



**Maternity Engagement**  
**“The Future of Healthcare in West,  
East and North Cumbria”**

**December 2016**

## Introduction

The Department of Health announced in June 2015 that West, North and East Cumbria would be one of three areas selected as part of the NHS Success Regime (SR). This involved a wide range of activity designed to identify and address a range of challenges affecting the health and care system working towards possible solutions. This work culminated in a twelve week public consultation 'The Future of Healthcare in West, North and East Cumbria' which was held for twelve weeks during the autumn of 2016 to consider possible changes to the way a number of NHS health services are delivered across West, North and East Cumbria.

The public consultation document sets out the case for change in:

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

The document gives potential options for how the issues identified could be addressed and has been widely distributed through a variety of mechanisms managed by Freshwater, the organisation appointed to oversee PR, Engagement and Consultation by the Success Regime Programme Board.

Public and stakeholder events have taken place and a separate consultation website provided access to detailed information. The consultation closed on the 19<sup>th</sup> December.

During this time Healthwatch Cumbria (HWC) was independently involved in ensuring people were aware of the consultation taking place and to ensure they were also aware of the mechanisms to use to ensure their responses would be included in the final analysis.

HWC was commissioned to carry out additional engagement activity for a two week period towards the end of the consultation with regard to maternity services. This was to ensure that more women and their families who are likely to have knowledge of, or be seeking to use, maternity services were aware of, and knew how to respond to the consultation.

Maternity is one of the key areas under consultation and the development of the options has triggered a great deal of concern about how and where these services should be delivered in the future. To encourage as many women, families, and carers who are current or future service users to respond HWC undertook a focused piece of engagement to help these people access relevant information.

HWC was asked to:

- Visit women and families in a variety of setting including nurseries, breast feeding clinics, children's centres, soft play centres, leisure centres. It was anticipated that there would be a total of 40 visits carried out by 2 officers to each visit.
- Record conversations with women and families if they consent to share their views. *(see Appendix 1 to see conversations recorded and Appendix 2 for a list of comments raised).*

## Engagement Activities

Over the week of engagement seven Engagement Officers from HWC visited a total of 44 venues across the West, North and East Cumbria. Included in this table are the locations and venues visited as well as the numbers spoken to and numbers of consultation documents distributed:

Location	Types of venues visited	Number of venues visited	Numbers of people spoken to	Numbers of consultation documents distributed
Allerdale, Workington and Cockermouth	Coffee morning Craft Group Baby clinics Soft play Carer and Toddler Library Children's Centre	19	120	110
Copeland, Whitehaven, Egremont, Cleator Moor	Young mums Swimming Baths Sports Centre Carer and Todler Library Health Visitor clinic Aquanatal clinic	9	45	38
Carlisle and district	Community Centre Coffee morning Soft play Carer and toddler group	4	36	38
Copeland, Whitehaven, Lowca	Nursery Carer and Toddler	3	26	22
Penrith, Keswick, Braithwaite, Allerdale, Eden	Soft Play Children's Centre Nursery Tumbletots Library Leisure Centre Carer and Toddler	7	34	25
Allerdale, Maryport, Broughton Moor	Health Visitor Clinic Primary School	2	12	6

From these visits there were 273 people spoken to and 239 consultation documents distributed.

## Findings from conversations and comments

From the conversations held with women and their families the key points raised were:

- That the people spoken to want services to remain accessible and local.
- People expressed fears that there is more likely to be fatalities of mothers and their babies if they are transferred during labour and feeling that these risks are being taken lightly. **Overall, people feel mothers and babies are being placed at greater risk and are concerned about the unnecessary dangers they could face as a result of the proposed changes.**
- People stated that even low risk pregnancies can lead to emergency deliveries and if babies have to be delivered quickly people are worried about how this would happen with no intrapartum care (care during labour) by consultants at West Cumberland Hospital (WCH) and a long transfer time to Cumberland Infirmary Carlisle (CIC).
- The rurality of the area was raised as an issue that makes accessing services difficult.
- There was anxiety expressed by people over the distances involved, difficult driving conditions, and average journey times over an hour when travelling to Carlisle. It was raised that there is only one road between West and North Cumbria to carry out transfers and concerns about what would happen if this road was closed.
- The lack of access to transport was raised as an issue as this makes it difficult for family and friends to visit and would also have an emotional and financial impact upon families if women from West Cumbria delivered in Carlisle.
- People expressed that it is a waste of the new site opened at WCH if it is not fully utilised. Questions were also asked about how facilities and resources at CIC would be used to cope with an increase in maternity patients.
- People are worried about the lack of available ambulances and if there will be enough emergency transport to carry out transfers.

