11

District	
Allerdale	314
Carlisle	300
Copeland	237
Eden	151

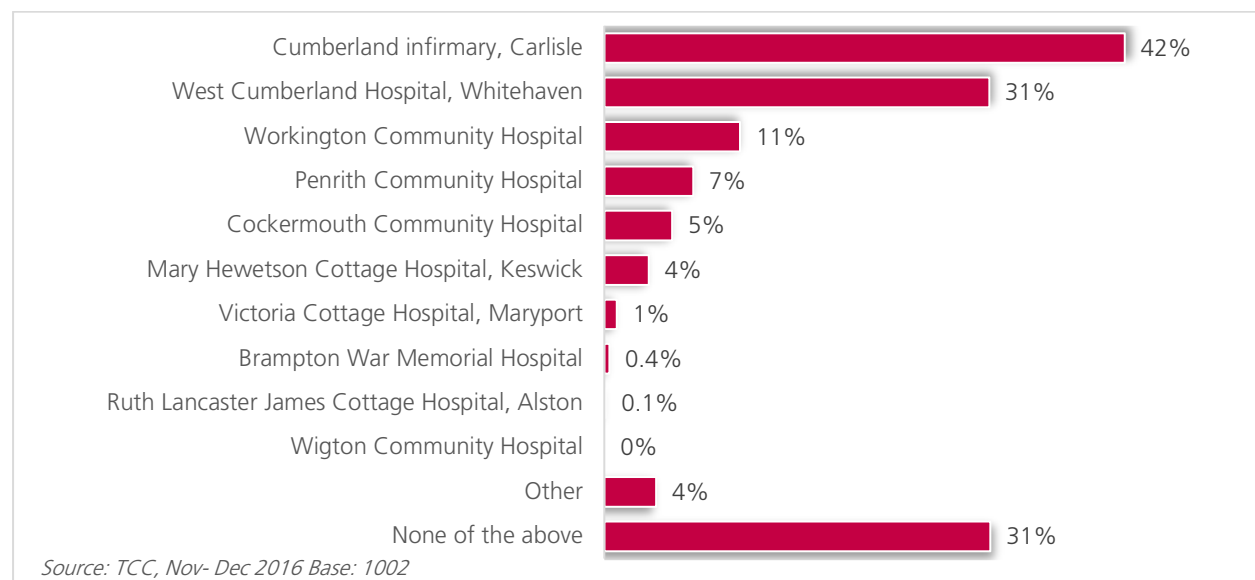
## 8.3 Findings

### *Experience of using secondary care*

Respondents were asked if they had any experience of using any of the following hospital services in the past 12 months (people could state more than one).

While almost a third of respondents had not used any secondary care services, 42% had used Cumberland Infirmary Carlisle and 31% had used West Cumberland Hospital in Whitehaven. A third of respondents had experience of one of the community hospitals.

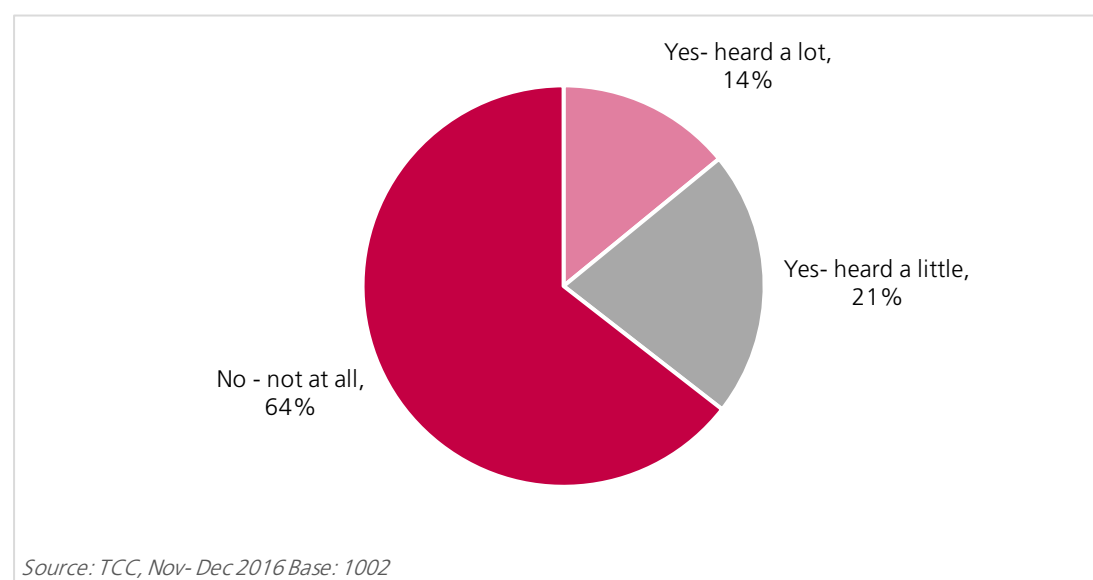
*Fig. 1: Have you had any experience of using any of the healthcare institutions in the past 12 months? (% response)*



