APPENDIX A

West, North & East Cumbria

EIA Workshop Report

December 2016

Feedback from the Equality Impact Analysis Workshop – 6th December 2016

The workshop was organised in partnership with the Action for Health Network with the aim of gathering feedback directly from those with a protected characteristic or those who specifically support those with a protected characteristic, across all of the proposed changes in the Healthcare for the Future Consultation.

There were 28 people who attended the workshop, all of the protected characteristics were represented other than the LGBT community. To strengthen the input into the EIA process and to ensure that every effort has been made to cover as many of the protected characteristics and 'hard to reach' groups as possible a further 3 deliberative events were held, one for representatives of the Neurological Alliance and one for representatives from the deaf community (both in west Cumbria) and one for the LGBT community (held in Carlisle). Feedback from all of these events is included in the following information

Although not part of the formal consultation, the workshop also provided an opportunity for people to comment on changes to Public Health, General Practice and Integrated Care Communities and the status quo. The feedback for each section is split across each of the protected characteristics.

Representatives were asked to consider how the proposals would affect people under each of the protected characteristics and any possible mitiagations.

Some general concerns were raised and are reflected in the feedback. Some issues relating to access to health services in general, rather than specifically to the consultation were also raised. These have been contained in the feedback to ensure they available for in a future planning and can be found in the section 'General Feedback on Status Quo.'

There was a discussion about how many people need to be affected to justify a small or a large impact, as this is a subjective process this was not resolved during this process.

There was a general feeling looking at the overall impact of the proposals that there is a negative impact on women as a whole. This was due to the maternity issues and that women take on a greater caring role be in for children or older people.

Concerns over recent extreme weather and the impact on travelling around the county, as well as the general road and travel conditions were expressed as a general concern affecting any proposal.

General Feedback on Status Quo

Protected Characteristic	Issues Raised	Suggestions to address the issues raised
Race	There is already a lack of understanding among health and social care staff of different cultural issues in BME communities. Some immigrant communities (Bengali was mentioned) tend not to register with GP, but make use of hospital services. This is believed to be mainly due to lack of understanding of the system, need to raise awareness. BME increase in elderly population from those who settled in the 80's tend not to access services. Needs to be greater awareness of cultural issues, specifically during pregnancy, birth and postnatal care. Gypsy and Traveler children are likely to need greater access to acute paediatric care as they have lower immunisation levels and are less likely to be registered with a GP Practice. Higher incidence of stroke in some ethnic groups?	Improve cultural awareness and attitudes, with better understanding of different cultures, identifying and working with available support networks. Clarify place based – identify community of identity and interest and how to reach them rather than a geographic community.
Religion & Belief	Staff going in to support people within their homes will be less able to seek advice from colleagues on cultural issues – particularly relevant to end of life care.	
Gender	Concerns over services being less likely to be accessed by men at present Staff –lone working and related issues may affect women more (more vulnerable, higher proportions of staff are female). Shift patterns have bigger impact on women as more likely to have other caring responsibilities.	Target marketing at publicity at men, and develop specific services for men where they are identified at being at risk of higher health inequalities

Protected Characteristic	Issues Raised	Suggestions to address the issues raised

Disability	Wider range of staff working with less support – increased need for training around disability issues, need for a broader knowledge base. Mental health issues and the impact on physical health Care in a different community may cause care to be less connected – at moment, GP with detailed knowledge of patient will often visit in CH, unlikely to happen if outside of area. Wheelchair access is poor at CIC – rooms too cramped Children with disabilities or long term medical conditions may require more frequent visits to hospital services which has significant cost and time implications for families People with disabilities suggested they may not feel their conditions are fully understood, within the context of their disability Learning difficulties – capacity and communications issues bring added implications – out of normal routines Cuts in social care – end up in healthcare as social care collapses	
Sexual Orientation	Some people may prefer a more anonymous service in acute hospital rather than a community setting if they do not wish their sexual orientation to be known. Lifestyle and vulnerable groups – homeless young people and how to access this group. Cumbria can be more of a closed community Concerns raised that there may be risks associated with pregnancy in lesbian couples – e.g. higher likelihood of IVF, and perhaps higher risks from that. Possibly more likely artificial insemination, and unlikely to have higher risks at birth. Discrimination against women in same sex relationships (links to paediatrics). Despite improvements in legislation national research over the last few years shows that discrimination can still be an issue.	Ensure choice is available for accessing particular services. Grassroots work in schools

Age	Older adults who experience social isolation will not be included fully if they do not have support and encouragement to access local health and care services Dementia is more common in older people, and can place heavy demands on carers (also often older people). Lots of people retired here so no family support – some communities all of a similar age. Community hospital beds are more likely to be used by older adults, and given there are already concerns regarding loneliness and isolation in the over 80's population – this could be exacerbated in the areas where beds are removed as there will be less opportunity for families and friends to visit (especially when those friends are also older adults) As the system is already under strain, there are concerns that it will not really be resolved and older adults will be considered to be 'bed blocking'. Older people perceived to be more susceptible to the stress of being in an unfamiliar environment. Growing needs of those with dementia not being met Ageing population with more complex needs – don't recover as quick	Ensure good signposting and referrals between services, designed with all providers (including 3rd sector)
Pregnancy & Maternity	Babies on paediatric ward can't be left alone (or at least not encouraged), so hard for mum to get meals, shower etc. (don't get hospital meals) if other parent isn't there – which is more likely the further unit is from home	Parents are encouraged to say on children's ward (preferably one parent but two can stay) – fold out camp beds on the ward
Gender Reassignment	Concern over lack of understanding of the issues within local health services. Can take a long time to get a referral, then waiting long time for an appointment	Availability of choice Raise awareness within local health services

