

# healthwatch Cumbria

Independent Engagement Report on  
North Cumbria University Hospitals NHS  
Trust Clinical Options Appraisal

20<sup>th</sup> January 2015

your  
**voice**  
**counts**

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## Introduction

Healthwatch Cumbria (HWC) is in place to deliver the statutory Healthwatch functions set out in the Health and Social Care Act 2012. As the consumer champion for health and social care services we provide opportunities for the public to share their views and experiences of services and to involve the public in the shaping and designing of future services. Local Healthwatch organisations can work with and be commissioned by service providers to carry out independent public engagement activity.

The current and future challenges relating to North Cumbria University Hospitals Trust (NCUHT) have been widely reported following the Care Quality Commission's decision to place the Trust in 'special measures' (*Special measures apply to NHS trusts and foundation trusts that have serious failures in quality of care and where there are concerns that existing management cannot make the necessary improvements without support. Special measures consist of a set of specific interventions designed to improve the quality of care within a reasonable time. Monitor (April 2014) Publication code: IRG 11/14*). Whilst there is a general awareness and understanding that service improvements are necessary, there are also concerns about the impact that the proposed clinical options may have.

To ensure that services provided by NCUHT are safe and can carry on long-term, the NHS system recognises that changes in the way that services are provided must be considered. NCUHT wanted to share with the public their current thinking regarding the clinical options for the future to ensure public views were listened to and considered as their plans develop.

To this end HWC was commissioned to provide a series facilitated meetings with NCUHT to provide opportunities for local communities to learn about proposed changes to hospital services in the North and West of Cumbria, and to share their concerns and questions with Trust staff.

Between 24<sup>th</sup> November and 8<sup>th</sup> January HWC provided a series of public engagement events and targeted group meetings across North and West Cumbria. The events were structured and facilitated by HWC staff and included presentations on each clinical option from NCUHT. An online and hard copy survey was used to capture the views of people unable to attend the events and was freely available for event attendees.

NCUHT will share this report with their Board to assist them in their thinking about the clinical options appraisal. The NCUHT Board are required to formally respond to this report within the statutory 20-day timeframe giving a full and detailed response. HWC will then make the report and response available to all those who took part. The report will be made public thereafter and we would expect that after the Trust has taken account the public views they would discuss options further with the Clinical Commissioning Group before confirming next steps.

## Engagement Process

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In total 12 engagement events took place across North Cumbria between 24<sup>th</sup> November 2014 and 8<sup>th</sup> January 2015, in addition to this several targeted engagement meetings were provided for the learning disabled, deaf community, LGBT and people living with mental health conditions. During the programme of engagement HWC received feedback from 729 individuals both in person and via the survey.

Table 1

Location	Number of attendees
Allerdale	52
Carlisle	7
Copeland	122
Eden	3
Targeted Groups	18

To provide those who could not attend an engagement event with the opportunity to comment, NCUHT also provided a questionnaire which HWC made available online. This was publicised through the HWC website, newsletter and at engagement events (in both a hard copy format and a postcard with the web address). The questionnaire was also attached to NCUHT clinical options information leaflets.

NCUHT promoted the events through the local press and HWC assisted by listing the events on its website and online newsletter.

### Format of Engagement Events

At each event HWC provided an introduction and overview of the session before NCUHT staff presented the 4 clinical options (acute medicine, obstetrics and midwifery, paediatric care, planned care).

Following an explanation of each clinical option attendees were invited to share their views and to put forward their priorities to the Trust for consideration when developing their plans for future health services. HWC staff facilitated round table discussions and recorded all comments and questions raised.

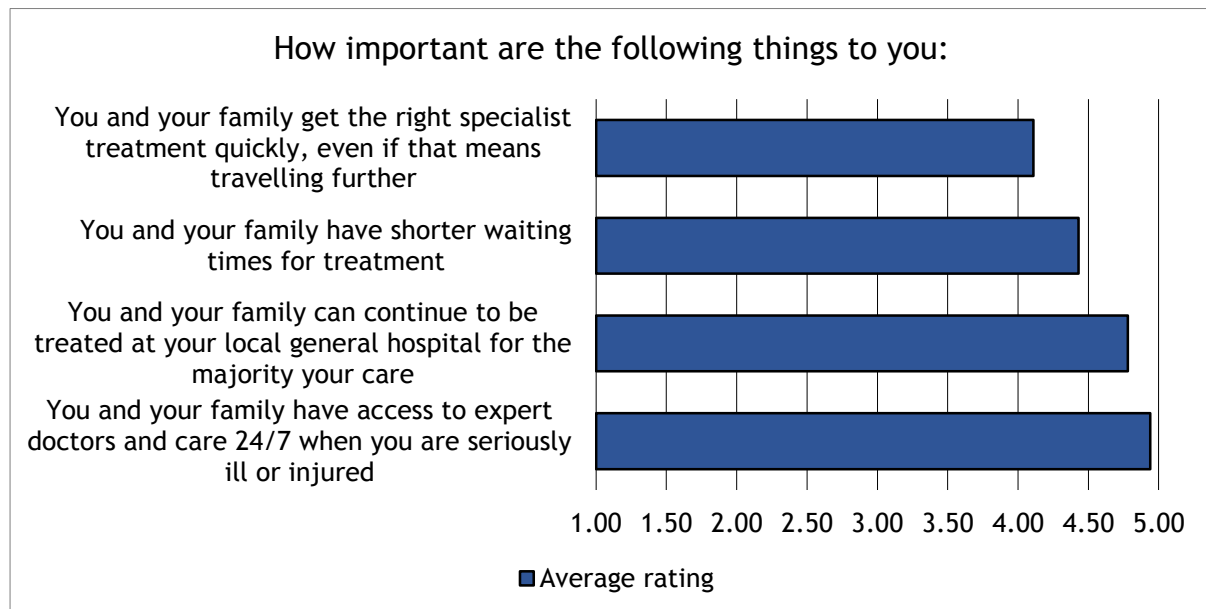
An open question time was provided for attendees to share their concerns with Trust staff and for Trust staff to provide further clarification where required.

