HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 1st June, 2012

10.00 am

Council Chamber, Sessions House, County Hall, Maidstone

AGENDA

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday, 1st June, 2012, at 10.00 am
Council Chamber, Sessions House, County Hall, Maidstone

Ask for: **Peter Sass**
Telephone: **01622 694002**

Tea/Coffee will be available from 9:45 am

Membership

Conservative (10):	Mr M V Snelling (Chairman), Mr C P Smith (Vice-Chairman), Mr R E Brookbank, Mr N J Collor, Mr A D Crowther, Mr K A Ferrin, MBE, Mr L B Ridings, MBE, Mr K Smith, Mr R Tolputt and Mr A T Willicombe
Labour (1):	Mrs E Green
Liberal Democrat (1):	Mr D S Daley
District/Borough Representatives (4):	Councillor A Allen, Councillor A Blackmore, Councillor G Lymer and Councillor M Lyons
LINk Representatives (2)	Dr M Eddy and Mr M J Fittock

Webcasting Notice

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UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

Item	Timings
1. Introduction/Webcasting	
2. Substitutes	

3. Declarations of Interests by Members in items on the Agenda for this meeting.

4. Minutes (Pages 1 - 6)

5. Forward Work Programme (Pages 7 - 8)

6. East Kent Maternity Services Review (Pages 9 - 84)

7. Date of next programmed meeting – Friday 20 July 2012 @ 10:00 am

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services
(01622) 694002

24 May 2012

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

MINUTES of a meeting of the Health Overview and Scrutiny Committee held in the Council Chamber, Sessions House, County Hall, Maidstone on Friday, 13 April 2012.

PRESENT: Mr M V Snelling (Chairman), Mr R E Brookbank, Mr N J Collor, Mr A D Crowther, Mr D S Daley, Mr K A Ferrin, MBE, Mrs E Green, Mr C P Smith, Mr K Smith, Mr R Tolputt, Mr A T Willicombe, Cllr J Burden, Cllr R Davison, Cllr M Lyons, Cllr G Lymer, Dr M R Eddy and Mr M J Fittock

IN ATTENDANCE: Mr T Godfrey (Research Officer to Health Overview Scrutiny Committee)

UNRESTRICTED ITEMS

1. Introduction/Webcasting
(Item 1)

2. Election of Vice-Chairman
(Item 3)

Mr K Smith proposed and Mr D S Daley seconded that Mr C P Smith be elected Vice-Chairman.

Carried Unanimously.

3. Declarations of Interest
(Item)

(1) *Mr Adrian Crowther declared a personal interest in the Agenda as a Governor of Medway NHS Foundation Trust.*

(2) *Councillor Michael Lyons declared a personal interest in the Agenda as a Governor of East Kent Hospitals University NHS Foundation Trust.*

4. Minutes
(Item 5)

RESOLVED that the Minutes of the meetings of 9 March 2012 and 29 March 2012 are correctly recorded and that they be signed by the Chairman.

5. East Kent Maternity Services Review: Update
(Item 6)

(1) The Chairman introduced the item and drew Members' attention to the letter from the Chief Executives of NHS Kent and Medway and East Kent Hospitals University NHS Foundation Trust in the Agenda. In response to the letter, Members made a series of connected points expressing their individual and collective disappointment that there was going to be a delay in reaching a decision in relation to the East Kent Maternity Services Review.

(2) It was felt this delay would result in increased uncertainty for mothers-to-be, staff and the public at large as well as the uncertainty around the future of the birthing unit at the Queen Elizabeth the Queen Mother Hospital in Margate and the shape of services at Buckland Hospital in Dover.

(3) Several Members who had been involved in the informal HOSC Members Liaison Group on this issue last year felt there has been a promising start made but that further delay was troubling.

(4) Members felt strongly that the offer of a briefing prior to the next meeting of the Committee should be accepted. One Member made a specific request that a copy of the NHS Board Paper on this subject be made available to HOSC Members once it has been published. Allied to these points, the view was expressed that the Committee should be firm in ensuring that representatives of the NHS attend the formal HOSC meeting on 1 June to answer questions on this issue.

(5) RESOLVED that the Committee note the report and accept the offer of a briefing on this subject prior to the next meeting and that the Chairman write to the NHS to ensure their attendance at the 1 June meeting.

6. Forward Work Programme
(Item 7)

(1) The Chairman introduced the item and drew Member's attention to the Forward Work Programme set out on page 17 of the Agenda. Following on from the previous item, it was highlighted that the East Kent Maternity Services Review had already been put down to take place on 1 June. Three other items were listed as items which were ongoing pieces of work and which would be brought back to the Committee at the most appropriate time.

(2) One of these subjects was Patient Transport Services and it was acknowledged that the imminent procurement about to be undertaken by NHS Commissioners may affect timing. An ancillary point was made that this topic could be seen from a broader perspective and possibly include reference to volunteer driver services. The suggestion was also made that a specific review of the South East Coast Ambulance Service be undertaken.

(3) The point was made that 2012/13 was to be a transition year as preparations were made for the new system coming in on 1 April 2013. This meant that capacity and flexibility needed to be kept with regards the Forward Work Programme to be able to react to these changes. Part of this new system was to be a stronger emphasis on both health and wellbeing. One Member expressed the view that there was increased activity relating to the wellbeing agenda, but there was not enough connection between what was occurring at the local and at the county level, for example through the shadow Health and Wellbeing Board. A request was made that HOSC play a stronger role in scrutinising broader wellbeing issues. The Chairman explained that he had already scheduled a meeting with the Cabinet Member for Business Strategy, Performance and Health Reform and the connection between scrutiny and wellbeing was to be one of the subjects discussed.

(4) Related to the theme of connections between Committees, the request was made that the respective Officers of HOSC and the Social Care and Public Health Cabinet Committee keep each other informed of the work programmes of the two Committees to avoid duplication and promote a joined up approach. It was reported that the Officers of the two Committees were located in the same room, so this would facilitate the sharing of information.

(5) The Chairman referred to the work which was ongoing to prepare for the establishment of the Kent and Medway NHS Joint Overview and Scrutiny Committee to consider the adult in-patient mental health services review. Several Members expressed the view that mental health services more generally needed to be kept under review. Specifically, dementia services and Child and Adolescent Mental Health Services were raised as topics which might be suitable for further review.

(6) The Chairman drew Members' attention to information which had been circulated by email to Members the previous day on the Orpington Health Services Project. Representatives from the Sevenoaks area felt that this was a topic which could perhaps be best considered at the local level rather than HOSC. However, on looking at the details, one Member identified dermatology as the service most accessed at Orpington by Kent residents. This suggested there could be value in a wider review of dermatology services in Kent.

(7) The Chairman undertook to explore these suggestions further in consultation with the Vice-Chairman and Group spokespersons, assisted by Committee Officers and report back to the Committee. He also suggested that there might be value in examining the issue of legacy debt and enquiring what work was being undertaken locally to ensure the new Clinical Commissioning Groups would have no historic debt to contend with. In connection with this, cancer services as a QIPP case study was also put forward. Members of the Committee felt this was a useful suggestion.

(8) RESOLVED that the Committee approve the Forward Work Programme.

7. Kent and Medway NHS and Social Care Partnership Trust: Foundation Trust Application
(Item 8)

Angela McNab (Chief Executive, Kent and Medway NHS and Social Care Partnership Trust) and Bob Deans (Consultant Executive Director, Kent and Medway NHS and Social Care Partnership Trust) were in attendance for this item.

(1) The Chairman introduced the item and welcomed the two guests attending from Kent and Medway NHS and Social Care Partnership Trust (KMPT). This was the start of the organisation's engagement with HOSC on this specific issue and that it was a topic which would be returned to as KMPT's Foundation Trust (FT) application progressed.

(2) Angela McNab introduced herself and explained that she was the new Chief Executive of KMPT and had taken up her new position the week before. Bob Deans, who had been interim Chief Executive over the previous year and was

now Consultant Executive Director, provided an overview of the Trust's plans, connected to a print out of a presentation which had been placed on Members' desks for the start of the meeting.

(3) It was explained that the original consultation around KMPT's FT application ran in 2008, and the Trust had come to HOSC on that occasion. In October of last year the Strategic Health Authority had approved the plans for the current engagement process with a view to the Trust being authorised in 2013. The Trust was working on a business plan and was looking to the Committee for suggestions of what to include. In response to a specific question, the Trust offered to share the draft business plan when it was ready. An open offer was also made to arrange visits to the Trust for Members.

(4) The focus of the Trust's plans was an ambitious clinical strategy. This was built around Service Line Management arrangements which meant there were a series of clinically led business units such as Community Access and Recovery. They also provided specialised and complex services like forensic services. Trust representatives reported that they performed well against nationally set targets. An engagement process had led to a clear set of values and an ambitious vision being set out and used language from the staff, at least 10% of whom were involved. The Trust aimed towards being able to deliver integrated mental and physical health services and supported the personalisation agenda and wanted everyone to have a care plan. This was backed up by a clear staff development programme.

(5) KMPT was currently a Partnership Trust, with 300 Kent County Council staff seconded to it. They wished to remain as a partnership with others and an agreement had been reached with KCC's Cabinet.

(6) The FT application had to be seen in the context of broader changes in the health economy. There was a more commercial focus with patient choice becoming more of a factor and Trust representatives spoke of wishing to be akin to a 'blue chip' organisation that would be the best choice for people. Increasingly services were being tendered, and an example was given of a joint tender bid for community child and adolescent mental health services (CAMHS) that had been put together with Kent Community Health NHS Trust, with academic input from St. George's. In response to a specific question, it was explained that St. George's was not the closest academic mental health Trust but did have a particular research expertise in CAMHS.

(7) Another specific range of services discussed was telehealth and telecare, with the services available in Kent very well regarded and being developed in line with worldwide best practice. Some ways of delivering this were relatively simple methods like providing psychological help and advice via email. In response to a specific question, it was reported that patients did not have to pay for equipment used to deliver healthcare, though some had their own equipment.

(8) Capital investment in improving inpatient facilities was also highlighted as an ongoing area of work, with the St. Martin's development specifically referred to. Other specialised inpatient centres of excellence were being developed. On the issue of estates and accountability, it was explained that a Foundation

Trust was able to sell off assets and keep the capital receipts to reinvest but that a business case would have to be produced and be approved by the Trust Board and Monitor. More broadly, Members raised specific queries about how accountability would work in practice. It was clarified that the Trust's Council of Governors would involve services users and carers and they were already involved in the current shadow Council.

(9) A range of specific comments were made by Members about the presentation of the Trust's case. Some questions related directly to the presentation, and the lack of clarity about the map. The Trust explained that the presentation had tried to cover a lot, but took on board the comments that a different approach would be needed for different audiences. Borough/City/District Councils were amongst the stakeholders who would be involved in the ongoing engagement process.

(10) There was a strong vein of scepticism running through a number of Members' comments about the difference that FT status would make. While it was acknowledged that achieving FT status was Government policy, it was unclear that it would achieve anything more than a change of name. Attention was drawn to the vision, with the comment made that there were so many variables in the health economy it was difficult to see how it could be realised. One Member expressed concern that it was all about organisation, not patient services. Reference was made to past concerns expressed about KMPT and the long-term viability of KMPT; however, it was accepted that the Trust needed to try. Trust representatives took on board the comments Members made and stressed that they saw FT status as just that, a change of status rather than a cosmetic change of name, but knew they would have to demonstrate past problems had been overcome. It was acknowledged by Trust representatives that reputation and perception was important, and made clear that there were no current issues which had been raised by the Care Quality Commission, and there had been none for 6-7 months. The clinical strategy and quality of patient care was at the heart of their plans because patient care was their business. Therefore demonstrating financial sense came from delivering excellent care was central to the ongoing work. It was accepted that planning for innovation was difficult so the plans needed to build in wriggle room and there was a continual process of horizon scanning; but it was also pointed out that innovation often saved money and reduced costs.

(11) The Chairman thanked the guests and explained that the Committee looked forward to receiving further updates in the future.

