

# healthwatch Cumbria



**Engaging People  
in the NHS  
Success Regime**



## Contents

Executive Summary	3
Introduction	6
Phase One	6
Phase Two	7
Context - the West, North and East Cumbria Success Regime	8
Engagement Methodology	9
How we did it	10
Findings	10
Summary	59
Acknowledgements	60
References	60



## Executive Summary

Healthwatch Cumbria (HWC) was commissioned through the West, North and East NHS Success Regime (SR) to carry out extensive engagement activity. This was to ensure that people had been involved in the development of the thinking to address the significant challenges facing the health and care system in Cumbria.

An extensive period of engagement was planned and delivered by the HWC team from December 2015 to the end of April 2016, using questionnaires and an on-line survey. Detailed analysis was carried out by our partners at the University of Cumbria and this report provides a summary of what people have told us. Interim reports were provided to the SR work streams during this time.

The findings are presented from both topic areas and locality perspectives.

Key messages in relation to each of the topic areas from the whole area perspective are:

### Community hospitals

**Rurality and accessibility.** Respondents felt that the geography and dispersed population required local community hospitals to provide accessible care.

**Closer to home.** The importance of patients remaining in their own community and near home whilst being treated emerged as a significant concern for respondents.

**Impact on Cumberland Infirmary Carlisle (CIC) and West Cumberland Hospital (WCH).** The impact of closing beds in community hospitals on the CIC and WCH was a concern. Some individuals raised worries about potential bed shortages and the ability of both hospitals to cope with an increase in patients.

### Acute medicine at the West Cumberland Hospital

**Retaining full services at WCH.** Many respondents felt strongly that WCH should remain fully operational in order to serve the needs of West Cumbria as a dispersed population.

**Impact on Cumberland Infirmary.** There was a mixture of emergent ideas, with some highlighting the problems of CIC receiving more patients from the West. Others suggested ways in which this may be achieved.

**Attracting and retaining staff.** A number of concerns regarding the ability to attract and retain clinical staff were voiced, with suggestions given on how this might be addressed.

### Maternity services

**Travel.** Many responses highlighted the potential risks of women having to travel to access maternity services if eligible births were needed to be booked at CIC.

**Staffing.** The use of consultants in maternity services was well supported. Other issues regarding staff included retaining clinicians.

**Midwifery.** The importance of midwifery services was acknowledged, with support for them in conjunction with obstetric care when appropriate.

### Children's services

**Impact of short stay services, reduction in beds at WCH and centralisation of seriously ill children's services at CIC.** These ideas were largely felt to be unacceptable due to the impact on potentially separating families through travelling across the county to visit sick children and associated transport difficulties.

There was support for county-wide 'joined up care', with positive responses across all localities.

## Facilities at West Cumberland Hospital

**Use of technology.** Responses to the proposed use of tele-consultations and electronic referrals was mixed, with both support and reservations noted.

**Closer to home.** There was support for bringing outpatient clinics into the community, feeling that this would increase accessibility.

**Day cases.** A number of challenges were raised to this idea. It was felt that an increase in day cases with fewer overnight stays may not be feasible.

## Specialist services

There was a mixed reception to the idea of developing enhanced links with Newcastle NHS Foundation Trust to increase benefits across three specialised services - cancer, children's services and trauma. Whilst some respondents welcomed this, others cited concerns regarding access and implications for local services.

**Access.** Potentially travelling to the north east was an unappealing prospect for some respondents, with the added concern of using public transport and associated costs.

**Implications for local services.** The possible costs to implement this idea were questioned, along with the need to have 'in situ' acute services.

## Mental health services

**Accessibility.** The idea of a multi-agency crisis assessment centre at CIC and fewer beds in the county generated a set of responses centred on concerns of accessibility. West Cumbria was highlighted as not receiving an equal provision of services with Carlisle, and the associated effect this may have on vulnerable patients with mental health needs.

**Use of technology.** Opinions on the use of a triage phone line varied. It raised associated comments on how this service may link in with wider health and care services already in place in the county.



## GP services

There were a number of positive contributions relating to developing GP services, with the attraction and retention of staff and increased GP numbers and capacity emerging as themes.

**Attraction and retention of GP staff.** Responses to the suggestion of offering bursaries in order to attract staff to Cumbria was received well, with further suggestions including the provision of flexible contracts and training opportunities.

Ways of working for GPs and the development of collaborative GP practices was welcomed in the face of the current barriers to accessing these services.

**Treating minor ailments.** This was seen as an opportunity to encourage people to visit pharmacists for advice, promote self-management and prevention and also provide potential to relieve GP and A&E waiting times.

## Ambulance services

The capacity of ambulance and paramedic services to cope with the ideas proposed (alongside current service pressures) was questioned. There was a mixed response to the proposal of using helicopter services, with the logistics of this scrutinised. Further feedback emerged in the form of ensuring that acute care was adequately distributed around the county, and considerations for the implementation of telemedicine.

## Key messages by locality are:

### Allerdale

Allerdale residents were most vocal in their concern for retaining a full suite of services at WCH, particularly within A&E and maternity services.

### Carlisle

Changes to community hospitals and specialist services were at the forefront of answers from Carlisle respondents. Providing for rural and elderly patients, and utilising community hospitals for more areas of non-acute care were popular suggestions.

### Copeland

Retaining full services at WCH, and travel to services further afield were the most significant concerns within Copeland.

### Eden

Community hospitals were the concern of the majority of respondents in Eden, with many referring to how such services allowed treatment closer to home, and the benefits this provided. Removal of beds from community hospitals was strongly opposed.

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

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

HWC will continue to ensure that their voices are heard.



your  
**voice**  
**counts**

## Introduction

HWC has a role to act as a consumer champion ensuring that people have a voice in shaping and improving health and care services. The involvement and engagement of local people was recognised as an essential and on-going aspect of the complex programme management arrangements set up to manage the delivery of the SR. HWC was invited to sit on the SR Programme Board and on the SR Executive Group enabling it to advocate on behalf of the population of West, North and East Cumbria, influencing the engagement programme as it evolved and delivering engagement activity throughout West, North and East Cumbria.

The following report was compiled in May 2016, and consists of an analysis of data collected by Healthwatch Cumbria between December 2015 and May 2016. The data was gathered from discussions with local people on and around their views on their local health and care economy.

The data was collected in two phases: in the first, Healthwatch surveyed participants on their general views on the services around them.

This produced a body of data which provided a broad cross-section of information about how local people were discussing and thinking about their services.

In March 2016 the Success Regime for West, North and East Cumbria published a Public Progress Report,<sup>1</sup> which summarised the new thinking emerging from the Success Regime's clinician-led work groups. Healthwatch undertook further collection of views and discussions from local people around their thoughts on the emerging ideas outlined in the progress report, how they might be shaped and improved, and what other ideas should be considered. A survey was administered across four localities within Cumbria; Allerdale, Carlisle, Copeland and Eden in order to gather opinion on proposed ideas for changes to local health services. This second tranche of data was gathered via both face to face data collection by Healthwatch, and through an online survey.

With these two phases of data collected, the Health and Social Care Evaluation (HSCE) unit at the University of Cumbria analysed the findings through a method of content analysis. This approach allowed the analysis to identify the recurring and significant themes within the data, and to record the frequency of particular thematic topics and areas of interest or concern.

This activity was commissioned using a service level agreement with Freshwater, the company engaged by the SR to advise and lead on all aspects of its engagement and communication. The engagement took place in two distinct phases.

## Phase One

### Listening events held in December 2015

These were delivered in the largest towns in West, North and East Cumbria to listen to, and record, the views of the public about the challenges faced by health and care organisations in West, North and East Cumbria in delivering excellent health care.

The following 4 questions were used to help stimulate conversations. The key issues raised and comments made were recorded on prepared feedback sheets and then transferred to the HWC data base.

**Q1** - What do you think are the challenges?

**Q2** - What do you think needs to be improved?

**Q3** - What are your ideas?

**Q4** - Any other comments? - (very few people added anything extra in response to this question)

A report summarising the feedback was submitted to the Programme Board and can be found at <http://bit.ly/28QgIM2>

<sup>1</sup> [http://www.successregimecumbria.nhs.uk/images/Public\\_progress\\_report.pdf](http://www.successregimecumbria.nhs.uk/images/Public_progress_report.pdf)



## Phase Two

### Engagement events held using the “Chatty Van” from January to April 2016

In January 2016 it was agreed to use a branded HWC “Chatty Van”, to support the engagement work allowing the team to be mobile, visible and also to provide some shelter in some of the more open engagement venues.

Senior Responsible Officers (SROs) from each of the SR work streams had been asked to develop questions relative to their theme. It was agreed that the questions should be designed so that;

- They could provide some useful feedback to support the thinking of the workstreams
- They were focused on supporting engagement and not mistaken for consultation on possible options
- They were “user friendly” and could be easily asked and responded to in a short engagement conversation.

**The survey can be found at: <http://bit.ly/291P2c0>**

An interim summary of findings from the “Chatty Van” engagement up to and including 23rd February 2016 was submitted to the Programme Board and can be found at - <http://bit.ly/28ZsSCC>

The success of the “Chatty Van” continued to the end of March 2016 and was subsequently extended to last until the middle of May 2016. A busy schedule was designed across West, North and East Cumbria proactively seeking out a wide range of venues in rural and urban settings, and also responding to requests for visits by the Van.

During this time the SR Public Progress Report <http://bit.ly/1QpnCpw> was published and this resulted in a new survey being designed based on the emerging ideas for each workstream which were set out in that report.

**The survey can be found at: <http://bit.ly/291OZwL>**

This final overview report provides a complete summary of all of the above engagement activity and has been produced through a partnership with the University of Cumbria HSCE.

## Context - the West, North and East Cumbria Success Regime

At the time of its inception it was stated that these improvements would best be achieved by involving doctors, nurses, other health staff and members of the community. It was also anticipated that the SR would see the development of different models of home and community based care and a shift of focus towards the prevention of ill health and support for people to stay healthy and well creating a sustainable health and care system in Cumbria.

The main work of the SR involves a number of clinician-led groups, each focusing on a specific area of challenge. Key themes include mental health; children, families and maternity; specialised services; proactive and emergency care and elective care. The SR states it has also recognised the importance of a number of enabling work streams focused on transport; recruiting more staff; stabilising the financial position and determining how the local NHS might best talk to and listen to local people through enhanced ICT approaches.





## Engagement Methodology

The design and delivery of this engagement programme needed to take account of several factors;

- Access to all communities of interest and place across West, North and East Cumbria
- The need to provide advanced notice of forthcoming events as far as was possible. This was the role of Freshwater
- An ability to respond to requests for the Van to visit
- Availability of suitable venues likely to provide access to reasonable numbers of people
- The translation of the emergent thinking into “user friendly” questions which could be understood by the general public and form the basis of facilitated conversations.

As well as the publicity provided by Freshwater and initially (in 2015) by the NHS, HWC provided press releases, details of the programme in newsletters and on its website, and by sending all local councillors information.

The design of the programme involved building relationships with owners of venues and built on the vast local knowledge of HWC to ensure that the Van travelled far and wide to many different types of places. It required comprehensive planning to ensure that staff and HWC ambassadors were available at all times on the Van.

When possible, refreshments were provided for the public and at all times there was an emphasis on creating the conditions for relaxed conversations. In December 2015, it had been hoped that brief health checks could also have been provided but this proved to be difficult to arrange due to staffing pressures in the Trusts.

A normal engagement intervention involved facilitators introducing themselves and explaining why they were asking for public views. A brief summary of the SR goals was given and people were asked if they would like to be involved by answering questions. Not everyone that staff spoke to wished to be engaged in further conversation but everyone would be aware that this was an opportunity to respond if they wished to.

It was not always easy to gauge how many people would turn up at each venue and at times HWC had to respond by sending extra staff at short notice. The Van has visited supermarkets, town centres, small villages, GP surgeries, education settings, and hospitals. There were also tailored events focussing on minority groups such as those with learning disabilities and the Deaf. It has travelled 3,700 miles, staff spoke to over 3,400 people, and we visited over 86 venues.

It was agreed that it would be appropriate to use both iPad and paper copies to collect responses. Where responses have been collected as a paper copy the information was inputted to the online system by HWC staff. All in-put data has been analysed for this report which combines a summary of the quantitative responses to each question and also a summary of written responses supplied in the open text boxes provided.

During the second phase of the engagement responses to the on-line survey were further encouraged by the distribution of a postcard providing the online address to allow people to complete this at their leisure at home.

The on-line survey closed at midnight on May 8th 2016.



## How we did it

What people said and how we captured and analysed it.

There were two phases of data collection. The first comprised the four key questions about general challenges and improvements to healthcare in Cumbria to stimulate conversations. These were recorded on prepared feedback sheets. We used a method called content analysis to understand the information gathered. Each response was given a separate data code by an analyst who would be asking what the response meant. As the codes gathered up in their separate categories and were tested and agreed (see Table 1) we could begin to identify the frequency of recurrent (and most important) themes. These were filtered through into phase two of the data collection.

Phase two of the data collection focussed on more specific workstream questions that had emerged from phase one and the questions we had asked the SROs to formulate around those specific themes. These were outlined in the progress report about how impacts on services may be shaped and improved. This involved face to face conversations with people in the localities that the Chatty Van visited, as well as through the online survey.

For the second phase, a total of 1389 responses were collected. The survey was analysed for quantitative statistics at a locality level and at a topic (cross locality) level. The qualitative data collected around experiences and anecdotes allowed a much more detailed view to understand the statistical material. The amount of responses were too great to present individually so we took a random sample of 250 respondents that were representative of the Cumbrian population distribution. Table 2 shows the percentages of the make-up of this sub sample. Table 3 describes age in relation to locality distribution as an important factor in providing context to the responses given. For example, in areas where there are higher older populations, then maternity and children's services are less likely to be viewed as important as more age related facilities, such as community hospitals and ambulance response. This may indicate fluctuating response rates in the survey and should be kept in mind.

## Findings

### First Phase Findings

#### Emerging Recurrent themes

The feedback from the first phase of data was analysed in order to identify areas of interest or concern communicated to researchers by residents. The recurrent themes of analysis identified from these are presented below, with an example from the participant feedback to illustrate the code in use. Each code identified below has a Positive and Negative description.



Code	Example
Service Accessibility- Negative	“Car parking is atrocious at Carlisle”
Service Accessibility- Positive	None available
Locality of services- Positive	“The rheumatology department at WCH is amazing, staff and treatment are wonderful. Keep services local.”
Locality of Services- Negative	“We shouldn't have to go to CIC - WCH needs to be allowed to do more
Waiting times- Positive	“CIC "Nothing but first class service" Appointments no problem, NHS is "bloody marvellous" 10/10 Poor reputation but have never had a problem with it (CIC/WCH)”
Waiting times- Negative	“Hard to get an appointment”
Mental Health Service Access- Positive	“GOOD-mental health”
Mental Health Service Access- Negative	“There is a 9 week CAMHS waiting list. Awareness of MH users needs improving, Not enough MH trained staff.”
Staff recruitment/retention- Positive	“No concerns, great service, continuity of care, always saw same consultant, had 4 month follow up care was brilliant. Attended Bootle surgery, they are wonderful, Has own pharmacy, for me with a car we could travel to Seascale it would be cheaper to put people in taxi's to Seascale than fund our surgery.”
Staff recruitment/retention- Negative	“More people should be encouraged to become qualified nurses in West Cumbria and then encouraged to stay there.”
Funding/investment- Positive	“The new parts of the hospital at WCH are fabulous. Like private hospital. The old part of the hospital needs to be updated.”
Funding/Investment- Negative	“Need to address funding for the better.”
Quality of Patient Care- Positive	“Good services, No complaints at all. Great services at Temple Sowerby, GPs Surgery great, Don't have any problems getting an appointment. People have to be more patient. (Appleby Surgery)”
Quality of Patient Care- Negative	“Discharge - ready to leave 7.30am left till 4pm no food. No aftercare help with mobility. Home for 6days, spent 4 of them falling on floors. Waited for Ambulance. Social worker not seen on discharge”
External Contractors- Positive	None

<b>External contractors- Negative</b>	“(Hospital Meals) I used to be a catering manager used local food, suppliers, recruited local staff that’s all gone now. Its all brought in now, Destroys local economy. No community spirit anymore. All senior managers @ CIC now, they won’t read Whitehaven newspaper to know what is happening in the hospitals community.”
<b>Management of services- Positive</b>	“No complaints/Excellent service”
<b>Management of Services- Negative</b>	“No one knows where to go when they want to complain”
<b>Other- Positive</b>	“Failure to highlight the positives, that probably affects staff morale.”
<b>Other- Negative</b>	“More education and open mindedness about complimentary therapies, in the medical profession to allow partnership working.”

Table 1: Code Chart

## Frequency of Recurrent themes

The overall frequency of codes are shown in both graph and chart form. The chart represents the actual frequency of themes present in the responses. The pie chart represents the weighting or importance of themes in relation to each other.

## Total Frequency of Codes

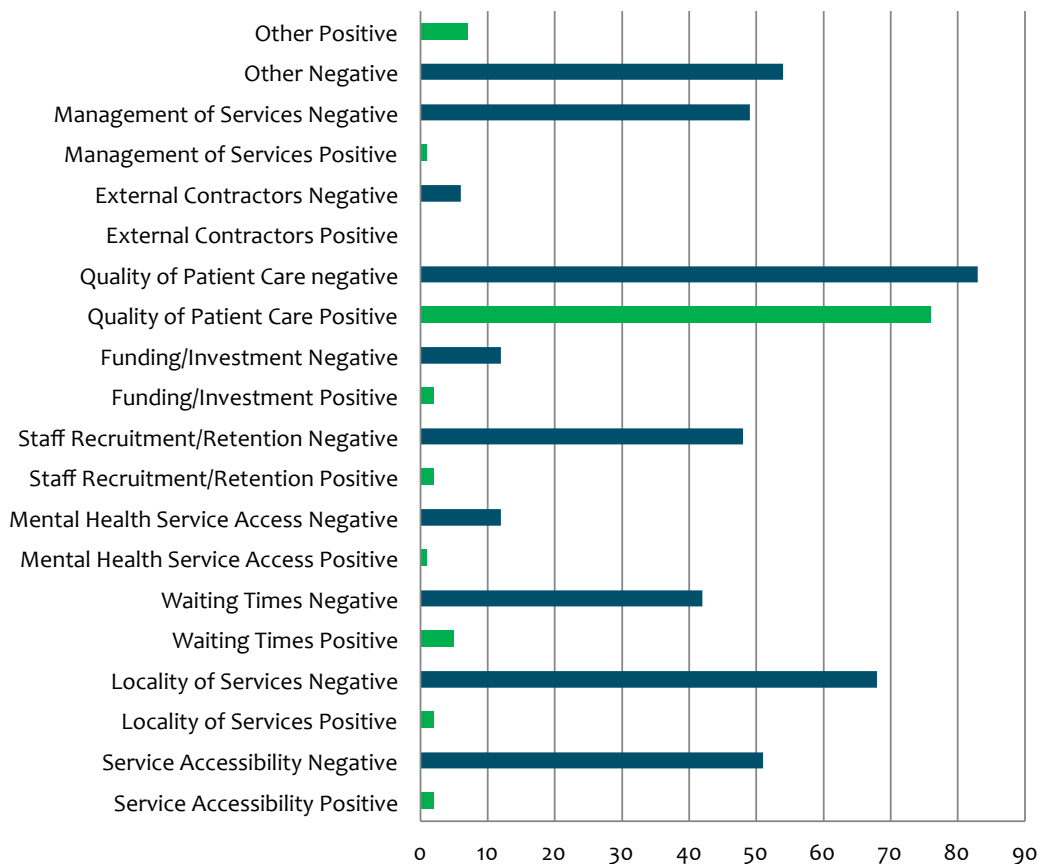


Figure 1 Frequency of Codes - Phase one

There are a number of interesting trends in this diagram. Note that the theme with the highest frequency is the (positive and negative) Quality of Care.