### **Awareness of the consultation**

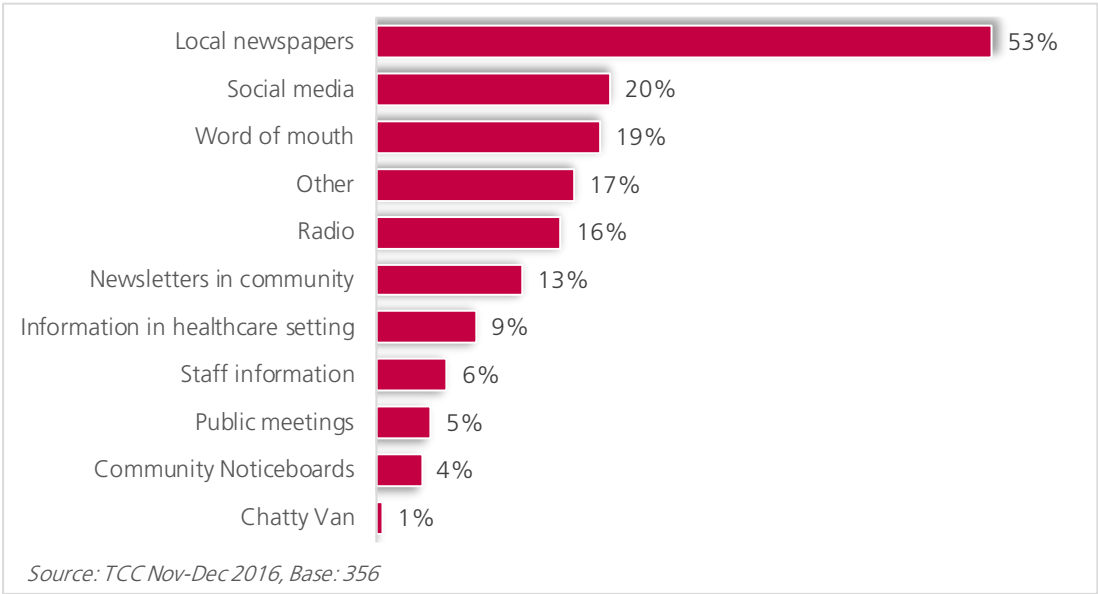
People were asked if they had heard about the consultation. Almost two-thirds of respondents (64%) had not heard of the consultation. (Fig. 2)

*Fig. 2: Have you heard about the Healthcare for the Future consultation (% response)*



Of those who had heard of it, over half (53%) had heard about it from local newspapers. A fifth had heard about it on social media and 19% by word of mouth. (Fig. 3)

Fig. 3: If yes, where did you hear about it? (% - more than one response allowed)

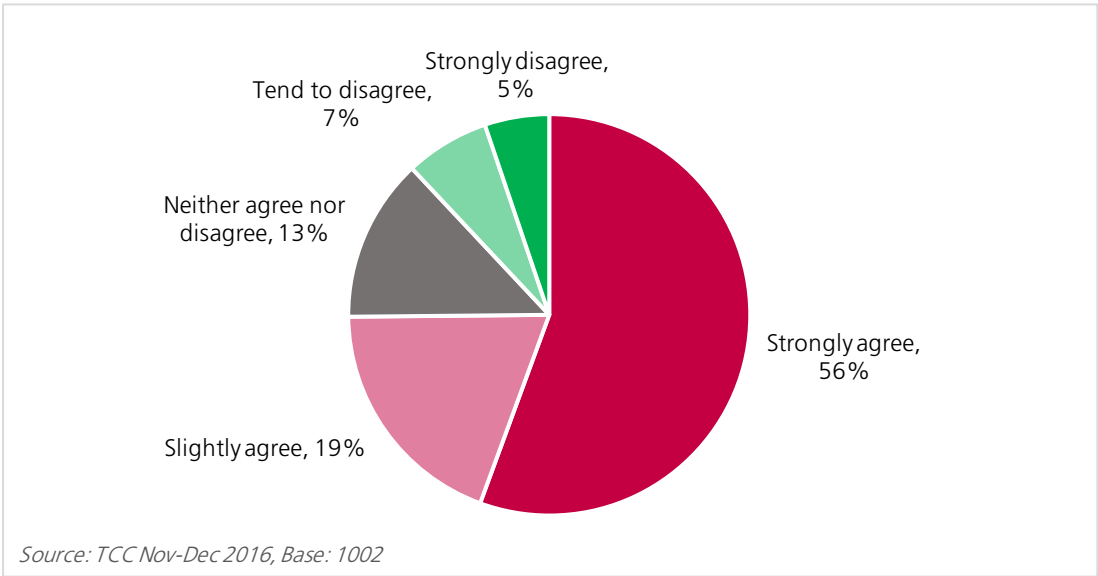


13% of survey participants had read the consultation document.