(12) RESOLVED that the guests be thanked for their contributions and that the Committee looks forward to receiving further updates in the future.

8. Date of next programmed meeting – Friday 1 June 2012 @ 10:00 am
(Item 9)

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Item 5: Forward Work Programme.

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 1 June 2012

Subject: Forward Work Programme

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1. Proposed Forward Work Programme.

(a) As a result of the Committee's deliberations at the meeting of 13 April, and further discussions by the Chairman with the Vice-Chairman and Groups spokespersons, assisted by Committee Officers, a proposed forward work programme for the rest of 2012 has been determined, as set out below.

(b) 20 July

1. Dermatology Services.

2. NHS Transition Update.

(c) 7 September

1. Cancer Services: Overview and Future Developments.

2. Older People's Mental Health Services in East Kent: Update.

3. Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust: Developing Partnership. Written Update.

(d) 12 October

1. Patient Transport Services.

2. East Kent Hospitals Clinical Strategy: Update.

(e) 30 November

1. Dartford and Gravesham NHS Trust and Medway NHS Foundation Trust: Developing Partnership.

(f) As was discussed at the HOSC meeting of 13 April, there is a need to retain as much flexibility as possible in the forward work programme in order to deal appropriately with issues which may arise within the health economy. The exact scheduling of some of the items listed above may vary.

(g) In addition, an appropriate time will be found for updates on other issues which have been on the Agenda in the past such as Kent and

Medway NHS and Social Care Partnership Trust's Foundation Trust application, and the development of trauma services across Kent.

(h) Members of the Committee also expressed an interest in looking at mental health services more broadly as well as the performance and development of ambulance services across Kent. These will be incorporated where there is an opportunity to do so. Ways of scrutinising 'wellbeing' are also being explored. In addition, ways of developing the relationship between HOSC and the Health and Wellbeing Board are also being discussed.

(i) In order to assist with forward planning, the forward work programme will be circulated to all NHS Trusts in Kent. If any Member has any specific question on any of the items on the forward work programme which they would like asked of the relevant Trust(s) in advance of the item being discussed, please pass them to the Research Officer to the Committee for inclusion in the list of questions submitted to the NHS in advance.

2. Kent and Medway NHS Joint Overview and Scrutiny Committee: Adult Inpatient Mental Health Services Review.

(a) At the meeting of 9 March 2012, the Committee agreed that the proposed review into adult inpatient mental health services constituted a 'substantial variation' of service. Medway Council's Health and Adult Social Care Overview and Scrutiny Committee made the same decision at its meeting of 27 March.

(b) As explained at the meeting of 9 March, this means that this subject will be considered by the Kent and Medway NHS Joint Overview and Scrutiny Committee.

(c) This Joint Committee with Medway Council was established at the meeting of the County Council of 25 March 2004. The arrangements were updated at County Council on 14 September 2006.[1]

(d) The Joint Committee consists of 12 Members: 8 from Kent County Council and 4 from Medway Council.

(e) Arrangements for the meeting of this Committee are currently being considered.

3. Recommendation

Members are asked to approve the proposed Forward Work Programme.

[1] http://democracy.kent.gov.uk/Data/County%20Council/20060914/Agenda/sep06-item7.pdf

By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 1 June 2012

Subject: East Kent Maternity Services Review: Written Update.

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1. Background

(a) The Health Overview and Scrutiny Committee received written updates on the East Kent Maternity Services Review at the meetings of 4 February 2011 and 10 June 2011.

(b) Members heard from NHS representatives at the meeting of 22 July 2011. At this meeting the Committee agreed to examine this issue in more depth at a later meeting and that a small working group of Committee Members be established to further investigate and prepare a report for HOSC. The Members of this informal HOSC Liaison Group were Mr Nigel Collor, Mr Dan Daley, Cllr Michael Lyons and Mr Roland Tolputt.

(c) Members of this informal HOSC Liaison Group reported back to the Committee when it further considered this subject on 9 September 2011. It was also decided that Mrs Elizabeth Green should join this Group, which would continue to liaise with the NHS on the subject.

(d) Representatives of the NHS last attended a formal HOSC meeting to discuss this topic on 14 October 2011. Members were provided with copies of the consultation document at this meeting as the consultation was launched that same day.

(e) The consultation ran until 20 January 2012.

(f) Further written updates were received at the meeting of 3 February and 13 April 2012. In addition, Members were able to attend an informal briefing with NHS representatives on 4 May 2012.

2. Recommendation

That the Committee consider and note the report.

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By: Tristan Godfrey, Research Officer to the Health Overview and Scrutiny Committee

To: Health Overview and Scrutiny Committee, 1 June 2012

Subject: Maternity Services: Background Note.

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1. Maternity care pathway

(a) Looking at the entire care pathway, four stages can be broadly identified:[1]

1. pre-pregnancy care;
2. antenatal care;
3. care during labour and delivery; and
4. postnatal care

2. Location of birth

(a) Before 1945, the majority of births occurred in the home. By 1970, almost 90% of births took place in hospital. The 1993 report *Changing Childbirth* recommended the availability of more choice in the place of birth. The 2004 *National Service Framework for Children, Young People and Maternity Services*[2] and 2007 *Maternity Matters*[3] actively promoted midwife and home birth services.[4]

(b) A commitment to choice in maternity services was more recently made in the NHS Operating Framework for 2012/13[5]. As part of the NHS Outcomes Framework, an indicator on "Women's experience of maternity services" will be introduced from April.[6]

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[1] Healthcare for London, *Maternity care pathways*, http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/Maternity-services-care-pathways1.pdf

[2] Department of Health, National Service Framework for Children, Young People and Maternity Services: Maternity services, September 2004, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101

[3] Department of Health, *Maternity Matters*, April 2007, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_074199.pdf

[4] National Institute for Health and Clinical Excellence, *Intrapartum care*, p.48, http://www.nice.org.uk/nicemedia/live/11837/36275/36275.pdf

[5] Department of Health, The Operating Framework for the NHS in England 2012/13, p.30 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf

[6] Ibid., p.16, and Anne Milton MP, Parliamentary Under-Secretary of State for Health, House of Commons Hansard Debate, 17 January 2012, Col. 728, http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120117/debtext/120117-0004.htm#12011770000002

(c) More broadly, the Department of Health made the following pledges relating to maternity services on 16 May 2012:

- "Making sure the investment in a record 5,000 midwives currently in training means that women will have one named midwife who will oversee their care during pregnancy and after they have had their baby.

- "Making sure that investment also means that every women has one-to-one midwife care during labour and birth.

- "Making sure that investment means parents-to-be will get the best choice about where and how they give birth. The Government wants to see more joined up working so women can choose from a full range of services, meaning that choices made are delivered within an integrated, flexible service."[7]

(d) The following is a standard listing of the four main options for place of birth:[8]

1. Home birth, supported by a midwife.

2. Freestanding Midwifery Unit (FMU), separate from an obstetric unit.

3. Alongside Midwifery Unit (AMU), next to, or integrated with, an obstetric unit.

4. Obstetric unit, in an acute setting, consultant-led and supported by a maternity team.

(e) Care in the first three settings is mainly provided by midwives handling low risk births.

(f) Across England as a whole, in 2008, 93% of births took place in obstetric units, 3% in alongside midwifery units, 2% in freestanding midwifery units and 2% at home.[9]

(g) In November 2011, the final report of the *Birthplace in England research programme* was published.[10] This report was funded by the National Institute for Health Research Service Delivery and

[7] Department of Health, *NHS pledges more support for women with postnatal depression,* 16 May 2012, http://mediacentre.dh.gov.uk/2012/05/16/nhs-pledges-more-support-for-women-with-postnatal-depression/

[8] Healthcare Commission, *Towards better births. A review of maternity services in England*, p.31,http://webarchive.nationalarchives.gov.uk/20100813162719/http://www.cqc.org.uk/_db/_documents/Towards_better_births_200807221338.pdf

[9] Ibid.

[10] National Perinatal Epidemiological Unit, *Birthplace in England Research Programme*, https://www.npeu.ox.ac.uk/birthplace

Organisation and the Department of Health Policy Research Programme[11] and was the first study of its type in this country.[12]

(h) The aim of this programme was:

- "To provide high quality evidence about processes, outcomes and costs associated with different settings for birth in the NHS in England."[13]

(i) The key findings of this report can be found as an Appendix to this Background Note.[14]

3. Midwifery and Consultant Staffing Levels

(a) All maternity services in the South East Coast region use the nationally recognised Birthrate Plus planning tool in assessing midwifery numbers. Trusts collect data on a large sample of births and allocate each to different categories relating to complexity and need.[15]

(b) "Integral to Birthrate Plus® is the classification of case mix by categories I–V:

- Category I and II: Low-risk midwifery care: normal birth, no intervention, good birth weight and Apgar, no epidural.

- Category III: Moderate degree of intervention: instrumental delivery, induction, fetal monitoring, third-degree tear, preterm.

- Category IV: Higher-risk/higher choice or need: normal birth with epidural for pain relief, elective caesarean sections, post-delivery complications, induction and instrumental tear, preterm birth.

- Category V: Highest risk, including emergencies: emergency caesarean sections, medical or obstetric complications, multiple births, stillbirths, severe pregnancy-induced hypertension.

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[11] National Perinatal Epidemiological Unit, *Birthplace in England Research Programme*, *Background Q&A*, p.1, https://www.npeu.ox.ac.uk/files/downloads/birthplace/Birthplace-Q-A.pdf

[12] Anne Milton MP, Parliamentary Under-Secretary of State for Health, House of Commons Hansard Debate, 17 January 2012, Col. 728, http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120117/debtext/120117-0004.htm#12011770000002

[13] *Birthplace in England research programme. Final report part 1*, p.12, http://www.netscc.ac.uk/hsdr/files/project/SDO_FR1_08-1604-140_V02.pdf

[14] Sourced from: National Perinatal Epidemiological Unit, *Birthplace in England Research Programme*, *the Birthplace cohort study: key findings*, https://www.npeu.ox.ac.uk/files/downloads/birthplace/Birthplace-key-findings.pdf

[15] Healthcare Commission, *Towards better births. A review of maternity services in England*, p.88, http://webarchive.nationalarchives.gov.uk/20100813162719/http://www.cqc.org.uk/_db/_documents/Towards_better_births_200807221338.pdf

- Other categories: Other events reflecting additional client needs are also recognised within the Birthrate Plus® evaluation; for example, antenatal admissions to obstetric labour ward."[16]

(c) Standards for the obstetric consultant role have been set by the Royal of Obstetricians and Gynaecologists. The recommended standards for consultant presence on delivery suite units are as follows:

- "Units delivering 2500–4000 births/year should have a 60-hour presence, those delivering 4000–5000 births/year a 98-hour presence; those delivering over 5000 births/year should achieve a 168-hour presence at varying times. Those units delivering less than 2500 births would need to reach a local decision based on availability, financial resource and other clinical demands."[17]

4. Payment by Results (PbR) and Maternity

(a) Commissioning responsibility for maternity services currently rests with Primary Care Trusts. In the future, responsibility is set to rest with Clinical Commissioning Groups, supported by the NHS Commissioning Board to enable the improvement of quality and extensions of choice, and may involve the proposed clinical senates and networks.[18] The NHS Commission Board may commission specialist neonatal services directly.[19]

(b) Under the current system, there are local contract for community antenatal care and postnatal care. Payment by results applies to hospital/clinic-based care.

(c) From 2013/14 a maternity pathway payment system will operate. This will bring all maternity care into PbR and will pay for maternity services as a pathway bundle upfront. In the pathway payment system, payment is split into three modules: antenatal care; birth spell to discharge; and postnatal care.