## Format of Engagement Questionnaire

NCUHT devised a questionnaire regarding the four clinical options which HWC made available online (and in hard copy if requested). A copy of the questionnaire is attached in appendix 1. The Trust had planned to distribute the survey but HWC offered to manage this to ensure that the intelligence would be independently collated and analysed.

The questionnaire gathered demographic information (location, age and gender) and asked respondents how important the following statements were on a Likert-type scale from 1-5 (1=Not at all important, 5=Very important):

- You and your family have access to expert doctors and care 24/7 when you are seriously ill or injured
- You and your family can continue to be treated at your local general hospital for the majority your care
- You and your family have shorter waiting times for treatment
- You and your family get the right specialist treatment quickly, even if that means travelling further



Scale:

1	2	3	4	5
Not at all important	Not very important	Neither important nor unimportant	Fairly important	Very important

The questionnaire then focussed on two main questions for each clinical area:

1. Did the respondent feel they had enough information about the challenges faced and the need for change in X area
2. What were the three most important things the respondent thought NCUHT should consider in its plans for X area

## Limitations of the Engagement Questionnaire

Throughout the engagement process HWC received feedback from members of the public regarding the questionnaire.

Some of the feedback was about the limited scope of the questionnaire for gathering public opinion on the clinical options presented by the Trust due to the closed and perceived leading nature of the questions and also the phrasing used around whether people ‘understood’ the need for change. As a result, the wording was changed from ‘*do you understand the need for change*’ to ‘*do you have enough information about the challenges faced and the need for change?*’ Nevertheless, the questionnaire did serve as a conduit for respondents to give their opinions on the proposals, as they used the answer fields to give their full range of opinion on the proposals.

This report focuses upon the key areas of concern which appeared as recurring themes in both the engagement events and the questionnaire. The recurring themes spanned all four clinical options, therefore these will be presented as such. This will be followed by the presentation of any key themes which were specific to a clinical option.

Due to the change of wording to some questions, graphs have been provided in appendix 3 showing the proportion of answers from respondents to both the questions beginning ‘Do you understand...’ (The first 112 respondents) and the subsequent change to ‘do you have enough information...’ (The further 415 respondents).

## Demographics

### Event attendees

In total 200 people attended the engagement events. The number of attendees per location can be seen above in table 1.

### Online questionnaire respondents

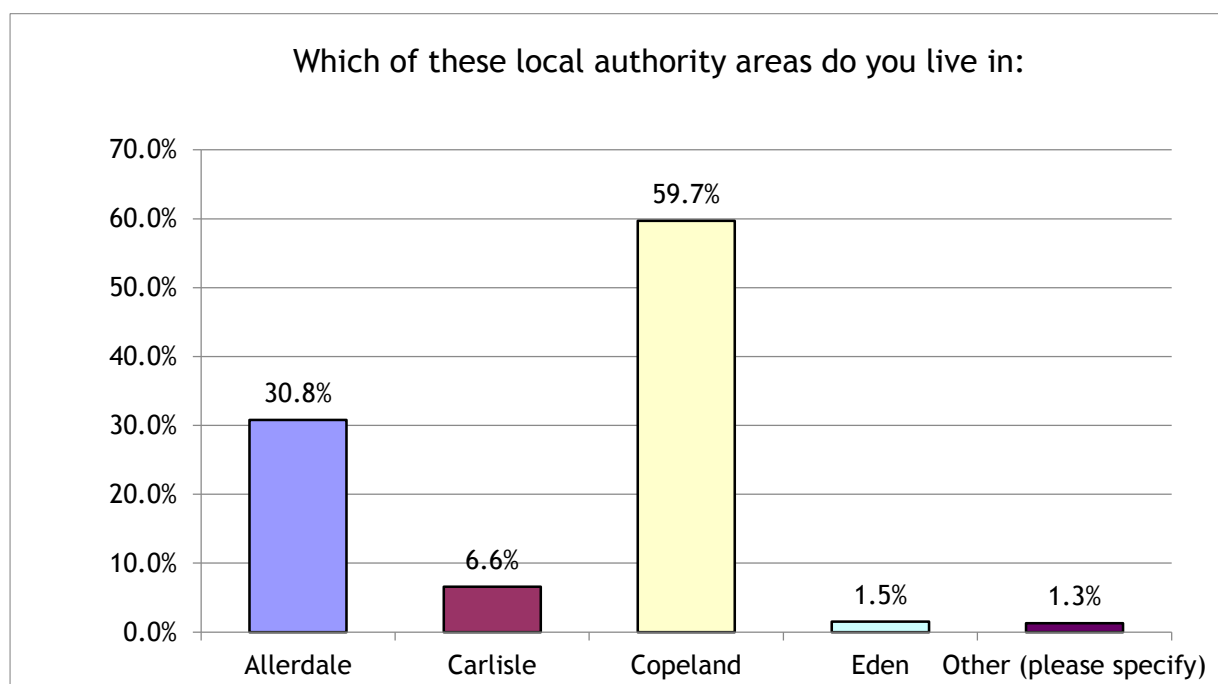
There were 527 respondents to the online questionnaire. This figure includes those who completed a hard copy version.