‘I feel it is important to have a safe service close by and reassurance that there is help available if needed’

‘I want to be reassured that if I require emergency help, that it is dealt with swiftly and safely and not at detriment to my baby’s or my health’

## Summary

The aim of this engagement activity was to visit women and families in a variety of settings to raise awareness of and distribute public consultation documents on 'The Future of Healthcare in West, North and East Cumbria' and to record conversations with women on their views about the proposed changes to maternity services.

There were two key factors which shaped the engagement activity:

- The numbers attending groups was low likely due it being the Christmas period.
- Many of the Children's Centres in Copeland, West Cumbria had previously been consulted by the Maternity Service Liaison Committees (MSLC) and the NHS Cumbria Clinical Commissioning Group (CCG) in the two weeks prior to HWC visiting, which meant that the range of possible groups to include in the itinerary was reduced.

Despite this it was noted by HWC staff that only a minority of women and their families that were engaged with were already familiar with the options for maternity services.

The key points raised from these discussions reflect similar points previously documented through other engagement activities for the Success Regime. There have been many concerns raised by women and their families around the proposed changes but of main concern to people is that:

- Many people have strong views that the full suite of consultant led services for maternity and paediatrics should be delivered at West Cumberland Hospital.
- Mothers and their families are very concerned about the implications of travel during labour.
- People are very worried, concerned and angry, especially in West Cumbria, about the possible changes to services as this may result in key services being further away from where they live.
- People are worried that this will put lives in danger and cause increased concern when things go wrong. For example, making it more problematic for friends and family to visit.

**'Healthy mums and babies will experience unnecessary harm and distress'**

**'My baby would have died and I might have as well if I had had to travel to Carlisle'**

**Sue Stevenson**

**Chief Operating officer**

**Healthwatch Cumbria**

**20 December 2016**

## Appendix 1- Conversations from visits

The proposals will cause an unacceptable risk to mothers and babies and will result in more women having an elected caesarean. The Infirmary cannot cope with the number of births in the current catchment. There is a birthing unit at Penrith and mother and babies are transferred to Carlisle if necessary, but the journey is largely on the motorway and not on the A595 which is horrendous to travel at the best of times. I needed to go to theatre after both of my births and therefore under the proposals, if I was in Whitehaven I would have had the added stress of the transfer. When I was in X X weeks ago, the staff were talking about the changes and saying it would have a big impact on their resources. I was in hospital for X days due to infection. How would my husband have been able to visit me if I was an hour away from home as he would have been caring for our eldest child? - this would have had a big impact on our family in terms of emotional support, bonding as a family and financially with travel and car parking etc.

If services cannot remain the same, I do not know which is the best option for families. It might be better to transfer everything to the Infirmary so that women have the very best support and could CIC become a Centre of Excellence?

I cannot imagine not having access to Drs. when in labour. The midwives do an amazing job but I think it is important for them and women in their care that they have the support of Doctors and Consultants. I had a forceps delivery and the baby was 'out' in 10 minutes, I would have been so worried if I had been in a situation where the midwife did not have support. We need to have confidence in our midwives and for this; the midwives need to feel supported by their peers and colleagues. If things go wrong in labour, a baby can be delivered in theatre in 6 minutes, how can this be achieved if there is to be a 45 minute journey from Whitehaven to Carlisle? Also, how many ambulances would be needed? When I gave birth, there were 4 mothers waiting for theatre. Also, who would travel in the ambulance? - The midwife/paramedic/partner?

I greatly value the care I received at Carlisle maternity. I feel the after care is important and that you are able to contact the maternity suite for a period after the birth for any advice or concerns that you have as new parents. With an increased number of births at the Infirmary, if the proposals to change services at WCH go ahead, there would be pressure on beds and staffing and I feel that this will result in risks for mothers and babies. There should be the same standards at whichever hospital you give birth in. I would be very unhappy if I had to travel from Carlisle to WCH to give birth.