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[16] Royal College of Obstetricians and Gynaecologists, *Safer Childbirth*, October 2007, p.64-5, http://www.rcog.org.uk/files/rcog-corp/uploaded-files/WPRSaferChildbirthReport2007.pdf

[17] Royal College of Obstetricians and Gynaecologists, *The Future Workforce in Obstetrics and Gynaecology*, June 2009, p.47, http://www.rcog.org.uk/files/rcog-corp/uploaded-files/RCOGFutureWorkforceFull.pdf

[18] Department of Health, *Government response to the NHS Future Forum* Report, June 2011, p.22-23, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_127719.pdf. See also: Department of Health, *Letter from Earl Howe to Baroness Cumberledge,* House of Commons Deposited Paper, DEP2012-0227, http://www.parliament.uk/deposits/depositedpapers/2012/DEP2012-0227.pdf

[19] Department of Health, *Liberating the NHS: Legislative Framework and Next* Steps, p.80, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122707.pdf

(d) This maternity pathway payment system will be introduced in shadow form from April 2012. [20]

[20] Department of Health, *Maternity PbR Pathway. Payment System 2012-13*, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132667.pdf. and Department of Health et al., *Maternity Services Pathway Payment System. A Simple Guide 2012/13*, 10 April 2012, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133896.pdf. A full explanation of the current system can be found at: Department of Health, *Maternity Services and Payment by Results*, July 2010, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118002.pdf

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The Birthplace cohort study: key findings

The Birthplace cohort study compared the safety of births planned in four settings: home, freestanding midwifery units (FMUs), alongside midwifery units (AMUs) and obstetric units (OUs).

The main findings relate to healthy women with straightforward pregnancies who meet the NICE intrapartum care guideline criteria for a 'low risk' birth.

Key findings

Giving birth is generally very safe

- For 'low risk' women the incidence of adverse perinatal outcomes (intrapartum stillbirth, early neonatal death, neonatal encephalopathy, meconium aspiration syndrome, and specified birth related injuries including brachial plexus injury) was low (4.3 events per 1000 births).

Midwifery units appear to be safe for the baby and offer benefits for the mother

- For planned births in freestanding midwifery units and alongside midwifery there were no significant differences in adverse perinatal outcomes compared with planned birth in an obstetric unit.
- Women who planned birth in a midwifery unit (AMU or FMU) had significantly fewer interventions, including substantially fewer intrapartum caesarean sections, and more 'normal births' than women who planned birth in an obstetric unit.

For women having a second or subsequent baby, home births and midwifery unit births appear to be safe for the baby and offer benefits for the mother

- For multiparous women, there were no significant differences in adverse perinatal outcomes between planned home births or midwifery unit births and planned births in obstetric units.
- For multiparous women, birth in a non-obstetric unit setting significantly and substantially reduced the odds of having an intrapartum caesarean section, instrumental delivery or episiotomy.

For women having a first baby, a planned home birth increases the risk for the baby

- For nulliparous women, there were 9.3 adverse perinatal outcome events per 1000 planned home births compared with 5.3 per 1000 births for births planned in obstetric units, and this finding was statistically significant.

For women having a first baby, there is a fairly high probability of transferring to an obstetric unit during labour or immediately after the birth

- For nulliparous women , the peri-partum transfer rate was 45% for planned home births, 36% for planned FMU births and 40% for planned AMU births

For women having a second or subsequent baby, the transfer rate is around 10%

- For women having a second or subsequent baby, the proportion of women transferred to an obstetric unit during labour or immediately after the birth was 12% for planned home births, 9% for planned FMU births and 13% for planned AMU births.

ACKNOWLEDGEMENT

The Birthplace in England Research Programme combines the Evaluation of Maternity Units in England study funded in 2006 by the National Institute for Health Research Service Delivery and Organisation (NIHR SDO) programme, and the Birth at Home in England study funded in 2007 by the Department of Health Policy Research Programme (DH PRP). The views and opinions expressed by the Birthplace authors do not necessarily reflect those of the NHS, NIHR, NIHR SDO, DH PRP or the Department of Health.

FURTHER INFORMATION

NPEU website: https://www.npeu.ox.ac.uk/birthplace

Full study reports can be downloaded from the NIHR SDO website:
http://www.sdo.nihr.ac.uk/projdetails.php?ref=08-1604-140

BMJ article:
Perinatal and maternal outcomes by planned place of birth for healthy women with low risk pregnancies: the Birthplace in England national prospective cohort study
BMJ 2011;343:d7400
www.bmj.com/contents/343/bmj.d7400

UNIVERSITY OF OXFORD

npeu National Perinatal Epidemiology Unit

Outcomes of the east Kent Maternity Review

1 Background

In January 2011 NHS Kent and Medway agreed to review maternity services in east Kent working in partnership with East Kent Hospital University Foundation Trust (EKHUFT) and the Clinical Commissioning Groups (CCGs). The primary drivers for the Review of Maternity Services in East Kent were:

- A significant increase in the numbers of mothers choosing to give birth at the William Harvey Hospital (WHH) in Ashford especially following the opening of its co-located midwifery unit. A total of 56 per cent of births now happen on this site.
- The rising birth rate which has increased year on year by 1.6% since 2009/10, and which is expected to continue. See below.
- The steady decrease over the last five years in births at the two stand alone midwifery led units in Dover and Canterbury. In 2008-09, before the opening of the co-located midwife led unit at the William Harvey Hospital, 265 births took place at the Dover birthing centre, 314 in Canterbury, less than one birth a day in each centre.

The birthrate for East Kent has increased steadily year on year. This year on year increase is expected to continue, with the number of babies born in east Kent reaching 8,000 within the next five years, as demonstrated within the following table.

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-2012
Total live birth by EKHUFT	6,462	6,477	6,671	7,080	7,100	7,373	7,336	7,454	7,532

This rise in activity at the William Harvey Hospital led to pressures on staffing at this site sufficient to raise concerns in 2010 about maintaining a safe quality of care, and highlighting the inequitable deployment of midwives across the four sites, as illustrated by the midwife to birth ratio.

Ashford: 1:40
Margate: 1:35
Dover: 1:9
Canterbury: 1:9

In order to alleviate these staffing pressures at Ashford and maintain safety and quality of care for parents, a temporary cessation of births at one of the stand alone midwifery units was put in place. This enabled a small number of experienced

midwives from the stand alone midwifery units to be transferred to Ashford ensuring a more efficient use of staff and a better experience for parents using the service.

The remit of the maternity review was to identify a longer term solution for future services to both ensure safety and improve the quality of service offered to every woman and baby in east Kent. This means having the right skills at the right place to ensure high quality safe service configuration for maternity services provided by East Kent Hospitals University Foundation Trust (EKHUFT). The review group based its examination of the evidence on the following five criteria:

Quality and Safety every woman in established labour, whatever her risk and wherever her place of birth, should have one to one care from a midwife.

Accessibility services should be provided as close to home as possible.

Choice every woman should have sufficient information to make a clinically appropriate and informed choice about the type of birth environment

Sustainability services that will be sustainable for the future in terms of funding, staffing levels and skills mix and rising birth rates.

Equity/fairness ensuring the same high standard of care for women and babies wherever that service is provided.

To facilitate the review process the joint Maternity Services Review Group (MSRG) was established. The group was chaired by Dr Sarah Montgomery, a senior clinical advisor from NHS Kent and Medway and GP from South Kent Coast Clinical Commissioning Group. Clinical representation from EKHUFT included the Medical Director, Senior Consultant Obstetrician and Head of Midwifery. Engagement with primary care has been fundamental throughout the review in recognition of the transition to GP led clinical commissioning. Three clinical leads from the locality Clinical Commissioning Groups (CCGs) (Canterbury, South Kent Coast and Ashford) were also members of the MSRG. The review has benefitted from this strong partnership and clinical leadership.

1.1 Organisations regularly kept informed

Information was cascaded to GP Commissioners, and comments sought on the progress of the review, by briefings and progress reports presented to the individual CCG Boards and via the East Kent Federation of Clinical Commissioning Groups. Dr Sarah Montgomery also provided updates to the Local Medical Committee.

Papers were presented to the Eastern and Coastal Kent Commissioning Strategy Committee, the Kent and Medway Cluster Board and the EKHUFT Board meetings, the Kent County Council Health Overview and Scrutiny Committee, Canterbury and Dover Council Overview and Scrutiny Committees, The Royal College of Midwives and local MPs.

The Strategic Health Authority and the National Clinical Advisory Team reviewed the evidence and provided strategic assurance on the plans, prior to consultation, in line with the Department of Health's reconfiguration requirements.

A small working group of members from the Kent County Council Health and Overview and Scrutiny Committee (HOSC) volunteered to assist the MSRG to advise on a robust consultation process and suitable public documents.

<table>
<tr><th>Jan 2011</th><th>MSRG</th><th>HOSC briefings</th><th>CSC briefings</th><th>Engagement</th><th>NCAT</th><th>Public consultation</th><th>Analysis</th></tr>
<tr><td rowspan="10">Review initiated</td><td>25.01.11</td><td>Feb 2011</td><td>Feb 2011</td><td rowspan="2">Service user interviews 25.03.11 to 08.04.11</td><td rowspan="10">SHA Board Sept 2011</td><td rowspan="10">14 Oct 2011 to 20 Jan 2011</td><td>MSRG</td></tr>
<tr><td>21.03.11</td><td>June 2011</td><td>May 2011</td><td>CCG</td></tr>
<tr><td>23.05.11</td><td>July 2011</td><td>June 2011</td><td rowspan="2">Patient experience survey 05.07.11</td><td rowspan="9"></td></tr>
<tr><td>20.06.11</td><td>Aug working group</td><td>LMC briefing</td></tr>
<tr><td>22.07.11</td><td>Sept 2011</td><td rowspan="5"></td><td rowspan="2">Community road shows Staff survey June 2011</td></tr>
<tr><td>19.08.11</td><td>Oct 2011</td></tr>
<tr><td>28.09.11</td><td>Feb 2012</td><td rowspan="3">Family events August 2011</td></tr>
<tr><td rowspan="2">Onwards monthly</td><td>May 2012</td></tr>
<tr><td>June 2012</td></tr>
</table>

2 Engagement in planning and development of the Maternity Review

2.1 Pre-consultation

From April to August 2011 there was extensive engagement with stakeholders, staff and parents to ensure their views were able to influence the review. The review met the requirements of the four tests set out by the Department of Health in relation to service configuration as outlined below;

- *support from GP commissioners*
  all five of the East Kent Clinical Commissioning Groups reviewed the evidence presented by the Maternity Services Review Group and decided to support Option 1
- *strengthened public and patient engagement*
  as evidenced by the Appendices attached to this paper
- *clarity on the clinical evidence base*
  the clinical case for change was reviewed and supported during a visit by the National Clinical Advisory Team in September 2011
- *consistency with current and prospective patient choice.*
  Each of the options for change retain choice of home birth, midwifery-led unit and consultant unit for birth, as required by the Maternity Matters Framework (DH 2007). A range of settings for accessing antenatal care is also guaranteed

Throughout the review the group has worked closely with the east Kent Maternity Services Liaison Committee (MSLC) relying on its feedback to shape the engagement and consultation process. MSLC members' support has been invaluable in encouraging parents across east Kent to become involved and respond through their networks of antenatal classes, mother and baby groups and their Facebook page.

During the early engagement process a total of 231 parents completed a patient experience survey based upon the National Care Quality Commission survey. Almost three-quarters rated their overall experience of maternity services as "excellent" or "very good" despite the temporary closure of one or other of the stand alone birthing units.

Senior staff held regular discussions with staff and 93 staff from a range of clinical roles completed an online survey.

Community midwife	24
Midwife at acute trust	42
Consultant	5
GP	1
Maternity Care Assistant	9

The majority of staff prioritised increased staffing and staff-to-patient ratios. The second largest theme in the staff responses was that improving safety should be prioritised, and again that the quality of care provided to patients should be improved. Other strong themes that emerged included ensuring sufficient resources for high-risk births at acute sites and improved antenatal and postnatal services.