Of these:

- 76.79% were female and 23.21% were male
- 67.77% did not have children under the age of 16 living at home with them
- 79.34% were not carers or responsible for looking after an adult member of their family

The following chart shows the number of respondents from each local authority:

Chart 1



Both table 1 and chart 2 show a higher number of respondents and attendees from Allerdale and Copeland, but much lower numbers in Carlisle and Eden.

Attendance levels were low in Eden and Carlisle, which could be due to a number of reasons. From those that did attend there was a general feeling that the changes would have little impact to those living in Carlisle or the Eden area as the majority of services required a move *from* West Cumberland Hospital (WCH) to Cumberland Infirmary Carlisle (CIC). A further reason for the higher numbers in Copeland and Allerdale may be attributed to the 2 high profile campaign groups, which are based to the west of the county. It is believed

that the groups actively promoted the engagement events and online questionnaire through their own networks.



## Key Themes

This section provides an overview of the emerging key themes across all 4 clinical options gathered through the questionnaire and through engagement events.

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### Confidence/Communication

There was a general recurring theme about the need for more clear information and communication from the Trust about the exact nature of the challenges, how proposed changes would work in practice and the impact for patients and families. This is reflected in the comments below:

*'There have been a lot of rumours, politics and very vague explanations but there has yet to be any clear information regarding the challenges faced and their severity.'*

*'I would like to know more about how the changes will affect the public in clear easy to understand language.'*

*'I don't have any clear information and would like to know all about the challenges and need for change etc. in depth.'*

*'At present the only information I appear to have received comes from the media or speculation amongst communities. There is no clear information from NCUH regarding the exact challenges faced or what changes need to make. I feel a clear public report needs to be produced outlining the challenges and proposals made clear.'*

*'To be clear about exactly what is being planned and the implications for patients and their families.'*

The fact that some services have already moved from WCH to CIC due to safety reasons has impacted on general confidence about future services and how decisions will be made regarding the future plans for WCH and CIC and the role of public consultation. This is reflected in the comments below:

*'Despite reading all I can and attending public meetings I feel issues have already been addressed by the time I get to know. We, the public are being given little option as the services have been run down and made inoperable.'*

*'Why have many Services been moved to the Cumberland Infirmary without any consultation e.g. emergency / trauma surgery? It seems that this 'consultation process' is purely to enable the Trust to say they've 'engaged' with the public when decisions regarding cessation of Services at West Cumberland Hospital have already been made.'*

*'I think people want genuine consultation 3 months minimum.'*

However there were a number of positive comments about the transfer of services, including:

*'If it's going to save people's lives then it's a good thing to transfer, personally in an ambulance.'*

*'Transfers from WCH to CIC show lives are saved.'*

*'I would want to be sure I was getting expert care rather than be concerned I was going to the nearest hospital.'*

It appears that people were unclear about the justification for services moving to CIC and would like to see clear reasoning and justification for this direction of movement, particularly when the new hospital is nearing completion in West Cumbria. Furthermore respondents wanted to be told what services would be present at the new hospital.

There were also numerous comments made about the confidence in services in opposing ends of the county and the need for better working and communication across sites. These are reflected in the comments below:

*'If patients feel things are joined up, they may feel better disposed towards the possibility of having to move between sites.'*

*'Currently patients don't want to go to Carlisle, you need to change this and address CI's very negative image.'*

*'WCH still has a stigma and people prefer to go to CIC.'*

*'Do away with divide between north and west Cumbria.'*

*'People of West Cumbria are concerned about being sent to Carlisle. They need reassurance that they will get better treatment there, CIC has one of the best heart centres but we never hear about it.'*

Several comments were also made in relation to the joining up of services outside of hospital and the need for better integration of community services with specific reference to 'Care Closer to Home'. See comments below:

*'I understand the need for change based on a review of services on a continuing basis to strive for best care. What I don't understand is why the drive for 'closer to home' has been almost scrapped ...'*

*'Ways of overcoming 'bed blocking' of patients whom socially are unable to be alone yet are clinically fine to be discharged.'*

*'A plan to filter out all non-urgent/emergency patients early in triage system and have an accessible alternative care provider co-located.'*

*'Integration with social care and direct employment of GPs.'*

*'Disappointed that we are the hospital focus - if we keep patients out of A&E then we can help the hospitals capacity.'*

*'Community care should be a higher priority.'*

*'Patients and their families need reassurance that 1st class can exist in the community.'*

There were a number of references made to **PFI** during the engagement events and it was felt that this had a negative impact on the Trust's ability to perform.