Rural Isolation & Deprivation	Difficulty recruiting home care staff in rural areas because of contract terms (often not paid for travel time, which is significant in rural areas), whereas there is a belief that it is comparatively easy to recruit staff to work in care home or community hospital. No or poor phone / broadband reception so issues of poor internet services Problems in accessing rural areas in poor weather / floods Transport costs less affordable for those in deprived wards which may be a barrier to them accessing services Not all home environments are suitable – e.g. old house, fuel poverty, too cold. Tourists – tourists tend to use A&E instead of other health services, less likely to be informed about the best place to attend.	Funding of social care staff, contracts Improve Adult Social Care workforce and what is needed – allow separate travel time (not part of care time). Potential for access to services to be improved Infrastructure is critical – broadband, roads, mobile phone coverage etc. Need to consider in wider resilience context. Is it better to bring people to one place where it's easier to see them than
Carers	Identify difference between paid care workers and unpaid carers. Young Carers may find it difficult to support the person they care for, to access health and care services, within school hours Carers may find it difficult to support the person they care for, to access health and care services, within work hours There is a risk that if people have less contact with their GPs that Carers are not identified and do not receive appropriate support. Respite Care is already a considerable problem for unpaid Carers, and if it is not provide then Carers are more likely to have failing health. Community Hospital beds provide essential respite care.	Develop focus groups with young Carers and link with schools to publicise support available for Carers locally Ensure good levels of knowledge regarding Carers Assessments for example, throughout the health and care system. This will help to ensure Carers are at least encouraged and signposted to available support.

Public Health, General Practice and Integrated Care Communities

While not formally part of the consultation these 3 areas are what underpins the proposed changes so it was important to give people an opportunity to give some feedback on these proposals. Generally these areas are seen as a positive step in improving health and social care across the area, initially to relatively small groups of people but expanding to take in more of the population.

The biggest area of concern is related to social care and its possible impact on the success or failure of all of the Integrated Care Communities.

Protected Characteristic	Issues Raised	Suggestions to address the issues raised
Race	Lack of understanding among health and social care staff of different cultural issues in BME communities including: • Lifestyle and working patterns • Access and understanding information • Alternative issues – not just smoking cigarettes other things worse for health i.e. pan, gutka, spari • Assumption that everyone has friends and family – there is some social integration Some immigrant communities (Bengali was mentioned) tend not to register with GP, but make use of hospital services. This is believed to be mainly due to lack of understanding of the system, need to raise awareness. How to ensure that the generic and/or localised provision (within the 8 ICC's) does not affect access to more specialised services such as interpreters, which may make them less accessible to people where English is not their first language. Gypsy & Traveller community – difficult to promote self-care when people are moving between areas. Could be difficult to provide services in own home. Lack of understanding of the issues affecting the community and poor engagement.	Improve cultural awareness and attitudes, with better understanding of different cultures, identifying and working with available support networks. Clarify place based – identify community of identity and interest and how to reach them rather than a geographic community. Ensure a good understanding of relevant services that may be able to support ICC's to be more accessible (for example working with groups that support BME groups) by using existing networks Good engagement from ICC team could have a positive impact here. Follow Accessible Information Standard to ensure access to translation services and information in an understandable format across all ICC's, and community based services ensuring that they are meeting relevant legislation. Provision of information in an accessible format available on sites, use of social / visual media and available networks.
Religion & Belief	Staff going in to support people within their homes will be less able to seek advice from colleagues on cultural issues – particularly relevant to end of life care.	Develop protocols and minimum standards for all ICC's, ensuring that they are required to ensure provision is in place to meet the needs of people that are from minority ethnic groups Training & support Central point of contact for both staff and families

Gender	Concerns over services being less likely to be accessed by men, both at present and in the future. Dignity – care for people in own home may make it more difficult to offer people a choice of carer (particularly men who would prefer a male carer, when the majority of staff are female) Men in rural areas and of a certain age seem to disappear – medication which means they can't drive so disappear from usual activities. Staff – Increased lone working and related issues may affect women more (more vulnerable, higher proportions of staff are female). Shift patterns may change and bigger impact on women as more likely to have other caring responsibilities.	Target marketing at publicity at men, and develop specific services for men where they are identified at being at risk of higher health inequalities Appropriate training and support
Disability	Identify difference between paid care workers and unpaid carers. ICC facilities, GP surgeries and other place based services may be based for convenience and economic reasons rather than easy access for the general public. This may mean they are less accessible for people who have mobility problems. Wider range of staff working with less support – increased need for training around disability issues, need for a broader knowledge base. Earlier supported discharge home – home may be adapted if long term disability, but if new disability (e.g. amputation, stroke) then home may not be ready. Unsuitable facilities (toilets, hoists etc.) Transport – providing services more locally doesn't necessarily mean they're easier to access if don't have own transport. Changes to benefits system means that many people have lost their mobility care and are now reliant on others for transport. Cuts to bus subsidies, and so loss of services, make this worse. Learning Difficulties – issues in accessing information on line – need accessible format	Work with disability/access groups to ensure that locations are accessible not only for people who use wheelchairs but also people who have limited mobility, and those who require additional support/carers Recruit champions' within ICC's, Public Health provision and GP Surgeries who have greater awareness of specific needs, for example Dementia Champions, Mental Health Champions and Veterans Champions Other agencies – housing, social care – need to be involved, and adequately funded HAWCS need to be trained to work with people with communication issues