**Hospital services**

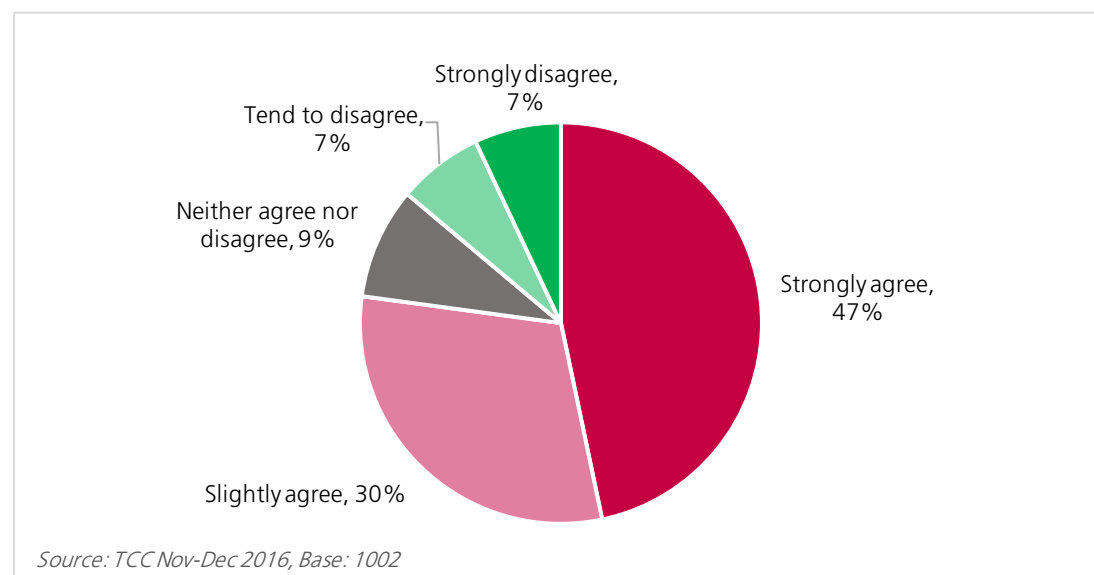
People were asked the extent to which they agreed with the statement that ‘hospital services that are not meeting basic national healthcare standards should change in order to do so’.

Fig. 4: Do you agree or disagree that hospital services that are not meeting basic national healthcare standards should change in order to do so?



People were also asked the extent they agreed with the statement 'if there is a health service traditionally provided in hospital, but could be provided at a GP surgery or in patients' homes, this should be done'.

Fig. 5: Hospital services that could be provided at a GP surgery / patients' homes should be (% agreement)



### Maternity services

8% of respondents had used maternity services in Cumbria in the last 12 months.

Asked to rank from a prompted list of the most important factors to consider when making any changes to maternity services, the factor attributed the highest level of importance overall was 'maintaining consultant-led maternity services at West Cumberland Hospital' (34%), followed by achieving best practice clinical standards and safety (26%).

Table 36: Important factors to consider when changing maternity services

Rank	Consideration	% first choice	% weighted
1	Maintaining consultant-led maternity services at West Cumberland Hospital in Whitehaven	34%	29%
2	Achieving best practice clinical standards and safety	26%	22%
3	Reducing travel times for pregnant women	18%	20%
4	Maintaining consultant-led maternity services at Cumberland Infirmary in Carlisle	18%	18%
5	Avoiding reliance on temporary locum doctors that could create short-term service closures	2%	6%
6	Ensuring any plans are sustainable	2%	4%

Table 37: Important factors to consider when changing maternity services, by district

	Allerdale		Carlisle		Copeland		Eden	
	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %
Achieving best practice clinical standards and safety	20%	20%	35%	26%	16%	18%	38%	28%
Maintaining consultant-led maternity unit services at Cumberland Infirmary in Carlisle	12%	13%	28%	27%	8%	10%	25%	25%
Maintaining consultant-led maternity unit services at West Cumberland Hospital in Whitehaven	46%	35%	14%	20%	59%	41%	7%	13%
Ensuring any plans are sustainable	2%	4%	2%	4%	1%	4%	4%	7%
Avoiding reliance on temporary locum doctors that could create short term service closures	1%	7%	3%	6%	1%	6%	7%	8%
Reducing travel times for pregnant women	19%	21%	18%	18%	14%	20%	20%	19%
Total respondents	314		300		237		151	

Respondents were offered the opportunity to make additional comments or observations. Of those who responded, the majority of comments focused on the need to retain a consultant-led maternity unit at both hospital sites. Many expressed concern about the travel time between Whitehaven and Carlisle and the potential risk on the health of a mother and child who had to face that journey.

Others commented that all of these factors were important. A small number raised the issue of the need for more NHS funding and the need to recruit more staff. A small number of comments were also made about the cost of hospital parking and the impact on partners, families and friends visiting an expectant mother or new-born child.

### **Children's services**

3% of respondents had used children's services in Cumbria in the last 12 months.

People were asked to rank the most important three factors when considering any changes to children's services. These are shown in ranked order of importance, using a weighted rank analysis, with the most important listed first. The % of respondents who had listed them as most important is also displayed to show the relative difference between the factors.