*'More openness and information on the financial situation. It makes no sense that large sums are being spent by a Trust that has been in deficit for years and hence large sums are being spent on interest payments which could have been better used.'*

*'PFI contract is a huge burden.'*

It was felt by attendees at events in Allerdale and Copeland that WCH had been deliberately run down and this then led to the belief that decisions had already been made regarding the future plans for WCH and CIC without any public consultation, furthermore some respondents reported that services had already been moved to CIC without public consultation. The phrase 'it's a done deal' occurred on many occasions during engagement events in Allerdale and Copeland.

*'Feelings that people believe the hospital is closing down already.'*

*'Decisions are already made. Why are staff being told this is set in stone?'*

*'Is this a done deal? Has the decision already been made?'*

*'WCH is gradually been run down, staff are demotivated.'*

*'General information about where services will be provided as many patients seem to be allocated hospitals outside of Cumbria, suggesting that this area is not considered important and eventually services will diminish to the point where we will not have any hospitals, even for emergency care.'*

It appears that some people are unclear about the justification for services moving to CIC and would like to see clearer reasoning for this direction of movement, particularly when the new hospital is nearing completion in West Cumbria. Furthermore respondents wanted to be told what services would be present at the new hospital.

Many respondents praised the clinical staff at WCH and CIC for their dedication and hard work and highly valued the services at both sites.

*'The hospital in West Cumbria is magnificent, I have had 7 years of excellent treatment there.'*

*'More people should report on good experiences.'*

Despite NCUHT providing various literature on the proposals many respondents simply wanted to know:

- What specific services would be moved and have been moved?
- What would happen in certain medical scenarios e.g. during a heart attack, an aneurysm etc?

## Transport and Infrastructure

Many respondents highlighted the poor transport infrastructure between WCH and CIC. The A595 is known to be a dangerous road which gets congested with slow moving traffic and has few passing places, respondents felt that this may compromise patient safety on two counts. Firstly the danger of A595 with the number of accidents which occur on it and secondly the journey time to CIC and how this may impact on the 'golden hour' in an emergency. *(The golden hour refers to a time period lasting for one hour following traumatic injury being sustained by a casualty or medical emergency, during which there is the highest likelihood that prompt medical treatment will prevent death).* This is reflected in the comments below:

*'The travel distance between WC Hospital and Cumberland Infirmary - it's too far in an emergency, you can't make it in the golden hour.'*

*'Need to know more about the 'golden hour' to get people to A and E who have had strokes / heart attacks / major accidents.'*

*'Access to services and travel times for patients (given the transport infrastructure in Cumbria especially the West Coast). The knock on effect for NWS and Patient Transport will need to be addressed as this service would also need additional resources'.*

*'I do not agree with most of the services going to Carlisle, the A595 to Carlisle is a long and dangerous road even when you are not ill, why can't we continue to keep the services at West Cumberland hospital that we already have. Surely people having a stroke or heart attack are at more risk travelling to Carlisle, what happened to the golden hour, it would take longer than that to get there.'*

Attendees and respondents wanted to know if journey time length at various times and weather conditions had been assessed, and if so what these times were. Again, they wished to know what would happen in certain medical scenarios and how the transfer time would affect the clinical outcome for the patient. Some felt this would lead to a disparity in survival chances dependent on the patients geographic area, with a patient having a heart attack in Carlisle receiving hospital treatment sooner than a comparable patient in Millom.

*'More centralized services - because from Millom we have to travel either 32 miles to Whitehaven or 26 miles to Barrow in Furness.'*

*'Millom and South Copeland patients are serviced by the Morecambe bay university NHS trust, i.e. - Barrow, Kendal, Lancaster and Preston.'*

*'Think about the effect on the families who need to travel from, say, Egremont or Millom to Carlisle'*

*'Are seriously ill folks in Millom to be taken to Whitehaven / Carlisle or to Barrow?'*

*'List of which hospitals in our area Millom which is in the centre of 2 authorities specialises in which field as at the meeting you were saying all hospital cannot supply all needs.'*

A further area of uncertainty raised was in relation to the capacity of the ambulance service to deal with the increase in transfers it would be called upon to deal with. It was unclear if the North West Ambulance Service (NWAS) had been consulted on the proposals, many respondents wanted to know if there had been an assessment on the number of ambulances that would be needed if the proposals went ahead.

Many were concerned that there may not be enough ambulances to deal with the increase in numbers, therefore leaving patients throughout the county with longer wait times for an ambulance. This was of particular concern in Allerdale and Copeland where this would be paired with the longer transfer time, making the total time from onset of illness to being seen by a doctor much longer.