	3rd sector staff (Mencap) trained to very high level – training costs high – cover community nurse roles (tracheotomy management) – could become an issue in the future. Mental health issues and the impact on physical health	Feed into CLIC re access to training for 3rd Sector (could use as funding in kind)
Sexual Orientation	Some people may prefer a more anonymous service in acute hospital rather than a community setting if they do not wish their sexual orientation to be known. Lifestyle and vulnerable groups – homeless young people and how to access this group. Cumbria can be more of a closed community	Ensure choice is available for accessing particular services. Grassroots work in schools
Age	Older adults who experience social isolation will not be included fully if they do not have support and encouragement to access local health and care services ICC model may rely heavily on volunteers, and many of these will be older adults – e.g. volunteer drivers Many carers are older people, and ICC model/care in home may increase demands on carers. Could be positive, but the worry is that services won't be in place in community before community hospital beds are lost. Dementia is more common in older people, and can place heavy demands on carers (also often older people). Older people who live alone may find it very isolating to be cared for at home. Difficult to provide same continuity of care (e.g. checking that an individual is eating adequately). Public transport is limited in North Cumbria and this may have an additional impact on young people and older people who do not drive Young carers? Single parents with no family support Why are we losing our young people? Lots of people retired here so no family support – some communities all of a similar age. PH – not everyone has access to online services	Ensure good signposting and referrals between services, designed with all providers (including third sector) Ensure suitable, affordable transport provision (that covers the ICC footprint) for those who do not drive, to access services Planning, support and training Adequate support, respite care and escalation procedures (when carer is unable to cope) ICC should involve social care, schools and 3rd sector
Pregnancy & Maternity	Better births talks of "maternity hubs" – will these be part of ICC model?	Perinatal mental health – opportunity for a positive impact if services are provided well at a community level, as destigmatises

Gender Reassignment	May prefer anonymous service Concern over lack of understanding of the issues within local health services. Can take a long time to get a referral, then waiting long time for an appointment	Availability of choice Raise awareness within local health services
Rural Isolation & Deprivation	Additional transport costs for those who live in rural areas ICC footprints are developing based on population size, not the distance people have to travel to access services. This means that those in rural areas will have poorer access to support. Care in own home means more travel for care staff. This might be an issue in rural areas in winter & severe weather – e.g. gritting of rural roads. Difficulty recruiting home care staff in rural areas because of contract terms (often not paid for travel time, which is significant in rural areas), whereas relatively easy to recruit staff to work in care home or community hospital. No or poor reception so issues of poor internet services Difficulty in getting to village halls, no public transport Mental health issues and access to physical health services Problems in accessing rural areas in poor weather / floods Losing young people – lack of affordable housing No workforce to provide care More chance of seeing GP than pharmacy Transport costs less affordable for those in deprived wards which may be a barrier to them accessing services Not all home environments are suitable – e.g. old house, fuel poverty, too cold.	Work with local, specialist organisations to capture their knowledge of local need. Utilise very local facilities (consider village halls etc. as in The Bolton Village Exchange where they have space for people to get flu jabs for example) to deliver services, wherever possible, close to those who have highest levels of need. Potential for access to services to be improved Infrastructure is critical – broadband, roads, mobile phone coverage etc. Need to consider in wider resilience context. Funding of social care staff, contracts Is it better to bring people to one place where it's easier to see them than visiting everyone at home Improve ASC workforce and what is needed – allow separate travel time (not part of care time).

Carers	Young Carers may find it difficult to support the person they care for, to access health and care services, within school hours Carers may find it difficult to support the person they care for, to access health and care services, within work hours ICC footprints/areas may be outside of peoples natural communities, so Carers may have to travel elsewhere to access support Personal contact with Carers may be lost if services are delivered via digital methods	Develop focus groups with young Carers and link with schools to publicise support available for Carers locally Good community engagement when developing ICC's to ensure that they reflect the needs and (as much as practically possible) the preferences of people who use the services, and their Carers Ensure that there are choices available in terms of how people receive information and support (offer other means to digital)
	GPs are the main point of contact for most people experiencing problems with their health; it is also an important point of contact when identifying unpaid Carers. There is a risk that if people have less contact with their GPs that Carers are not identified and do not receive appropriate support. End of life care – assumption that people want to die at home, but this places significant demands on carers. Risk that carers are less likely to be identified, and so not get appropriate support. 85% of carers have a chronic illness themselves, so support for carers is vital. Increased costs on family when care is provided at home. Assumption that everyone has friends and family Access to GP – ring at half 8 – can't get through – have to take kids to school – have to get to work Need to assess wider family needs, not just the patient, and identify the stress points.	Use the development period of ICC's to develop public and patient participation groups, thus ensuring that the level of support meets the needs of local people, and those with additional support needs Ensure good levels of knowledge regarding Carers Assessments for example, throughout the health and care system. This will help to ensure Carers are at least encouraged and signposted to available support. ICC needs to provide adequate professional support – but could be positive impact if done well. Live in one area, work in another – arrange to have (blood test) in work area

Community Hospitals

Option / area	Option 1 Minimal Consolidation of beds			Option 2a Partial Consolidation around 5 sites (incl Cockermouth)			Option 2b Partial Consolidation around 5 sites (incl Workington)			Option 3 Consolidation round 3 sites		
	west	north	east	west	north	east	west	north	east	west	north	east
Race	N	N	N	N	N	N	N	N	N	- N	- N	- N
Religion & Belief	- N	- N	- N	N	N	N	N	N	N	N	N	N
Gender	- N	N	- N	N	N	N	N	N	N	- N	N	- N
Disability	--	N	--	--	N	--	--	N	--	--	- /+	--
Sexual Orientation	N	N	N	N	N	N	N	N	N	N	N	N
Age	--	N	--	--	N	--	--	N	--	--	- /+	--
Pregnancy & Maternity	N	N	N	N	N	N	N	N	N	N	N	N
Gender Reassignment	N	N	N	N	N	N	N	N	N	N	N	N
Rural Isolation & Deprivation	--	N	--	--	N	--	--	N	--	--	N	--
Carers	--	N	--	--	N	--	--	N	--	--	N	--