Table 38: Important factors to consider when changing children's services

Rank	Consideration	% first choice	% weighted
1	Achieving best practice clinical standards and safety	36%	26%
2	Maintaining all current inpatient treatment at West	25%	24%



	Cumberland Hospital in Whitehaven		
3	Avoiding long travel times for service users and their families	16%	20%
4	Maintaining all current inpatient treatment at Cumberland Infirmary in Carlisle	15%	17%
5	Avoiding reliance on temporary locum doctors that could create short-term service closures	5%	8%
6	Ensuring any plans are sustainable	2%	5%

Table 39: Important factors to consider when changing children's services, by district

	Allerdale		Carlisle		Copeland		Eden	
	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %
Achieving best practice clinical standards and safety	35%	25%	39%	27%	14%	15%	46%	30%
Maintaining all current inpatient treatment at Cumberland Infirmary in Carlisle	10%	12%	24%	25%	4%	7%	21%	23%
Maintaining all current inpatient treatment at West Cumberland Hospital in Whitehaven	31%	28%	8%	16%	26%	24%	4%	12%
Ensuring any plans are sustainable	1%	5%	3%	5%	5%	6%	7%	9%
Avoiding long travel times for service users and their families	17%	21%	22%	20%	1%	10%	15%	17%
Avoiding reliance on temporary locum doctors that can create short term service closures	6%	9%	4%	7%	50%	38%	7%	10%
Total respondents	314		300		237		151	

Respondents were offered the opportunity to make additional comments or observations. Of those who responded, a significant number of comments focused on the need to have services as locally as possible so that children and their families could have quick and easy access to high quality care. Many made the point that having inpatient treatment at both hospital sites was necessary to enable this to happen. They also felt that this would have a more positive impact

on patient safety. Some linked these points with the travel issues that people of Cumbria uniquely face reinforcing the need for high quality care closer to home.

A number of respondents also made the point about the need for more staff to provide the right care at the right time.

### **Community hospital inpatient beds**

10% of respondents had used community hospital inpatient services in Cumbria in the last 12 months.

People were asked to rank the most important three factors when considering any changes to community hospital inpatient services. These are shown in ranked order of importance, using a weighted rank analysis, with the most important listed first. The % of respondents who had listed them as most important is also displayed to show the relative difference between the factors.

*Table 40: Important factors to consider when changing community hospital inpatient services*

Rank	Consideration	% first choice	% weighted
1	Achieving best practice clinical standards and safety	36%	26%
2	Avoiding unexpected closures because of staff shortages	23%	21%
3	Avoiding significant reductions in inpatient beds overall	20%	20%
4	Avoiding long travel times for service users and their families	15%	20%
5	Ensuring any plans are sustainable	4%	7%
6	Make sure staff rotas work efficiently	3%	6%

*Table 41: Important factors to consider when changing community hospital inpatient services, by district*

	Allerdale		Carlisle		Copeland		Eden	
	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %
Achieving best practice clinical standards and safety	32%	24%	38%	27%	34%	27%	40%	28%
Avoiding significant reductions in inpatient beds	25%	23%	21%	22%	14%	16%	16%	20%

	Allerdale		Carlisle		Copeland		Eden	
overall								
Ensuring any plans are sustainable	2%	6%	3%	7%	8%	9%	6%	9%
Avoiding long journey times for service users and their families	18%	22%	10%	18%	19%	22%	11%	15%
Making sure staff rotas work efficiently	2%	5%	2%	6%	3%	6%	5%	9%
Avoiding unexpected closures because of staff shortages	21%	20%	26%	21%	23%	21%	21%	20%
Total respondents	314		300		237		151	

Respondents were offered the opportunity to make additional comments or observations. Of those who responded, the majority of comments focused on the need to retain as many inpatient beds in community hospitals as possible to allow patients to have access to services close to their homes. This was linked in some instances to the fact this would be more likely to lead to improved health outcomes for patients and to less additional pressure on a patient's family friends.

A small number also spoke about the role community hospitals played in a patient's journey and reinforced the need for more seamless working between acute hospitals and community hospitals (to avoid issues such as bed blocking) and between community hospitals and GPs to ensure that high quality 'at home' care could be provided following a patient's discharge from hospitals.

### ***Emergency and acute care services***

26% of respondents had used emergency and acute care services in Cumbria in the last 12 months.

People were asked to rank the most important three factors when considering any changes to emergency and acute care services. These are shown in ranked order of importance, using a weighted rank analysis, with the most important listed first. The % of respondents who had listed them as most important is also displayed to show the relative difference between the factors.