## Frequency of Codes

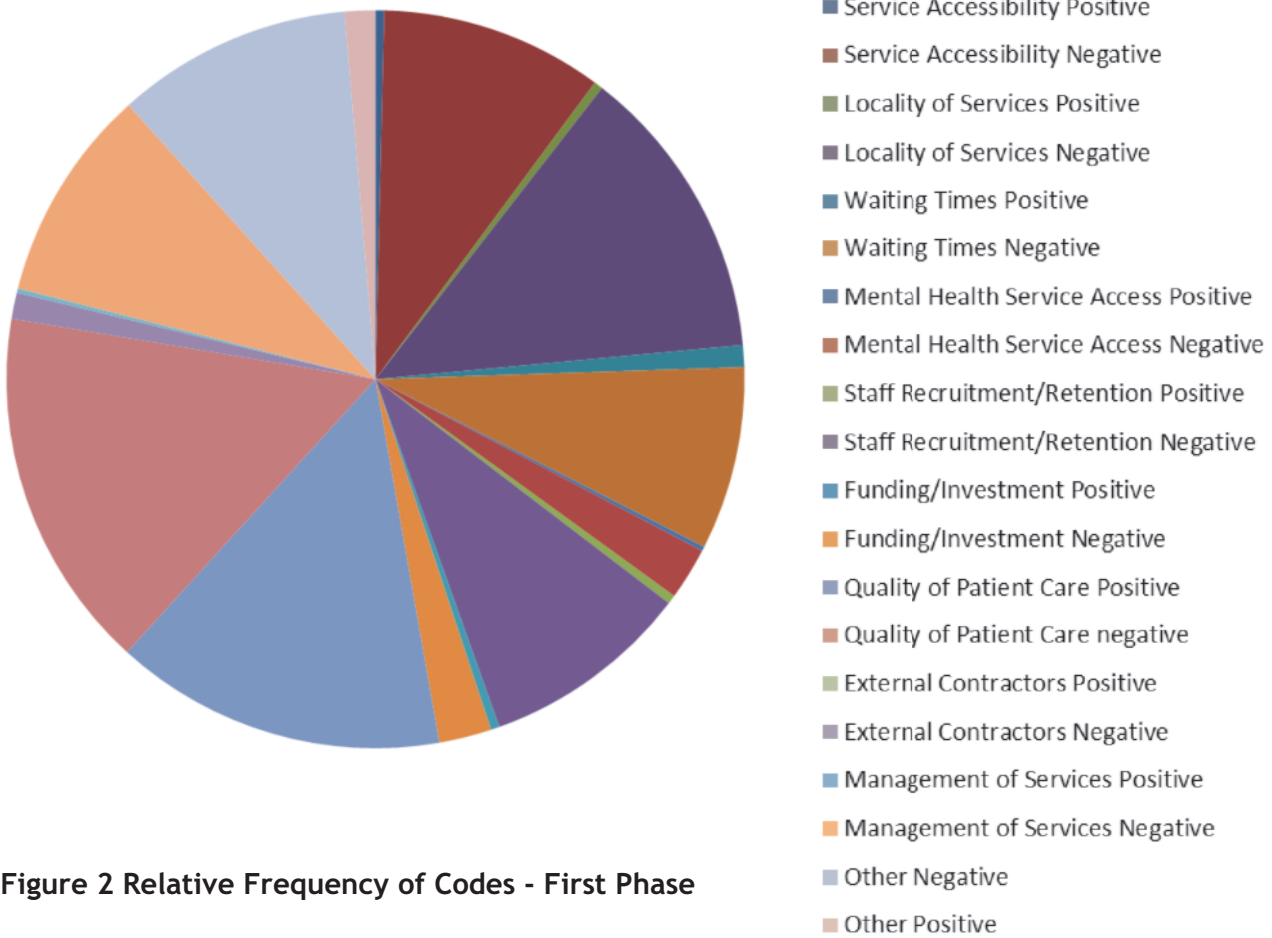


Figure 2 Relative Frequency of Codes - First Phase



## Phase Two Findings

### Breakdown of Sample Size

Due to the large return on the survey, the evaluation of the second phase used a random sampling technique. In this way, the content analysis aimed to provide the most representative cross-section of views across the area, as detailed in Table 2 below.

<i>Locality</i>	<i>Population (% of total population across the four localities)</i>	<i>Number of respondents from each locality within the sample (% of sample)</i>
Allerdale	96,500 (29.51%)	75 (30%)*
Carlisle	108,000 (33.03%)	82 (32.8%)* <sup>1</sup>
Copeland	69,800 (21.35%)	53 (21.2%)
Eden	52,600 (16.09%)	40 (16%)
Total	326,900 (100%)	250 (100%)

Table 2: Percentage of the Cumbrian population living across the four localities sampled

<i>Locality</i>	<i>Age</i>							<i>Total</i>
	<i>Under 18</i>	<i>19-30</i>	<i>31-40</i>	<i>41-50</i>	<i>51-60</i>	<i>61-70</i>	<i>70+</i>	
Eden	1	2	2	6	7	9	13	40
Copeland	3	7	4	12	12	11	4	53
Carlisle	3	2	4	18	17	19	19	82
Allerdale	3	7	8	14	17	21	5	75
Total	10	18	18	50	53	60	41	250

Table 3: Cross-tabulation of age group and locality population distribution

### What the data told us

The statistical analysis covered identification of frequencies and trends, through categorising responses to potential ideas for changes to healthcare services across Cumbria as positive, negative and neutral (Table 4). Responses were then collected and compared at topic and locality-specific levels to provide a full picture of preferences across all areas sampled.

Alongside the statistical analysis, a qualitative thematic analysis<sup>2</sup> was conducted in order to explore the data collected in relation to the proposals in Table 4. Responses were given preliminary codes, and then organised to produce a number of themes. Each theme is detailed, with supporting quotes from the data. Statistical results are presented first, followed by the qualitative findings of the analysis. Statistical findings are presented for each proposed area of change, at a cross-locality level, followed by a locality-specific level.

<sup>1</sup> A total of 82 responses were collected from Carlisle, one response less than the representative 83 needed. An additional response from Allerdale as the second largest population area was added to the sample as a solution.

<sup>2</sup> Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>

<i>Service area</i>	<i>Description of ideas included in the Public Progress Report</i>
<b>Community Hospitals</b>	A. Concentrate inpatients beds on fewer sites and offer a wider range of health and care services - including outpatient appointments - at other community hospitals which would have no inpatient beds. AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	B. No inpatient beds in any of the community hospitals - these would all become health and care hubs from which more extensive care would be provided in the community AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
<b>Acute medicine at West Cumberland Hospital</b>	A. Fewer patients being treated at nights and weekends in West Cumberland Hospital to help reduce safety risks AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	B. A Hyper-Acute Stroke Unit at Cumberland Infirmary Carlisle - this would be put in place alongside acute stroke services at both sites and enhanced stroke rehabilitation services AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	C. Potential changes to which hospital patients are taken to, dependent on postcodes, to manage the number of patients at WCH more safely AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	D. More health and care services delivered in the community and in hospitals in the daytime meaning fewer beds needed at hospitals AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
<b>Maternity services</b>	A. Consultants on call overnight at the West Cumberland Hospital and continued use of registrars on site overnight AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	B. A new consultant led and 24 hour resident consultant on call at the West Cumberland Hospital AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	C. Higher risk births identified and booked at Cumberland Infirmary which has more robust clinical support AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	D. A midwife led unit at West Cumberland Hospital and all other births booked at Cumberland Infirmary AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
<b>Children's services</b>	A. Single joined up child health team involving Cumbria County Council children's services and NHS children's services working across West, North and East Cumbria AND 1: Positive 2: Negative 3: Neutral 4: No detail provided

	<p>B. 14 hour short stay Children’s assessment unit at both hospitals with inpatient beds at Cumberland Infirmary Carlisle for more seriously ill children and 24 hour/7 days a week beds for children who are less seriously ill at West Cumberland Hospital AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>C. 14 hour short stay children’s assessment unit at the West Cumberland Hospital with no overnight inpatient beds AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
<b>Use of facilities West Cumberland and Cumberland Infirmary Hospitals</b>	<p>A. More day case operations/procedures with less overnight stays at both the West Cumberland Hospital and Cumberland Infirmary Carlisle AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>B. Changes to outpatient services - using technology such as electronic referrals and tele-consultations AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>C. Outpatients clinics closer to home/in the community rather than at Cumberland Infirmary AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
<b>Specialist Services</b>	<p>A. Agreement with Newcastle NHS Foundation Trust to develop enhanced and new links to increase benefits for patients and staff in initially three specialised services - cancer, children’s services and trauma AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
<b>Mental Health Services</b>	<p>A. A multi-agency crisis assessment centre at Cumberland Infirmary Carlisle providing urgent care for Mental Health patients who don’t need to go to Accident and Emergency AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>B. A Mental Health Services Triage phone line allowing professionals to get important information about patients with mental health issues quickly AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>C. Consolidate mental health beds to fewer sites AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
<b>GP Level Improvements</b>	<p>A. Offer bursaries to attract more GP’s to train in Cumbria AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>B. Consider supporting GP practices to work together more effectively in the community through Integrated Care Communities AND 1: Positive 2: Negative 3: Neutral 4: No detail provided</p>
	<p>C. Consider using GP premises more effectively</p>



	D. A minor ailments service to be made more available across West, North and East Cumbria for self-care and management of conditions in order to relieve capacity pressure on GP's and wider health economy AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
<b>Ambulance services</b>	A. An expanded Helicopter service at West Cumbria - providing increased rapid access to emergency medicine and treatment AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	B. Treating more people at home by reinforcing current paramedic capacity to increasing "see and treat" services in order to lessen hospital admission AND 1: Positive 2: Negative 3: Neutral 4: No detail provided
	C. The possibility of using telemedicine more - such as consultations over the telephone or via video link AND 1: Positive 2: Negative 3: Neutral 4: No detail provided

Table 4: Services areas and ideas described in the Public Progress Report

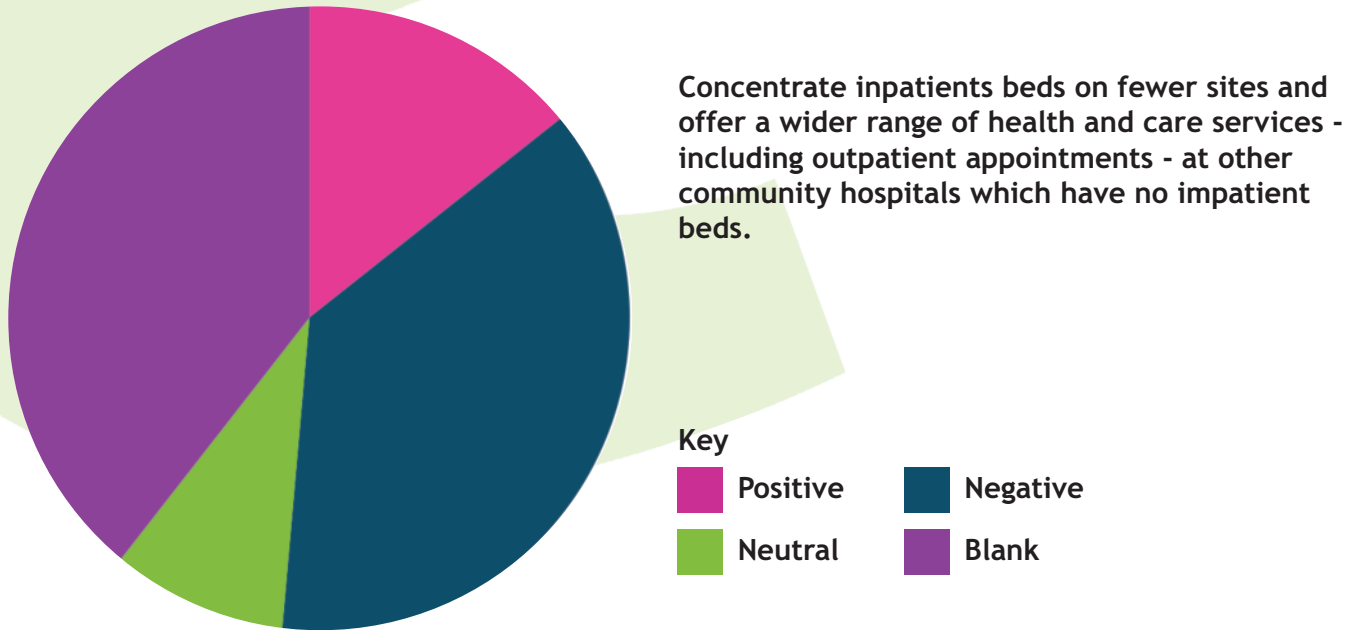
### Cross locality or topic findings

Across the localities of Allerdale, Carlisle, Copeland and Eden there was a consistently high level of non-response for all questions. For example, 63.2% of participants did not provide a response to the Hyper-Acute Stroke Unit at CIC proposal. However, the remaining data for each section of the survey was large enough to produce informative results. When supported by the accompanying qualitative data this provides a rich overview of the views, concerns and suggestions of the Cumbrian population regarding local healthcare services.

## Community hospitals

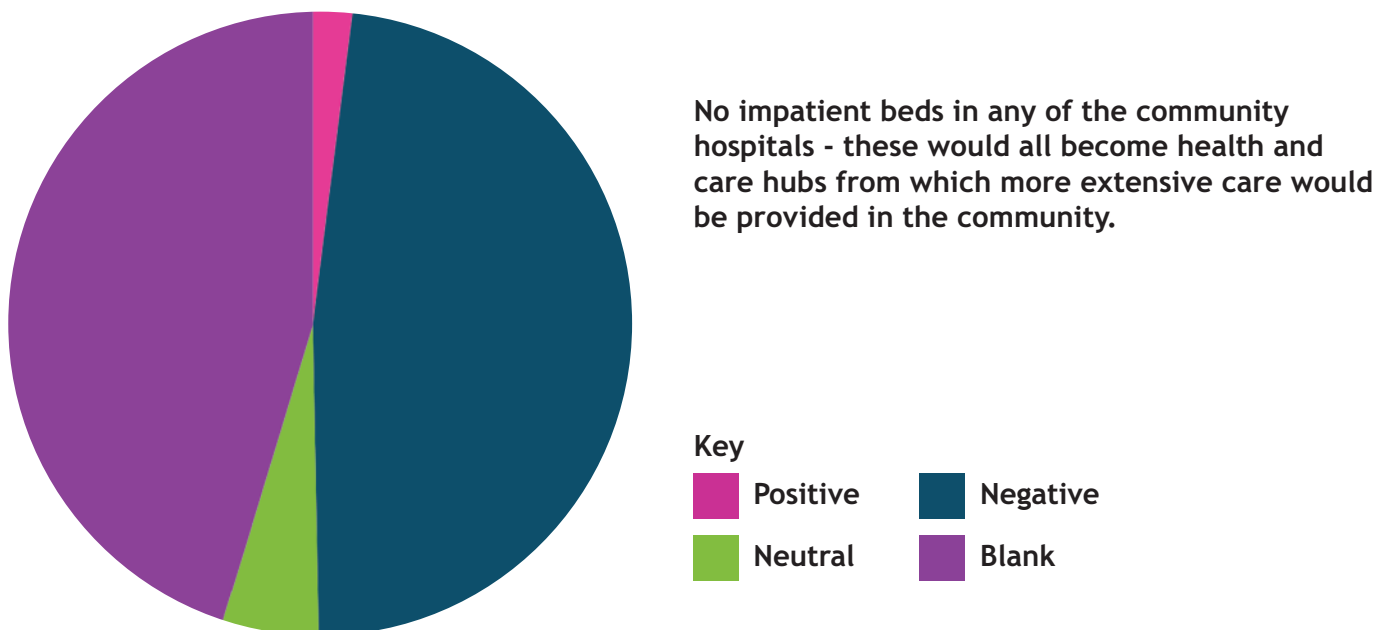
A. Concentrate inpatient beds on fewer sites and offer a wider range of health and care services - including outpatient appointments - at other community hospitals which would have no inpatient beds.

37.2 % of respondents provided a negative response to this idea, with 14.4% in favour. However, 39.6% of participants did not provide an answer to the question.



B. No inpatient beds in any of the community hospitals - these would all become health and care hubs from which more extensive care would be provided in the community.

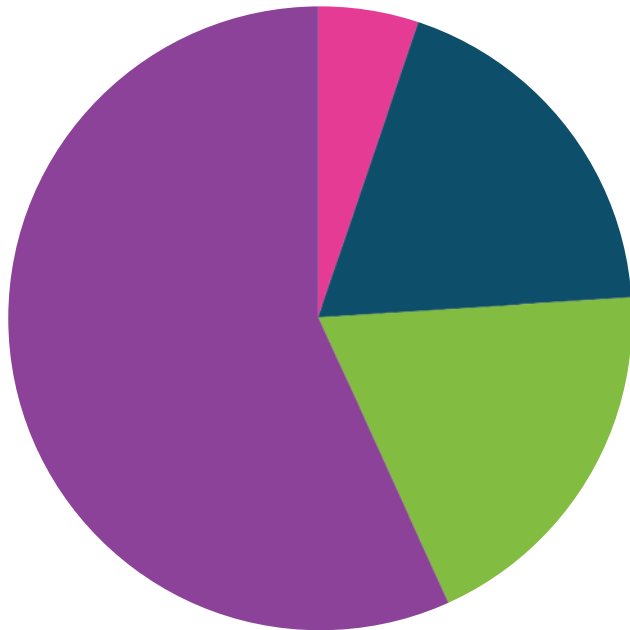
2% of responses to this idea were positive, with 47.6% negative. 45.2% of participants did not provide an answer to the question.



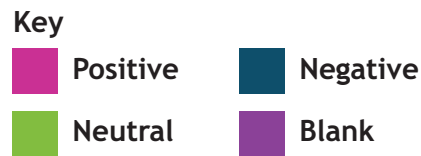
## Acute medicine at West Cumberland Hospital

A. Fewer patients being treated at nights and weekends in WCH to help reduce safety risks.

There was a positive response rate of 5.2% to this idea, with 19.2% of respondents provided a neutral answer. 18.8% responded negatively, with a 56.8% non-response rate.

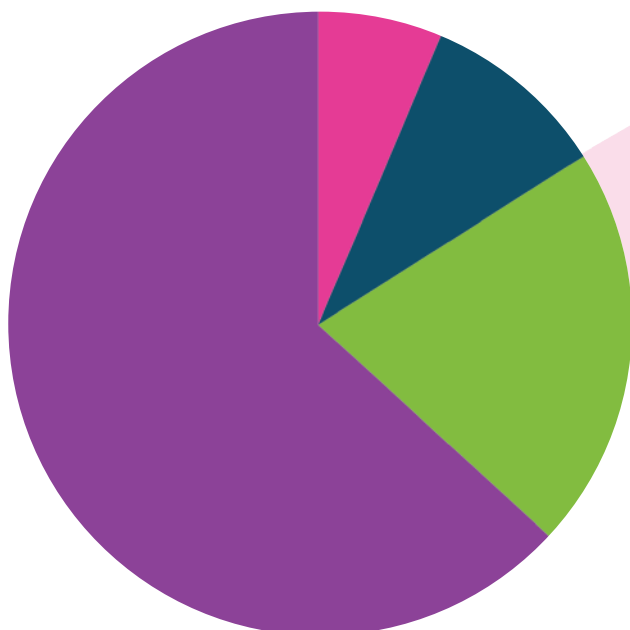


Fewer patients being treated at nights and weekends in WCHs to help reduce safety risks.



B. A Hyper-Acute Stroke Unit at CIC - this would be put in place alongside acute stroke services at both sites and enhanced stroke rehabilitation services.

A marginally higher 6.4% favoured this idea, with 20.8% feeling neutral and 9.6% responding negatively. The non-response rate was 63.2%.