A X who works at the maternity unit at CIC said that there is only 1 theatre for caesarean births in Carlisle so a much bigger unit will be needed with substantial investment for buildings, staffing etc. The X said this does not make any sense when a state of the art delivery suite has just been opened at WCH. Does anyone know what they are doing?

A X who works at the X said that she works with sick and disabled children, a number who are disabled through problems encountered during labour and birth. The concern is that healthy mums and babies will experience unnecessary harm and distress with a greater long term cost to the NHS.

The most important thing to me about a maternity service is that it is accessible. I am originally from X and had my first baby there. I was due to give birth in X as my nearest maternity hospital which was a 45 minute journey but I had a very quick labour and had to

call the Emergency Services for help. The emergency response technician arrived on his own and safely delivered the baby within 30 minutes and I was then transferred to hospital. My second birth was much less traumatic as I literally live X streets away from the hospital.

In an increasingly litigious society, people complain if things go wrong and this results in an investigation with a midwife suspended from work and others are then under more pressure to cover the workload. It feels that midwifery will be in crisis with these proposals as there is such risk for mothers and babies at such a vulnerable time.

Not given a choice for X with her first baby, started in X which had a family room which was good for dads (however this is no longer provided) Both her babies had complications and were born in X. Home is Very remote for services and inconvenient for visitors. Have to have their own car where they live for any anti or post natal visits. (Probably can't afford it)

Given choice of X , X or X for birth as remote at X. Was concerned about service provision at X for first baby - no overnight stays available, used X but was induced in X. Winter baby so weather conditions a concern for visiting and getting to X. Not directly impacted by changes in the West. Had three children but none in X but would have if could have had an overnight stay.

The Dad said his first child was X weeks premature and his wife had to have sections with the second and third child. He said in his view if his wife had to have travelled to Carlisle the children would not be here. He took a document to complete. The common theme of the Group was the dangers of Mum's in labour having to travel to Carlisle. One Mum said her eldest would not be here and she had to have a section with the second child. The question was asked "Why are they looking at no Consultant? " One Mum said several years ago they wanted to do the same to Workington hospital but the changes did not go ahead because of the dangers of Mum's in labour travelling from Workington to Whitehaven. She asked "Why is it considered safe now for Mum's in labour to travel from Whitehaven to Carlisle?" A X has told her there are rumours WCH is going to be made into a private hospital?

A grandma said her daughter had three difficult births, involving two emergency sections. Another Mum said there were problems with the placenta - she was bleeding when she was admitted to hospital - a X later whilst in hospital there were serious problems and she had to have an emergency section. She was told afterwards if she had been at home and not in hospital she would have died. Another Mum made comments about the risks of flooding on the A595 and the road being closed. She also commented on the risks of car accidents on the way to Carlisle. A couple of Mum's discussed in the group concerns whether there are enough ambulances to take Mum's in labour to Carlisle. One Mum said they have the 60 minute rule- ie the time of travel from Whitehaven to Carlisle but she felt the travel is longer eg at least 70 mins.

Another Mum expressed views the service should stay as it is and there needs to be a Consultant. Further discussion with a grandmother bringing a X year old to the X. Her views were a Mum and baby in labour may not make it if having to travel to Carlisle. She was appalled there are threats to the baby care unit continuing in the future and also threats to services being Consultant led. This person took a document to complete. Another Mum said keep services and she said it would be a waste of the new building at

WCH if services are depleted. Another Mum said about the dangers of Mum's in labour going to Carlisle.

She said with her X child the birth was slow and baby's heart beat was going up and down. The Midwife was going to let the labour progress a little longer but the Consultant said at here had to be a section straightaway as baby was in distress. She felt if the Consultant had not made this decision her baby may not have survived. She said "What will happen in the future if there is no Consultant at WCH?" The friend was sent to WCH for checks and suddenly she was having a difficult birth and had to have a section - The Mum spoken to said "What would have happened if my friend had to travel to Carlisle?" This Mum said with her second child she was booked in for a section and she commented it all went well and the staff were fantastic. She said even though the staff were busy they were very caring. This Mum took a document to complete. The next Mum reiterated comments about the dangerous nature of the roads for Mum's in labour travelling to Carlisle. She said she had a document at home which her husband had picked up and she said she would fill it in.