Protected Characteristic	Issues Raised	Suggestions to address the issues raised
Workshop Feedback - Race	BME increase in elderly population from those who settled in the 80's tend not to access services. Often run business with little support so if someone is ill have to close business because no family support. Nepalese bringing in parents. Brexit new situation, no longer an attractive place to be – community care has a huge immigrant workforce. Some dementia suffers revert back to original language	CCG to work with the Allerdale, Carlisle, Copeland and Eden District Councils and CPFT to: • identify current Gypsy and Traveler sites/resident numbers across the WNE Cumbria area • Assess possible health need in relation to community hospitals • If health need is identified, carry out specific consultation with Gypsies and Travelers who may be affected by the proposed options Facilitate accessible communication
Workshop Feedback – Religion & Belief	End of life care – may be harder to be aware of, and/or accommodate religious beliefs in community hospital rather than acute hospital. Mixed sex wards in community hospitals may be unacceptable to some faiths	Multi-faith chaplain service – skype facilities (wouldn't work for everyone)

Workshop Feedback – Gender	Carers are disproportionately female (70 %?); closure of community hospital beds will have large impact on carers, and by implication, on women. Details under Carers section.	
Workshop Feedback – Disability	Concerns that provision of support in peoples own homes (away from community hospitals) don't address the issue of the suitability/accessibility of a person's own home. In cases where a person is temporarily/short term disabled it is less appropriate (or economically sensible) to install accessibility aids and adaptations - so this could have additional negative impact on those people. Closure of some community hospital beds and care in a community hospital in another community will make it more difficult for people in those areas to see their families, increasing their isolation. This is especially relevant where people have existing vulnerabilities around their mental health. Equipment provided in people's own homes is not always easy to use, so even when it is provided it's not always useful Patients often receive transport to community hospital bed (e.g. from acute hospital) but rarely from Community Hospital to home. Arranging this from a CH in a different community is more challenging, and disproportionately so for people with some disabilities (sight problems, learning disabilities, dementia). Care in a different community may cause care to be less connected – at moment, GP with detailed knowledge of patient will often visit in CH, unlikely to happen if outside of area. Family members with disability will find it harder and more expensive to travel and visit relative in CH if this is more distant. People with learning difficulties find it more difficult to visit parents in hospital if out of area. Can't visit because of their disability Where does mental health fit into this Complex disability – what happens when things go wrong, don't need acute but need a bit of extra support – where do they go – removing safety net	• Ensure suitable transport is affordable as well as adequate. • Provide training in the use of equipment, in the persons own home

Workshop Feedback – Age	Community hospital beds are more likely to be used by older adults, and given there are already concerns regarding loneliness and isolation in the over 80's population – this could be exacerbated in the areas where beds are removed as there will be less opportunity for families and friends to visit (especially when those friends are also older adults)	
	Where it is not appropriate for someone to receive support in their own home (because of the level of care needed), and where there are no local community hospital beds – people may be more likely to stay in local residential care homes. Given the uncertainty around the future of residential care homes this could create issues for older adults who require complex end of life care.	
	(There are links with Carers section) Respite Care, often provided within community hospitals, and especially where there are co-dependent couples, is essential to maintaining independence and living at home in the long term. Removing this in proposed areas could increase pressure elsewhere on the system in future.	
	Proposals are removing beds from areas of highest deprivation (West) and great rural disadvantage (East) therefore having the greatest impact on those older adults who are already experiencing disadvantage.	• Links to other beds in locality – e.g. social care beds
	As the system is already under strain, there are concerns that it will not really be resolved and older adults will be considered to be 'bed blocking'. If community beds are removed, what is there to fall back on? The future of residential care is also in question, so adds to concerns.	• Much improved discharge processes
	Intergenerational links likely to be broken (e.g. grandchildren less likely to visit if further away)	
	End of life care – partner likely to be older, and less likely to be able to travel to visit if beds further away.	
	Older people perceived to be more susceptible to the stress of being in an unfamiliar environment.	
	Older volunteers – e.g. volunteer drivers – likely to be under more pressure.	
	Community hospitals work well for children, out of school to physio and back to school	
	Removing support networks
Family moved away / or moved away from family	
	Implications re workforce and issues of having enough care workers to visit people in own homes.	
	Young disabled what does parent do if care given further away.	

| Workshop Feedback – Rural Isolation & Deprivation | The proposals suggest the closure of beds in deprived and/or rural areas – in some cases the most deprived and the most rural. The proposals therefore have the greatest impact on the people who are least able to cope with them.

The proposals remove hospital beds from The Solway Plain – so essentially putting the burden of bed closures on a very specific community (along with Alston). This means that it has a greater impact upon single communities rather than sharing the burden across the North of Cumbria.

Alston – the road from Alston to Brampton (which is where beds would move to) is gritted by Northumbria (loops out of Cumbria and back again) – rarely seen as a priority route. Moves the risk to patient & relatives – travel in poor weather

Staff access to patients in poor weather – more challenging if cared for at home rather than in Community hospital.

None of the options improve things for elderly in rural areas

Loss of rural bus services – not everyone can access mini bus services - No provision for transport in plans Having to travel further is difficult for people who have dual responsibilities (farmers, etc.). Community Hospital should be focus for ICC

Clarify viability of hospital if beds close.

Shift may be bigger than anticipated – e.g. Alston used to do a lot of end of life care, but if not possible due to staffing, tends to go to hospice in Carlisle rather than Brampton CH. | Transport routes into Keswick make it an ideal site to be developed |
| --- | --- | --- |
| Workshop Feedback – Carers (Carers were added as a separate category for the workshop due to a number of concerns raised beforehand) | Respite Care is already a considerable problem for unpaid Carers, and if it is not provide then Carers are more likely to have failing health. Community Hospital beds provide essential respite care.

There are high levels of trust regarding Community Hospital staff, where beds are planned to close, Carers will be put under increased strain as they will not have the same levels of reassurance.

Carers will have to travel further (where bed closures are planned) putting increased time and money pressure on to them. This could lead to a decline in their own health and wellbeing.

Placing people 'out of reach' of their unpaid care and support could potentially put more strain on the health system, as Carers will not be filling gaps in unmet need. | • Ensuring Carers are part of care planning, to ensure that their needs are also met when decisions are being made.