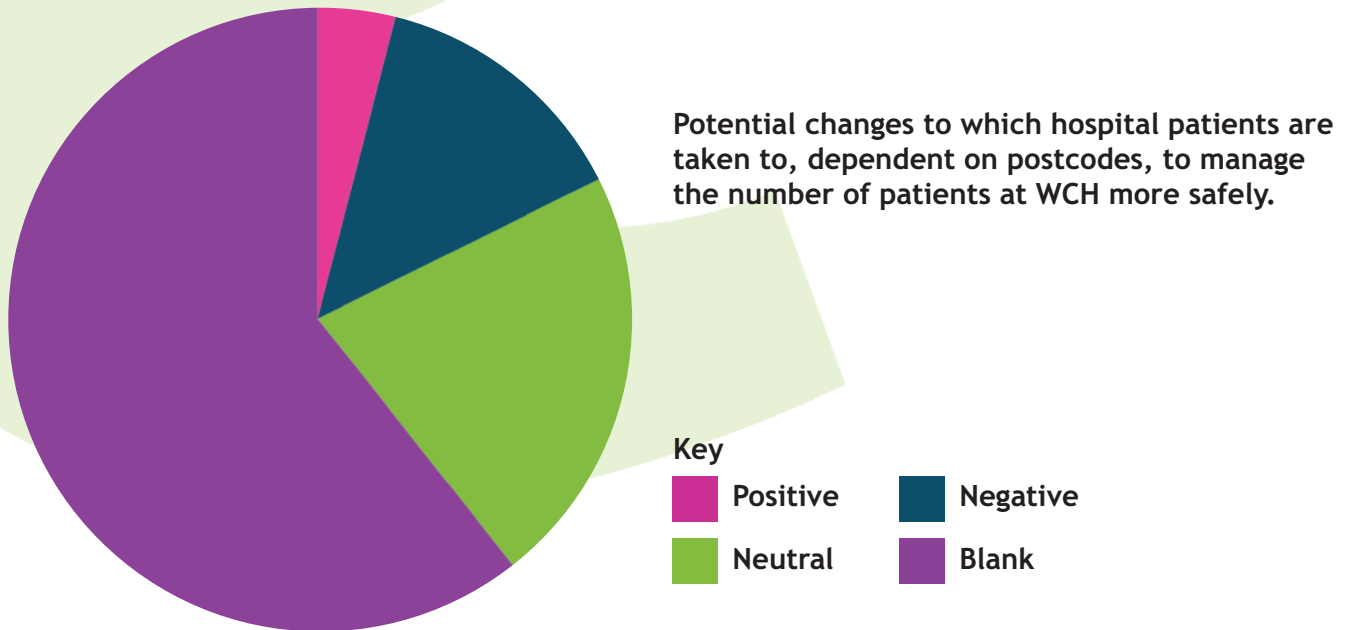


A Hyper-Acute Stroke Unit at CIC - this would be put in place alongside acute stroke services at both sites and enhanced stroke rehabilitation services.



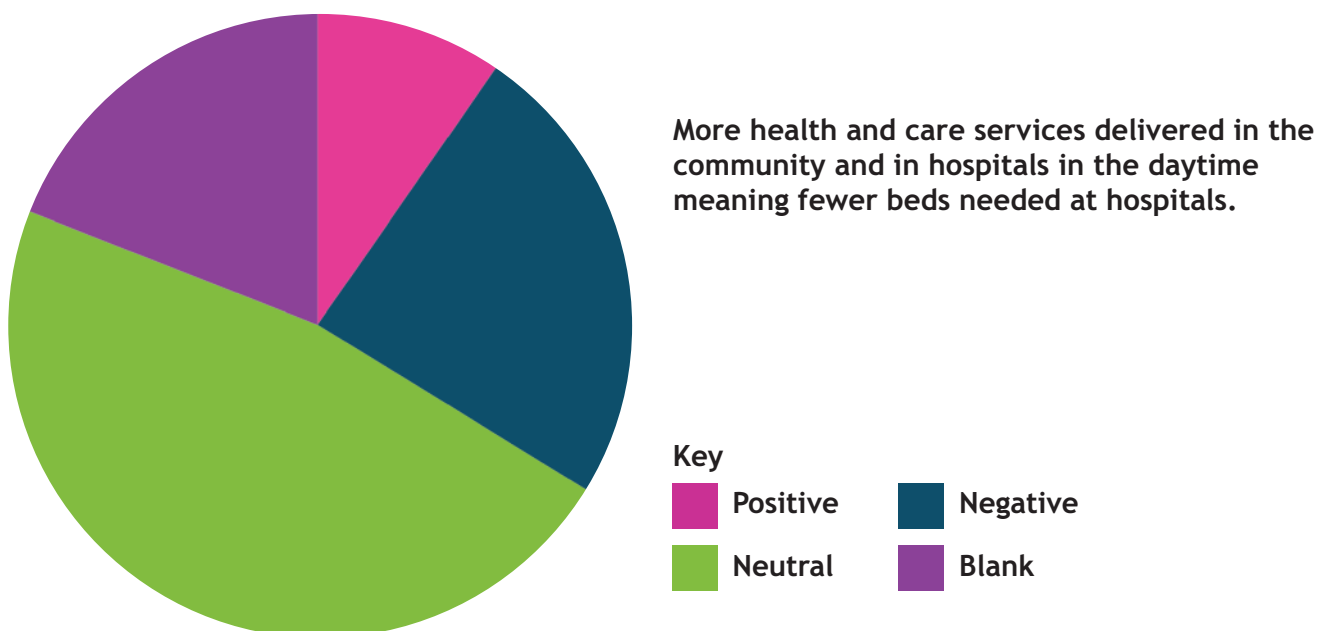
*C. Potential changes to which hospital patients are taken to, dependent on postcodes, to manage the number of patients at WCH more safely.*

13.6% of responses were negative, 21.6% neutral and 4% positive. The non-response rate was 60.4%.



*D. More health and care services delivered in the community and in hospitals in the daytime meaning fewer beds needed at hospitals.*

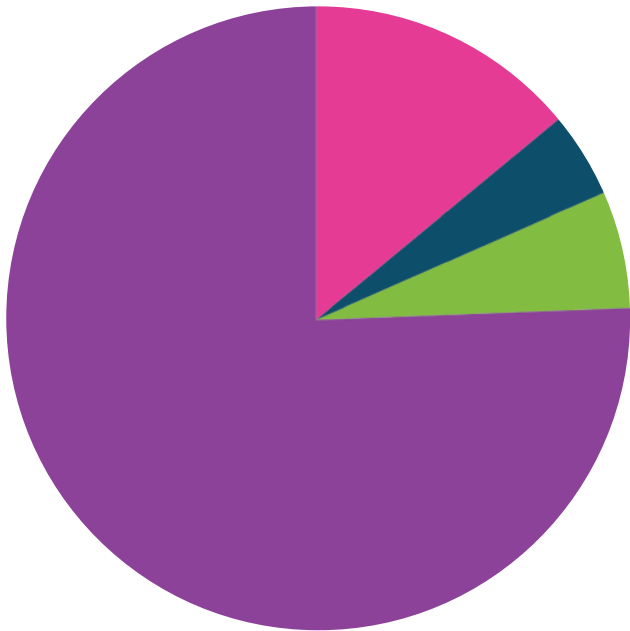
The majority of participants (35.2%) gave a neutral response to this proposal, with 7.2% and 18% responding positively and negatively respectively. The non-response rate was lower for this idea, at 14.2%.



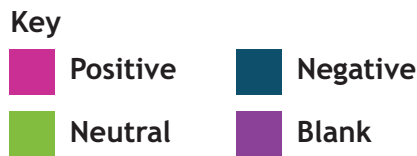
## Maternity services

### A. Consultants on call overnight at the WCH and continued use of registrars on site overnight.

14% of responses were positive regarding this idea, with just 4.39% negative. 6% provided neutral evaluations. The non-response rate was 75.6%.

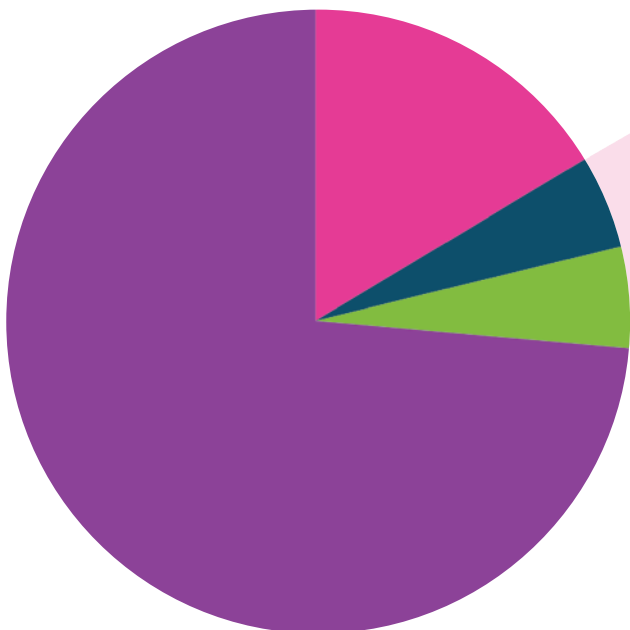


Consultants on call overnight at the WCH and continued use of registrars on site overnight.



### B. A new consultant led and 24 hour resident consultant on call at the WCH.

16.4% of responses were positive and 4.8% negative, with 5.2% neutral. The non-response rate was 73.6%

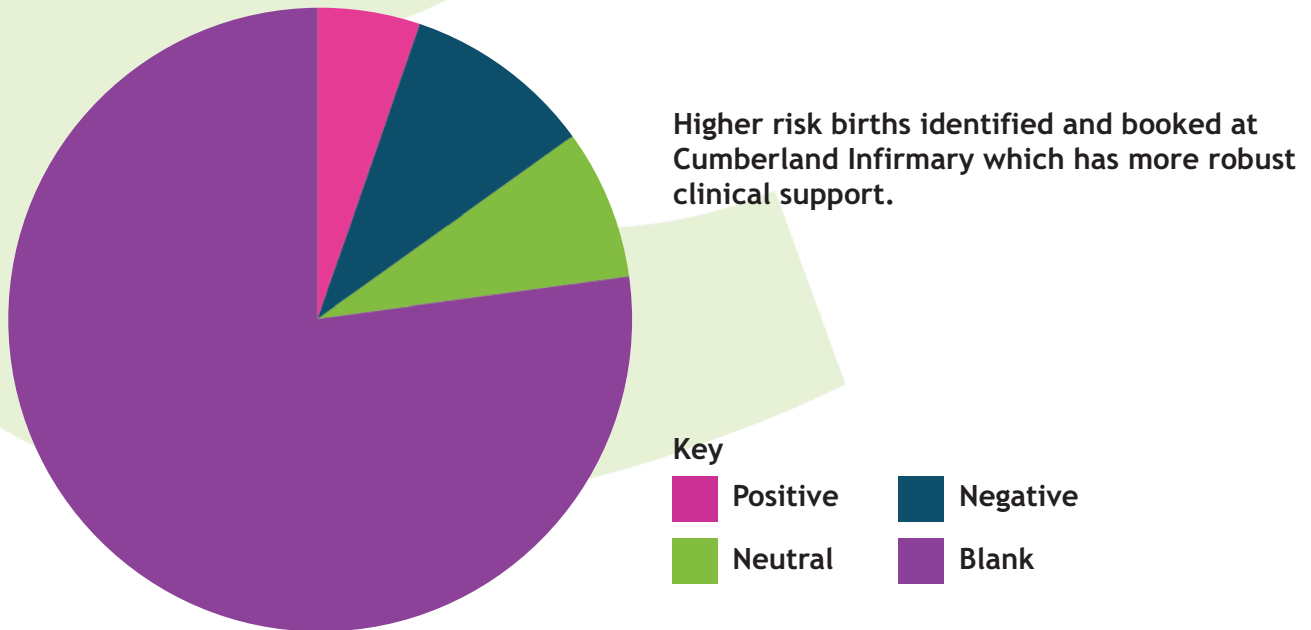


A new consultant led and 24 hour resident consultant on call at the WCH.



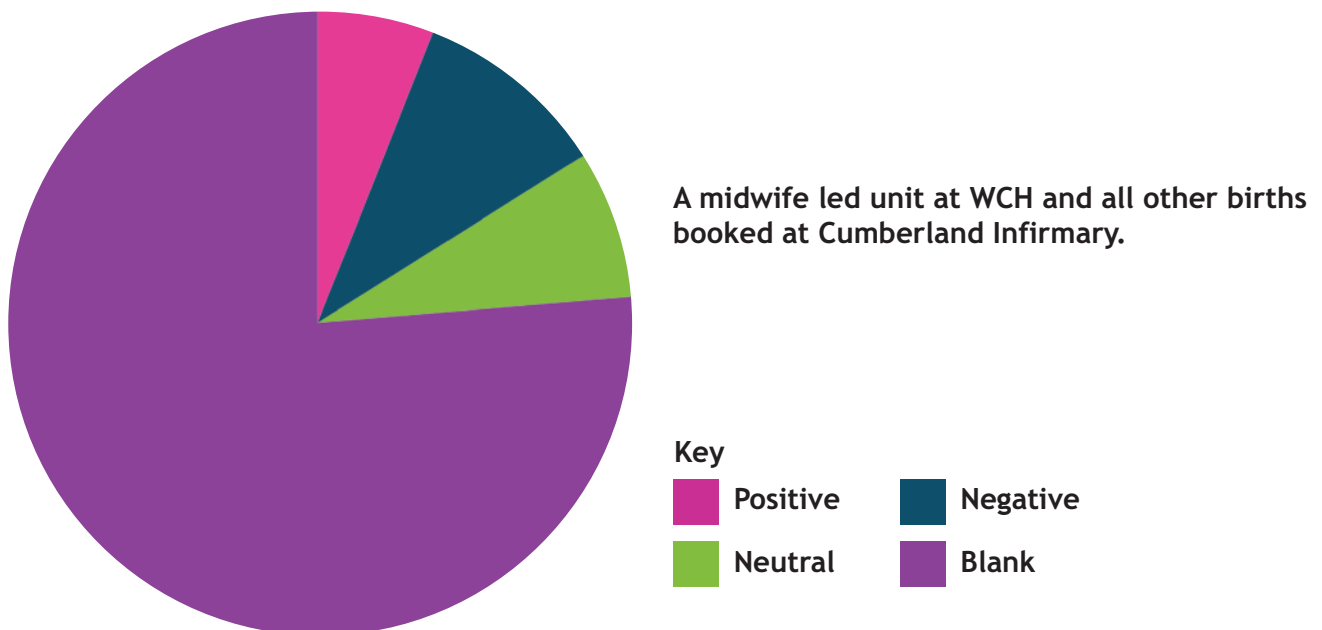
*C. Higher risk births identified and booked at Cumberland Infirmary which has more robust clinical support.*

5.2% felt positively about this idea, and 9.6% negatively. 7.6% offered a neutral response. The non-response rate was 75.6%.



*D. A midwife led unit at WCH and all other births booked at Cumberland Infirmary.*

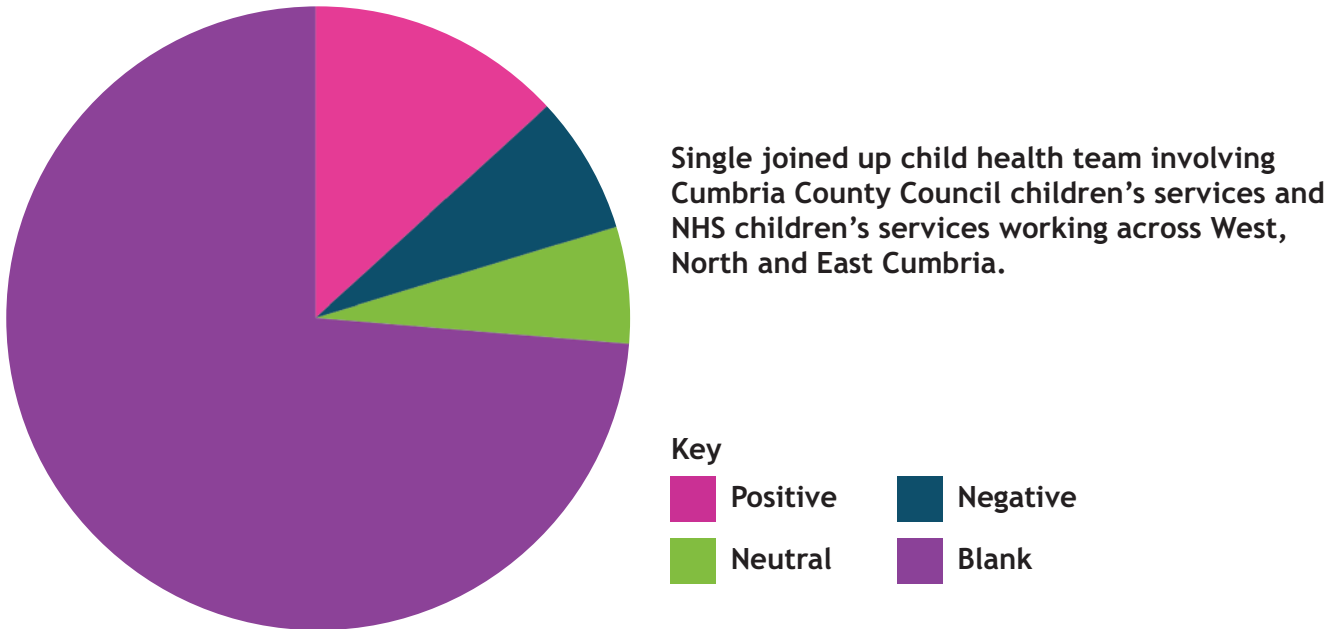
6% of respondents felt positively in response to this idea, compared with 10% negatively. Again, 7.6% responded neutrally with a non-response rate of 76%.



## Children's services

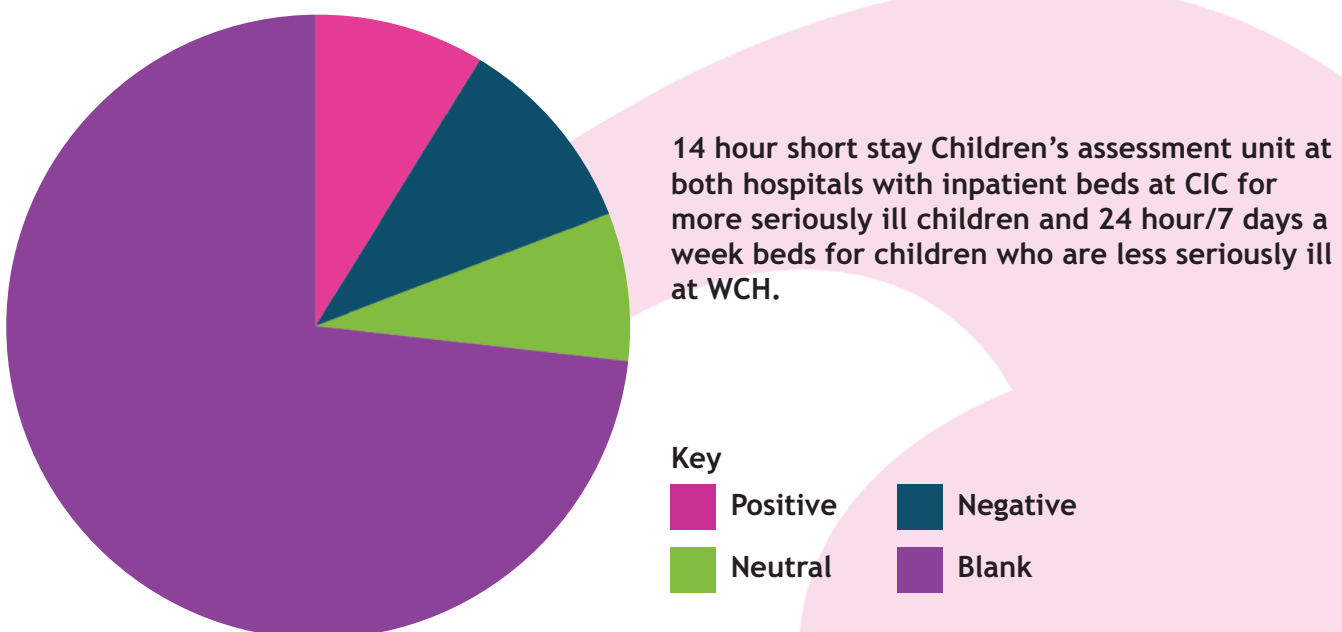
### A. Single joined up child health team involving Cumbria County Council children's services and NHS children's services working across West, North and East Cumbria.