#### *mother of 2 under 4's*

The most important thing to me about a maternity service is accessibility for any queries, a knowledgeable midwife and various signposting for support that is available (breast feeding coordinator etc) the 'human touch' care and compassion. Overall I had a very good experience of using the maternity services, however both of our babies were small which was quite stressful in the end with constant hospital appointments for which at times I don't think it was fully clear what all the appointments were for.

#### *mother of 2 under 4's*

I feel it is important to have a safe service close by and reassurance that there is help available if needed. My experience was actually very good at Carlisle. Even though they were exceptionally busy there was always somebody there when needed. The maternity suite could do with more facilities - eg there is only one room with a birthing pool at Carlisle and there isn't much space in the hospital to be anywhere comfortable. I think if I was having a baby in the west I would be really worried about the proposal. I would hate to think that medical help was not easily accessible - especially at the busy times of day and I don't think it's acceptable to need to travel to Carlisle if there's an emergency. When I had X last year, the hospital was completely full in maternity and that was without the extra pressure of patients from the west as well so it seems obvious to me that all patient care could be affected, not just the care of patients in the west.

#### *mother of 1 baby, aged X months*

The most important thing in relation to maternity services is that I have access to services close by and that there is always someone available to answer questions or help me. I want trained staff, whom are supportive and approachable - never making you feel as though you're asking a silly question. I want to be reassured that if I require emergency help, that it is dealt with swiftly and safely not at detriment to my baby's or my health.

If services were to be reduced or moved/shut down, putting pressure on the service deliverers then I feel that mothers and babies will be at risk, through all stages of pregnancy, birth and post-partum. Women are vulnerable at this time in their lives and should not feel stressed or worried that they are not close enough to services, or be able access what they need, when they need it - mother should be supported as much as possible, for their own health as well as that of their baby.



I have had the most positive experience of the service, from my booking appointment, scans, check ups, birth and after care was delivered by fantastic staff!

Birth became a traumatic and difficult time, but the Drs, Midwives and all staff were excellent. My midwife stayed with me, just so I had the support I needed, because of this, I remained calm and even when I required emergency help, I knew I was in safe hands - as a first time mum - this was so important to me! The Drs and theatre staff I cannot fault! They even helped my husband to stay as calm as he could at the most stressful time we have ever experienced!

After care was fantastic, I was very well looked after. And I know when I come to have more children I will receive the same service again and I will not worry about anything that might be

Not enough credit is given to our maternity services and more, I feel should be invested - after all - children are our future, so let's give them the best start, by taking care of mummy from start to finish!

I feel the service that we already receive should be built upon, listen to the staff and the mothers - we need to ensure this area is well funded and well supported. not cut, not reduced, not put on the back burner.

Midwives know their mothers and babies, they know what they are doing and talking about - support them, and ensure they have what they need, when they need it - WCH should not have a reduction of services in this area, it is not acceptable that mothers should be expected to need to move in an emergency - this is unsafe!

Keep up the good work, all those in the maternity services, you are appreciated, we do need you and we understand how over stretched you are, but we thank you for not allowing that where possible to impact on the service you deliver - without you, I wouldn't have the happy, healthy X month old I have today and I possibly may not have been here either.

*mother of a 3 year old*

The most important things for me about a maternity service are that it is a fully joined up service with the hospital, resourced with consistent, well trained and experienced staff, who communicate effectively with their service users.

I place value on a good relationship with a caring midwife. Unfortunately, I feel the midwife service feels very rushed and not a personable experience - don't feel like I have been able to develop any relationship. Generally no issues with the services provided via Cumberland Infirmary - the monitoring services including b/p pressure checks and growth scans are very efficient. However, due to lack of resources at Carlisle, I had to travel to Whitehaven which is a significant distance and it was a mission in itself to locate the department I required due to lack of signage. There needs to be increased resources for scans at Carlisle as it is and I am concerned over how Carlisle will manage if resources are already stretched.

The distance between the 2 sites is significant in both time and cost for West Cumbria residents and I feel that as a Carlisle resident, although I can continue accessing the same site, I will be disadvantaged by increasing demands on the service. I would also be worried about husbands, partners and other family members travelling on the A595 when they are stressed and feel there is the potential for an increase in road traffic collisions.