The NHS Kent and Medway Engagement Team worked closely with contacts in local Children's Centres and Sure Start Centres and Young Active Parents' groups, to ensure engagement took place in a familiar environment where people felt comfortable. From April to May 2011 94 parents were interviewed within these settings. In addition, focus groups were held with teenage parents and people from a learning disability forum to discuss their recent experiences of maternity services during which they were asked how they felt the service could be improved and for their opinions on the priorities for future maternity care services.

Through these different means of engagement, approximately 1,000 people were directly involved in the progress of the Maternity Review. They have influenced the plans, the review's focus and the options developed, as well as how the MSRG has prioritised the criteria on which it has based its recommendations.

Following consultation with the Kent County Council HOSC and the Strategic Health Authority both EKHUFT and NHS Kent and Medway Cluster Boards authorised the review group's intention to undertake a 14 week consultation process.

Option 1: Stop births at Dover and Canterbury midwife-led stand alone units but retain midwife-led antenatal care, day clinics and postnatal support, with the exception of overnight stay. Open the new co-located midwife-led service at Margate, invest in increasing staffing levels to provide one-to-one care for all mothers in established labour based upon the national bench mark of 1:28.
Indicative additional service investment required: £700,468

Option 2: Stop births at Dover midwife-led unit but retain midwife-led antenatal care, day clinics and postnatal support with the exception of overnight stay. Open the new midwifery-led unit at Margate. Retain Canterbury stand alone midwifery-led unit as it is. Increase staffing levels to provide one to one care for all mothers in established labour.
Indicative additional service investment required: £1,475,241

Option 3: Stop births at Canterbury midwife-led unit but retain midwife-led antenatal care, day clinics and postnatal support with the exception of overnight stay. Open the new co-located midwife-led unit at Margate. Retain Dover stand alone midwifery-led unit as it is. Increase staffing levels to provide one to one care for all mothers in established labour.
Indicative additional service investment required: £1,355,320

2.2 Regular communication and information

Throughout the review the NHS has taken care to reach those communities of need who have expressed an interest in the review including: young adults, learning disability groups, fathers groups, community centres with many eastern European parents, and Nepalese parents. NHS Kent and Medway were happy to provide suitable information for anyone with specific communication needs, and attend any meetings where a face to face discussion would assist their involvement in the process.

The PCT featured the review in several issues of the award winning 'Your Health' magazine 30,000 copies of which are distributed through GP practices, hospital waiting areas, supermarkets, libraries and community centres, as well as in hairdressers and other outlets to ensure the wider community was aware of, and able to be involved in the maternity review.

The local media have also been regularly updated with press releases and news statements. Both the broadcasting media and local newspapers have featured the review. In addition the Kent Messenger Group led a campaign in its Canterbury paper and with an online petition to oppose the cessation of births at Canterbury stand alone midwifery-led unit. The online petition of 450 names was presented to the PCT on 19 October 2011. Throughout the review there has been steady media coverage particularly by the local papers the Kent Messenger group which includes the Kentish Gazette, Canterbury and district, Whitstable Gazette, Herne Bay Gazette and Faversham News, with a total circulation of: 118,716 and a readership of 167,870. More than 100 articles or letters have featured the review.

A dedicated page on the PCT website was set up and two consultation documents written which were commended by Kent HOSC for their plain language and clarity.

3 Consultation on Maternity Review

The formal 14 week consultation ran from 14 October 2011 to 20 January 2012. During the consultation a range of methods have been used to promote the consultation process:

- advertisements in KM newspaper across East Kent,

- radio ads on Heart FM
- interviews on radio Kent
- news items on BBC South East and Meridian TV
- updates in the Kent LINk bulletin and newsletter
- 1,684 emails and 278 postal copies of the consultation document were sent to a range of local organisations from GP practices through to the voluntary and community sector and the PCT's virtual panel,
- Online information being available at: http://www.easternandcoastalkent.nhs.uk/get-involved/consultations-and-surveys/maternity-services-review/ with suitable links on the Trusts website and through social media such as Facebook and Twitter.
- 2,000 full consultation documents and 10,000 summary documents and 500 posters were distributed to GP practices, hospital waiting areas, libraries, community centres, Children's Centres, Sure Start Centres and various parent classes and groups running across east Kent.
- Your Health magazine had a double page spread featuring the review and consultation, 30,000 copies distributed across east Kent.
- The citizen engagement team personally visited more than 45 parents' groups including baby massage, breastfeeding, parent and toddlers, messy play, dad's groups etc being run in Children's Centres, community venues or in Sure Start Centres to raise awareness, provide information, answer any questions and encourage parents and organisations to respond to the consultation.
- An online email address and telephone number was also given so that people could request additional information, ask questions or request copies of the consultation document.
- The consultation documents were available in various formats including: easy read, large print, Polish, and Nepalese. Translators have assisted at community groups where the participants did not speak English as a first language.

3.1 Public meetings

During the consultation 10 public meetings were held at times recommended by parents during the early engagement process outlined earlier in this paper. These meetings were advertised as part of the whole consultation as detailed above.

At these two-hour public roadshows a panel of clinicians and commissioners presented information on the review, the reasons why it was necessary, the outcome expected of the review, the steps taken during the review, the options arrived at and what would happen following the consultation. An hour long question and answer session was sometimes followed by table discussions depending on the numbers present. The numbers attending these events has not been very high. This might be partly due to consultation fatigue, and to the proactive engagement and outreach programme to parent groups across east Kent that meant many people felt able to contribute directly both before and during the consultation, without specifically attending the public meetings.

As expected the attendance has been highest in the four events in Canterbury and Dover where a mixed audience of councilors, campaigners, parents and interested citizens had constructive discussions about the proposed options. They heard

parents talk about their experiences of services and express their praise and concerns.

4 Greenwich findings

Independent analysis has been carried out by the Centre of Nursing and Healthcare research at the University of Greenwich (Appendix One: East Kent Maternity Services Review an independent analysis)

The responses have all been logged during the review: from phone calls and email enquiries for further information, to briefings provided to Dover and Canterbury Overview and Scrutiny Committees and the visits to Children Centres. 234 online surveys have been submitted, 212 paper surveys have been received and several stakeholders have sent in written submissions. 70 per cent of respondents were recent or current maternity service users. Almost half were aged between 25 and 34.

The survey asked respondents to consider three main areas regarding maternity services. These areas focused on the reason for change, the three options and improving services.

4.1 Responses to questions about maternity services:

Appendix One: East Kent Maternity Services Review an independent analysis (pages 13-16).

- 98 per cent of respondents agreed that women should be offered a choice of delivery described as: home births, midwifery or consultant led service.
- 80 per cent agreed the MLU in Margate should be opened.
- 86.8 per cent agreed that midwife-led services in a hospital near a consultant-led maternity services offer the benefit of a ‘home-like’ birth as well as rapid access to doctors and other medical support if needed.
- 70 per cent of respondents agreed maternity services in east Kent need to change.
- 88.8 per cent agreed that the selected option must be affordable now and in the future.

4.2 Response to the options:

Appendix One: East Kent Maternity Services Review an independent analysis (page 23).

- 38.4 per cent (147) supported option one (close both Dover and Canterbury)
- 41.3 per cent (158) supported option two (retain Canterbury)
- 20.4 per cent (78) supported option three (Retain Dover)

Of the 446 responses received 383 (85.9 per cent) people expressed a preferred option.

The split response shows that eleven people (three per cent) supported option two above option one.

4.3 Improving services:

Appendix One: East Kent Maternity Services Review an independent analysis (pages 25-26).

- 98 per cent agreed that women should be able to have as normal a birth as possible
- 96.5% agreed that every woman should receive one to one care in labour.

The independent research team also evaluated both the pre-consultation process and the consultation process itself, and concluded that the consultation exercise met the standards recommended in current guidance and legislation. Appendix Two: East Kent Maternity Services Review East Kent Maternity Services Review Evaluation).

4.4 National Birthplace Study

In January 2012, the Royal College of Midwives responded to the East Kent Consultation by expressing its support for an option that included retaining at least one stand alone midwifery centre. Many of their opinions around maintaining standalone birth centre services are based upon the National Perinatal Epidemiology Unit (NPEU) Birthplace Study, released in November 2011. This was a study of 65,000 women with low risk pregnancy that demonstrated that homebirth and stand alone services carry a small increased risk for first time mothers, but are equally as safe as co-located midwifery units or consultant led services for low risk women having their second or third babies. This NPEU Birthplace Study, was considered by the review group. The group concluded that it wished to reiterate that the safety of the local stand alone centres has never been called into question. The recommendations of the review group have been made in the local context of a steady reduction in the use of the stand alone birth centres and an increasing birth rate, leading to staffing pressures at the William Harvey Hospital, particularly since the co-located midwifery-led unit was opened in 2009. The group considered the possibility that the number of low risk women choosing home birth may rise in response to this new evidence. Its preferred option includes an assurance that a rise in home births could be accommodated through the increased investment in staffing levels that are being proposed.

5 Recommendations

The MSRG took into account all of the above information, and sought the support of the Clinical commissioning groups (who have been involved throughout the review) before deciding to confirm to both the Cluster Board and the Board of East Kent Hospital University Foundation Trust its recommendation to adopt Option one. The Maternity Services Review Group's opinion is that this Option is the best way to provide a sustainable improvement in the quality and safety of maternity services for all the 7,500 parents annually using these services in east Kent.

This is based on the strong clinical evidence for the need to change and improve the level of one to one care for every woman in established labour, and the support for this criteria from the public, staff and other organisations. Whilst the MSRG recognises that there was a small preference in the consultation survey for option 2 (retaining Canterbury stand alone midwifery-led unit) there was also very strong support for midwife-led services being co-located to an acute obstetric led service.

This reflects the information studied during the review process that women were choosing to go to the William Harvey in Ashford above other sites, in order to access the co-located midwifery-led service. Furthermore 88.8 per cent of those who answered the survey said that they agree that services should be affordable now and in the future.

The preferred option, option one requires a quality investment of £700,468. It offers a full choice of birth environment for women, including home birth, a midwife-led service or an obstetric consultant led service. It allows the co-located midwifery-led unit in Margate to be opened, offering care closer to home for a large population of women in a relatively deprived area. By concentrating birthing services on two sites a more equitable midwife to birth ratio will be achieved swiftly and one to one care in established labour can be provided for all women. Although ambulance transfer for women from home to hospital may increase in certain areas (such as Dover which is an area of low car ownership), ambulance transfers of women in labour from stand alone midwifery-led units to acute sites (25%) will cease.

Both NHS Kent and Medway, East Kent Hospital University Foundation Trust and the five clinical commissioning groups have all supported this decision. They have spent considerable time on the review and having heard from many people during the process are anxious to see the work on improving services taken forward once the Kent Health Overview and Scrutiny committee have had an opportunity to consider the decision taken and give their views.

5.1 Improvements in the service:

During consultation many people expressed their concerns about transport to and from birthing units in Ashford and Thanet. In response to anxieties raised about the potential for women to make repeated journeys to the labour ward, it has been agreed that improvements will be made to the expert telephone assessment currently provided by the midwifery staff to women at the end of pregnancy who need help and advice when they are uncertain about the onset of labour. In line with advice received from the National Clinical Advisory Team, this telephone advice will be strengthened with improved support that will mean it would be rare for a woman to have to make more than one journey to and from the William Harvey Hospital or the QEQM. During the review the review team took care to map where patients travelled from to give birth, and the peak travel times from all those locations to the four birth centres. These maps which were shared with the HOSC during the review showed that the majority of women who travel to the acute sites for obstetric support would be able to travel in under thirty minutes with some taking up to 50 minutes at peak times. We carried out replica trips to test these times and confirmed them under difficult driving conditions. Throughout the period of the review the Trust have closely monitored the number of women whose birth happened prior to arrival at the hospital and this has remained static over the last three years at 0.7% (50 births per year). So despite the temporary cessation of births at Dover and subsequently Canterbury we have not seen this figure increase.