*Table 42: Important factors to consider when changing emergency and acute care services*

Rank	Consideration	% first choice	% weighted
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1	Retaining 24 hour A&E departments in both Carlisle and Whitehaven	45%	36%
2	Achieving best practice clinical standards and safety	29%	21%
3	Retaining an intensive care unit at Cumberland Infirmary in Carlisle	8%	15%
4	Retaining an intensive care unit at West Cumberland Hospital in Whitehaven	8%	15%
5	Avoiding long travel times for service users and their families	10%	14%

Table 43: Important factors to consider when changing emergency and acute care services, by district

	Allerdale		Carlisle		Copeland		Eden	
	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %
Achieving best practice clinical standards and safety	27%	19%	31%	23%	22%	17%	19%	17%
Retaining 24 hour A&E departments in both Carlisle and Whitehaven	44%	34%	44%	35%	52%	37%	20%	23%
Retaining an intensive care unit at Cumberland Infirmary in Carlisle	4%	12%	14%	22%	2%	7%	8%	14%
Retaining an intensive care unit at West Cumberland Hospital in Whitehaven	12%	19%	2%	8%	15%	23%	3%	6%
Avoiding long journey times for service users	12%	15%	9%	12%	9%	15%	50%	40%
Total respondents	314		300		237		151	

Respondents were offered the opportunity to make additional comments or observations. Of those who responded, many made the case to retain full emergency and acute services at both West Cumberland Hospital and Cumberland Infirmary Carlisle.

Many comments also referred to the long travel times between both hospitals and the increased risk to life and patient safety if people had to travel extra distances to access emergency and acute care.

### Stroke services

4% of respondents had used stroke services in Cumbria in the last 12 months.

People were asked to rank the most important three factors when considering any changes to emergency and acute care services. These are shown in ranked order of importance, using a weighted rank analysis, with the most important listed first. The % of respondents who had listed them as most important is also displayed to show the relative difference between the factors.

Table 44: Important factors to consider when changing stroke services

Rank	Consideration	% first choice	% weighted
1	Developing a 7 day a week hyper-acute stroke unit in Carlisle for patients across West, North and East Cumbria	42%	31%
2	Achieving best practice clinical standards and safety	27%	25%
3	Retaining current 5 day a week services at West Cumberland Hospital in Whitehaven	18%	20%
4	Retaining current 5 day a week services at Cumberland Infirmary in Carlisle	9%	14%
5	Ensuring any plans are sustainable	3%	9%

Table 45: Important factors to consider when changing stroke services, by district

	Allerdale		Carlisle		Copeland		Eden	
	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %
Achieving best practice clinical standards and safety	25%	22%	30%	27%	26%	24%	30%	27%
Ensuring any plans are sustainable	3%	9%	4%	10%	2%	7%	3%	12%
Retaining current 5 day a week services at Cumberland Infirmary in Carlisle	8%	14%	11%	17%	8%	11%	10%	16%
Retaining current 5 day a week services at West Cumberland Hospital in Whitehaven	23%	24%	2%	10%	41%	35%	3%	9%
Developing a 7 day a week Hyper-Acute Stroke Unit in Carlisle	41%	31%	53%	36%	22%	24%	53%	36%

for patients across West, North and East Cumbria								
Total respondents	314		300		237		151	

Respondents were offered the opportunity to make additional comments or observations. Of those who responded, many raised the issue of having a 7 day a week stroke service at both hospital sites. A significant number also raised the issue of a quick response to suspected stroke symptoms and expressed concern that the additional travel time from Whitehaven to Carlisle might impact negatively on a suspected stroke patient's chances of survival / recovery.

A small number also referred to the need for more expert staff being available to meet current and future need.

### ***Emergency surgery, trauma or orthopaedic services***

11% of respondents had used emergency surgery, trauma or orthopaedic services in Cumbria in the last 12 months.

People were asked to rank the most important three factors when considering any changes to emergency and acute care services. These are shown in ranked order of importance, using a weighted rank analysis, with the most important listed first. The % of respondents who had listed them as most important is also displayed to show the relative difference between the factors.

*Table 46: Important factors to consider when changing emergency surgery, trauma or orthopaedic services*

Rank	Consideration	% first choice	% weighted
1	Achieving best practice clinical standards and safety	40%	28%
2	Provision of additional emergency surgery and trauma services at West Cumberland Hospital	27%	27%
3	Maintaining services provided at Cumberland Infirmary in Carlisle	21%	22%
4	Travel time and transport links	6%	15%
5	Ensuring any plans are sustainable	5%	9%

*Table 47: Important factors to consider when changing emergency surgery, trauma or orthopaedic services*

	Allerdale		Carlisle		Copeland		Eden	
	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %	First choice %	Weighted %

Achieving best practice clinical standards and safety	36%	26%	46%	31%	33%	25%	50%	31%
Maintaining services provided at Cumberland Infirmary in Carlisle	18%	18%	33%	31%	6%	11%	26%	29%
Provision of additional emergency surgery and trauma services at West Cumberland Hospital	36%	32%	11%	18%	48%	38%	6%	14%
Travel time and transport links	7%	17%	5%	11%	8%	17%	5%	11%
Ensuring any plans are sustainable	2%	7%	6%	9%	5%	9%	12%	14%
Total respondents	314		300		237		151	

Respondents were offered the opportunity to make additional comments or observations. Of those who responded, many made the point about the importance of travel time to get to emergency services and some linked this to the need to maintain current level of services at both hospital sites. A small number also made reference to the need for more specialist staff to be recruited to ensure everyone received high quality care.