Although people living in Carlisle and Eden realised that transferring services from WCH to CIC would have little impact on them in terms of travel and transport it was clear that they empathised with people living in Allerdale and Copeland and the additional travelling required in potentially serious circumstances.

*'I'm quite happy for children from west to come here but perhaps id feel different if I lived there (West & south)'*

*'Transferring patients to CIC would cause concern for WC because of roads'*

There was also a lot of feedback in relation to the impact of travel for families visiting loved ones who may need to be transferred, the cost of travel and timings of public transport in relation to planned appointments and procedures. This is demonstrated in the comments below:

*'..How will families be accommodated if they have long journeys to visit, how appointments will be timed so that patients either do not have to start a journey to an outpatient appointment at 6am or get home in the late evening.'*

*'The length of the journey and the time it would take for parents to travel to see their sick child if they were in CIC or further away and also the costs involved.'*

*'Recognise that families and friends can't afford to travel to Carlisle and back for visiting; and/ or can't make the journey!'*

*'The ability of parents to travel to Cumberland Infirmary, journey time, cost, public transport etc.'*

## Capacity

Questions were raised in regards to capacity, both of NWAS as discussed above, in terms of bed space at CIC with the proposed transfer of certain seriously ill patients and also with the proposed increase in elective (planned) activity at WCH. Many respondents said they did not know where the extra patients would be accommodated when they reached CIC and worried that there would not be enough bed spaces causing increased waiting times and queuing of incoming patients. There were also comments made about car parking on both hospital sites:

*'I would like more information on how CIC is to manage with more people than they have now- they can't cope as it is.'*

*'More car parking spaces at Carlisle and Whitehaven.'*

*'Parking is already an issue. Increase in the number of patients attending W Cumberland would increase the pressure on an already stressed system.'*

Capacity of staff was also a concern in that the Trust has been unable to recruit sufficient staff in the past for both sites and this problem has not yet been resolved. Therefore there would be no guarantee that adequate staffing levels would be maintained in order to care and treat the influx of patients from WCH.

Comments from all events and survey respondents included:

*'Huge waiting times in Carlisle already. Can they cope with anymore?'*

*'CIC already has 60% of patients and it struggles, how it will cope with more.'*

*'How the current understaffed CIC will cope with the increased number of highly dependent patients.'*

*'With increasing electives how can you handle the number of patients without massive increase in staffing?'*

*'Increase resources and staffing - existing staff are amazing but they need more support.'*

*'CIC does not have the bed capacity or staffing levels to care for both North and West Cumbria.'*

Repeated concerns and questions were raised about the likely population increase resulting from the recently announced development of the Sellafield site (Nuclear). The public wanted to know if the Trust had taken this into consideration when profiling and forecasting. This thought was shared by attendees at the Eden event in addition to those attending the Allerdale and Copeland events.

There was a strong feeling from Carlisle respondents that more services should be provided closer to home, which they felt would take pressure off CIC and WCH. Carlisle has been involved in a recent 'closer to home' pilot (Mrs Carlisle), which has been successful and it is clear that the people living in the area who attended the engagement events believe that this is an option for future health care.

## Recruitment

At both the engagement events and in the information provided by NCUHT, the longstanding issues around recruitment and national context around recruitment challenges were clearly outlined and the public were keen to understand more about the efforts to attract healthcare professionals to the Trust.

Many were not aware of the extensive efforts to date, including international recruitment which has resulted in consultant appointments as well as nurses from Portugal and Italy over the past year - as well as relocation packages and a new recruitment premium launched in 2014 in a bid to attract further candidates.

NCUHT explained that there was a lack of candidates applying for roles at the Trust which is in part a result of the way services are currently provided which do not offer enough opportunity to practice. Respondents did not agree with the reasoning for this and questioned NCUHT's recruitment strategy and also the reputational issues of being placed in special measures and the impact this would have on clinical staff not wishing to work at a failing hospital.

Concerns were raised about the Trust's ability to retain existing staff and the re-recruitment of retired consultants. In particular the currency of skills and knowledge of previously retired employees. Trust employees attended several of the engagement events and spoke of their concerns about retention and the lack of investment in nursing staff. Many felt undervalued and there were also issues relating to temporary contracts during the acquisition period, which impacted on staff motivation.

*'Invest in senior clinical nursing staff e.g. nurse practitioners.'*

*'Treat Patients and Staff with dignity and respect.'*

*'Listen to the clinicians and recruit the right talent.'*

Many questions and concerns were raised in relation to the over dependency on locums, particularly the cost. It was suggested at several events that the money used to pay locums could be reinvested into the Trust efforts to recruit permanent staff. On occasion there was a lack of belief in the Trust's account of their recruitment efforts. It was suggested that the Trust looks to similar geographical areas and organisations to understand how recruitment takes place elsewhere.