Throughout the review it has been stressed that both Dover and Canterbury will continue to offer their current day and community services which include local access to monitoring for women with suspected antenatal problems, midwife and consultant-led clinics and parent education classes. Furthermore, given the concerns raised about support for breast feeding the Dover and Canterbury stand alone midwifery-led

units will continue to provide breastfeeding support to women throughout the day. Women will be invited to come to either of the units to stay all day where support and advice for breast feeding will be readily available to them. Thus, provision of the majority of services needed by women throughout their pregnancy and postnatal period will remain unchanged and locally accessible.

The MSRG is agreed the Trust should extend the promotion of normal births and retain a strong midwifery led focus. The hospital trust has recorded this year 2011/12 a decrease in the number of caesarean sections by 1% from 23.9% to 22.9% which equates to 52 births; and more significantly at the QEQM hospital have reduced from 29.1% to 27.6%. It is hoped that when the MLU at QEQM is opened that this will decrease even further.

It is important to retain the culture and behaviour of the stand alone midwife led units which will mean a low intervention rate for women with low risk pregnancies. During the consultation, women have said that rapid access to medical support when needed is important to them. It is therefore anticipated that the co-located Midwifery-led Unit (MLU) at the Queen Elizabeth Queen Mother (QEQM) at Margate will prove just as popular a choice as the Singleton Unit at the William Harvey Hospital in Ashford, because it enables more women to birth in a midwife-led environment whist offering this reassurance.

During the consultation process we heard from a number of women who stated clearly their view that postnatal care needs to be improved. This was also highlighted in the staff survey. These points have been taken very seriously by the MSRG. Some improvements in postnatal care are already being implemented, for example a pilot is due to commence shortly at QEQM to allow open visiting day and night for partners following the birth of the baby. Page 27 of Appendix one illustrates that almost half of the consultation responses to a question about how to improve antenatal and postnatal care (48%) focused on the need for more training, more resources or flexibility of the staff. Whilst 22% of all responses to a question about how maternity services could be improved stated that a service that offers more support to parents is needed:

- better postnatal care for parents in hospital can be achieved through the recruitment and use of Maternity Support Workers (MSW);
- discussions are already happening on how to improve the training provided in breast feeding support by the university to student midwives and this can be extended to include MSWs;
- in addition a number of workshops with maternity staff are planned to improve the responsiveness of midwifery staff to patients' ensuring a positive patients' experience of care;
- improvements to the consistency and delivery of antenatal classes by the midwives at the Trust has also been recognised during the review and changes are already underway.

One very positive outcome of the consultation has been the close relationship with community care providers such as the Children's Centres, and Sure Start services who offer peer support groups and other parenting support services. This can be built upon to ensure a better transition for women to the challenges of parenthood once they are home.

6 Next steps

First, attend Kent HOSC on 1 June for their consideration and support for the decision and the process taken by the NHS. Once we have heard and taken account of views implementation will concentrate primarily on increasing the staffing to improve the level of one to one care and EKHUFT will implement its workforce plan to recruit sixteen whole time equivalent (WTE) midwives.
The first priority will be to open the midwifery-led unit at the QEQM by September 2012. If the preferred option is supported the stand alone midwifery-led unit at Dover will not be closed for birth until the MLU at QEQM is fully functional; this requires a minimum of seven new whole time equivalent midwives. This would avoid any additional pressure being put on the William Harvey Hospital whilst changes are being made, or confusion for women in the later stages of their pregnancy.

The MSRG will cease to exist and will become a Service Improvement Group (SIG). This group will; undertake to implement the final decision, to ensure consistent high quality maternity services across Kent and ensure full accountability for the additional quality investment in resources that implementation of this decision will require. A series of performance indicators will be developed to measure performance on a quarterly basis. Clinical Commissioning Groups will continue to be strongly represented on the Service Improvement Group.

The SIG will continue to work with the MSLC and other voluntary sector representatives to ensure that improvements to postnatal care are made and breastfeeding support strengthened. The SIG will also have responsibility for ensuring that the normalising birth agenda is fully embedded within services.

The MSRG would like to express gratitude to the MSLC, the Kent HOSC working group, GP representatives, the engagement team, Greenwich University and all of those people that responded before and during the consultation of the review helping us to shape the future of maternity services in east Kent.

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East Kent Maternity Services Review

An independent analysis of the public response to a maternity services consultation by the Centre for Nursing and Healthcare Research at the University of Greenwich

Professor Elizabeth West
Val Chandler
Paul Newton
Anna Forsman

March 2012

Executive Summary

Background to Report:

This document presents the results of an analysis of the responses to the formal public consultation on east Kent maternity services which took place over a 14 week period from 14th October 2011 to 20th January 2012. The consultation was conducted by NHS Kent and Medway, and the data gathered was analysed independently by the Centre for Nursing and Healthcare Research at the University of Greenwich.

The Consultation Process:

The consultation was widely advertised and members of the public and other interested stakeholders, such as local and national organisations, were invited to take part. A consultation document outlined the need for change, and contained a survey. This information was also available on a dedicated website. Members of the public could attend public meetings and presentations were made by the Maternity Review Group to local organisations with a responsibility for health.

Respondents were asked to consider three main areas of maternity service provision - the reasons for change, three main options for service provision and their views on how to improve services. The options proposed for changing services were:

- Option 1: Stop births at Dover and Canterbury centres
- Option 2: Stop births at Dover birthing centre
- Option 3: Stop births at Canterbury birthing centre

All of these options maintained midwife-led daytime antenatal care, day clinics and daytime postnatal care in the respective centres with the loss of overnight postnatal care in the stand alone midwife-led units. The options also stated that the new midwife-led unit at Margate could open and staffing levels could be increased to provide one-to-one care.

Response:

- 446 surveys were returned
- 10 public meetings were held
- 4 meetings with staff at the main maternity sites were held
- There were 9 organisational responses
- A text petition with 435 'signatures' was received.

Findings:

There was strong support for the reasons for change amongst respondents.

The preferred option with the strongest response rate amongst the survey respondents was Option 2 (retaining births at Canterbury) which 41.3% of the respondents chose. Option 1 (closing birthing services at both locations) closely followed this with 38.4%. Option 3 was the preferred option for 20.4% of the respondents. 14% of all respondents chose not to answer this question.

There was strong support for the arguments for improving services amongst respondents and respondents wanted more resources for antenatal and postnatal care, as well as maternity services in general.

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1. Introduction

This is a report on the review of maternity services in East Kent, commissioned by NHS Kent and Medway and provided by the Centre for Nursing and Healthcare Research in the School of Health and Social Care of the University of Greenwich.

This report will present the results of an analysis of the responses to the formal public consultation on east Kent maternity services; the report will be submitted to the Maternity Services Review Group who will consider it along with other clinical evidence and national guidance and make recommendations to the Boards of East Kent Hospitals University Foundation Trust (EKHUFT), the East Kent Federation of Clinical Commissioning Groups as well as the Kent and Medway Primary Care Trust Cluster.

The scope of this report includes all surveys, both paper and electronic, completed by the public and maternity service users, during the period of the public consultation from 14th October 2011 to 20th January 2012, provided by NHS Kent and Medway for analysis. Additionally other types of consultation activities during the period including summaries of public meetings, staff meetings, organisational responses, petitions and emails are presented.

The approach includes analysing the survey data, to explore the public view of maternity services in east Kent and identification of the public's preferred option as well as the records of public and staff meetings.

2. How the Consultation was Conducted

The consultation took place over a 14 week period from 14th October 2011 to 20th January 2012.

2.1. Consulting with members of the public

Members of the public were given a range of ways to take part in the consultation. The consultation was publicised using posters, newspaper and radio advertisements, e-mails to GP surgeries, children's centres and public libraries as well as other child and parent centred organisations. 2000 full and 10 000 summary documents were available across east Kent in GP practices, libraries, children's centres and other community venues along with 30 000 copies of the 'Your Health Magazine' which featured the review. Added to this, over 1000 e-mails were sent, notifying the public about the consultation and explaining how to participate in the survey. The consultation was also announced on the EKHUFT website and an online survey could be accessed from that website. The Maternity Services Liaison Committee publicised the consultation on their Facebook page and the National Childbirth Trust promoted it in their antenatal classes. The full consultation documents were also available on the EKHUFT website. Informal visits to 45 parent and child centred facilities were also made to raise awareness of the consultation and encourage participation. The views of hard to reach groups, such as learning disabilities groups, were also sought by outreach visits to community groups.

The consultation documents were provided in a variety of formats and languages, including easy read, Braille, Chinese, Czech, Nepalese documents. These documents could be requested via telephone or e-mail and some were available online.

Participants had the option of responding through a paper or an electronic survey. Members of the public could also attend public meetings to gain clarity and express their views about the maternity service changes. Alternatively, people could e-mail their concerns directly to East and Coastal Kent PCT.

2.2. Consulting with staff

Staff across east Kent were invited to attend local meetings to discuss the service review and survey options. Staff were also invited to complete the survey in paper or electronic form.

2.3. Consulting with organisations

Organisations were also given information about the consultation mainly via e-mail. Local districts, city councils and the Health Overview and Scrutiny Committees (HOSCs) were offered the opportunity to receive a presentation from members of the maternity review group. This presentation was consistent with the presentations given at the public meetings. A meeting was also held with representatives from the Royal College of Midwives. Members of organisations could attend public meetings.

Who?	How were they reached?	How could they respond?
Members of the public	Posters, website, public meetings, radio adverts, newspaper adverts.	Paper survey, electronic survey, public meetings, e-mail
Staff	Posters, website, public meetings, radio adverts, newspaper adverts, staff meetings	Paper survey, electronic survey, staff meetings, e-mail
Organisations	e-mail, presentations, public meetings	e-mail, letters, public meetings

Table 1. Reach of the consultation

2.4. Advertising and publicity

The consultation was publicised by NHS Kent and Medway using a variety of communication channels, including radio, television, newspapers, posters and other written media. EKHUFT also issued several press releases during the consultation period.

Local newspapers, television channels and radio stations also reported on the consultation, including public meetings in locations such as Canterbury and Dover.

3. The Consultation Proposals

The maternity consultation document stated that the need to consult the public about changes to maternity services in east Kent stemmed from an increase in the local birth rate and changes in the pattern of where women are choosing to give birth. Key concerns were the midwife to birth ratio, which varied considerably in the different types and locations of service. Another concern was the capacity of the system to maintain quality and safety for all women and make services financially sustainable.

The consultation survey asked the public for their views on the future of maternity services in east Kent. The changes proposed related specifically to birth services with antenatal and postnatal services remaining substantially the same.

The survey asked the respondents to consider three main areas regarding maternity services. These areas were around reasons for change, the three main options and improving services. Respondents were also asked to provide some demographical data about themselves.

The options proposed for changing services were:

1) "Stop births at Dover and Canterbury centres, but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led unit at Margate. Increase staffing levels to provide one-to-one care"

2) "Stop births at Dover midwife-led centre, but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led centre at Margate. Retain Canterbury birth centre. Increase staffing levels to provide one-to-one care. "

3) "Stop births at Canterbury midwife-led centre, but retain midwife-led antenatal care, day clinics and postnatal support. Open the new midwife-led service at Margate. Retain Dover birth centre. Increase staffing levels to provide one-to-one care."

A summary of the options are provided in the table below.

East Kent Maternity Services Options:		QEQM		WHH		CBU	DBU
		OU	**BU**	**OU**	**BU**		
1.	Cease births at Dover and Canterbury whilst retaining existing ante-natal and postnatal services. Open Margate birth unit.	✓	✓	✓	✓		
2.	Cease births at Dover whilst retaining existing ante-natal and postnatal services. Open Margate birth unit.	✓	✓	✓	✓	✓	
3.	Cease births at Canterbury whilst retaining existing ante-natal and postnatal services. Open Margate birth unit.	✓	✓	✓	✓		✓

Key:			
QEQM	Queen Elizabeth the Queen Mother Hospital	CBU	Canterbury Birth Unit (midwife led)

WHH	William Harvey Hospital	DBU	Dover Birth Unit (midwife led)
BU	Birth Unit (midwife led)	OU	Obstetric Unit (consultant led)

Table 2. Alternatives

The maternity consultation document outlined the advantages and disadvantages of each option and how they would impact on quality of care, capacity, funding and impact on existing service provision. Respondents were also given the opportunity in the survey to describe what they perceived to be the advantages and disadvantages of each option.