13.2% of responses were positive, compared to the 7.1% negative responses. 6% of answers provided were neutral, and the non-response rate was 73.6%.



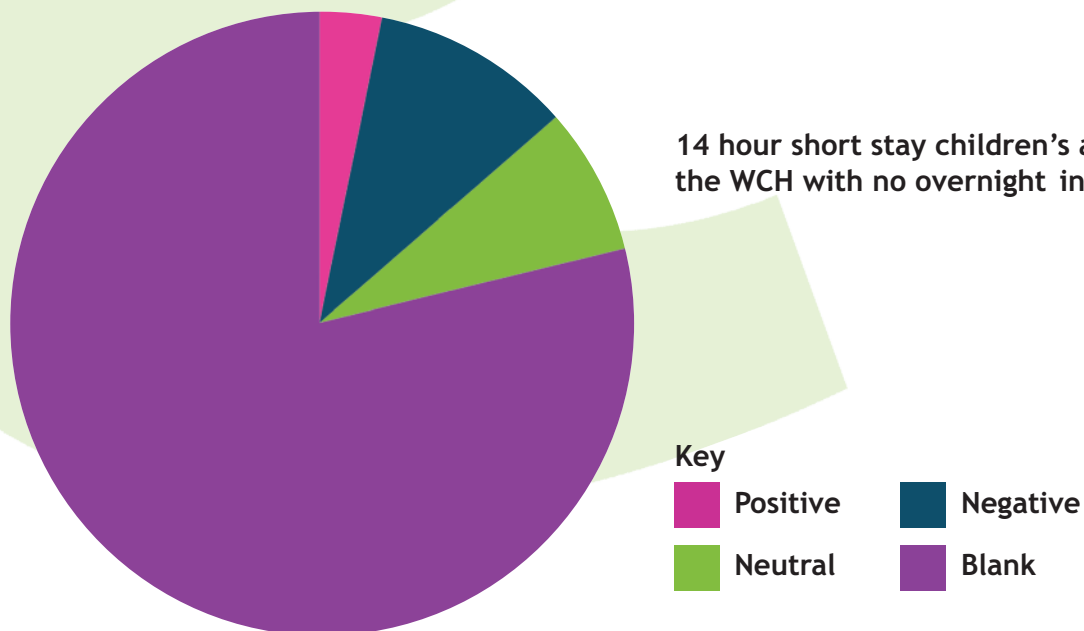
### B. 14 hour short stay Children's assessment unit at both hospitals with inpatient beds at Cumberland Infirmary Carlisle for more seriously ill children and 24 hour/7 days a week beds for children who are less seriously ill at WCH.

8.8% of responses were positive, with 10.4% of responses negative. 7.6% of answers provided were neutral, and the non-response rate was 73.2%.



C. 14 hour short stay children's assessment unit at the WCH with no overnight inpatient beds.

10.4% provided a negative response, compared to 3.2% of positive answers. Again, 7.6% of answers were neutral, with a non-response rate of 78.8%.

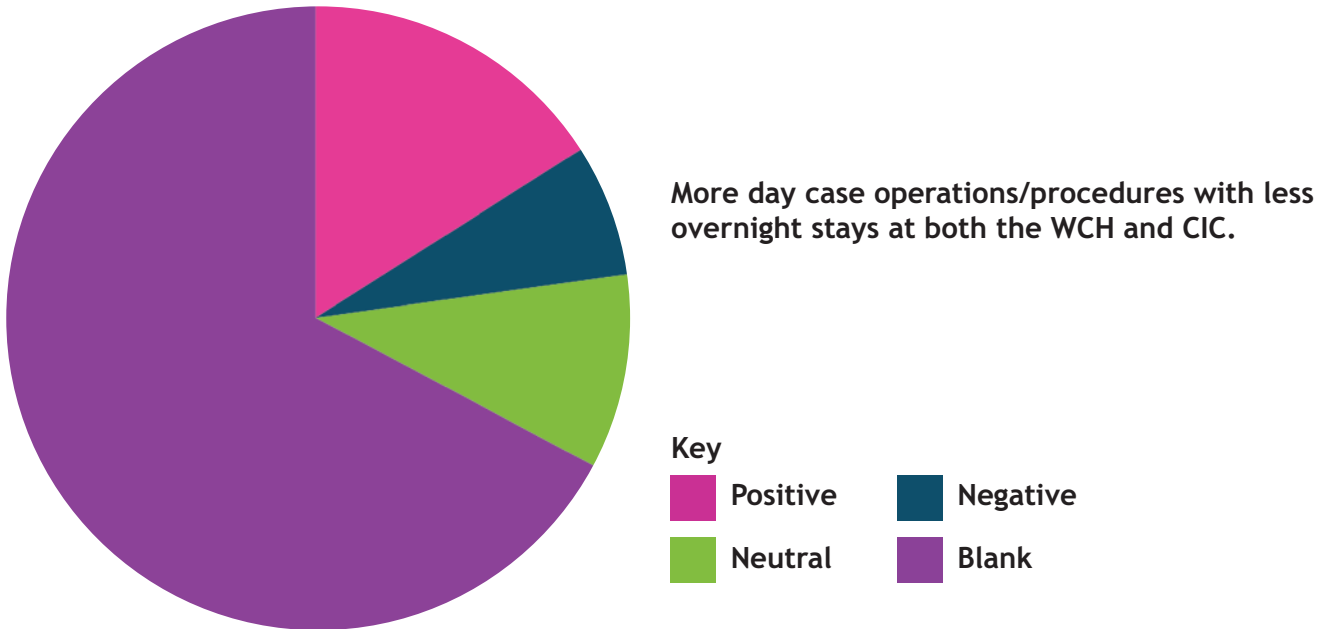




## Use of facilities at West Cumberland and Cumberland Infirmary Hospitals

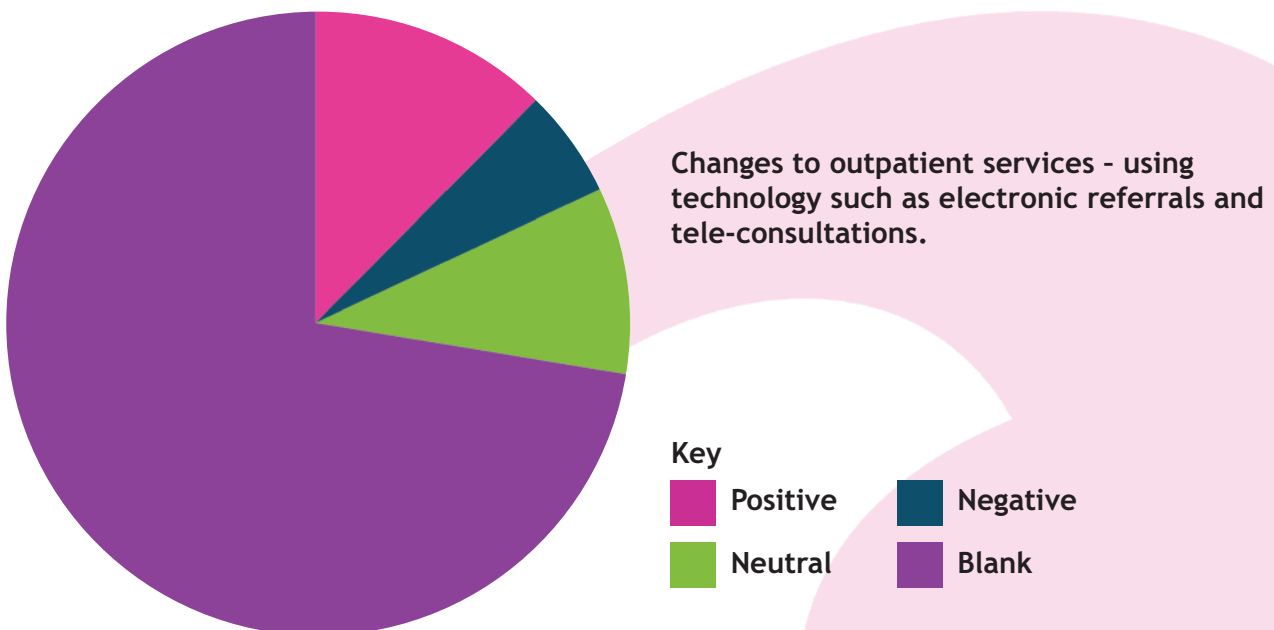
A. *More day case operations/procedures with less overnight stays at both the West Cumberland Hospital and CIC.*

16% of answers were in favour of this idea, with 6.8% providing a negative response. 10% of answers were neutral, with a non-response rate of 67.2%.



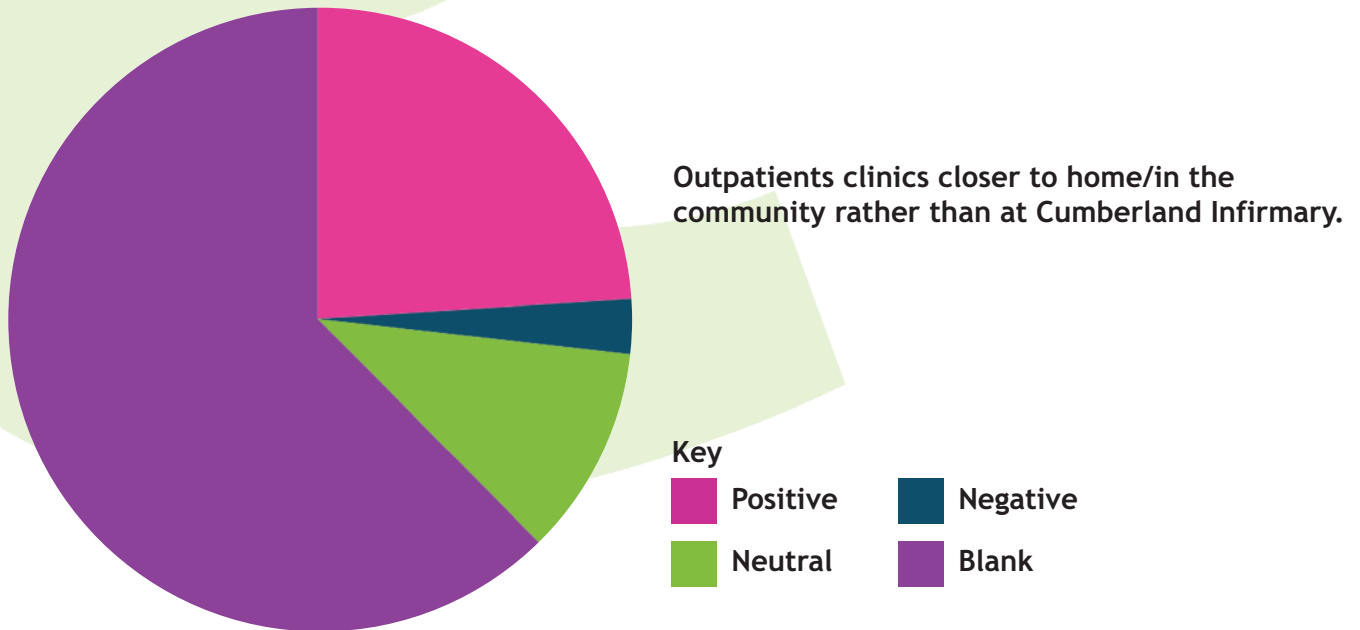
B. *Changes to outpatient services - using technology such as electronic referrals and tele-consultations.*

12.4% responded positively to this idea, with 5.6% giving a negative response. 9.6% of answers were neutral, with 72.3% providing no response.



C. Outpatients clinics closer to home/in the community rather than at Cumberland Infirmary.

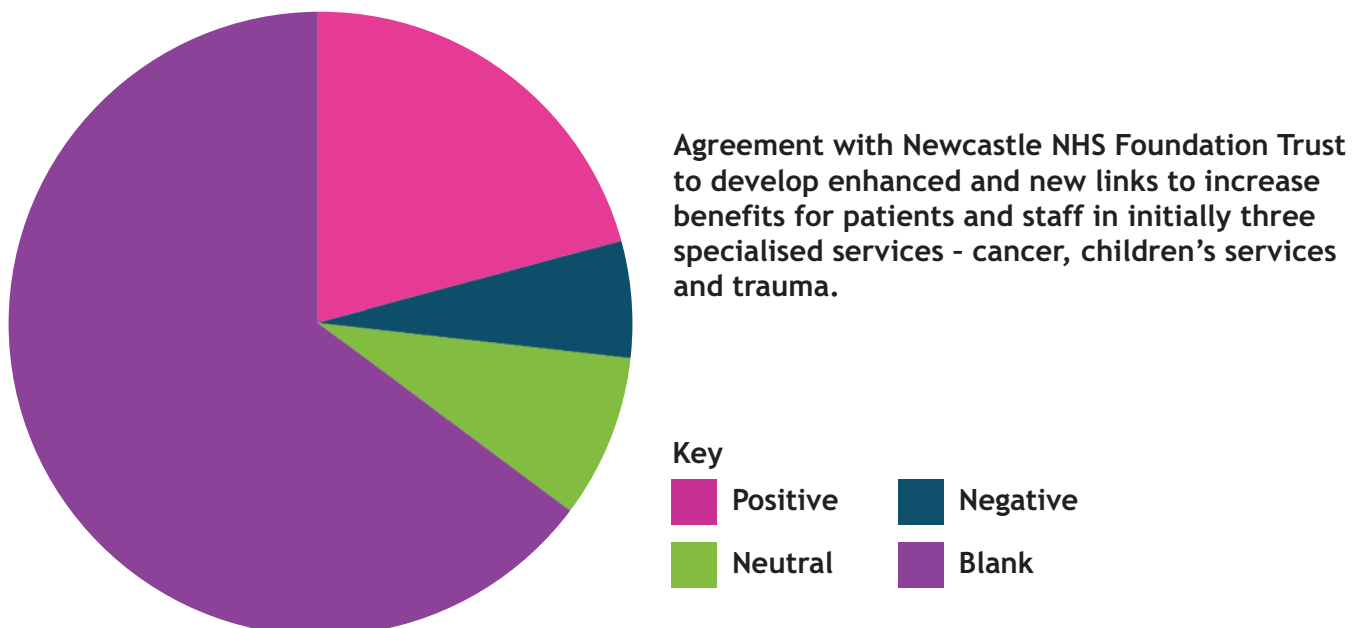
24% of responses were favourable when considering this idea, with just 2.8% negative. 10.8% of answers were neutral, with 62.4% providing no response.



## Specialist services

A. Agreement with Newcastle NHS Foundation Trust to develop enhanced and new links to increase benefits for patients and staff in initially three specialised services - cancer, children’s services and trauma.

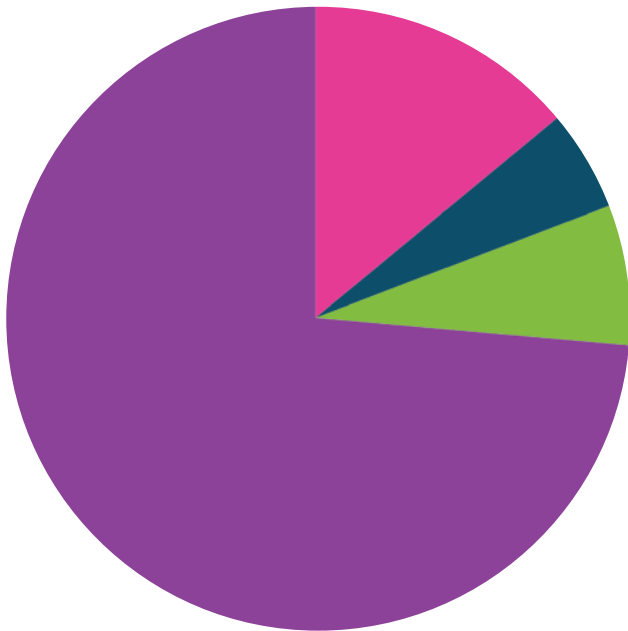
Of those who responded, 20.8% were in favour of this idea, with 6% giving a negative response. 8.4% answered neutrally; the non-response rate was 64.8%.



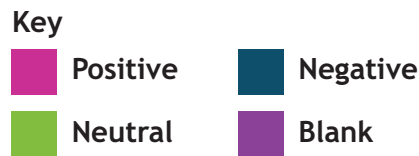
## Mental health services

A. A multi-agency crisis assessment centre at CIC providing urgent care for Mental Health patients who don't need to go to Accident and Emergency.

14% were in favour of this idea, and 5.2% were not. 7.2% gave a neutral answer and 73.6% were non-responsive.

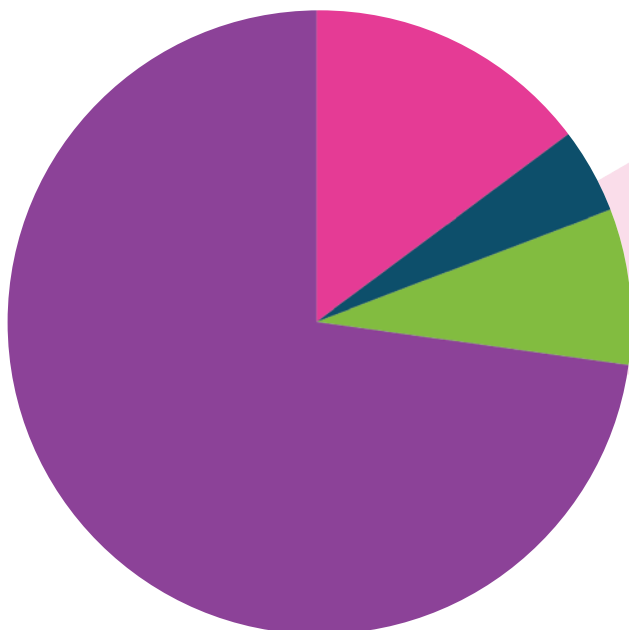


A multi-agency crisis assessment centre at CIC providing urgent care for Mental Health patients who don't need to go to Accident and Emergency.



B. A Mental Health Services Triage phone line allowing professionals to get important information about patients with mental health issues quickly.

14.8 % gave a positive response to this idea, with 4.4% responding negatively. 8% of respondents were neutral and 72.8% did not provide an answer.

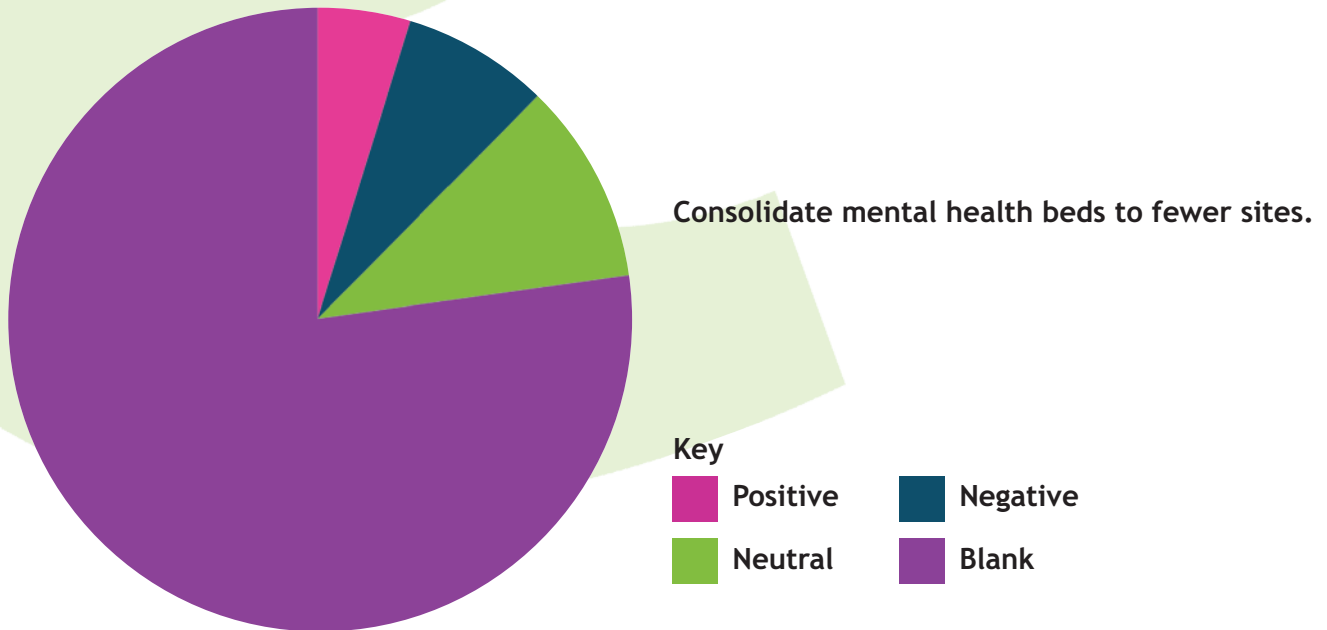


A Mental Health Services Triage phone line allowing professionals to get important information about patients with mental health issues quickly.