• Reassurance for Carers around the joined up working between health and social care, to meet people's needs. |

	The proposals describe the difficulties in recruiting staff in Alston, for example. There are concerns because this is also the case when recruiting care Workers. If there is a shortage of Care Workers then unpaid Carers may be required to provide greater levels of care. Single parent – difficulties in looking after children and working, while having sick child or adult. Don't necessarily have support networks Pressure of taken away from community and have other responsibilities	• Recruitment should be considered a system wide challenge, not just within the NHS

Maternity Services

Protected Characteristic	Option 1 New Ways of Working			Option 2 Partial Consolidation			Option 3 Full Consolidation		
Option / area	west	north	east	west	north	east	west	north	east
Race	N	N	N	N	N	N	N	N	N
Religion & Belief	N	N	N	N	N	N	N	N	N
Gender	- N	N	N	N	N	N	N	N	N
Disability	- -	- N	- N	- -	- N	- N	- -	- N	- N
Sexual Orientation	N	N	N	N	N	N	N	N	N
Age	- -	N	N	- -	N	N	- -	- N	- N
Pregnancy & Maternity	-	N	N	- -	- N	- N	- -	-	-
Gender Reassignment	|	|	|	|	|	|	|	|	|
Rural Isolation & Deprivation	- -	N	N	- -	N	N	- -	- N	- N
Carers	-	N	N		N	N	- -	- N	- N

Protected Characteristic	Issues Raised	Suggestions to address the issues raised
Workshop Feedback - Race	Needs to be greater awareness of cultural issues	Multi-faith chaplain service
Workshop Feedback - Religion & Belief	Jehovah's Witness – blood transfusion issues, increased distance to CLU and alternative surgical solutions – may increase likelihood of poor outcome. Likely to be identified in pregnancy as high risk and advised to attend CLU (?) – effectively reduces choice for these women	Identification during pregnancy and advice on choices and risks
Workshop Feedback - Gender	Also some disproportionate impacts on men identified: Driving to hospital during labour (and back home afterwards, often without sleep) – stressful, and some men very traumatized by this – mental health implications – and increased stress as distance increases. Stress of trying to juggle caring responsibilities – partner and older children – again, more of a problem as distance/travel time to place of birth increases Greater risk to women if remove consultant led unit at WCH	Availability of accommodation at/near CIC to avoid need to drive back without sleep

Workshop Feedback - Disability	Women with a disability may also require more support during labour (particularly if require support with communication – LD, deaf), and arranging this may become more difficult if distance to services increases (particularly if support is provided by partner/family member, and there are other siblings to care for) Wheelchair access is poor at CIC – rooms too cramped. Issue for women giving birth and also partners/visitors. Because women who have disabilities may experience greater difficulties during pregnancy, options which do not include consultant led Maternity services in West Cumbria may have a greater impact on disabled women living in West Cumbria because they are less likely to opt for a home birth because of increased risk Learning difficulties and autism, don't always know what's happening to them so issues may not be identified soon enough	Ensure transport options cater for women who have additional equipment (wheelchairs, scooters etc.) Improve access at CIC/allocate suitable room – not limited to maternity
Workshop Feedback – Sexual Orientation	Perhaps very tenuous – but are there any risks associated with pregnancy in lesbian couples – e.g. higher likelihood of IVF, and perhaps higher risks from that. Suspect not – more likely artificial insemination, and I suspect that's not got higher risks at birth. Discrimination against women in same sex relationships (link to paediatrics)	•
Workshop Feedback – Age	Other factors related to teenage pregnancy that increase impact: • Less likely to have own transport • Support networks more fragile • Tend to be higher risk pregnancies – both because of age, and because of increased incidence of other risk factors – smoking, heavy alcohol use, drug use, late access to antenatal care • Danger high risk pregnancies will present at WCH (to MLU, or A&E if no MLU) because of lack of antenatal care (& so knowledge) or simply because of lack of transport • (? Some evidence from other areas this happens)	• Where required, community midwives can offer mental wellbeing advice and reassurance - • Some concern with the wording of this, and suggestion that MW would have to reassure even when they may feel concern is justified

Workshop Feedback – Pregnancy & Maternity	Haven't looked at TIA – but perhaps need to mention that babies born "in transit" have higher chance of poor outcome – and every chance number of babies born before arrival will increase as distance increases? Increased stress from increased travel distance (and parking difficulties at CIC, and lack of dedicated maternity entrance) will have an impact on birth experience, and a cascade of longer term impacts: • Stress shifts body from producing oxytocin to adrenaline – tends to stall labour, and make interventions more likely • Disruption of normal birth process • Consequently, more difficult to establish breastfeeding, and increased incidence of postnatal mental health issues	•
	Women may choose to set off from home earlier in labour to avoid risk of giving birth before arrival – increased chance of arriving early in labour and being sent home, or offered induction. May lead to increased time spent in hospital during labour – which has knock-on effects for women from other parts of Cumbria (e.g. CIC labour ward full, sent to other units?) (Lack of) Pain relief during long journey Grade 1 section 30 minutes no time to transfer If one (either mother or baby) needs to transfer what happens to the other – additional stress Stand alone midwife unit not safe • Better Births (national doc) requires a family focus – increased travel distance makes this much harder • In options 1 & 2, it'll be the highest/higher risk mums who have to travel further in labour – this seems the wrong way round. What are the options for the highest risk mums – specialist ambulance (twin pregnancies – suggestion that if born on journey, ambulance would have to stop and await second crew as can't transport mum plus 2 babies??), helicopter?	• improved parking arrangements at CIC • Advice on suitable pain relief (e.g. paracetamol OK in labour) • 3 lane decent road for A595 - travel time under 30 mins? • Reviewing hospital services has to improve infrastructure – CIC often full and divert to WCH • Different progression routes – offering GPs opportunity to specialize • Different ways of providing support • Keep consultant led unit and full paediatric service • Stop undermining unit • Speak to ST6 trainees- can't do general paediatrics in many places – mix with research and job swap • None of the options work – urbanized models – not fit for purpose – be more innovative • Can we lobby for the Community Hospitals to have a role?

