

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)

EXECUTIVE SUMMARY

February 2017



INVESTOR IN PEOPLE

Executive summary

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.