C. Consolidate mental health beds to fewer sites.

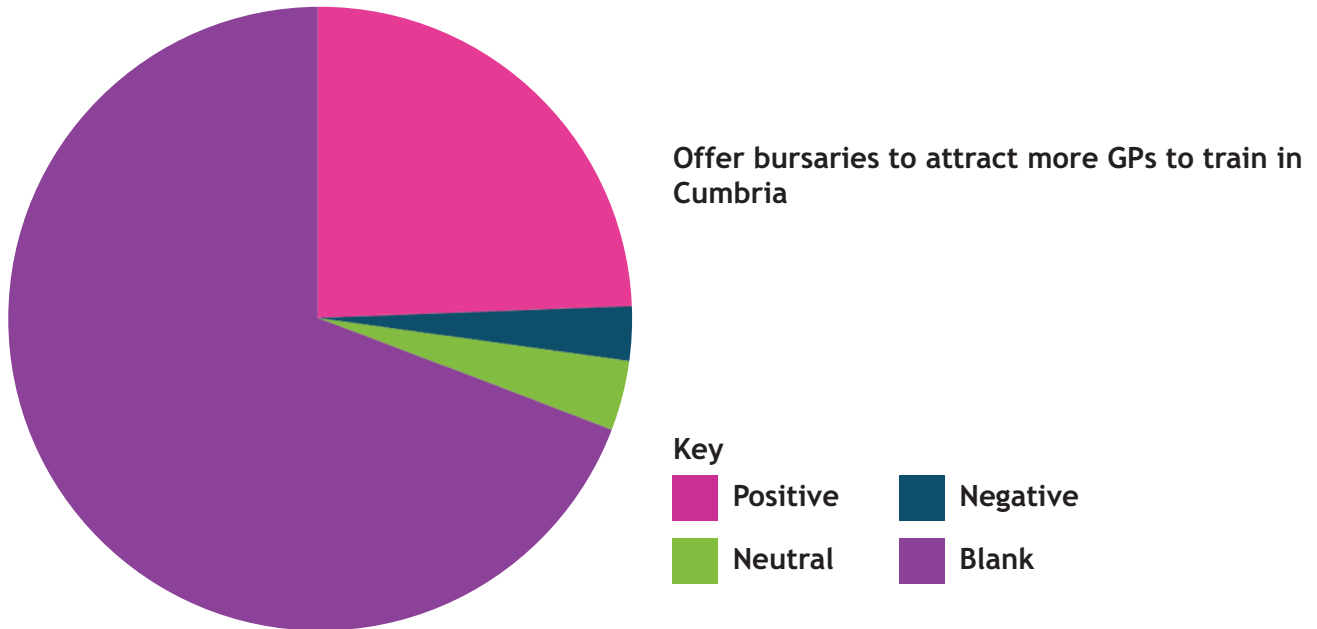
Only 4.8% felt positively towards this idea, with 7.6% providing a negative evaluation. 10.4% felt neutrally and 77.2% were non-responsive.



## GP services

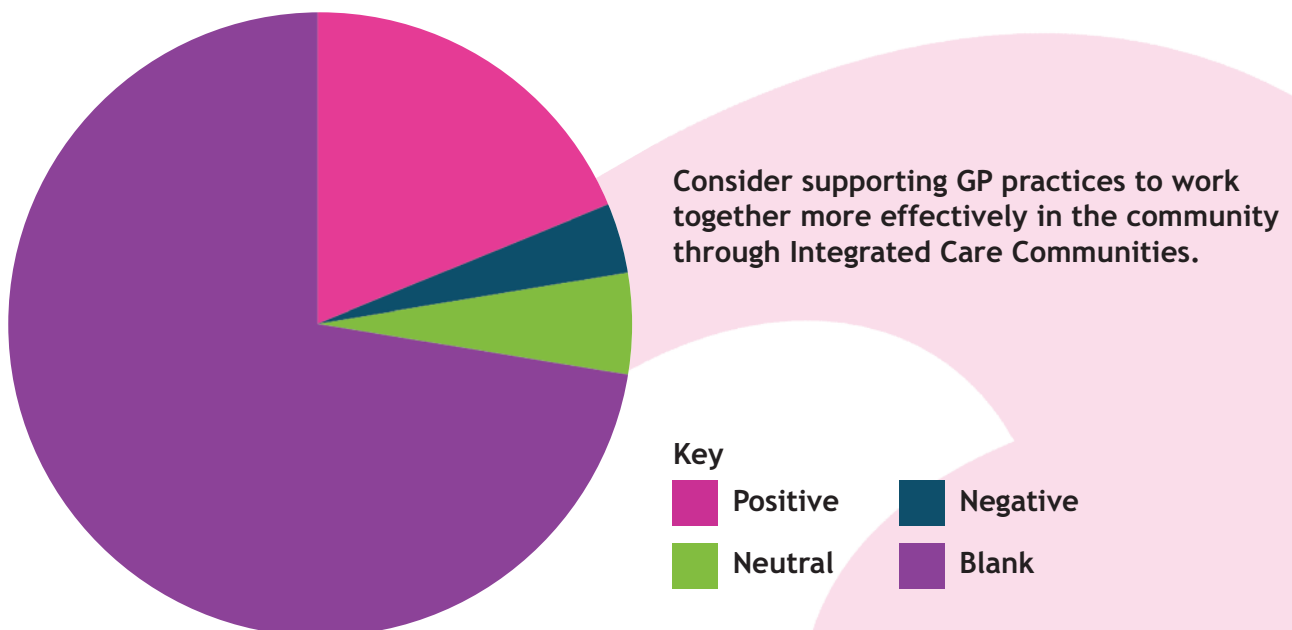
### A. Offer bursaries to attract more GPs to train in Cumbria.

24.4% of those who responded felt favourably about this idea, compared with just 2.8% who gave a negative response. 3.6% were neutral in their opinion, with 69.2% not providing their thoughts on this idea.



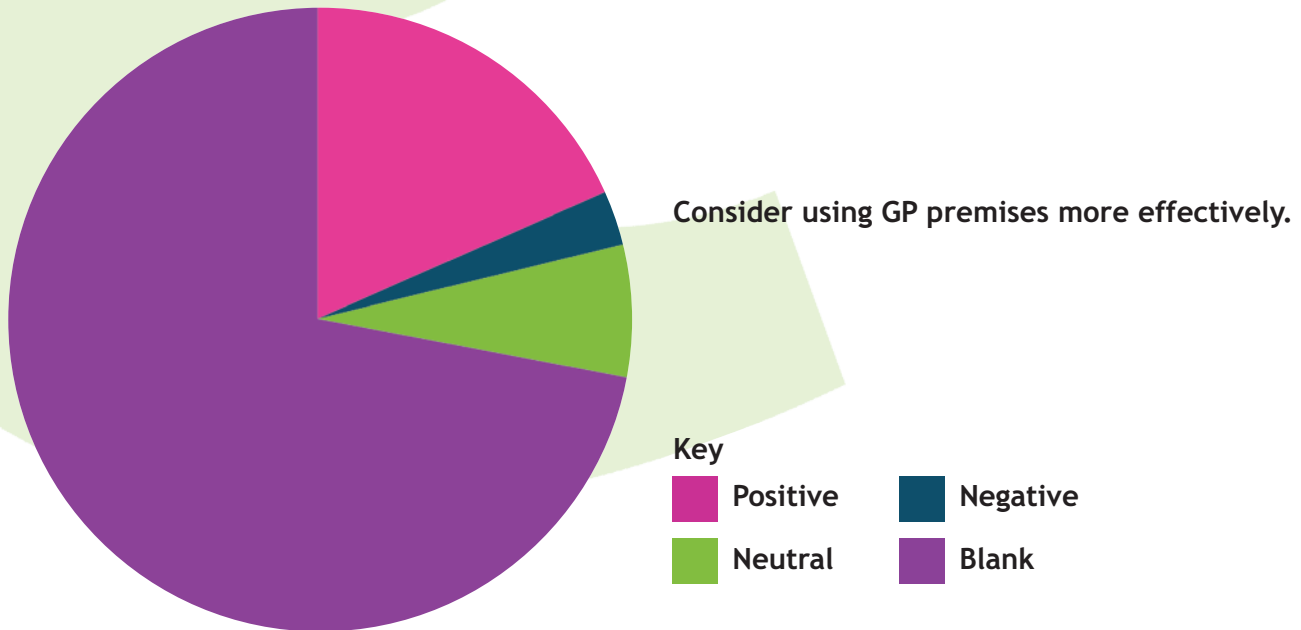
### B. Consider supporting GP practices to work together more effectively in the community through Integrated Care Communities.

18.8% of replies to this idea were positive, with 3.6% of them negative. 5.2% were neutral in opinion, and 72.4% did not provide an answer.



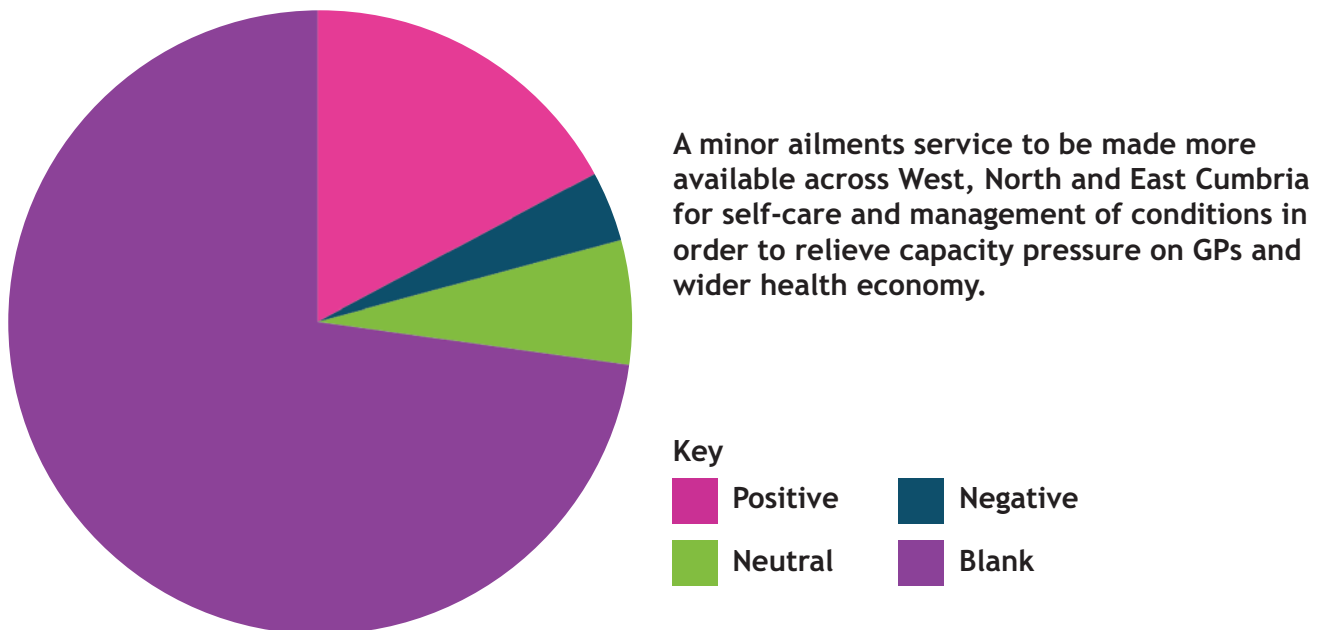
*C. Consider using GP premises more effectively.*

Whilst 72% of those asked did not provide feedback on this idea, of those that did 18.4% were positive in their evaluation, with just 2.8% negative and 6.8% neutral.



*D. A minor ailments service to be made more available across West, North and East Cumbria for self-care and management of conditions in order to relieve capacity pressure on GPs and wider health economy.*

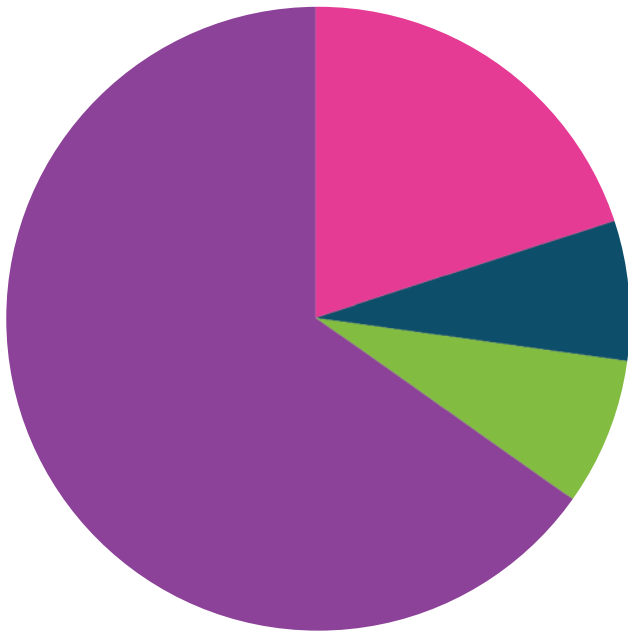
17.2% of answers provided a positive response, with 3.6% negative and 6.4% neutral. 72.8% of those asked did not provide a response.



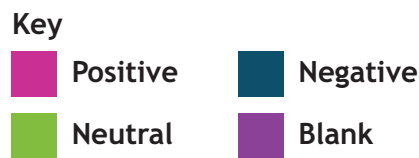
## Ambulance services

A. An expanded Helicopter service at West Cumbria - providing increased rapid access to emergency medicine and treatment.

20% of answers were in favour of this idea, with 7.2% responding negatively and 7.6% neutrally. 65.2% did not provide an answer.

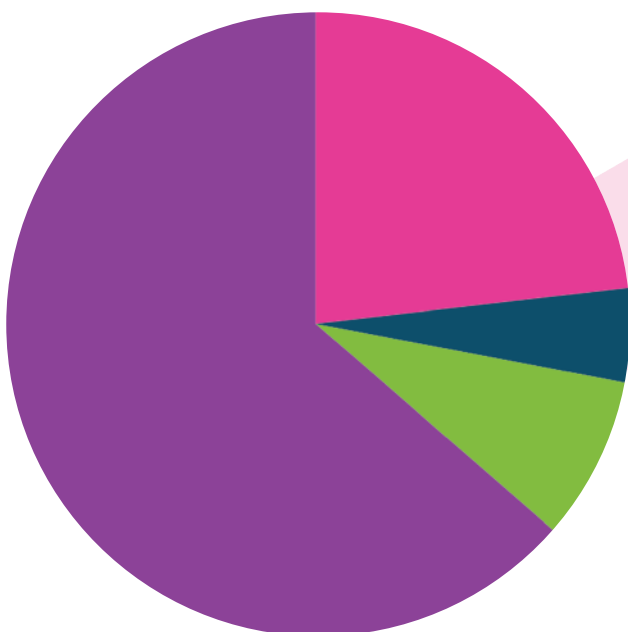


An expanded Helicopter service at West Cumbria providing increased rapid access to emergency medicine and treatment



B. Treating more people at home by reinforcing current paramedic capacity to increasing “see and treat” services in order to lessen hospital admission.

23.2% of those who answered felt positively about this idea, with 4.8% providing a negative response. 8.4% were neutral in their response and 63.6% did not give an answer.

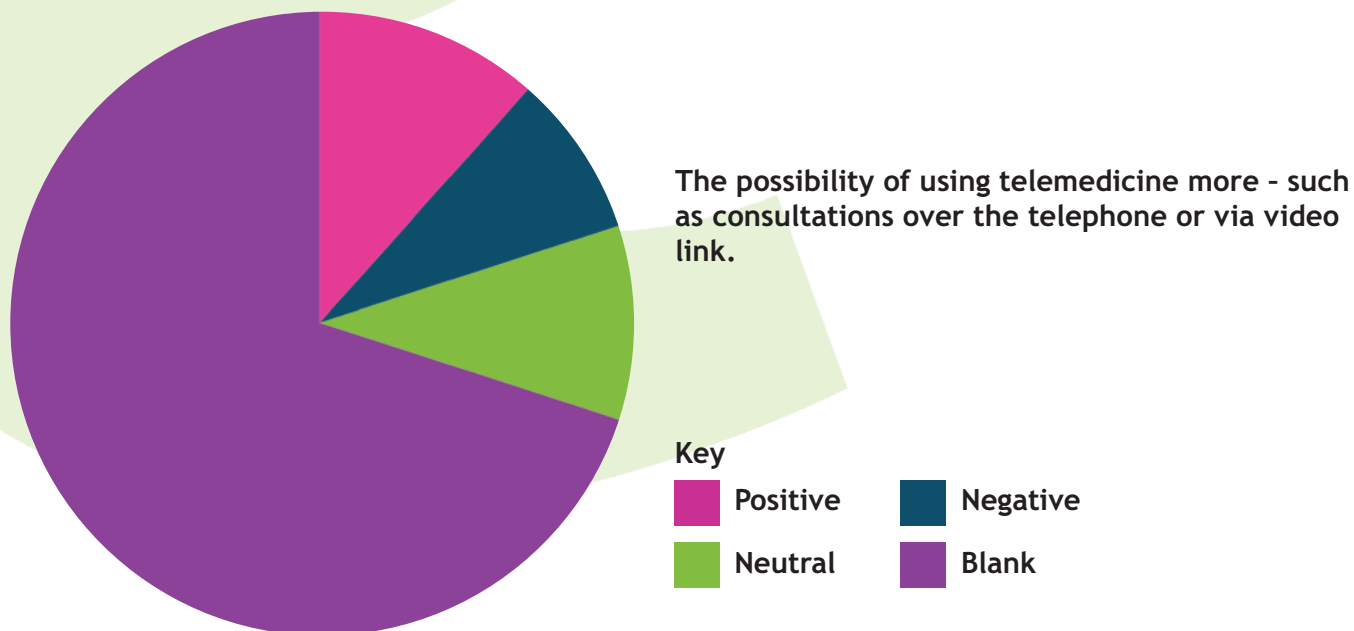


Treating more people at home by reinforcing current paramedic capacity to increasing “see and treat” services in order to lessen hospital admission.



C. The possibility of using telemedicine more - such as consultations over the telephone or via video link.

70% of those asked did not provide a response, however of those that did, 11.6% were positive in their response to this idea. 11% felt positively, 8.4% negatively and 10% neutrally.





## The data in more detail - Locality specific findings

After considering cross-locality findings, the data was looked into in greater detail to present the following results at a locality-specific level. Each survey question is therefore presented again detailing participant responses across Allerdale, Carlisle, Copeland and Eden.