## 9 Analysis of other responses

### 9.1 Introduction

Responses were received through other channels including social media, video and petitions. These are noted below.

### 9.2 Social media

Social media posts and comments to the Success Regime's Facebook page, Twitter account (@SRCumbria) and comments on the Healthcare for the Future consultation YouTube channel, have been logged and analysed thematically. This includes visitors to the site who posted on the group page, sent a direct message, or commented on other people's posts.

*Table 48: Total number of social media responses*

Channel	Responses
Facebook	85
Twitter	9
Youtube	1

#### **Major concerns in response to the consultation**

Among the main concerns raised by those who responded to the consultation via social media were comments on the location of West Cumbria in relation to Carlisle. This was framed around a number of sub-categories and identified location as being the main reason for opposition to preferred proposals.

#### ***Geography and Accessibility***

Many respondents were concerned by the difficulty of accessing Cumberland Infirmary from West Cumbria, with the local geography and weather hazards frequently mentioned. Particularly during winter, respondents noted and included photographs of their journeys being inaccessible due to recent snowfall. This was particularly cited regarding Alston, where communities were feared to be left isolated due to closures of the A595 and A686.

The uniqueness of the county's geography and its rurality were given as reasons why services should not be centralised at Carlisle. Distance and travel time concerns were raised particularly in relation to maternity and A&E services.



### ***Separating Families***

Again, regarding distance and accessibility of services, various comments were made about the impact and effect separating families would have. Some pointed towards the cost of visiting family members and the affordability and sustainability of this, suggesting this may lead to increased deprivation and financial hardship of families in West Cumbria.

Others expressed concern with the isolation of patients from loved ones, particularly noting the effect on mental health, as well as recovery. The added separation of families was noted in the case of parents having to travel to visit one child in hospital, while needing to leave other children at home.

### ***Capacity***

Cumberland Infirmary's ability to cope with additional patients was doubted, as it was stated the hospital already regularly reaches maximum capacity. Thoughts were expressed as to how further demand could be placed on this hospital with no additional investment. Capacity was also highlighted in relation to community hospitals and the closure of beds, including the impact this would have in further stretching the capacity at acute hospitals.

### ***Equality and Rights***

Respondents commented that proposals see West Cumbrians receiving less than their counterparts in Carlisle, in some cases referring to a 'second-class' health service, and noting that everyone deserves the same services and that they too are worthy of equal access to healthcare, for reasons including the fact that they pay the same taxes. Comparisons were also made between West Cumbria and the rest of the country as a whole, with a feeling that those living in rural areas are not receiving the same level of healthcare as those in urban areas.

### ***Suggestions***

As well as providing a response to the consultation, social media posts also included various suggestions for the future provision of healthcare in the area.

A number of arguments were made for further investment or specialised funding into Cumbria, justified by its unique challenges, with suggestions the county's rurality and isolated population needed to be taken into greater consideration. West Cumberland Hospital and Ruth James Lancaster Hospital in Alston received particular attention on this point.

An isolated response suggested a contingency plan be made in the event that Cumberland Infirmary is closed due to unforeseen events such as flooding or power cuts. More specifically, a suggestion was mentioned to continue all non-complex trauma at WCH, rather than transferring patients as is currently the case in the event of a broken limb, for example, to Carlisle for treatment.

### **Consultation criticism**

A considerable portion of responses pointed to a lack of trust in the consultation process, citing either lack of trust towards the document and decision makers or the perceived lack of local input. Current consultation proposals were suggested to be not innovative enough, with an isolated response stating that the process was merely a continuation of those previously conducted and has not been developed based on previous feedback.

Others saw the consultation process as a waste of money, with suggestions of potential money to be saved elsewhere.

### **Campaign response**

A campaign response posted by 6 individuals mentioned accountability should their family members be negatively affected:

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

## **9.3 Petitions**

6 petitions were received, all opposing the proposals. These are described below.

### **Cumberland News: Save our Services**

*"I appeal to the Success Regime to rethink its proposals because:*

- Removing consultant-led maternity care from the West Cumberland Hospital is not safe.*
- We cannot afford to lose beds from our community hospitals. It would put an unfair burden on patients and families.*
- No patients - adults or children - should have to undertake risky transfers for care.*
- Health chiefs - locally and nationally - have not addressed serious concerns raised across north and west Cumbria"*

**3583** reported online signatures (adjusted total **3249**)

(Of a subsample of 3380, 1 'test' and 314 duplicates – with both name and email address duplicated – were found; this was amended pro rata for the additional signatures)

**6601** reported paper signatures (adjusted total **5908**)

(The reported count included two other petitions, which are listed separately below. A random check of the signature lists revealed no discrepancies with the reported numbers. A check of batches of paper forms (as printed in newspapers) revealed five duplicates and 4 blank forms).