4. Research methods

The survey was a mixture of open and closed questions (see Survey in Appendix Three).

Open-ended responses: The qualitative data gathered in the consultation was analysed using framework analysis. Framework Analysis is a method of analysis developed by the National Centre for Social Research[i], which has become popular in health service-related studies. The advantage of the approach is that it provides systematic and visible stages to the data analysis process. The approach involved five key stages: familiarization; identification of a provisional thematic framework; indexing; charting; and mapping and interpretation. In short, data was read through and common themes in the responses were developed and identified. The codes and the thematic framework were then applied to all responses. The codes were then analysed using the statistical software package mentioned in the beginning of this chapter. A more detailed description of the stages involved in this analysis can be found in the Technical Addendum. The themes identified in the analysis have been compiled in a series of charts. The charts are depicted below

Closed questions: These questions were analysed using Statistical Package for Social Sciences (SPSS) – a statistical analysis software package. This allowed us to quantify the number of responses to these questions.

A technical supplement is included in the appendices to this report.

[i] Richie, J & Lewis, J (2006) Qualitative Research Practice: A guide for social science students and researchers. London, Sage.

5. The Public Response

5.1. Survey Findings

Data from the surveys were entered into the statistical software package SPSS. The results from the data analysis are presented in this section. The survey consisted of 17 closed questions and 9 open-ended questions. There were 446 responses in total to the survey. Over the 14 week period of the consultation 212 respondents chose to complete the paper survey and 234 respondents completed the online survey. The response rate over time is depicted in the graph below.

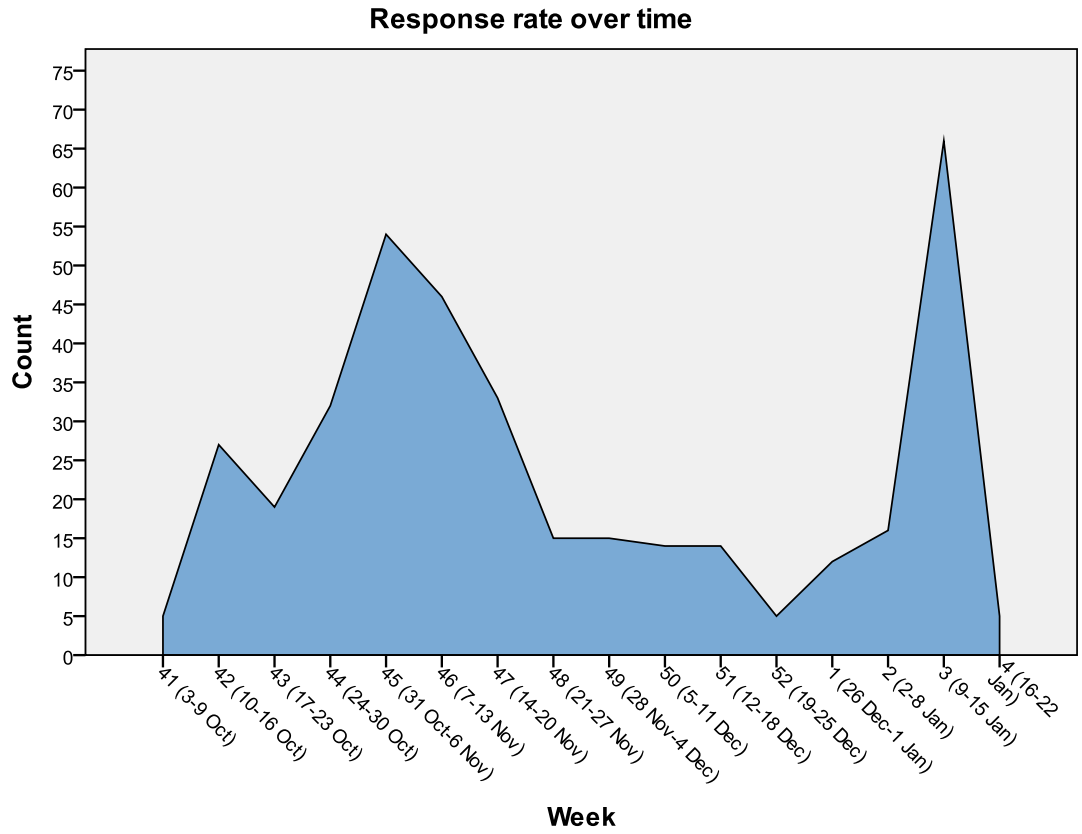


Figure 1. Response rate over time

All respondents were asked to self-report their age, ethnicity etc. using an established set of criteria (Section About You in the survey). The majority of respondents (70%) were current or recent maternity service users, and almost half were aged between 25-34. Only 8.4% of respondents were health or social services staff. The organisations represented can be found in Appendix One. 93% of all respondents were female and 87% were either English/Welsh/Scottish/Northern Irish or British. 10% of the respondents reported having a disability of some sort. Respondents heard about the maternity consultation in a variety of ways. Most (35%) stated that they heard about the maternity review from an unspecified source. 17% heard about the consultation in the newspaper or other media, 17% at a community meeting and 15% heard about it online.

Distribution of respondents

The survey also asked for the first part of the respondents' postcodes. Based on this information the postcodes were then divided by local authority areas in east Kent, aligning with the 6 local authority districts. A proportion of postcodes could not be attributed to any one local authority area and were assigned to a separate category (non-attributable postcodes). The distribution of respondents to postcodes is depicted in Figure 2.

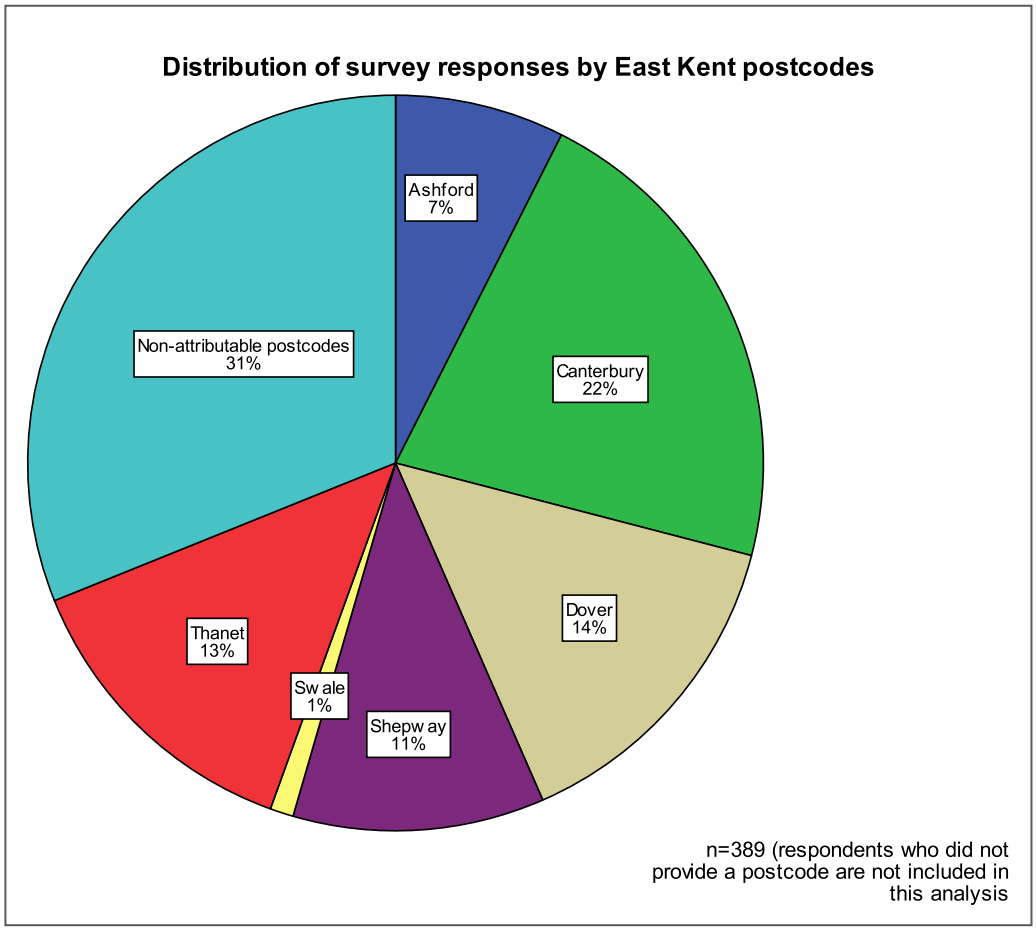


Figure 2. Postcode distribution in the survey

The distribution of the respondents across East Kent matches the actual population relatively well. The population of east Kent can be seen in Figure 3 below. The source for this data is The Office for National Statistics. It would appear that Ashford and Swale are under-represented in the survey (Swale: 18% of population, 1% of survey respondents, Ashford: 15% of the population, 7% of survey respondents). Some of the apparent under-representation may be a product of the category 'Non-attributable postcodes'. Historically, Swale residents look to Medway for services. This may explain why responses were low in this area.

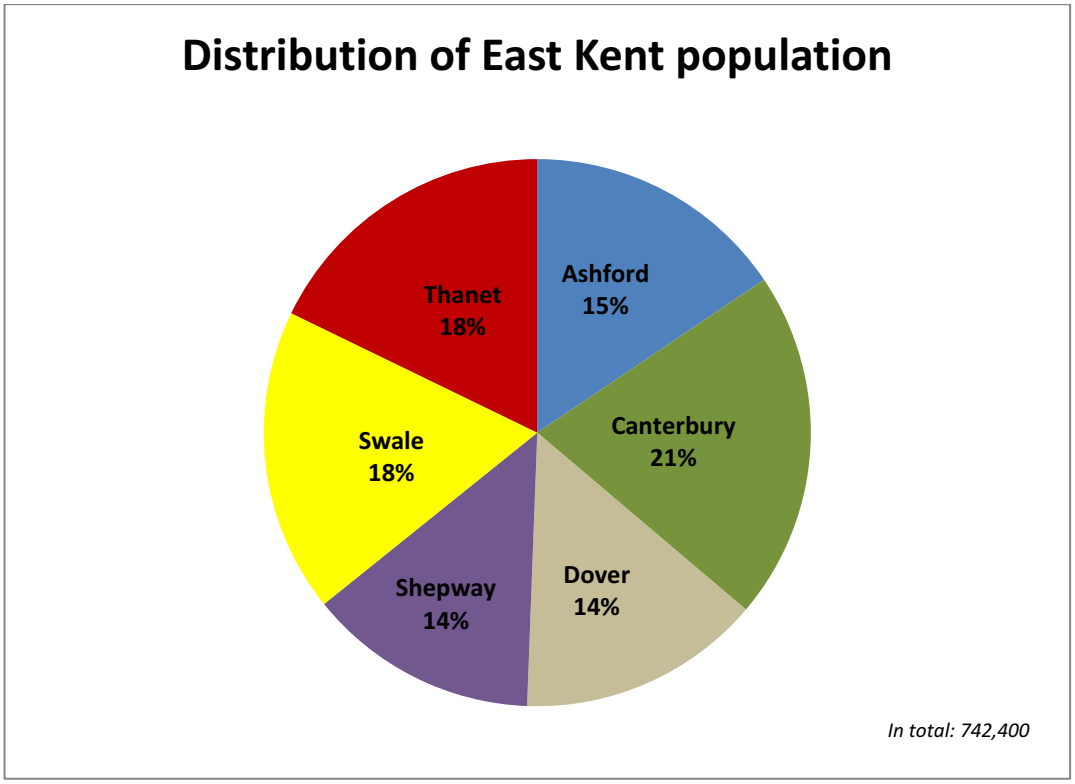


Figure 3. Population in East Kent

Section 1: Reasons for change

Respondents in this section were asked their views on future changes in maternity services. The results from the closed responses in section 1 are depicted in graphs below. The respondents who chose not to answer these questions are not included in this analysis, which is the reason why the number of responses for each question is different. The responses were represented on a Likert-type scale, where respondents were asked to show their level of agreement or disagreement with the statement presented.