### Community hospitals

*A. Concentrate inpatient beds on fewer sites and offer a wider range of health and care services - including outpatient appointments - at other community hospitals which would have no inpatient beds.*

At a district level, and taking into account only those who provided a response to the question (151 responses), all areas provided a majority negative response. Negative responses were highest in Eden (30) and Allerdale (31). However, Carlisle (14) and Allerdale (13) provided the most positive responses.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	4	5	14	13	36	
Negative	30	12	20	31	93	
Neutral	1	3	13	5	22	151
Blank	5	33	35	26	99	
Total	40	53	82	75	250	

*B. No inpatient beds in any of the community hospitals - these would all become health and care hubs from which more extensive care would be provided in the community.*

Of the 137 who provided a response to the question, all areas provided a majority negative response. Negative responses were highest in Allerdale (42) and Carlisle (37). Carlisle (2) and Allerdale (2) also provided the most positive responses.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	0	1	2	2	5	
Negative	26	14	37	42	119	
Neutral	2	3	6	2	13	137
Blank	12	35	37	29	113	
Total	40	53	82	75	250	

## Acute Medicine at West Cumberland Hospital

A. Fewer patients being treated at nights and weekends in WCH to help reduce safety risk.

Of the **108** who provided a response to the question, all areas provided a majority neutral response (48). These responses were highest in Carlisle (22) and Copeland (10). Allerdale (21) and Copeland (13) provided the most negative responses, with positive responses highest in Carlisle (6).

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	3	3	6	1	13
Negative	6	13	7	21	47
Neutral	8	10	22	8	48
Blank	23	27	47	45	142
Total	40	53	82	75	250

**108**

B. Hyper-Acute Stroke Unit at CIC - this would be put in place alongside acute stroke services at both sites and enhanced stroke rehabilitation service.

Of the **92** who responded to the question, all areas provided a majority neutral response (52). These responses were highest in Allerdale, Carlisle (21) and Copeland (11). Allerdale and Copeland (7) provided the most negative responses, with positive responses highest in Carlisle (9).

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	4	0	9	3	16
Negative	4	7	6	7	24
Neutral	9	11	21	11	52
Blank	23	35	46	54	158
Total	40	53	82	75	250

**92**

*C. Potential changes to which hospital patients are taken to, dependent on postcodes, to manage the number of patients at WCH more safely.*

Of the **98** who responded to the question, all areas provided a majority neutral response (54). These responses were highest in Carlisle (26) and Eden (10). Allerdale and Copeland (11) provided the most negative responses, with positive responses highest in Carlisle (9) and Eden (4).

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	4	2	1	3	<b>10</b>	
Negative	6	11	6	11	<b>34</b>	
Neutral	10	9	26	9	<b>54</b>	<b>98</b>
Blank	20	31	49	51	151	
Total	40	53	82	75	250	

*D. More health and care services delivered in the community and in hospitals in the daytime meaning fewer beds needed at hospitals.*

Of the **88** who responded to the question, all areas provided a majority neutral response (43). These responses were highest in Carlisle (19) and Copeland (9). Allerdale (11) and Copeland (9) provided the most negative responses, with positive responses highest in Eden (7) and Allerdale (5).

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	7	2	4	5	<b>18</b>	
Negative	4	7	5	11	<b>27</b>	
Neutral	8	9	19	7	<b>43</b>	<b>88</b>
Blank	21	35	54	52	162	
Total	40	53	82	75	250	

## Maternity Services

### A. Consultants on call overnight at the WCH and continued use of registrars on site overnight.

Of the **61** who responded to the question, all areas provided a majority positive response (35). These responses were highest in Copeland (14) and Allerdale (12), who also gave the most negative responses (Copeland 5 and Allerdale 4). 15 respondents gave a neutral answer.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	2	14	7	12	<b>35</b>
Negative	0	5	2	4	<b>11</b>
Neutral	4	1	6	4	<b>15</b>
Blank	34	33	67	55	189
Total	40	53	82	75	250

**61**

### B. A new consultant led and 24 hour resident consultant on call at the WCH.

Of the **66** who responded to the question, all area provided a majority positive response (41). These responses were highest in Allerdale (18) and Copeland (13), who also gave the most negative responses (Copeland 5 and Allerdale 5). 13 respondents gave a neutral answer.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	2	13	8	18	<b>41</b>
Negative	0	5	2	5	<b>12</b>
Neutral	4	2	5	2	<b>13</b>
Blank	34	33	67	50	184
Total	40	53	82	75	250

**66**

*C. Higher risk births identified and booked at Cumberland Infirmary which has more robust clinical support.*

Of the **56** who responded to the question, all areas provided a majority negative response (24), these responses were highest in Allerdale (11) and Copeland (10). Six respondents from Carlisle viewed this idea positively, followed by Copeland (n=4). 19 respondents gave a neutral answer.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	2	4	6	1	13
Negative	1	10	2	11	24
Neutral	4	3	9	3	19
Blank	33	36	65	60	194
Total	40	53	82	75	250

*D. A midwife led unit at WCH and all other births booked at Cumberland Infirmary.*

Of the **59** who responded to the question, all areas provided a majority negative response (25), with these responses again highest in Allerdale (11) and Copeland (10). However, Allerdale also had the highest positive response (6), followed by Carlisle (4). Again, 19 respondents gave a neutral answer.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	2	3	4	6	15
Negative	2	10	2	11	25
Neutral	3	3	10	3	19
Blank	33	37	66	55	191
Total	40	53	82	75	250

## Children's Services

A. Single joined up child health team involving Cumbria County Council children's services and NHS children's services working across West, North and East Cumbria.

66 individuals answered this question (neutral 15), with all areas providing a majority positive response (33). Carlisle (15) and Allerdale (10) were most positive, with Copeland providing the most negative responses (9).

Reponses	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	4	4	15	10	33	
Negative	1	9	2	6	18	
Neutral	1	7	4	3	15	<b>66</b>
Blank	34	33	61	56	184	
Total	40	53	82	75	250	

B. 14 hour short stay Children's assessment unit at both hospitals with inpatient beds at Cumberland Infirmary Carlisle for more seriously ill children and 24 hour/7 days a week beds for children who are less seriously ill at WCH.

Of the 67 respondents to this question, 19 gave a neutral answer. Across all areas, there was a majority negative response (26). Allerdale (10) and Copeland (9) provided most of these, with Carlisle (7) and Copeland (6) providing the most positive reactions.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	4	6	7	5	22	
Negative	1	9	6	10	26	
Neutral	1	7	6	5	19	<b>67</b>
Blank	34	31	63	55	183	
Total	40	53	82	75	250	

C. 14 hour short stay children's assessment unit at the WCH with no overnight inpatient beds.

Of the 53 respondents to this question, 26 gave a neutral answer. Across all areas, there was a majority negative response (26). Allerdale (11) and Copeland (11) provided most of these, with Eden (7) and Carlisle (3) providing the most positive reactions.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	3	1	3	1	8	
Negative	1	11	3	11	26	
Neutral	1	7	7	4	19	<b>53</b>
Blank	35	34	69	59	197	
Total	40	53	82	75	250	

## Use of facilities at West Cumberland Hospital and Cumberland Infirmary

### A. More day case operations/procedures with less overnight stays at both the WCH and CIC.

Of the **82** respondents to this question, 25 gave a neutral answer. Across all areas, there was a majority positive response (40). Distribution of these was spread largely across Carlisle (15), Allerdale (12) and Copeland (10). There were 17 negative responses.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	3	10	15	12	40
Negative	2	4	5	6	17
Neutral	5	5	9	6	25
Blank	30	34	53	51	168
Total	40	53	82	75	250

### B. Changes to outpatient services - using technology such as electronic referrals and teleconsultations.

There were **69** respondents to this question. Across all areas, there was again a majority positive response (31). Distribution of these was spread largely across Carlisle (12), Allerdale (13). There were 17 negative and 24 neutral answers.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	4	2	12	13	31
Negative	4	4	3	3	14
Neutral	3	6	11	4	24
Blank	29	41	56	55	181
Total	40	53	82	75	250

### C. Outpatients clinics closer to home/in the community rather than at Cumberland Infirmary.

Of the **94** responses to this question, 60 were positive, with Allerdale (22) and Carlisle (18) providing the majority of these. Negative responses were very low, with just 7 across all areas. Carlisle also provided the highest proportion of neutral responses (13).

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	14	6	18	22	60
Negative	0	4	0	3	7
Neutral	3	6	13	5	27
Blank	23	37	51	45	156
Total	40	53	82	75	250

## Specialist services

A. Agreement with Newcastle NHS Foundation Trust to develop enhanced and new links to increase benefits for patients and staff in initially three specialised services - cancer, children's services and trauma.

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	12	6	23	11	52
Negative	0	8	0	7	15
Neutral	5	6	3	7	21
Blank	23	33	56	50	162
Total	40	53	82	75	250

Of the 88 responses to this question, 52 were positive, with Carlisle (23) and Eden (12) providing the majority of these. There were 15 negative replies, distributed between Copeland (8) and Allerdale (7). Allerdale (7) and Copeland (6) produced the most neutral responses.





## Mental health services

A. A multi-agency crisis assessment centre at CIC providing urgent care for Mental Health patients who don't need to go to Accident and Emergency.

Of the 66 responses to this question, 35 were positive, with Carlisle (13) and Eden (11) providing the majority of these. There were 13 negative instances of negative responses, distributed between Copeland (7) and Allerdale (6). Both Copeland (7) and Allerdale (6) also produced the most neutral responses.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	11	3	13	8	35	
Negative	0	7	0	6	13	
Neutral	1	7	4	6	18	66
Blank	28	36	65	55	184	
Total	40	53	82	75	250	

B. Mental Health Services Triage phone line allowing professionals to get important information about patients with mental health issues quickly.

68 individuals answered this question. Of the responses, 37 were positive and came largely from Eden (12), Carlisle and Allerdale (10). There were 11 negative responses, (Copeland 5, Allerdale 5) and 20 neutral.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	12	5	10	10	37	
Negative	0	5	1	5	11	
Neutral	1	7	5	7	20	68
Blank	27	36	66	53	182	
Total	40	53	82	75	250	

C. Consolidate mental health beds to fewer sites.

There were 57 replies to this idea, with the majority response being neutral (26). These responses were mostly spread across Allerdale (8), Eden and Copeland (5). Positive responses were most common in Carlisle and Eden (4). Negative feedback was most common in Allerdale (8) and Copeland (5).

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	4	2	4	2	12	
Negative	5	5	1	8	19	
Neutral	4	6	8	8	26	57
Blank	27	40	69	57	193	
Total	40	53	82	75	250	

## GP Services

### A. Offer bursaries to attract more GPs to train in Cumbria.

There were 77 replies to this idea, with the majority response being neutral (61). These responses were spread across all areas: Allerdale (21), Eden (13), Carlisle (14) and Copeland (13). Negative feedback was present in small amounts, and was most common in Allerdale (3) and Copeland (3). Similarly, there were nine neutral responses with five of these from Carlisle.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	13	13	14	21	61	
Negative	1	3	0	3	7	
Neutral	1	1	5	2	9	77
Blank	25	36	63	49	173	
Total	40	53	82	75	250	

### B. Consider supporting GP practices to work together more effectively in the community through Integrated Care Communities.

47 of the 69 responses to this idea were positive, mostly coming from Allerdale (20) and Carlisle (12). Copeland (3) and Allerdale (3) held the majority of the negative responses (9). There were 13 neutral responses, largely from Carlisle (7) and Eden (4).

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	7	8	12	20	47	
Negative	2	3	1	3	9	
Neutral	4	1	7	1	13	69
Blank	27	41	62	51	181	
Total	40	53	82	75	250	

### C. Consider using GP premises more effectively.

46 of the 70 responses provided were positive, again coming largely from Allerdale (17) and Carlisle (12). Just 7 negative responses were given, six of which from Copeland (3) and Allerdale (3). There were 17 neutral responses, largely from Carlisle (9) and Eden (4).

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	11	6	12	17	46	
Negative	1	3	0	3	7	
Neutral	4	1	9	3	17	70
Blank	24	43	61	52	180	
Total	40	53	82	75	250	

*D. A minor ailments service to be made more available across West, North and East Cumbria for self-care and management of conditions in order to relieve capacity pressure on GPs and wider health economy.*

43 of the 68 responses provided were positive, once again coming largely from Allerdale (14) and Carlisle (11). Nine negative responses were given, six of which from Copeland (3) and Allerdale (4). There were 16 neutral responses, largely from Allerdale (4) Carlisle (9) and Eden (4).

Response	Locality				Total
	Eden	Copeland	Carlisle	Allerdale	
Positive	11	7	11	14	43
Negative	1	3	1	4	9
Neutral	4	1	7	4	16
Blank	24	42	63	53	182
<b>Total</b>	<b>40</b>	<b>53</b>	<b>82</b>	<b>75</b>	<b>250</b>

**68**



## Ambulance services

A. An expanded Helicopter service at West Cumbria - providing increased rapid access to emergency medicine and treatment.

87 responses were recorded. 50 of these were positive, with Carlisle (18) and Allerdale (18) providing the majority. Copeland (8) and Allerdale (7) indicated the largest negative responses, with Carlisle (8) providing the most neutral responses within one area.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	8	6	18	18	50	
Negative	3	8	0	7	18	
Neutral	6	2	8	3	19	87
Blank	23	37	56	47	163	
Total	40	53	82	75	250	

B. Treating more people at home by reinforcing current paramedic capacity to increasing “see and treat” services in order to lessen hospital admission.

58 of the 91 responses given were positive, in which Allerdale (22) and Carlisle (17) made up the majority. 12 negative responses were given, including 4 in both Allerdale and Copeland. Of the 21 neutral responses, 9 of these came from Carlisle.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	9	10	17	22	58	
Negative	3	4	1	4	12	
Neutral	7	2	9	3	21	91
Blank	21	37	55	46	159	
Total	40	53	82	75	250	

C. The possibility of using telemedicine more - such as consultations over the telephone or via video link.

75 respondent’s answers were distributed almost equally across all three groups regarding this idea. Of the 29 positive replies, Carlisle (13) and Allerdale (11) were most prevalent. Similarly, 25 neutral responses were recorded with 10 of these coming from Carlisle, and 6 from both Allerdale and Copeland. Eden (9) recorded the most area-specific negative responses.

Response	Locality				Total	
	Eden	Copeland	Carlisle	Allerdale		
Positive	4	1	13	11	29	
Negative	9	5	4	3	21	
Neutral	6	3	10	6	25	75
Blank	21	44	55	55	175	
Total	40	53	82	75	250	

## Analysis of Findings

The following results represent the outcome of the coding and theming process of qualitative data collected from respondents. Data concerning each idea was read, re-read and grouped into relevant themes. These were then cross-checked against data from the wider sample to ensure accuracy. The themes detailed here provide an illustration of the opinions, concerns and suggestions given by respondents in relation to the ideas shared in Table 3.

### Community hospitals

**A. Rurality and accessibility.** People felt that the geography and dispersed population required local community hospitals to provide accessible care. Those living in rural areas emphasised the need to keep local services due to poor weather conditions at times making travel difficult. Concerns around those who were elderly or use public transport and would therefore struggle to reach larger, further afield centres were voiced:

*Concentrating in-patient beds on fewer sites would mean relatives of the in-patients having to travel greater distances to visit, in many areas with poor public transport. Many in-patients are older people with older spouses/partners who themselves have health problems (Allerdale resident).*

*I am conscious of the geography of the area and the remoteness. I am not sure if the hierarchy in the NHS appreciates that we are 30 miles from Carlisle hospital with difficult road conditions in the winter (Eden resident).*

*You would be depriving a rural community of services if you get rid of community hospitals (Eden resident).*

**B. Closer to home.** The importance of patients remaining in their own community and near home whilst being treated emerged as a significant concern. The services provided by community hospitals were described as allowing relatives and friends to visit patients and provide support, something which may not be possible if these services were removed or concentrated in fewer areas:

*It is an important factor in patient's wellbeing and recovery in them being able to be closer to home but with nursing provision (Eden resident).*

*Community Hospitals need beds for seriously ill patients (Carlisle resident).*

*There needs to be beds at community hospitals. My mother has been transferred to Cockermouth from CIC before returning home after hip replacement. The care is wonderful and very personal (Copeland resident).*

*Having no inpatient beds at community hospitals means some people would experience transport difficulties or receive no visitors for the duration of their stay (Carlisle resident).*

**C. Impact on CIC and WCH.** The impact of closing community hospitals on the Cumberland Infirmary and WCH were also concerns, with some individuals raising worries about potential bed shortages and the ability of both hospitals to cope with an increase in patients:

*Removing all in-patient beds from community hospitals will lead to even greater bed-blocking problems at Carlisle and Whitehaven (Allerdale resident).*

*The presence of inpatient beds at community hospitals such as Penrith is very important in providing intermediary care between the main hospital and home (Eden resident).*

*I think community hospitals have a place in our current health service and to have inpatient beds available would in some part alleviate discharge problems from our main hospitals (Copeland*

## Acute medicine at the West Cumberland Hospital

**A. Retaining full services at WCH.** Many respondents felt strongly that WCH should remain fully operational in order to serve the needs of West Cumbria as a dispersed population:

*WCH needs an A & E travelling to Carlisle could be life threatening (Allerdale resident).*

*Downgrading of emergency care and acute medicine at W.C.H. not acceptable. These services must be provided here for sake of health and wellbeing of people of West Cumbria (Copeland resident).*

Respondents also felt that the west of the county is often overlooked in order to focus facilities on Carlisle:

*West Cumbria always feel (like the) poor relatives (Allerdale resident).*

*Keep all services at West Cumberland we should have lifesaving skills here why should we be treat as third world patients just because we live in Whitehaven (Copeland resident).*

**B. Impact on Cumberland Infirmary.** There was a mixture of emerging ideas here, with some highlighting the problems of CIC receiving more patients from the West, and others suggesting ways in which this may be achieved:

*Make more space at CIC to cope with WCH emergencies - move out anything that doesn't really need to be there to make a bigger A&E and assessment area (Carlisle resident).*

*If this means transferring acute patients to Carlisle, what are the implications on the ambulance service? Are there sufficient beds at Carlisle? (Copeland resident).*

*Can the Cumberland Infirmary cope with all night and weekend transfers from The WCH? There is a safety question in transferring patients 40 miles on a poor standard A road (Allerdale resident).*

**C. Attracting and retaining staff.** A number of concerns regarding the ability to attract and retain clinical staff were voiced, with suggestions given on how this might be addressed:

*Offer doctors and consultants' better contracts and conditions than you are at present. Until we were joined with CIC we had no problem with recruitment of staff (Copeland resident).*

*Recruit appropriate staff on long term secure contracts (apparently the short term contracts currently on offer are a major disincentive to staff recruitment) (Eden resident).*

*What is the evidence that centralising service provision will increase consultant recruitment? (Eden resident). More must be done to attract good quality staff to WCH, other companies do not have recruitment issues in this area, it's the negative publicity all the time with WCH which isn't helping. The Success Regime MUST resolve is matter (Copeland resident).*

## Maternity services

**A. Travel.** Many responses highlighted the potential risks of women having to travel to access maternity services, if eligible births were needed to be booked at CIC:

*Would you travel 60 miles in labour to get to a hospital??? If your answer is yes, you're a man (Allerdale resident).*

*This service has to be maintained here to avoid potential tragedy when people are transferred to CIC (Copeland resident).*

*I do not believe that the parents of West Cumbria should have to accept that maternity care will be delivered 40 miles away in Carlisle. Safety within the WCH may be an issue, but so is the safety of mothers and babies in transit (Eden resident).*

**B. Staffing.** The use of consultants in maternity services was a popular idea and was well supported. Other issues arising regarding staff included retaining clinicians:

*Come up with a recruitment strategy, you will never find an alternative to having fully staffed WCH, the logistics will not allow it (Copeland resident).*

*Offer a good career development package to retain young doctors (Allerdale resident).  
Consultants should be available 24/7 (Copeland resident).*

*Women & community here have been very clear that they want consultant led maternity services (Copeland resident).*

**C. Midwifery.** The importance of midwifery services were acknowledged, with support for retaining them in conjunction with obstetric care when appropriate.