TOTAL SIGNATURES: **9157**

### **Say No to Nonsense - Stop the Success Regime**

*"We the undersigned consider that The Success Regime's proposals will result in a poorer services for all residents of Cumbria. The proposals place a heavy burden on patients and their families. Bed closures will harm our elderly population. There will be an increased cost in travelling and patient safety will be compromised. "*

**394** signatures

### **Women's Institute**

*"We – Members of various Women's Institute Groups in West Cumbria strongly object to the "Success Group's" proposals to downgrade many services at the West Cumberland Hospital in Whitehaven and to transfer them to the Cumberland Infirmary in Carlisle. "*

**64** signatures

### **Alston Labour Party: Petition Against The Success Regime's Proposals**

*No message*

**24** signatures

### **Our lives are under threat! Save Alston Cottage Hospital beds**

*"Our cottage hospital is threatened, and it's serious. We are a small community, separated by high passes and difficult roads from the next available hospital facilities (the Cumberland Infirmary in Carlisle is nearly 30 miles from Alston, more from other parts of Alston Moor). Our hospital provides first-call emergency facilities (a nurse-led treatment unit), used by locals and visiting tourists alike, and beds used for convalescence and the care of people who are dying. Without our hospital, the whole community will suffer. Public transport to Carlisle is extremely limited; the car journey is long and can be very difficult in winter. To travel for 50-70 minutes each way for a 10-minute visit (often all a sick person can cope with) cannot be done every day; the need to take time off work, caring commitments or school puts a strain on family and friends.*

*The community is unanimous – we need our hospital and the cost of removing our remaining in-patient beds is too high in its impact on all of us. Cutting them to seven was already a mistake; removing them entirely is disastrous. We need 12-16 beds. We need medical beds for step up and step down care both of which take pressure off the Cumberland Infirmary. We need beds for respite, palliative and end of life care.*

*It might even prove difficult to maintain our GP surgery without the hospital. We may be remote, but we still matter.*

*Please sign to support us and our hospital. "*

698 signatures, although this goes back 8 months. 1 is on there from 20 days ago so beyond the deadline, and there are 5 more from 'a month ago' non-specifically.

### **Penrith Border Labour Party: Success Regime Petition**

*"As the community of West, North and East Cumbria we have said:*

*NO – to closing in-patient beds in community hospitals*

*NO – to the downgrading of maternity and other services at the West Cumberland Hospital*

*YES – to a secure future for healthcare in our largely rural area.*

*"Success Regime " - is failing Cumbria*

*WE'VE BEEN IGNORED. THE SUCCESS REGIME INTENDS TO:*

*CLOSE all the in-patient beds in Wigton, Alston and Maryport community hospitals*

*DOWNGRADE services at the West Cumberland Hospital*

*LABOUR IS FIGHTING THE TORY "SUSTAINABILITY & TRANSFORMATION PLANS" HERE IN CUMBRIA, AND ACROSS ENGLAND.*

*Sign and share the petition below NOW!!*

*The Tories billed this as a way to save money – not lives.*

*They claim changes are essential because hospitals can't recruit staff – hardly surprising when closures have been threatened!*

*They say that 'Integrated Care Communities' (ICCs) will provide what's needed – but their proposals don't cover these. They are in the early stages of planning. Success Regime boss Sir Neil Mackay has publicly stated that the ICCs won't be up-and-running before the changes are made and the beds closed.*

*If implemented, these plans would damage people's lives across Cumbria. Show your support for our hospitals; sign the petition.*

*THIS TORY PLAN MAKES THE NHS SIMPLER TO HAND OVER TO PRIVATE BUSINESSES.*

*CLOSING ALSTON HOSPITAL DESTROYS HEALTHCARE ON ALSTON MOOR. PEOPLE WILL LEAVE. END OF A COMMUNITY.*

*DOWNGRADING WEST CUMBERLAND HOSPITAL LEAVES AN INCREASING POPULATION WITHOUT ESSENTIAL SERVICES. "*

313 signatures

## 9.4 Campaign letters

Two campaign letters – signed statements that were reproduced and submitted by several respondents – were received.

The text of these responses is outlined below. Where respondents have altered the content of the response so that it is unique, this has been taken into account in the wider analysis within the 'Individual Submissions' section, or summarised below.

### **Campaign response 1 – West Cumbrians' Voice for Health Care**

*"We the undersigned reject the proposals set out in the public consultation document: The Future of Health Care in West, North and East Cumbria, on the grounds that they disproportionately and seriously disadvantage the people of West Cumbria.*

*The proposed reduction or removal of maternity services, children's services, emergency and acute care, hyper-acute stroke services and emergency and trauma services from West Cumbria will increase inequality of services and inequality of access to services to the whole population of the area.*

*We also call for a review of the proposals to consolidate inpatient community beds onto a reduced number of sites, leaving some isolated communities without community beds.*

*We had been led to believe that innovative, workable solutions for the problems faced by the health and social care services in Cumbria would be found. We are disappointed that this has not been the case."*

This response was received, in part or in full, **31** times, including the initial template from West Cumbrians' Voice for Healthcare.