*'If care standards were improved then more doctors would consider working at a good hospital, rather than being tarnished with the same brush when the hospital is poor'.*

*'I feel there is a risk of de-skilling staff at WCH if acutely ill patients initially come to CIC'.*

*'I truly believe that patient safety and gold standards of care should be guiding any change and not the concerns for recruitment'*

*'Stop creating uncertainty as this is what is preventing the recruitment and retention of staff.'*

*'As a matter of urgency start a recruitment drive that includes financial incentives and help with relocation.'*

*'The trust uses staff recruitment as an excuse but no staff want to work for organisation as it has such a bad reputation.'*



## Clinical Options

This section provides intelligence gathered through engagement events and the online survey, relating to each of the clinical options

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### Acute Medicine

*Acute care is how Trusts look after the most seriously ill people in an emergency after they arrive at A&E*

Many respondents from both North and South of the county were keenly aware of the 'Golden Hour' and had serious concerns over how this time would be spent by the patient in transfer to CIC rather than receiving immediate treatment closer to home at WCH. This was of particularly strong concern to the residents of South Copeland, who were already approximately an hour away from WCH so would be facing around a two hour transfer time to CIC. Similar concerns were raised by people living in Carlisle and Eden although there was an appreciation that the direction of change had less impact on them.

*'How can immediate treatment be given (stroke/heart) if travelling to distant hospital?'*

Furthermore many were concerned over the capacity of Northwest Ambulance Service (NWAS) to deal with the number of acutely ill patients being transferred to CIC, whilst also transferring patients from obstetrics, midwifery and paediatrics.

In addition to the concerns raised over transport and infrastructure relating to patient safety, many felt that transport infrastructure would also impact upon visitors to patients. Of particular concern were the long journey times which would be encountered when visiting patients and the logistics for visitors who did not have access to their own vehicle. It was recognised that it is important for both the patient, relatives and friends to be able to see each other during times of illness, however it was felt that this would be made difficult due to the distance from home and the lack of easy access to public transport in the county due to its geography.

Another area of concern lay in the triage process for acutely ill patients, with many questioning who would be ultimately responsible for deciding that a patient should be transferred to CIC and on what criteria this decision would be made. Furthermore there were anxieties for both the patient and their relatives or friends that transferring them, during what already would be an upsetting and stressful time, would cause more upset, stress and confusion. This was of particular concern to the deaf community who raised queries over the Trusts responsibility to book interpreters during an emergency, without which a deaf patient may not be fully informed or aware of the implications of their transfer to CIC.

Further questions were raised with regards to patient care once the transfer had taken place. Two areas of concern emerged in regards to patient care, firstly respondents were uncertain that CIC would have the bed capacity to deal with transfers from West Cumbria leaving many patients waiting to be allocated bed space. Secondly, some respondents had a lack of trust in the quality of care patients would receive at CIC and felt that coupled with the long transfer time they would receive poor quality care once they had arrived.

Contrary to this there were comments from those living in the north of the county suggesting that *'the emphasis should be on vital treatment, not nearness of hospital'*

In some cases there was a misconception amongst many respondents that the A&E department in WCH would close and the population of West Cumbria would be left with no facilities to deal with emergency admissions. In some cases this concern was raised in direct relation to the location of the Sellafield Nuclear Reprocessing plant in Copeland, which directly employs 10,000 (this is discounting those employed in supply chains). Many felt that with the presence of such a large industrial employer in the area an emergency medical facility was crucial.

Underpinning all of these concerns was the feeling that the proposals would result in an inequality of care between West Cumbria and North Cumbria, with many citing that an acutely ill patient in North Cumbria would receive treatment much more quickly than a comparable patient in West Cumbria.

Many respondents felt that if a transfer would save the life of their loved one they would support it, however they did not accept that a transfer would lead to this outcome due to transport and infrastructure concerns coupled with a lack of faith in both the capacity and quality of care at CIC. Respondents asked for more clarification on the data provided by NCUHT, with some suggesting that the data provided was misleading and had been manipulated by NCUHT to support their current proposals.

A comment from the Carlisle area was that the Trust should provide *'dynamic and forward thinking services that future proof services being provided locally.'*

## Obstetrics & Midwifery Care

### Care for pregnant ladies and their babies

During the engagement events the Obstetrics & Midwifery clinical option generated the most concern and questions. There was an overall opinion across the Trust catchment area that option 1 was the only feasible solution to the problem, have a consultant-led unit at both Trust sites, and with the exception of 4 survey respondents from Carlisle who felt that option 2 was the most appropriate way forward.

There was a strong feeling of anxiety and fear relating to the transferring of women in labour, mothers and babies requiring specialist care in emergency situations. In all cases this could be related directly to the poor transport infrastructure and the geography of the county, particularly for those living in the South Copeland area where it can take an hour to reach WCH alone. Concerns were raised about the welfare of Millom residents from respondents living in the Eden area. There was a clear understanding that the proposed options would have a greater impact on those living in the Allerdale and Copeland areas.