Workshop Feedback – Rural Isolation & Deprivation	Rural – as above for increased travel distances Deprivation – costs of travel and implications for support during labour and any subsequent hospital stay. Cost of partner travelling to/from Carlisle, and difficulty of caring for other children, is likely to mean less family support Given the three most deprived wards have been identified in West Cumbria, the options will have an increased impact upon those deprived communities – and do not take in to consideration the links between deprivation and problems during pregnancy. Deprivation – low levels of education – people turn up at A&E not knowing they are pregnant. Levels of Literacy some of it hidden Rural areas under threat – losing services all over. People move out community gets older Tourists – do access Cumbrian maternity services, more likely to be doing so in high risk situation (early labour) and less likely to know where the best unit to attend is	• Need rural model • Remove NHS from Government
Workshop Feedback – Carers (Carers were added as a separate category for the workshop due to a number of concerns raised beforehand)	Fathers/Grandparents/Friends as carers for other children – more necessary and bigger commitment as distance to place of birth increases Impact on family – mental health of parents – extra stress going through this Higher risk of abuse – rates increase with depression and stress Man left at home with children – additional stress levels	Childcare options at/near CIC?

Paediatric Services

Protected Characteristic	Option 1 New Ways of Working			Option 2 Partial Consolidation			Option 3 Full Consolidation		
Option / area	west	north	east	west	north	east	west	north	east
Race	N	N	N	N	N	N	N	N	N
Religion & Belief	N	N	N	N	N	N	N	N	N
Gender	N	N	N	N	N	N	N	N	N
Disability	N	N	N	N	N	N	N	N	N
Sexual Orientation	N	N	N	N	N	N	N	N	N
Age	-	N	N	-	N	N	- -	-	-
Pregnancy & Maternity	- -	N	N	- -	N	N	-	N	N
Gender Reassignment	N	N	N	N	N	N	N	N	N
Rural Isolation & Deprivation	-	N	N	-	N	N	- -	N	N
Carers	-	N	N		N	N	- -	- N	- N

Protected Characteristi	Issues Raised	Suggestions to address the issues raised
Workshop Feedback - Race	Gypsy and Traveller children are likely to need greater access to paediatric care as they have lower immunisation levels and are less likely to be registered with a GP Practice. Other recent immigrants (Polish & Lithuanian mentioned) – children may also be on different immunization schedule, have missed jabs in move, and less likely to register with GP (due to lack of knowledge of system, language difficulties, etc.) and make more use of acute paediatric services as a result (present to A&E with child who's more ill). Access more difficult as travel distance increases – and danger of present at WCH A&E with no paediatric back up (under various combinations of options) Refugees – concerns raised about immunization, poor general health, etc. [my involvement in refugee work suggests that those being taken under national government schemes are given thorough health screening & immunisations before arrival – so may not be significant issue. May still be more likely to be malnourished, etc., and more need for services as a result? Higher chance of disability? Mental health concerns – outside scope of consultation/EIA?]	CCG to work with the Allerdale, Carlisle, Copeland and Eden District Councils and CPFT to: • identify current Gypsy and Traveller sites/resident numbers across the WNE Cumbria area • Assess possible health need in relation to Paediatric services • If health need is identified, carry out specific consultation with Gypsies and Travellers who may be affected by the proposed options • Identification & education by community teams • Links into communities by AWAZ, etc., as education/information route

Workshop Feedback - Gender	Women, as the primary carer for children in most families, are likely to be more affected by increased journey lengths, and consequent difficulties with juggling other commitments (work, other children, caring for older relatives). Teenage mums – will/may still be accessing paediatric services themselves, and so directly affected by the changes	
Workshop Feedback - Disability	Children with disabilities or long term medical conditions may require more frequent visits to hospital services and this will have significant cost and time implications for families if there is a longer travel distance. Travel difficulties may also cause parents to delay access to services (e.g. mum may wait for husband to come home from work before driving child to A&E, particularly if other children to care for) Significant stress of longer travel time with an acutely ill child (e.g. severe asthma attack), and possibility of increased use of 999/NWAS Impact on mental health of young people – especially those who may already have poor mental health, and/or an existing diagnosed MH condition (in particular option 3 puts greater strain on a greater number of young people who may have disabilities inc. MH problems) Greater impact on younger disabled people (including those who are temporarily disabled as part of their medical condition) in west Cumbria, Complex child low risk maintained condition suddenly goes wrong wouldn't be time to transfer Children with learning difficulties can't always explain symptoms and pain levels	Improved education/support for "self" (parent if younger) management • Improve awareness and communications skills
Workshop Feedback - Age	Danger children are taken to wrong place if parents transport to A&E – i.e. take direct to A&E at WCH, when at some options no paediatric back up 24/7 Children deteriorate so quickly and often through night	
Workshop Feedback - Pregnancy & Maternity	SCBU – confusion over what is proposed in option 1, conflict between consultation document and EIA. Remote SCBU has number of implications – SCBU has no facilities for mum to stay on site, if attempting to breastfeed need to visit frequently. So increased travel distance makes successful breastfeeding less likely, with long term health (and health service cost) consequences. Particularly difficult if other children to care for. Travel a particular problem if mum has had a C-section and is unable to drive. Babies on paediatric ward can't be left alone (or at least not encouraged), so hard for mum to get meals, shower etc. (don't get hospital meals) if other parent isn't there – which is more likely the further unit is from home	• More support within unit. Access to hospital meals. • Develop alternative staffing structure • Improve staff experience to retain staff