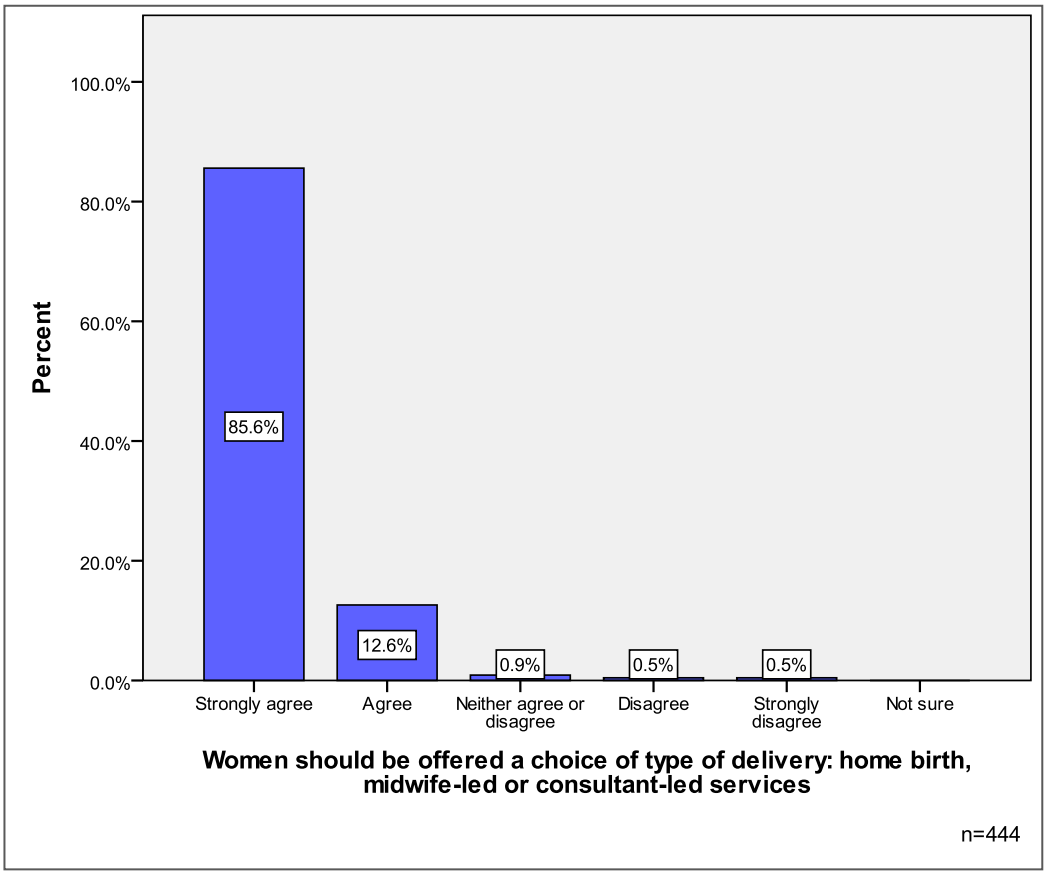


Figure 4. Women should be offered a choice of type of delivery: home birth, midwife-led or consultant-led services

An overwhelming majority (98%) of respondents strongly agreed or agreed that women should be offered a choice of type of delivery.

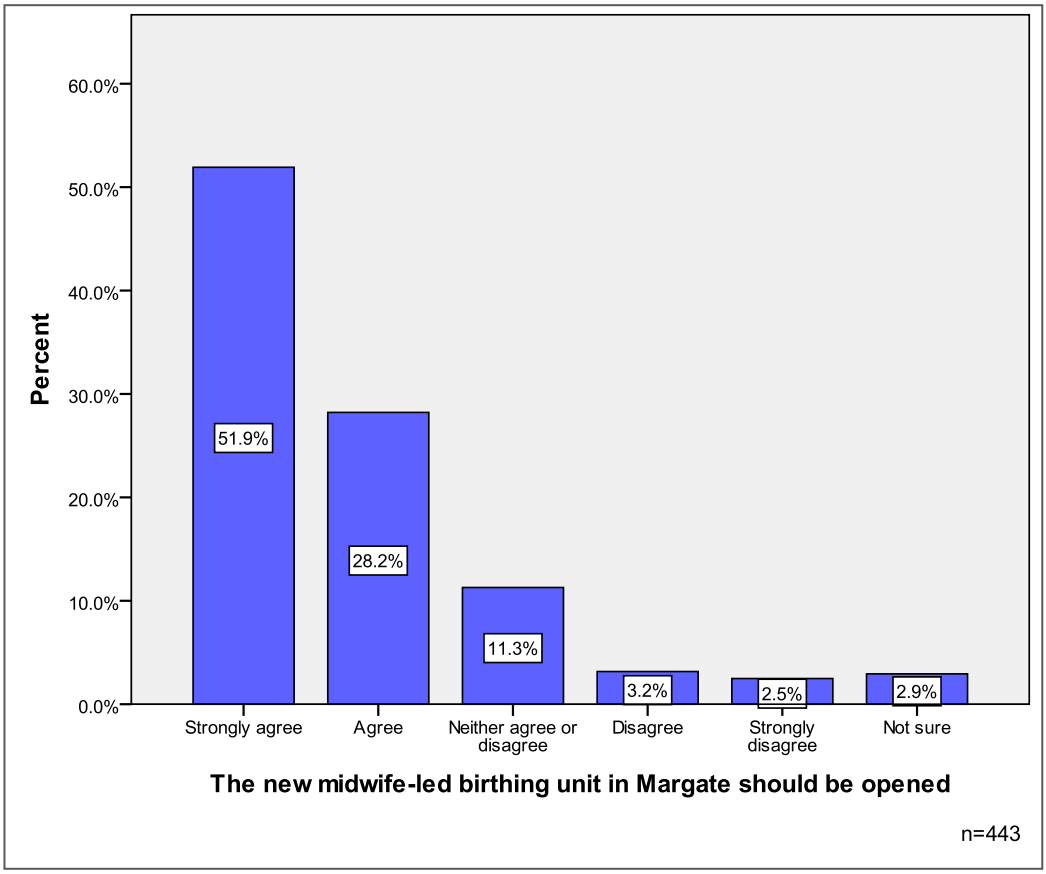


Figure 5. The new midwife-led birthing unit in Margate should be opened

There was also strong agreement that the unit in Margate should be opened.

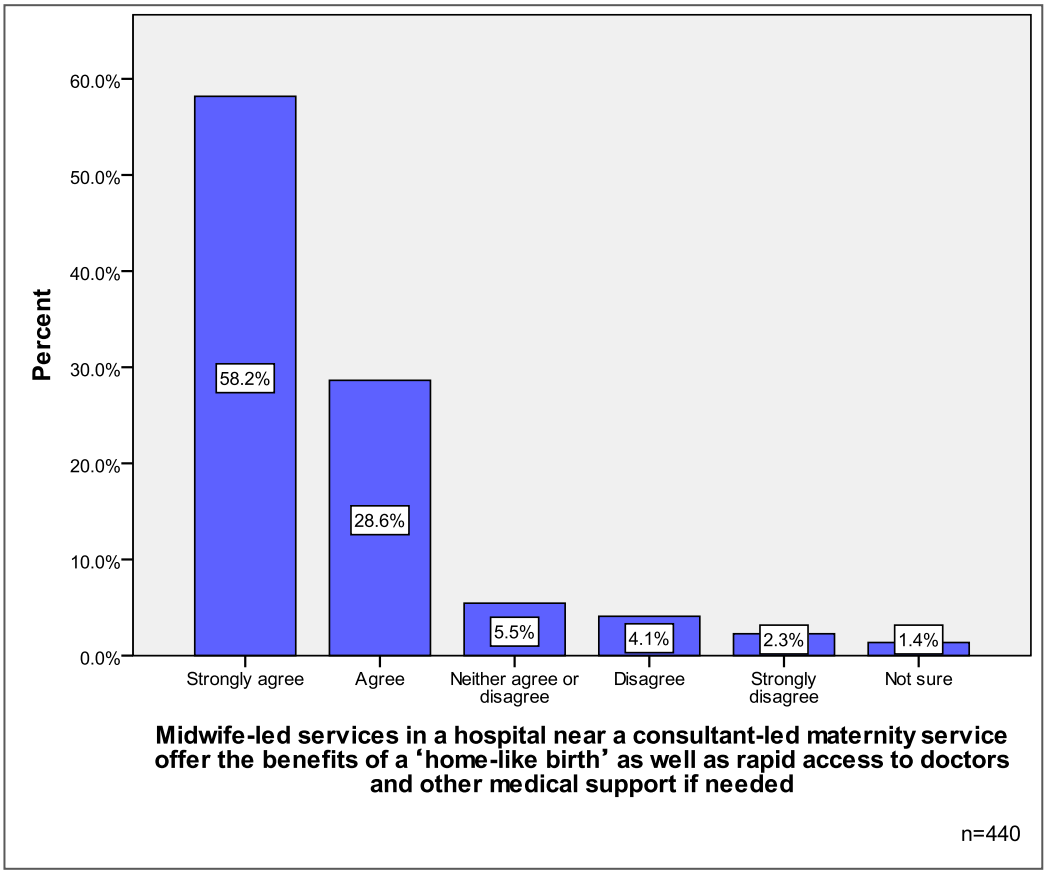


Figure 6. Midwife-led services in a hospital near a consultant-led maternity service offer the benefits of a 'home-like birth' as well as rapid access to doctors and other medical support if needed

There was strong support to this statement also.

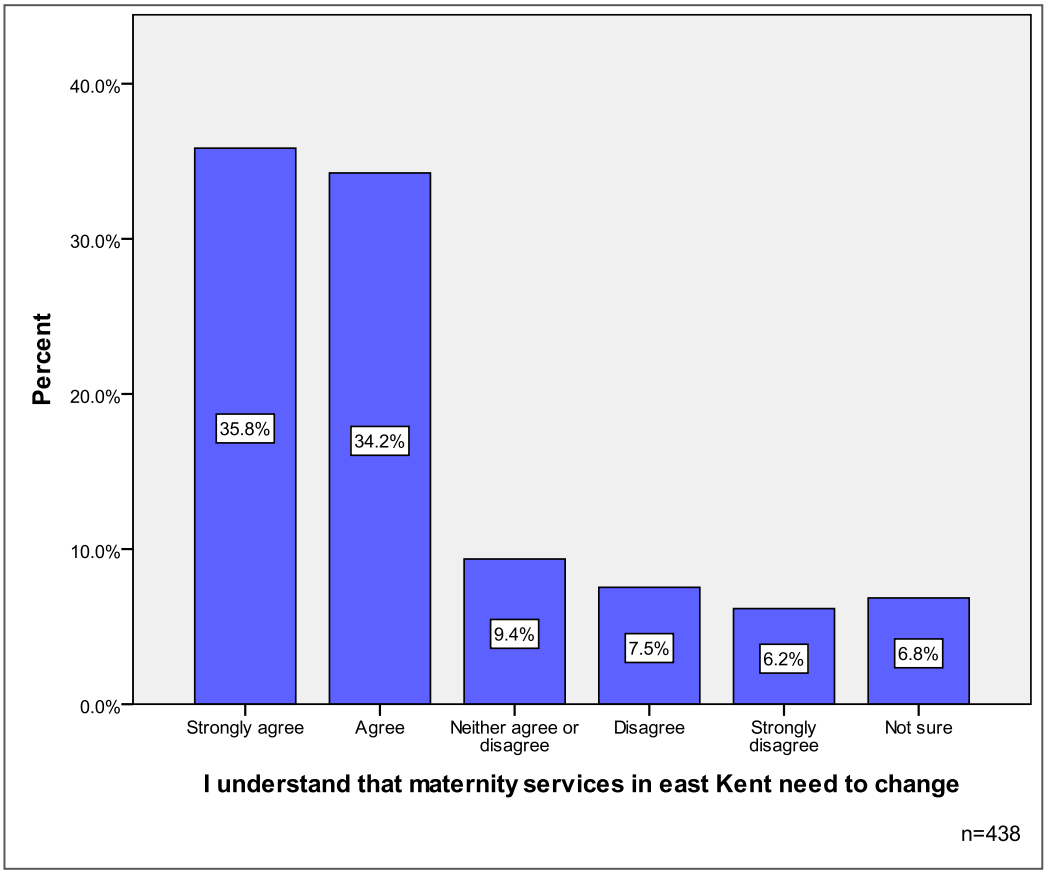


Figure 7. I understand that maternity services in east Kent need to change

Although 70% of respondents agreed or strongly agreed that maternity services in East Kent needed to change, the remaining respondents neither agreed nor disagreed (9.4%), were not sure (6.8%) or disagreed or strongly disagreed (13.7%) with this statement.