Many comments recorded were highly emotive and included:

*‘Worried about midwifery-led unit - normal births can turn serious in seconds, you could bleed to death if transferred to CIC. Will C-Sections be done in the ambulance? Births become deaths if transferred.’*

*‘What happens if Mum lives in Millom and her baby is in CIC? How will they bond and what will be the impact on other family members and siblings?’*

*‘What happens when something goes wrong, will there be a bottomless compensation pot?’*

*‘How will the Trust respond when a baby or mother die in an ambulance on the way to Carlisle?’*

In most cases it was felt that lives would be placed at risk by *not* having consultant-led units at both sites. Despite the Trust describing their current staffing problems there was a general feeling that the change was needed due to the lack of obstetricians rather than anaesthetists.

There was a feeling that the option of having a midwife unit based in Allerdale was unfeasible. The suggested location of Cockermouth raised some concerns and it was felt that Cockermouth was not truly central, particularly for those living in South Copeland.

*‘Absurd to use Cockermouth, say goodbye to WCH, where will you park in Cockermouth?’*

There were a significant number of suggestions made about the development of community based maternity care to ease the pressure on the acute sites along with the belief that women should have a right to choose where they would give birth and this may be compromised with options 2 and 3.

There were questions posed in relation to the maternity review and timescales for reporting and many people wanted more information about the format of the review and the decision making process post reporting.

*‘Decision has already been made before the review of maternity, Will the review make recommendations for change, and can the trust deliver the changes?’*

**Note:**

**The future of maternity services is fully dependent on the outcome of a Cumbria-wide independent maternity review commissioned by NHS Cumbria Clinical Commissioning Group (CCG) and led by the Royal College of Obstetricians and Gynaecologists. This is expected to report in 2015.**

## Paediatrics

### Children's care in hospitals

The clinical option regarding paediatrics proved to be a very emotive subject at both the engagement events and through the online questionnaire.

Many attendees and respondents were concerned over the logistics of their child being transferred to CIC and the resultant stress and anxiety for both the ill child and for their family, which in the case of the child may exacerbate their condition. Of particular concern was the difficulty it could present for the visiting families of an ill child, some questioned if accommodation or financial support would be available to help those travelling from West Cumbria. Furthermore for those families with more than one child there was anxiety over how they would manage visiting a child in CIC whilst also caring for their other children.

Some respondents spoke of their own experience with their chronically ill child and were concerned that in these cases the proposals would result in frequent long journeys and transfers, again leading to stress, anxiety and financial implications.

Questions were also raised in relation to the maximum four hour wait in A&E standard. Respondents wished to know if travel time to CIC would be included in the four hour window, or added onto it. Furthermore, to many attendees the thought of their seriously ill child having to travel by ambulance, for possible over an hour, was inconceivable. Respondents felt that the proposals would result in inequality of care for children in Cumbria, with those in West Cumbria having to wait longer to receive appropriate care and treatment than those in North Cumbria.

Once again there were concerns raised over the capacity of both NWAS and CIC to deal with patients being transferred from West Cumbria.

There was some confusion about the current arrangements for some paediatric cases being transferred to the RVI in Newcastle. Respondents understood that this was for specialist paediatric care but were unclear as to how this would fit in with the presented clinical options for paediatrics, querying if a child would first have to go to CIC to only then be sent onto the RVI, or, would the child be sent straight to the RVI. This then raised the question of what constitutes 'seriously ill' and who would be responsible for making this decision when the child first presents.

During the engagement events questions were raised regarding the legalities of the transfer of an ill child to CIC. Attendees queried if a parent or guardian could refuse to allow for their child to be transferred to the CIC if they did not think they would receive the appropriate care during transfer or once they arrived at the CIC.

The proposals from NCUHT explain that the Chief Inspector of Hospitals (CQC) raised concerns over night time cover for paediatrics at CIC, this led to respondents querying if NCUHT currently has an active recruitment process for paediatricians at CIC. If this was not the case, many people felt it was illogical to transfer more children to CIC if there was not adequate staffing cover.

Specific feedback was received from the deaf community relating to the paediatric clinical options. They discussed a particular example of a child being transferred whose parents may be deaf, they questioned if interpreters would be available 24 hours a day to assist with, for example, finding and booking accommodation for the parents late at night or

helping interpreting a paediatrician explaining the medical condition and options for the ill child.

All respondents strongly wanted the best medical care for the children in West Cumbria but felt this should be available as close to home as possible, but transferring services to CIC would not meet this requirement.

Again there was an appreciation felt by Carlisle and Eden respondents and attendees that whilst this possible change would not impact on their access to care it would impact greatly on those living in Allerdale and Copeland.

*'I'm quite happy for children from west to come here but perhaps id feel different if I lived there (Allerdale/Copeland).'*

*'Emphasis on giving the best treatment while acknowledging that more important with children that parents have quick and easy access to their child.'*

*'Don't force children to be away from family when they are most ill, provide care at a hospital "closer to home.'*

## Planned Care & Outpatients

### When patients visit a hospital for planned procedures or treatment

Whilst there were no significant objections to this option it was observed that the public were not always clear about the options being presented. At some engagement events it was suggested by the Trust that elective care would be transferred from CIC to WCH but at other events it was suggested that patients would still have the right to choose where to have their treatment/procedures and CIC would still be providing elective care.