	Special care – travelling and expressing and how to get it to hospital More risky to have two people at risk than one – i.e. baby delivered. No professional would consider moving to a department under threat	
Workshop Feedback – Rural Isolation & Deprivation	And increased cost, relative to disposable income. Deprivation ? Higher rates of child abuse. If reduced use of services, reduced chance of abuse being detected? ? Higher incidence of stress, weak support networks – so increased travel time & cost more likely to have negative impact on mental health Greater impact on young people and their families Increased risk and decreased ease of access for parents in West Cumbria travelling to CIC in an emergency situation, outside of daytime hours (in all options) so this disproportionately impacts on those who live further away, in deprived communities Proposals rely on transport solutions… in rural and deprived areas people may become increasingly reliant on these transport solutions, if they do not have public transport available – or they cannot afford public transport. If transport solutions have inadequate provision then this will impact more detrimentally on these communities. Extreme weather may prevent people seeing/visiting their loves ones which will be especially difficult if it's a parent/child relationship that is impacted upon Travel time will impact on families with other children attending school etc. as transport solutions tend to run on their own schedule (rather than based around individual circumstances)	Education to increase knowledge/awareness amongst community teams, schools, etc.
Workshop Feedback – Carers (Carers were added as a separate category for the workshop due to a number of concerns raised beforehand)	Greater impact on carers/parent carers and greater expectations on them to travel to provide support. This will have ongoing impact upon their employment, other family members and their finances Concerns from carers that they will lose the relationship that they have built up with specialists (esp. west Cumbria) and that by centralizing those specialists/services the broader knowledge and awareness will be lost Any statistics for the number of parent/carers in west Cumbria?	

Emergency & Acute Care,

Protected Characteristic	Option 1 New Ways of Working			Option 2 Partial Consolidation			Option 3 Full Consolidation		
Option / area	west	north	east	west	north	east	west	north	east
Race	N	N	N	N	N	N	N	N	N
Religion & Belief	N	N	N	N	N	N	N	N	N
Gender	N	N	N	N	N	N	N	N	N
Disability	- N	N	N	- -	N	N	- -	-	-
Sexual Orientation	N	N	N	N	N	N	N	N	N
Age	- N	N	N	- -	N	N	- -	- N	- N
Pregnancy & Maternity	N	N	N	N	N	N	N	N	N
Gender Reassignment	N	N	N	N	N	N	N	N	N
Rural Isolation & Deprivation	- N	N	N	- -	N	N	- -	- N	- N
Carers	- N	N	N	- -	N	N	- -	- N	- N

Protected Characteristic	Issues Raised	Suggestions to address the issues raised
Workshop Feedback – Religion & Belief	Jehovah's Witnesses – longer travel distance to A&E may mean patients arrive in worse condition, and so be more likely to be considered to need blood transfusion on arrival.	
Workshop Feedback – Gender	Are men more likely to attend A&E, and more likely to suffer serious injuries – farm & industrial injuries, sporting injuries, road traffic accidents (and so be affected by changes in some options) Women – more likely to be victims of domestic violence – less likely to attend A&E for injuries if travel distance greater due to practical difficulties, so less likely to be identified and offered support? Increasing numbers due to nuclear industry	Better training for other professionals in contact with women

Workshop Feedback – Disability	Travel tends to be more difficult for people with disabilities than for the general population, so options that increase travel distances may make access more difficult. Wheelchair access is poor at CIC People with disabilities suggested they may not feel their conditions are fully understood, within the context of their disability and this may be increased if they are not able to go to familiar points of contact Communication difficulties (Learning difficulties) Using respite beds for issues with people with disability rather than resolving ongoing support issues.	Cultural shift required through the whole health and care system that address the reasons that people access A&E rather than other means of getting the support/advice /treatment required Improved awareness of the role of pharmacies, and improved trust in that support Education to help people be better informed of where to go for support, and engagement with the frequent attenders to identify reasons why
Workshop Feedback – Age	Children – families where abuse takes place may be less likely to access A&E if travel distance increases (partly due to concern about leaving other children with the abuser). This may both lead to injuries being untreated, and abuse being undetected. If families do attend A&E, lack of paeds back up (and access to specialist opinion) may make it less likely abuse is detected. Children – more likely to be separated from main carer for a significant length of time if they or a family member is injured or acutely ill – stress Children – if parents transport direct to A&E, rather than calling ambulance, may not attend most appropriate hospital (i.e. no paeds back up, or reduced A&E hours) and so need to be transferred – increase in time spent travelling. Older people – falls – if end up travelling further, may be more likely to need admission, and so prolonged recovery [not clear if evidence supports this?] No local provision for complex care (in west Cumbria) so concerns things may be missed, or people will be reluctant to access services as they're concerned they will be taken further away from home, their families and codependent partners (esp. for older people) Elderly care been seen in GP surgeries Growing needs of those with dementia not being met	Education of public Increase in carers salaries Urgent care GP part of A&E Better use of interim care beds Improve access to GPs and out of hospital services.

Workshop Feedback – Pregnancy & Maternity	Assumption was disputed – it was believed that women will use A&E as their first point of contact for unusual events during pregnancy – e.g. baby stops moving, or vaginal bleeding. Unidentified pregnancy was also identified as an issue – women of childbearing age with abdominal age presenting to A&E (perhaps most impact if A&E on site, but no obstetric back up for a specialist opinion) Unstable ectopic pregnancy is a particular concern, as will require emergency surgery, but patient should not be transported (land or air) CEMAC recommendation – all pregnant women who attend A&E (for any reason, not just pregnancy issues) should be screened by a maternity specialist (midwife	Staff training and access to remote specialist support Ability to transfer surgical team to patient
Workshop Feedback – Rural Isolation & Deprivation	Attendance at wrong site as well as non-attendance (i.e. attend site from which A&E has been removed). Cost of increased travel – danger of non-attendance, or increased use of 999 • Tourists – tourists tend to use A&E instead of other health services, less likely to be informed about the best place to attend. • Danger this is the "thin end of the wedge" – A&E services at WCH hospital perceived to be very fragile, and danger of services being gradually withdrawn.	
Workshop Feedback – Carers (Carers were added as a separate category for the workshop due to a number of concerns raised beforehand)	Same issues as earlier sections of IA Increased pressure on carers when the person they care for is transferred a longer distance away – more travelling, more time taken, harder to balance life/care and family and more cost. Given this will impact more on West Cumbria, where deprivation is a bigger issue it was felt this is a significant impact on carers in the west (options 2 b& 3) Carers identified that a lack of '5pm to 9am' services present greater challenges for them if they're in work (options 2 b& 3) Travel issues if caring for more than one person	A&E for many is a place of safety where people are sure they will be seen, over reliance on A&E was felt (by some carers) to be because they are frustrated at not getting the care and support needed (for them or the person they care for) so it is important to ensure that trust is built, and culture changed before services are removed in the west.