This response was signed on behalf of the following organisations and elected representatives:

- Aspatria Medical Group
- Ennerdale & Kinniside Parish Council
- Prospect Union
- Sellafield Workers Campaign
- Sellafield Joint Shop Stewards Committee
- Whitehaven Residents and Nuclear Workers
- Weddicar Parish Council
- Cllr Alan Tyson (Cockermouth Town Council)

In addition to the signed forms, a signature list was submitted by West Cumbrians' Voice for Healthcare, of **89** signatures. This included members of the public, healthcare professionals and representatives of local organisations.

In the case of Sellafield Workers Campaign and Sellafield Joint Shop Stewards Committee the response included specific reference to the impact of the Moorside development on the local population, adding strain to health services.

## **Campaign response 2**

*"Dear Success Regime Consultation Team*

*I write in response to your document "The Future of Healthcare in West, North & East Cumbria". It is not possible to respond via your questionnaire, since this permits little more than choice between flawed options, and provides no means of telling you that we will never accept any of the options you are suggesting. As a resident of Alston Moor, the fate of our community hospital (which you propose doing away with, or, in your terms 'closing the in - patient beds') is uppermost in my mind, but my concerns are not confined to this one issue.*

*This whole consultation document is deeply flawed. It has ignored all the prior so-called consultation and seeks to impose a set of options that claim to have clinical rationale, but fails to make an adequate case for any of them (what reasons ARE given are contradicted by a number of clinicians in the area). No financial information is provided, despite the budget deficit being another justification offered. Little thought appears to have been given to the reasons behind a third supposed reason for the changes, namely a difficulty in recruitment.*

*Your specific proposals concern the fate of services at the West Cumberland Hospital, and of the community hospitals. Alongside your proposals, you claim that Integrated Care Communities will provide a new and different way of doing things that will provide what is needed in place of the community hospitals and the proposed reduction in beds across the region. Since there are as yet no functioning ICCs, nor even plans developed for them, it seems absurd to demand that we make a choice of options that rely on these as yet non-existent entities to make healthcare safe and effective across west, north and east Cumbria.*

*Social care has been massively cut - £4.6 billion cut from the care budget since 2010, and more cuts planned - so the notion that there is some way to provide an integration of health and care that will magically solve all problems seems more than a little far-fetched. Stating that people prefer to be in their own homes rather than hospital might be true for a majority IF there were good, free, homecare, but this does not exist. Hence reduction of community hospital beds and closure of three community hospitals is a deeply flawed idea.*

*Add to all this your total failure to comprehend the situation of a rural county like Cumbria, and you may see why we are implacably opposed to your proposals. You appear not to understand that the road from White haven to Carlisle is slow, difficult and dangerous, particularly in the*

*bad weather which is a frequent feature. You demonstrate that you have no notion how remote community like Alston Moor will suffer if you remove hospital beds.*

*For all these reasons, I reject the entirety of your proposals, not because I am averse to change, but because I care about individuals and communities. There is a proposal for a community-based form of integrated care for Alston Moor, produced by the League of Friends of the Ruth Lancaster James Hospital in Alston and the Alston Medical Practice. If as much effort could be put behind this as it deserves, it would be excellent for Alston Moor. Any further time and thought put into the Success Regime proposals would be time and thought wasted, and an insult to the people of Cumbria.*

*Dear Success Regime Consultation Team*

*I am writing as a response to your consultation document. Since your questionnaire does not let me give any response that is not just saying 'yes' to one of the options you are offering, I can only express my views in a letter.*

*I live on Alston Moor and the removal of our hospital beds would be catastrophic for me, my family and my community. If people who are convalescing or dying are in Carlisle, we cannot visit using public transport. We certainly can't manage to drive to Carlisle for a short visit every day.*

*The only way that closing the hospital beds would be acceptable is if you implement the proposal from the League of Friends, so that there are beds available on a flexible basis, with an integrated system of care for those needing sheltered housing, care home, respite, convalescence and end-of-life care. Of course, this must all be in place BEFORE you close the hospital beds."*

This response was received in full or in part **9** times.

## **9.5 Video submissions**

3 videos were received from individuals via email. These were:

- A video entitled 'Save Alston's Hospital Beds', of interviews with members of the public in Alston around the visit of the Healthwatch 'Chatty Van' discussing concerns about the proposals and their impact on Alston. The video also featured Leader of Cumbria County Council, Cllr Stewart Young, emphasising the importance of making efforts to maintain services in Alston.
- A video entitled 'Carols for the NHS', from the Alston Moor Branch of the Labour Party singing Christmas carols with lyrics about the NHS and challenges it faces.
- A video of Jeremy Corbyn MP, Leader of the Labour Party, speaking about the importance of having an ambulance service that serves all, no matter where they live.

## **9.6 Press clippings**

A set of press clippings was received from the CN Group newspapers. These included articles and pages from *The Cumberland News*, *The Whitehaven News*, *Maryport News & Star* and *West Cumbria News & Star*. The clippings covered news articles on the consultation and proposals throughout the consultation period, including reports of meetings, events and descriptions of the proposals themselves and their impact. They also included numerous references to the CN Group's *Save our Services* campaign, of which a petition is summarised in the Petitions section above