*'I would want to be sure I was getting expert care rather than be concerned I was going to the nearest hospital.'*

For people living in Allerdale and Copeland the transfer of elective/planned care didn't appear to be a cause for concern however some issues were raised about the Trust's capacity to recruit in order to provide elective care at WCH.

*'No consultant to staff new operating theatres.'*

The poor parking facilities at WCH was mentioned several times and attendees wanted to know what steps were being taken to address the issue. It was felt that parking would only get worse with the transfer of services.

Questions were raised in relation to consultants being available within community settings i.e. eye specialists being available in Millom. It was suggested that rather than having many patients travelling across the county at great expense, either personally or to the Trust, it would be far more viable for consultants to travel to local clinics/community settings.

*'Travel to Carlisle from Millom can be £150 per day, because you need an overnight stay sometimes.'*

Concerns about the transport infrastructure were raised along with possibility of families being separated if admittance to an out of area hospital was required.

*'Is the new hospital 'Deaf Friendly'? Having buzzers on doors doesn't work for the deaf people because they can't hear people speaking through the intercom'!*

At several of the events there was an emerging notion that people would be more likely to travel further for planned/elective care rather than acute medicine and that perhaps the Trust had given little thought to this.

There were some concerns raised at the Carlisle and Eden events and from survey respondents living in those areas about the likelihood of CIC patients choosing non-Cumbria hospitals for treatment. There was a suggestion from the Eden event that people would be more likely to travel north or east rather than travel to WCH for their elective care.

*'This won't help the people of Carlisle, people will go east (Hexham).'*

Further clarification is needed about this option, specifically:

- Which elective procedures will remain at CIC and which will move to WCH?
- Can patients still choose where to be treated?
- Will patients living in the North and East of Cumbria have to travel to WCH or will they still be able to receive elective care at CIC?

## Conclusions

From the engagement activity and responses to the survey several generic themes can be identified. There are clear concerns about the recruitment of new staff and retention of existing staff. Much depends on the Trust's ability to address staffing problems across both sites and whilst transferring services from WCH to CIC may help in the short terms it does not improve staffing levels where they are most needed. That said, there is a general appreciation that recruitment is a national issue which the NHS system needs to address. The Trust should consider how it communicates recruitment efforts to the general public.

It is felt by the public that by transferring services from WCH to CIC the Trust does not take into account the current lack of capacity (beds, staffing and parking) at CIC to deal with the existing patient flow. This is a concern which was raised repeatedly across the north and west of the catchment area. There is a feeling that the problem may get worse regardless of the proposed changes to planned care i.e. making WCH a centre for planned care. There were some questions raised about the planned development of the CIC site and suggestions that the Trust should share its plans with the public.

The poor existing transport infrastructure is an enormous cause for concern and underpins many of the overarching issues raised during the public engagement events. Cumbria is a rural county with limited transport links and the public are understandably worried about the risks to patient safety during transfers between sites. This is a particular and widely felt concern in relation to obstetric and midwifery services and acute care. There is a very strong feeling that lives will be unnecessarily put at risk.

Clearly the Trust has much work to do in order to improve public relations, rebuild public confidence and trust in the executive team particularly within Allerdale and Copeland communities. There have been many comments and concerns recorded about the Trust deliberately running down WCH along with the feeling that *'it's a done deal'* and *'the engagement events are a tick in the box for the Trust, the decisions have already been made'*.

Many people felt that the Trust had not answered their questions, of particular interest are the questions listed below:

- Why can't services be transferred *from* Cumberland Infirmary Carlisle *to* West Cumberland Hospital?
- Has a thorough assessment of medical scenarios in relation to the need to transfer patients been carried out and if so what were the outcomes?
- Has North West Ambulance Service (NWAS) been consulted on the likely increase in patient transfers and the possible specialist care needed when transferring acute and emergency labour patients? Can NWAS state the likely increase in the number of staff and vehicles needed post service changes?
- How can the Trust ensure that the 'golden hour' rule is adhered to when transferring patients?



- What consideration has NCUHT given to the likely population increase resulting from the development of the nuclear industry based in West Cumbria?
- Can NCUHT provide truly equitable health care geographically (i.e. West Cumbria receiving the same access to and quality of care to North Cumbria), taking the needs of South Copeland into consideration?
- Have journey times from WCH to CIC in a number of different scenarios and times of day been assessed, what modelling has been carried out?

There were requests from a number of engagement events for the Trust to communicate more and to provide more information to the public and this was coupled with the desire of people to know and understand more about the rationale for change.

Healthwatch Cumbria on behalf of those who took part in this process and the wider community requires a response to this report within the statutory 20-day time frame. This response must be detailed and should clearly answer the concerns raised throughout this report.

David Blacklock  
Chief Executive  
Healthwatch Cumbria  
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## Acknowledgements

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- Seascale Methodist Hall
- The Oval Centre
- Cumbria Sports Academy - Copeland
- Richard Rose Central Academy
- Rawnsley Centre - Keswick
- Town Hall Cockermouth
- Wigton Market Hall
- Maryport Rugby League Club
- The Guide Hall - Millom
- Penrith Rugby Union Club
- Cumbria Deaf Association
- Sticky Bits Café