Urgent Care, Trauma & Orthopaedics

Protected Characteristic	Changes made on Safety Grounds February 2014			Consultation Proposal		
Option / area	west	north	east	west	north	east
Race	N	N	N	N	N	N
Religion & Belief	N	N	N	N	N	N
Gender	N	N	N	N	N	N
Disability	- N	N	N	-	N	N
Sexual Orientation	N	N	N	N	N	N
Age	- N	N	N	- /+	- /+	- /+
Pregnancy & Maternity	- N	N	N	N	N	N
Gender Reassignment	N	N	N	N	N	N
Rural Isolation & Deprivation	-	N	N	- /+	- /+	- /+
Carers	- N	N	N	- /+	- /+	- /+

Hyper-Acute Stroke

Protected Characteristic	Option 1			Option 2		
Option / area	west	north	east	west	north	east
Race	- N	- N	N	- N	N +	N +
Religion & Belief	N	N	N	N	N	N
Gender	N	N	N	N	N	N
Disability	-	N	N	-	N	N
Sexual Orientation	N	N	N	N	N	N
Age	-	N	N	-	+	+
Pregnancy & Maternity	N	N	N	N	N	N
Gender Reassignment	N	N	N	N	N	N
Rural Isolation & Deprivation	-	N	N	-	+	+
Carers	-	N	N	-	+	+

Protected Characteristic	Issues Raised	Suggestions to address the issues raised
Workshop Feedback - Race	Higher incidence of stroke in some ethnic groups?	
Workshop Feedback - Gender	Young men more likely to involved in serious trauma (e.g. road traffic accidents) that require trauma & orthopaedic services.	
Workshop Feedback - Disability	Poor wheelchair access at CIC Accessing services that are some distance away may be more difficult for those who have disabilities, considering the additional transport and support requirements thus making it more challenging to attend appointments very early in the morning, for example or when they do not have an BSL interpreter available to support them Learning difficulties – capacity and communications issues bring added implications – out of normal routines Cuts in social care – end up in healthcare as social care collapses	Ensure people who have disabilities are offered flexibility in terms of appointment times and days Ensure facilities are accessible not only for those who use wheelchairs but also those who have limited mobility and choose to walk/use walking aids – and those who experience hearing loss, reduced sight etc. Make best use of new hospital Raise awareness of issues Better partnership working across all services
Workshop Feedback - Age	Both ends of the age spectrum are more affected by long travel distances Young men more likely to involved in serious trauma (e.g. road traffic accidents) that require trauma & orthopaedic services. Ageing population with more complex needs – don't recover as quick Elderly disabled – taken further away from support networks Social isolation and systems not working properly	Utilising ICC's as centres for support and daytime respite – especially when people require shorter term support and significant care planning is not cost effective and quick solutions are required. This also provides opportunities for people to access wider health and care support – improving overall health and wellbeing which is vital for good and speedy recovery
Workshop Feedback - Pregnancy & Maternity	Higher incidence of stroke during pregnancy? – check figures	
Workshop Feedback - Rural Isolation & Deprivation	Stroke – population living south of Whitehaven will be disadvantaged under proposals due to long travel time to Hyper acute unit – and many in this population have risk factors for stroke. Delayed access to care for these patients is likely to have long term consequences for patients are recovery is likely to be less complete. 3 hour window for stroke – 2 hours travelling will impact on outcome Tourists make up a significant proportion of trauma surgery & orthopaedics – to the extent that services are noticeably less busy during winter months. As before – less likely to know where best to attend to access correct services, and harder to reach in advance to educate them about this.	

Workshop Feedback – Carers (Carers were added as a separate category for the workshop due to a number of concerns raised beforehand)	Stroke – extent of recovery from stroke will have significant impact on carers. Proposals that have a positive impact on recovery will benefit carers, but if there are parts of the population that are disadvantaged by proposals (those south of Whitehaven), there are likely to be bigger demands on carers in these areas. Stroke may result in people becoming new carers (so relatives etc. may be unfamiliar with the role and the type of support they will need to offer). Because of the increased distance for those in West Cumbria to travel to see the person they will be/are supporting – this results in additional time and resource pressures on them. (Also included in Age section) Increased impact on older adults who are carers/co-dependent due to the increased risk of stroke – both financially and in terms of mental health (less contact between those involved if services are wholly shifted to Carlisle)	"Drip & ship" model should be considered for this population in addition options proposed – or other models such as a "stroke ambulance" able to scan. Important to recognise 'new carers' and ensure that they are able to be included in care planning, and have access to support. Consider offering unpaid carers financial reimbursement for travel (if they are on low income/benefits etc.) would be cost effective in the long term and ensure better levels of support for people who have had stroke, emergency surgery etc. and encourage better use of personal health budgets. Ensure Care Navigators work with and include carers (including those who may be 'short term' carers as a result of stroke, trauma, emergency surgery etc. to mitigate the impact on their lives and enable people to 'return to normal' as speedily as possible