*A midwifery unit with a consultant in Carlisle would mean that an emergency LSCS who be over an hour and a half away- unacceptable. There have been multiple reviews of maternity in the last 25 years, each one has stated that a consultant led obstetric unit is the only safe way forward (Copeland resident).*

*A midwife led unit is a great idea, but it must be located adjacent to a consultant led unit (Eden resident).*

*I would be hugely put off a Midwife led unit or home birth because of transfer distance. Would not feel safe enough. If something went wrong. Need obstetrics nearer than Carlisle in emergency (Copeland resident).*

## Children's services

A. Impact of short stay services, reduction in beds at WCH and centralisation of seriously ill children's services at CIC. These ideas were largely felt to be unacceptable due to the impact on potentially separating families through travelling across the county to visit sick children and associated transport difficulties.

*Too far in crisis to go 40 mile to CIC (with) family left at home (Eden resident).*

*Paediatrics must be retained with inpatient beds at WCH, this is a deprived area with poor transport links. This will separate children and parents (Copeland resident).*

*The children's ward should just be the same as our old WCH, for all our children and not to travel to Carlisle as a lot of parents don't have cars to travel to Carlisle to see their children and bus fares are expensive (Copeland resident).*

B. There was support for county-wide 'joined up care', with positive responses across all localities:

*If the joined up working will make the service more efficient and effective then definitely (Eden resident).*

*A joined up health care team sounds like a good idea - and should eliminate any potential overlap or grey areas (Allerdale resident).*

*Joined up health team is a no brainer (Carlisle resident).*





## Facilities at West Cumberland Hospital

**A. Use of technology.** Responses to the proposed use of tele-consultations and electronic referrals was mixed, with both support and reservations noted:

*The idea of using technology to introduce tele-consultations is a good one, as it could help WCH and CIC more effectively utilise a shared team of consultants etc. Done properly it has the potential to help both hospitals keep valuable services going in a sustainable way (Eden resident)*

*Electronic referrals would free up GP appointments so would be a good thing, as would telephone consultations, but again the needs of vulnerable people would need to be taken in to account (Copeland resident).*

*New technology is fine but please remember the older generation most of whom have no idea how to use it (Copeland resident).*

**B. Closer to home.** There was support for bringing outpatient clinics into the community, with feeling that this would increase accessibility:

*Outpatient appointments should always have been closer to home (as they always used to be) (Copeland resident).*

*Good idea as long as the quality of the service is not compromised and nothing else suffers (Copeland resident).*

*Close out-patients at CIC for all but a few specialist clinics (e.g. breast screening). Transfer clinics to community hospitals/GP clinics (Carlisle resident).*

**C. Day cases.** A number of challenges were raised to this idea, and it was felt that how an increase in day cases with fewer overnight stays may not be feasible:

*I'm not sure how you can decrease the need for overnight stays, unless you are suggesting that they are currently unnecessary (Copeland resident).*

*I agree more ops should be done locally. However overnight stays should always be an option, as not everyone has someone at home to care for them on discharge (Eden resident).*

*Complex social patients need to be able to access social care prior to operation to ensure effective quick discharge unlike current system where can only initiate referrals once operations took place meaning long hospital stays! (Copeland resident).*

*Why such a focus on planned care and elective procedures? This is the non-urgent things that can be planned. Most of us are willing to travel to access this service, we are able to plan ahead and make arrangements for travel, collection and aftercare. It is the emergency care, the urgent non planned for care that we require here when we need it (Copeland resident).*

## Specialist services

There was a mixed reception to the idea of develop enhanced links with Newcastle NHSFT to increase benefits for across three specialised services - cancer, children's services and trauma. Whilst some respondents welcomed this, others cited concerns regarding access and implications for local services:

**A. Access.** Potentially traveling to the north east was an unappealing prospect for some respondents, with the added concern of using public transport and associated costs:

*These services should be within reasonable distance for people to travel (Copeland resident).*

*Do it but make sure they come to us and we don't have to travel there (Carlisle resident).*

*Only Carlisle area is an hour from Newcastle and that's on a good day. Most of the county is over 2 hours from Newcastle on poor roads where if there is a holdup there are even longer diversions (Eden resident).*

*Sounds interesting, we already benefit from major centres of excellence at RVI, freeman, James cook etc. Let's build on strong links like this (Carlisle resident).*

**B. Implications for local services.** The possible costs to implement this idea were questioned, along with the need to have in situ acute services.

*If the Newcastle NHS Trust imposes reasonable costings for this 'liaison' then I think sharing expertise is a good idea (Eden resident).*

*I do not have a problem with this model but 'specialist' needs to be used with care not fudged to mean services which used to be available as standard (Eden resident)*

*We need trauma services returned to WCH where prompt treatment has saved many lives (Copeland resident).*



## Mental health services

**A. Accessibility.** The idea of a multi-agency crisis assessment centre at CIC and fewer beds in the county generated a set of responses centred on concerns of accessibility. West Cumbria was again highlighted as not receiving an equal provision of services with Carlisle, and the associated effect that this may have on vulnerable patients with mental health needs:

*What about WCH? In Copeland there are many people who need urgent help for mental health problems and there should be a facility for this at WCH (Copeland resident).*

*Patients need visitors. Knock on effects caused for those friends/relatives supporting the patient if away from home needs considering (Allerdale resident).*

*Why does concentration of services always have to be at CIC? It's not central, and it doesn't serve a significantly larger population. There is organisational and managerial bias against WCH (Allerdale resident).*

*Will we lose existing services in West or will these just be managed from CIC? How will people be supported to return to their communities from CIC? Will CIC cope with the increased demand or will people be sent elsewhere in the country? (Copeland resident).*

**B. Use of technology.** Opinions on the use of a triage phone line varied, and also raised associated comments on how this service may link in with wider health and care services already present in the county.

*I agree joined-up healthcare with access to GP and hospital records out-of-hours is a good idea (Copeland resident).*

*The Triage line would be useful for Police, Fire, Ambulance and Housing professionals who are usually the first on the scene (Carlisle resident).*

*Better awareness training at GP surgery level, with a mental health specialist based at every one of them (Allerdale resident).*

## GP services

There were a number of positive contributions relating to developing GP services, with the attraction and retention of staff and increased GP numbers and capacity emerging as themes. Minor ailments services are also discussed.

**A. Attraction and retention of GP staff.** Responses to the suggestion of offering bursaries in order to attract staff to Cumbria was received well, with further suggestions including the provision of flexible contracts and training opportunities:

*Bursaries, flexible working, and innovative job plans would all be excellent ideas to increase recruitment. There are plenty of excellent job plan ideas being discussed e.g. 9 month/ year working with 3 months spent abroad or pre-hospital, 50:50 with a hospital specialty, etc. (Copeland resident).*

*If allowing bursaries should there not be a tie-in clause, e.g. make it a rule that after qualifying a GP must stay and work in the county for say five years? Then we as a county get a return on the investment with the potential that some stay on, settle and face careers here, and Cumbria retains them (Carlisle resident).*

*Pay the doctors good salaries, and don't expect them to work abnormal hours. Extra pay should be awarded to those who work overtime. 24 hour coverage should be covered by shifts not in excess of 8 hours; only one per day and not more than 5 in a week (Allerdale resident).*

**B. Increase in GP service provision.** Developing more effective ways of working for GPs and the development of collaborative GP practices was welcomed in the face of the current barriers to accessing these services:

*Patients are told to ring up at a certain time to get an appointment on that day, which often is the time when most people are travelling to work. Once you get to work all appointments have gone. More services must be provided locally. Workington Access Centre has been a real benefit so more of these and more surgeries working closer together (Eden resident).*

*The centre at Anne Burrow Thomas in Workington works really well. Whitehaven would love one. A&E is so busy because you cannot get a Drs appointment. In some surgery's you have to wait over 3 weeks for a planned appointment with a GP. Fix this and you end up with a quieter A&E (Copeland resident).*

*All of these seem to be good options to increase GP numbers, improve collaboration and increase treatment of minor issues reducing A&E demand and encouraging patient 'ownership' or their management and outcomes. This should not be seen as an alternative to acute care and A&E care at both WCH & CIC (Eden resident).*

**C. Treating minor ailments.** This was seen as an opportunity to encourage people to visit pharmacists for advice, promote self-management and prevention and also provide potential to relieve GP and A&E waiting times:

*We already have...in the form of our excellent pharmacists, the public just need re-educated to use them (Copeland resident)*

*More health problem prevention work should be complete (Allerdale resident).*

*Use (a minor ailments service) within GP Practices/Community Hospitals as effective cornerstones of care. Many M.I pts go to hospital A&E because they think it will be quicker. Educate the populace (Eden resident).*

## Ambulance services

The capacity of ambulance and paramedic services to cope with the ideas proposed (alongside current service pressures) was questioned. There was a mixed response the proposal of using helicopter services, with the logistics of this scrutinised. Further feedback emerged in the form of ensuring that acute care was adequately distributed around the county, and considerations for the implementation of telemedicine.

### A. Ambulance and paramedic service capacity:

*...pushing responsibilities and extra stress on an already over-stretched paramedics (Copeland resident).*

*Having paramedics "see and treat" more patients would also be welcome, provided there are enough of them to maintain this service alongside the likely increase in transfers between WCH and CIC. They already seem to be under such enormous pressure it sounds like we risk shifting the problem (Eden resident).*

*...return 24 hour consultant led acute care to WCH and ambulance response times will improve. Ambulances are stuck at CIC as there are no beds for the patients currently being transferred (Copeland resident).*

### B. Use of a helicopter:

*The helipad at WCH is not owned by the hospital. This should be rectified. Helicopters only fly during daylight and in good weather. So whilst for a tiny number of patients this would be a good service, the money may be better spent on more ambulances and staff (Copeland resident).*

*It would be excellent for the whole of Cumbria to have improved helicopter services (Copeland resident).*

*A helicopter service only makes sense if we are talking about taking people to regional centres of excellence. I don't want a helicopter taking me to Carlisle when it could just as easily take me to Manchester (Allerdale resident).*

### C. Distribution of acute care across Cumbria:

*We demand WCH to be fully functioning in all aspects then you would not need a helicopter (Copeland resident).*

*The services which SHOULD BE available at both hospitals (Eden resident).*

*Return 24 hour full emergency care to WCH. This is the only option for safe access to acute emergency care for West Cumbrian people (Copeland resident).*

### D. Telemedicine:

*Tele-medicine a disaster for vulnerable people - they need to see someone to explain they need to see someone to explain to (Carlisle resident).*

*Telephone consultations in particular could result in a misdiagnosis - 101 being a case in point. Also many people may not have access to a pc (Copeland resident).*

*(things are) going that way-need to embrace (telemedicine) (Allerdale resident).*

*What about elderly living alone (Eden resident).*

## Summary of Findings

### Main Themes by Locality

A wide variety of feedback and opinions were offered by respondents, with the content of these differing across districts. In this section, some of the key themes raised from each locality are summarised, taken from the entire sample of 1389 people.

#### Allerdale

Allerdale residents were most vocal in their concern for retaining a full suite of services at WCH, particularly within A&E and maternity services. Justification for this included the rurality of the locality, the geographic dispersion of residents and the risks inherent in travelling to Carlisle to access services when acutely unwell. There was also widespread objection to ideas around limiting community hospital provision, citing the needs of elderly service users and rurality again. There was however, some support for concentrating beds at fewer sites and enhancing the range of services offered in other community hospitals.

#### Carlisle

Changes to community hospitals and specialist services were at the forefront of answers from Carlisle respondents. Providing for rural and elderly patients, and utilising community hospitals for more areas of non-acute care were popular suggestions. Opinions on specialist services were generally very supportive, although questions were raised regarding access and travel arrangements.

#### Copeland

Retaining full services at WCH, and travel to services further afield were the most significant concerns within Copeland. Many respondents felt that without A&E and other acute treatment services (including maternity and paediatric services), there were safety risks to local residents. Interlinked with this were worries around the travel time from rural areas of Copeland into Carlisle (and potentially Newcastle). Transport infrastructure and affordability of public transport in an area of high unemployment were also raised in response to the survey.

#### Eden

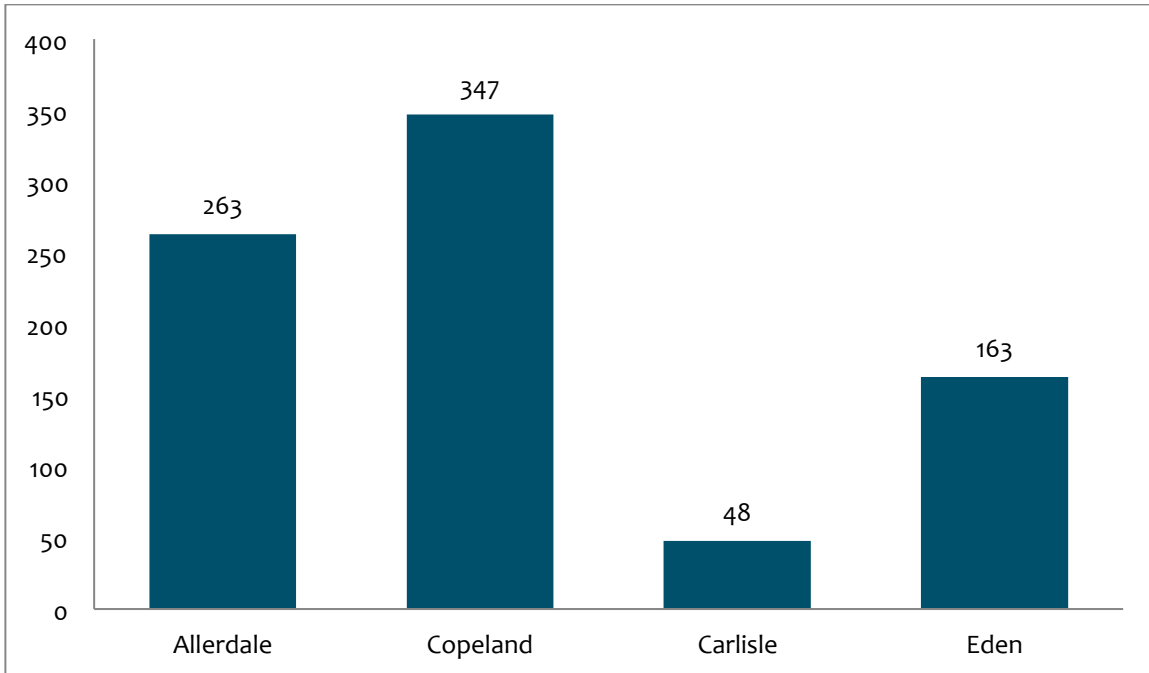
Community hospitals were the concern of the majority of respondents in Eden, with many referring to how such services allowed treatment closer to home, and the benefits this provided. Removal of beds from community hospitals was strongly opposed, with the needs of elderly services users to remain near family and carers referred to within this. Residents here supported retaining full services at West Cumberland and spoke of the need to employ more staff to support this. Support for improving ambulance services was also strong in Eden, specifically provision of more ambulances and crew, rather than a helicopter service limited by Cumbrian weather conditions.

## Total Questions Answered by Locality

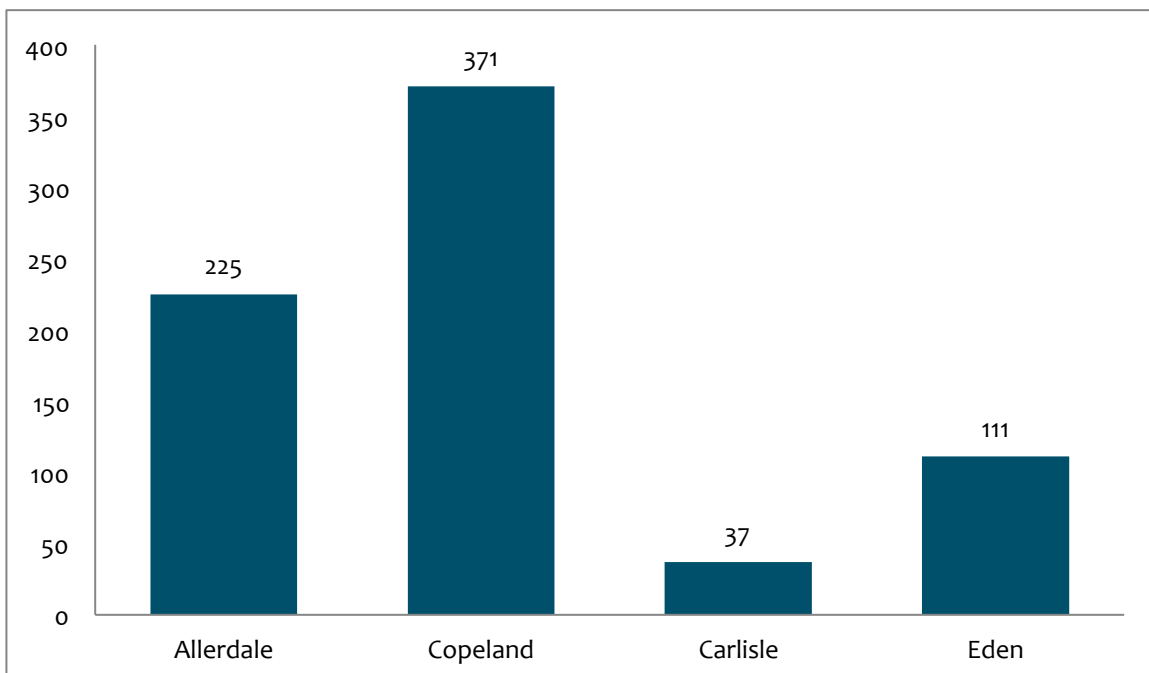
This final section details the total frequency of responses to each topic across the entire respondent sample, arranged by locality. As respondents were given a choice of what topics they could discuss (see below, Appendix One), the frequencies may reflect, to some extent, which topics drew the most interest within each locality.

Questions answered by each locality and do not include questions unanswered by respondents, and thus totals do not add up to the entire sample size (1389).