*mother of 2 children under 3*

The most important thing to me about a maternity service is to ensure the safety and security of mother and baby.

The loss of consultant led maternity services at WCH is a major concern. My view on this is there should not be a midwife led service, it should be consultant led or nothing. I had X easy natural births and required no medical intervention and was with a midwife only however my births were very quick going from X cm dilation to 10 cm in as many minutes and actually giving birth very quickly. What concerns me is that if something had been identified as a problem prior to actually giving birth I would not have enough time to get from WCH to CIC and in these cases would have ended up giving birth in the back of ambulance with no consultant to assist with the issue associated with me and my baby. I would rather go directly to CIC when in early labour rather than WCH where there would be no consultants. However, I do think consultant led services should remain at WCH. I am concerned about travel times from WCH to CIC, particularly at busy times, I do this journey X times a week and know how busy this road can get, what about the impact of road works and closures, tractors etc

I just don't see how CIC would be able to cope with an influx of west Cumbrians or are there plans to extend the wards etc there? Are there any stats on this in terms of bed availability? Would they increase staff to cope with demand both midwives and consultants? How much discussion with the Carlisle area has been done in terms of this?

I also read somewhere about a dedicated ambulance at WCH to transfer to Cic. What if more than one ambulance was needed? Who would get priority and how would this be decided? Would this ambulance be for maternity only or for those where other services are being transferred such as stroke, again who would take precedence? Who would be in the ambulance? Would a midwife be there? If so would WCH overstaff to allow for this? Would it be an experienced midwife due to the complications or would they need to stay on the ward again, how would this be decided? Are there any plans to improve the road?

How would a midwife led unit affect recruitment and retention levels, what is the evidence from elsewhere? The black cloud over WCH for many years and the threat of closure will of course limit the attractiveness of working there. Work would need to be done to improve this and make WCH a more attractive place to work.

What about the impact of the influx of contractors expected due to the nuclear power plant and the other inward investments to West Cumbria?

During both my previous pregnancies I have had to attend many scans and consultant appointments due to the babies growth, would mothers need to attend these at CIC rather than WCH. If so this would impact on their jobs due to more time needed to be away from the workplace to attend appointments not to mention more time on one of the most dangerous roads in Cumbria.

My experience of using maternity services is good overall. However lack of consistency in terms of community midwifery is a minor issue. I am now X weeks pregnant with my X child and only seen my assigned midwife once. It was similar with my other X pregnancies.

## Appendix 2-Comments on proposed changes

I have ..... And so knew I would need a Caesarean. This was planned for Whitehaven but I went into labour at X weeks and was transferred to Carlisle

I was stuck there for X days all on my own. My husband had to travel from X to see us. If I have to go to Carlisle for another pregnancy/delivery I won't have any more children and I'm not the only one saying this.

The labour and birth was fine but then the placenta was not delivered and eventually the midwife had to get a consultant because the situation was becoming too risky. It was X pm

I was told I was a low risk patient but in the event I had to have an emergency C Section.

Midwife led units are preferable. The unit is "calm and lovely" but consultants need to be available if needed. I do wonder if having consultants close by leads to more (maybe unnecessary) interventions

Birth was in X as X and X could not provide the specialist care needed. Spent X weeks in X with a scan in X. The cost of regular journeys - even though own a car - was a big issue. "Transporting people across the X of England because of non-availability of services is unsatisfactory and will be a frequent problem if the reorganisation goes ahead".

"Are there enough ambulances of the type needed ie with appropriate equipment and a paramedic/midwife?" This is a dangerous road and anything can happen.

A grandmother stated that at present C Sections are being performed in Whitehaven during the night and arrangements should remain as they are

The new hospital was built on the understanding the local community would benefit from complete health services including consultant led care

If there are no paediatricians sick or injured children will have to travel to Carlisle. That is wholly unacceptable

Carlisle will not cope with the situation if the recommendations go ahead. They can't cope now.

The people making these decisions do not understand the rurality of Cumbria and that in deprived areas about half of families do not have a car so that visiting becomes very difficult to arrange to coincide with public transport and visiting times.

My baby would have died and I might have as well if I had had to travel to Carlisle. The staff at WCH were wonderful and I had an emergency C section