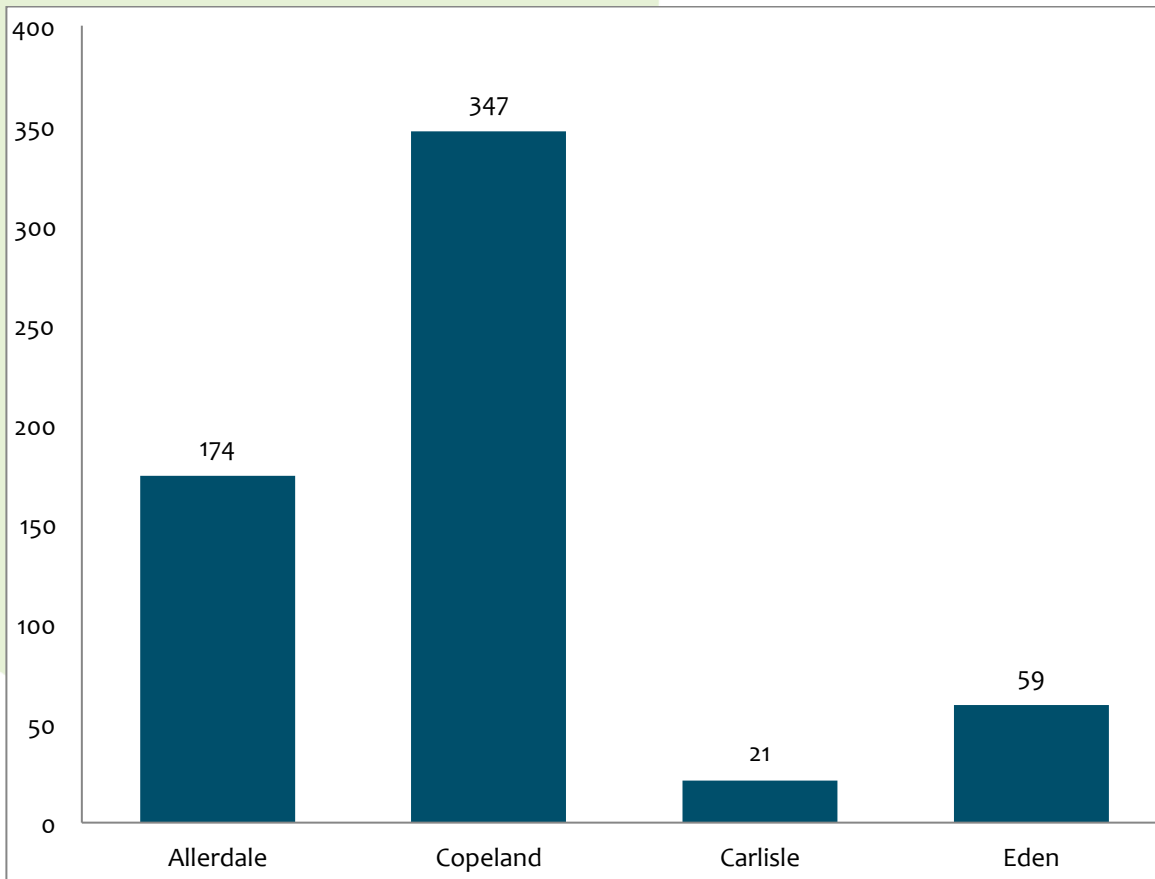
### Community Hospitals



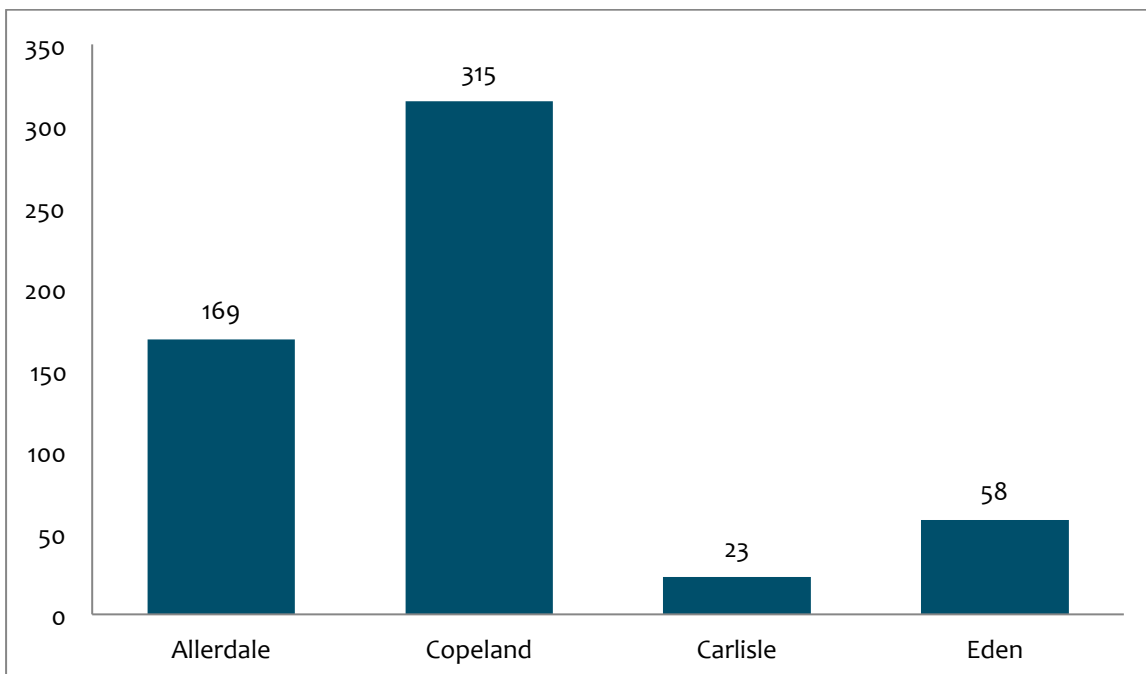
### Acute medicine at West Cumberland Hospital



## Maternity services

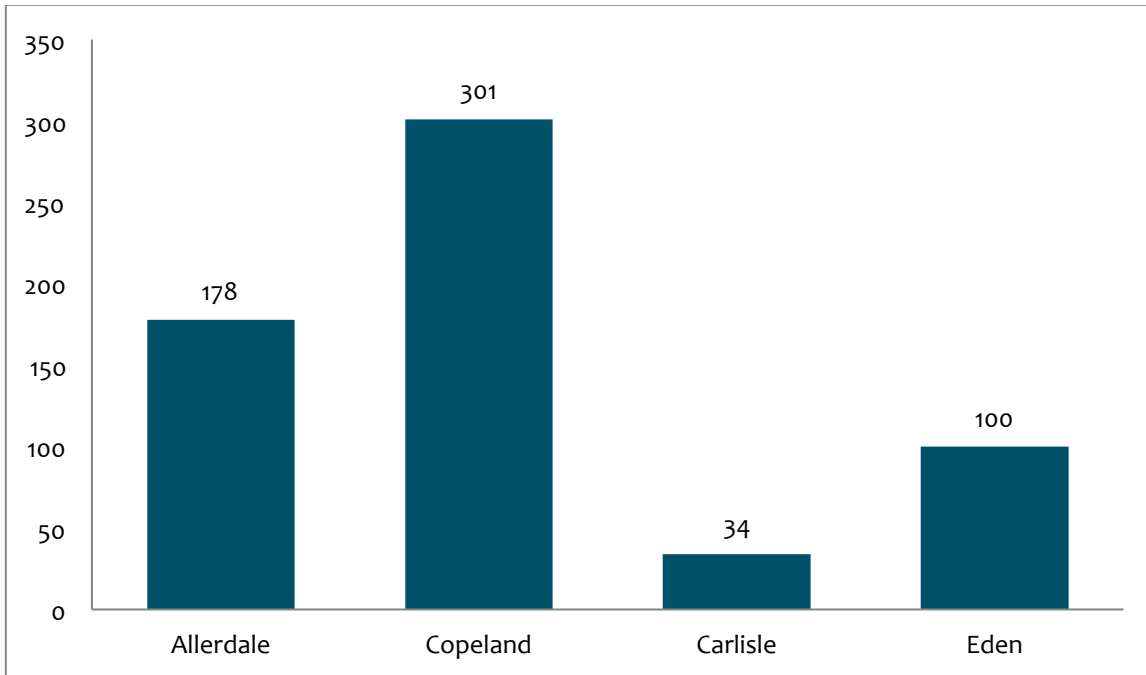


## Children's services

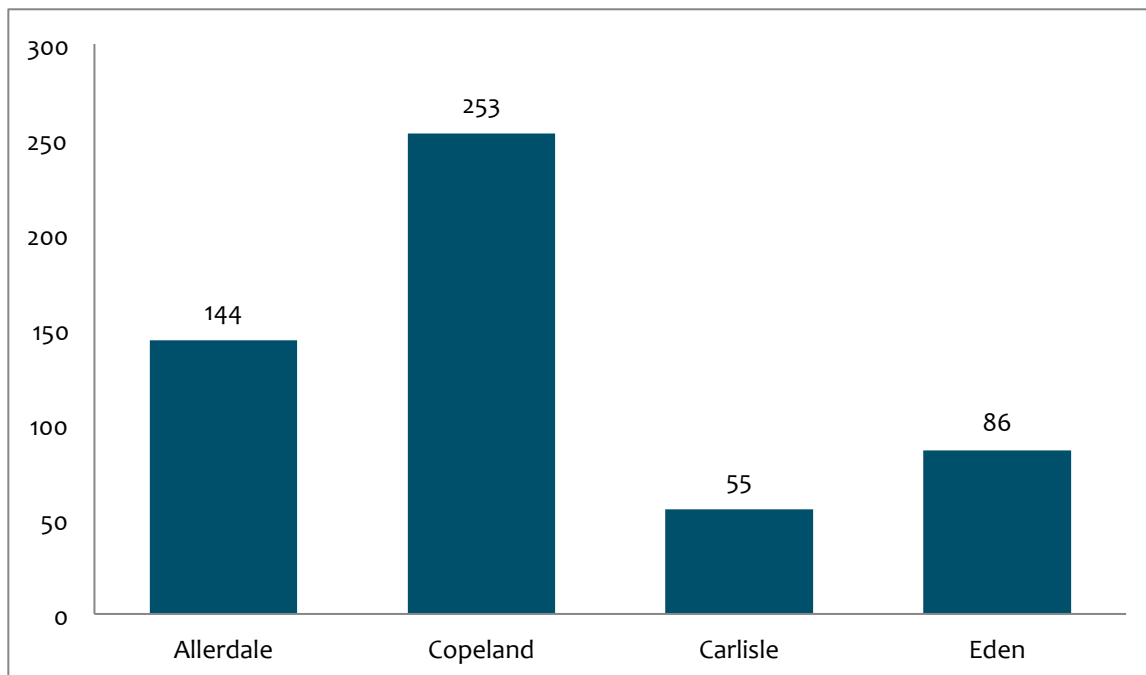




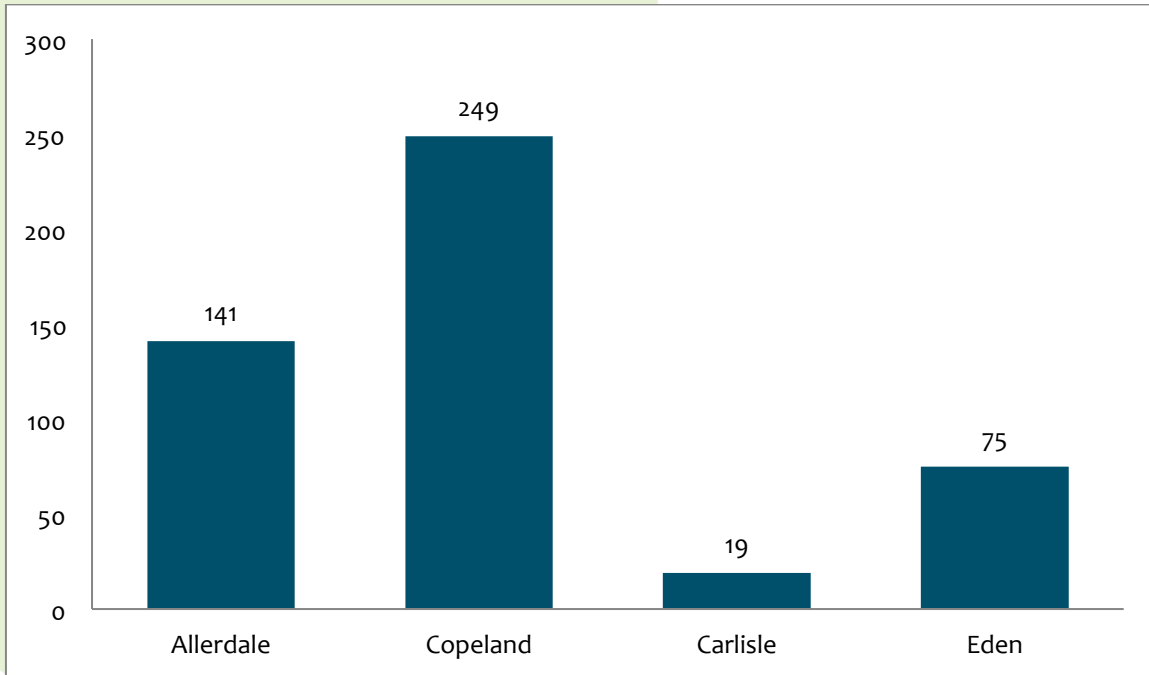
## Use of facilities West Cumberland and Cumberland Infirmary



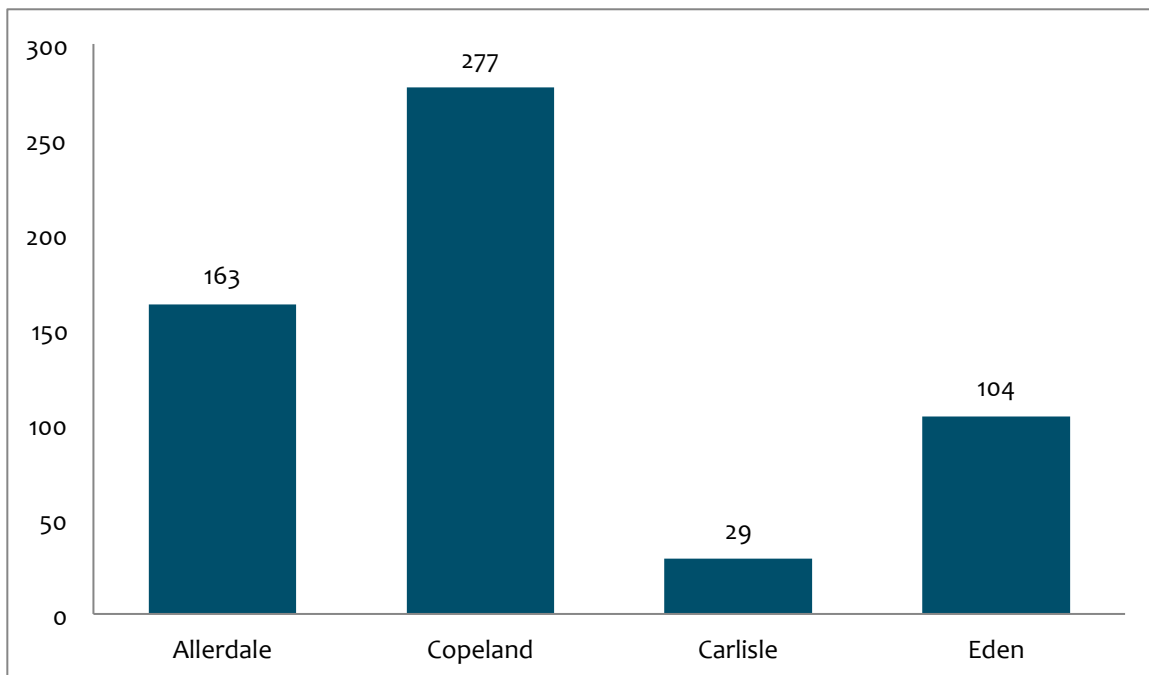
## Specialist services



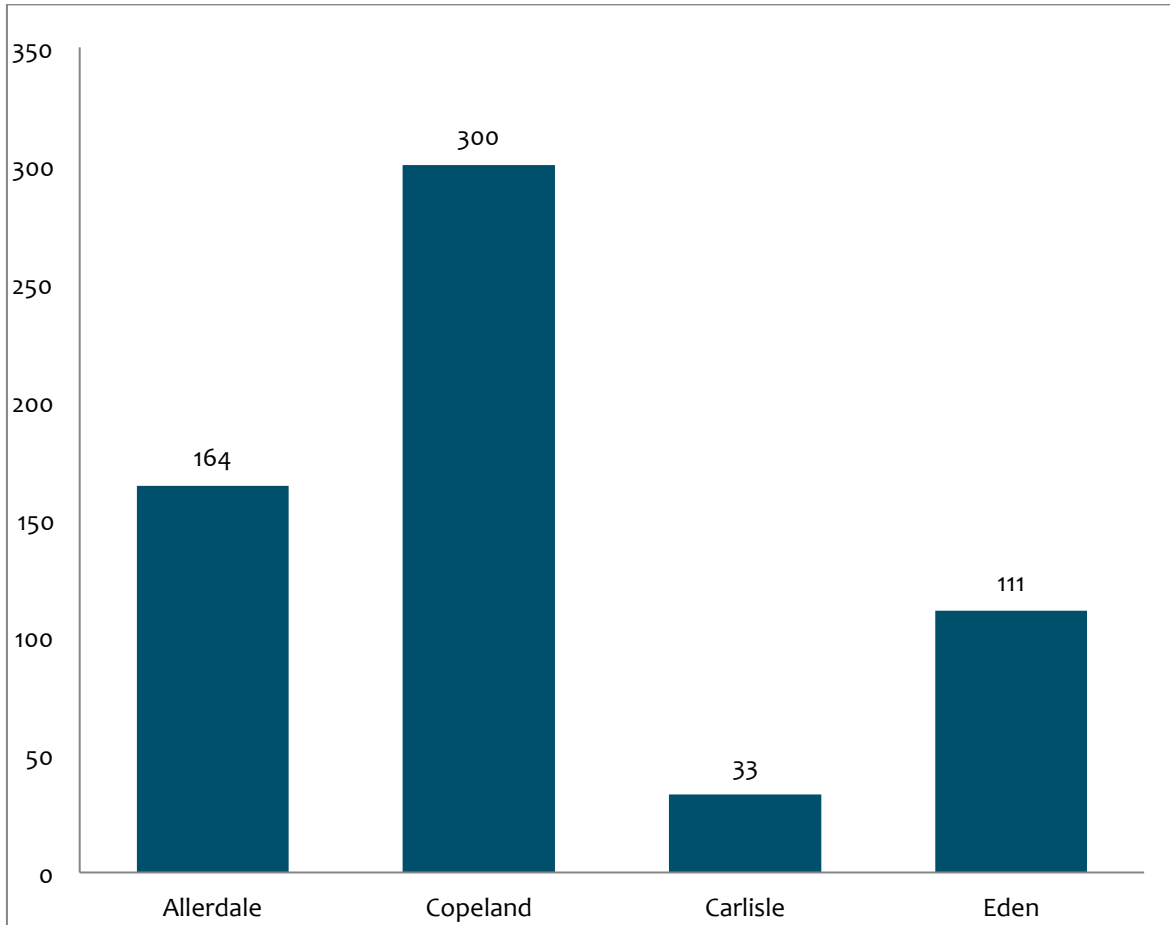
## Mental Health Services



## GP Level Improvements



## Ambulance services



## Summary

This has been complex, intense and challenging work. HWC staff have worked hard to;

- Respond to constant requests for the “Chatty Van” to visit;
- Help people to understand the difference between engagement and consultation;
- Address perceptions of being “in the camp” and working for the NHS;
- Avoid raising expectations, there are many factors that are contributing to this significant change process;
- Explain complex clinical themes
- Listen to, and support, people who are genuinely worried about the future of services

Interim reports provided by HWC were welcomed by the SR and used to inform the continued development of thinking in each of the workstreams.

The work has clearly highlighted what people value in the system and where there is confusion. It has exposed real concerns and often resulted in the SR team directly meeting with people who have expressed anxieties or offered ideas.

The role of HWC has been amplified, awareness raised, and we have been invited to talk on the radio and TV and give presentations about this important engagement work. We have also stimulated direct community involvement. By working with community champions to agree venues for the “Chatty Van” and directly engaging them in understanding the rationale for it’s visit they in turn have become engaged and passed on the need for others to do the same. In Alston this was dramatically demonstrated by the queue

of people waiting when the Van arrived, stimulated to do so through posters being displayed locally and a local Facebook message.

However the most important messages are in the key findings of this report. It provides a picture of what people know, value, and are concerned about. It highlights where people need to be provided with more information and where they feel distanced from the decision making process. The analysis has provided a county wide picture but has also considered findings from a locality specific perspective.

HWC sincerely hopes that the messages in this report are listened to and are reflected in the continued consideration of solutions for the future.

In line with the statutory framework for local Healthwatch organisations the report will be formally submitted to the SR Programme Board and a response will be requested within 20 working days of its receipt.

## Acknowledgements

HWC has been supported in this work by many people and organisations, too many to list individually but wishes to acknowledge the particular role of;

- Local organisations, venue owners, and individuals who have supported the Chatty Van and staff during visits
- Our team of enthusiastic HWC Representatives who have tirelessly turned up at venues across Cumbria in all weathers
- Our driver, Ken Hannah, who has worked beyond his original remit, and his co-driver Simon Ralph
- Our graphic designer David Boothman, from dbgraphicsltd.com
- Health and care staff, especially the Communication and Engagement teams who have supported the Success Regime
- The HASCE team led by Dr Tom Grimwood at University of Cumbria
- The people of West, North and East Cumbria who have given their time to express their views.

## References

Cumbria Intelligence Observatory. (n.d.). Cumbria & Districts : Recent Population Trends : Incorporating Mid - 2013 to Mid- 2014 Estimates. Retrieved May 16, 2016, from <http://www.cumbriaobservatory.org.uk/elibrary/Content/Internet/536/673/1756/41177164137.pdf>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. <http://dx.doi.org/10.1191/1478088706qp063oa>

## **Space for your notes**





## Engaging People in the NHS Success Regime

### Healthwatch Cumbria

Head Office 4-8 Oxford Street,  
Workington, Cumbria CA14 2AH  
Tel/Fax 0300 303 8567