Section 2: Options

This section discusses the options presented in the consultation document and respondents were asked to provide their opinions on the different options.

In addition to a closed question on a Likert-scale respondents could give their views on the main advantages and disadvantages of each option and indicate their preferred option. The section also includes a general question about other comments.

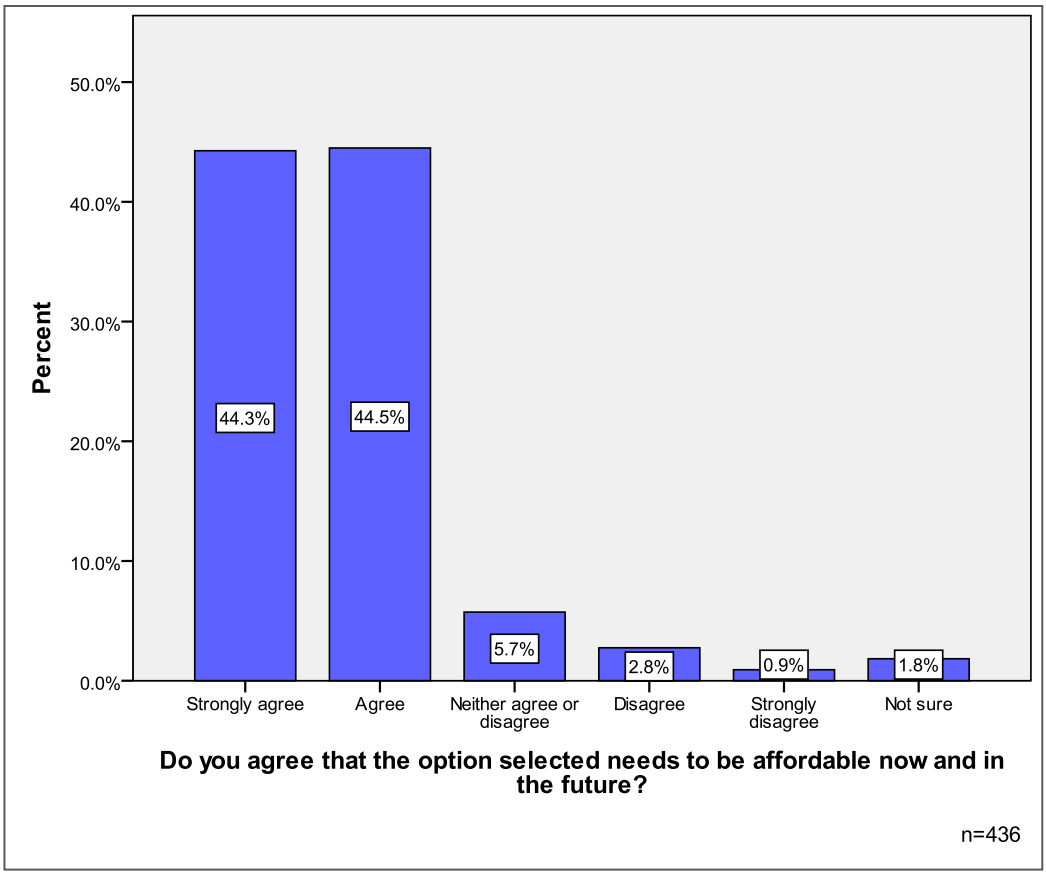


Figure 8. Do you agree that the option selected need to be affordable now and in the future?

Respondents were asked whether they agreed that services should be affordable in the future. A strong majority agreed that it should.

The respondents were then asked to list their views on the advantages and disadvantages of each option.

The themes identified from the advantages and disadvantages have been compiled in the following charts. One respondent's answer to the open-ended questions could fall into several categories. Respondents tended to discuss several issues per question as opposed to keeping to one issue at a time, which is why the numbers in these charts do not represent percent of respondents, but rather percent of *all responses* (there was in average between 1.12 and 1.65 categories per respondent).

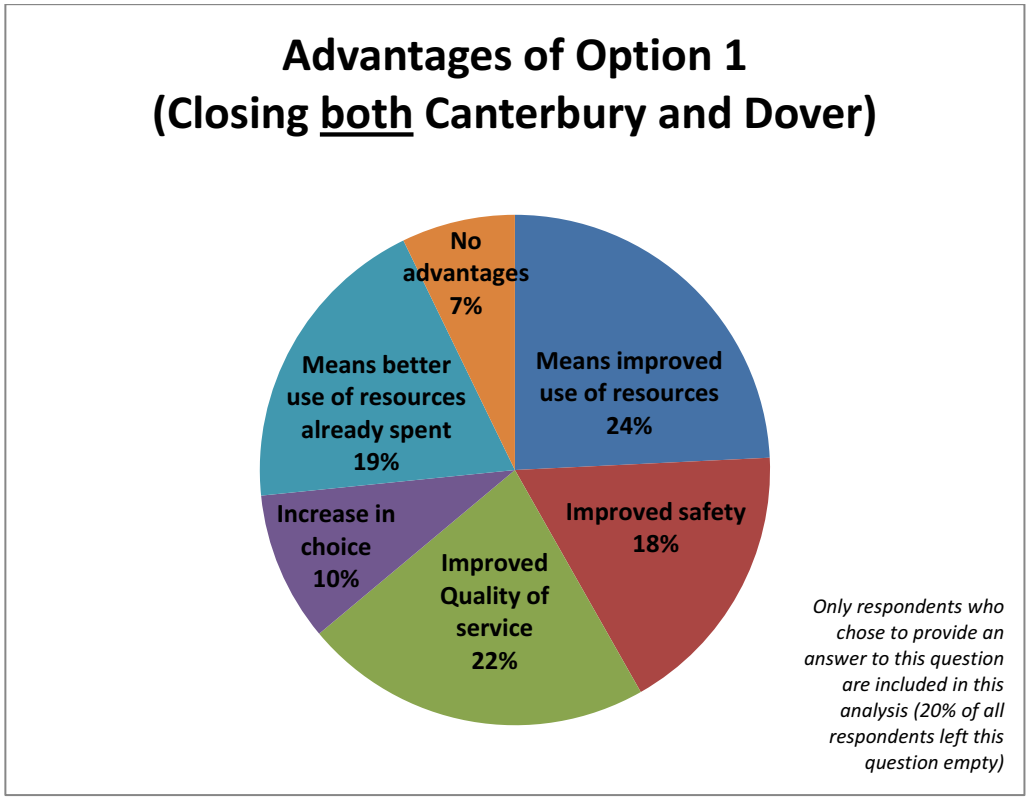


Figure 9. Advantages of Option 1 (closing both Canterbury and Dover)

24% of all responses said that closing both birthing units would mean an improved use of resources. This category related to all reports of financial resources as well as staff and efficiency.

"Opening the midwife unit at Margate would create more beds....."

22% of all responses stated that the quality of service would likely be better, since this could mean that there will be more midwives and better access to services.

"Faster access to doctors/emergency services when needed"

19% of all the responses to this option thought that closing both Dover and Canterbury would mean better use of resources already spent on maternity services in East Kent. Opening Margate was included in this category, since the unit has already been built.

18% commented on safety related to closing both of the birthing units. Some responses stated that this could mean less risk in connection with deliveries and also less ambulance transfers from the smaller birth units.

Another 10% of the responses thought that this option would likely lead to more choices for expectant mothers, this category also included mentions of home births and caesareans.

7% of all responses stated that there were no advantages of closing both birth units.

20% of the respondents chose not to answer this question or provided a response that was not applicable to the question.

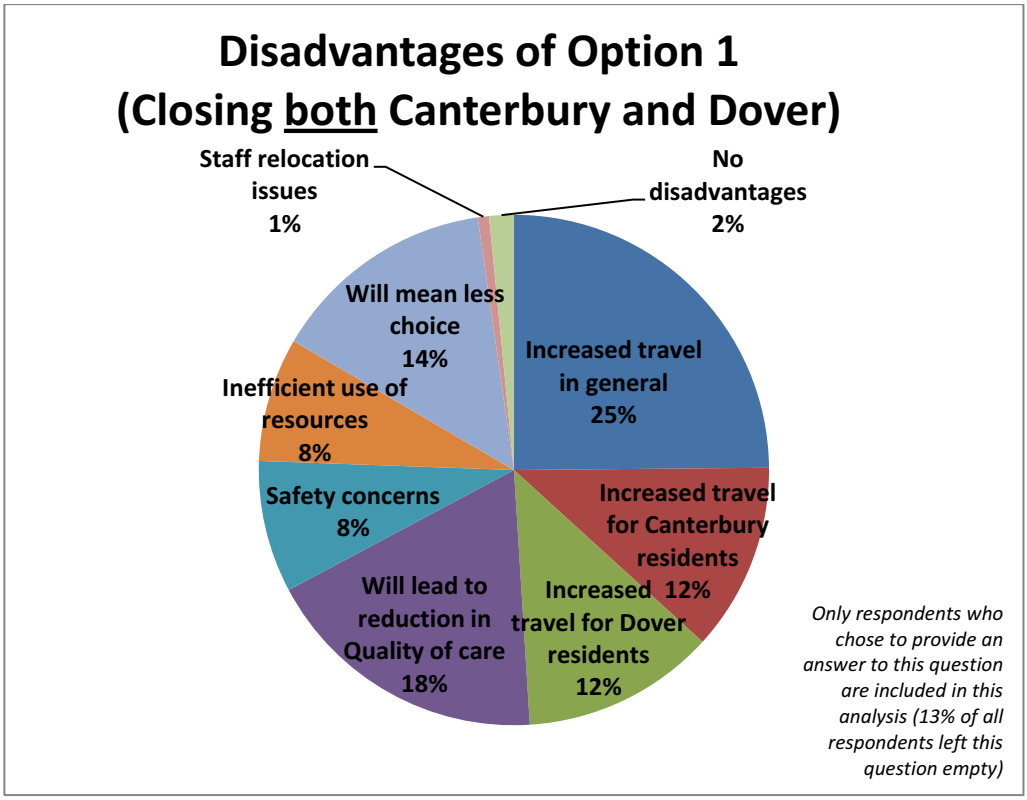


Figure 10. Disadvantages of Option 1 (closing both Canterbury and Dover)

25% of the responses recorded for the disadvantages of option 1 were about travel in general.

> *"It is a long drive to Ashford or Dover for a woman in labour..... Travelling so far to give birth puts unnecessary additional stress on a Mother which prolongs the labour. I also think staff would be more inclined to interfere in a normal labour. …"*

18% of the responses indicated that this option would lead to reduced quality of care; this included, amongst other things, less personalised care.

> *"… I work with pregnant women and they frequently tell me that they feel they will be allowed more time to labour and birth at a stand-alone unit. …"*

> *"Step down after birth care was essential for us – it would be a great shame to lose this fantastic resource."*

Closing both birth units would also mean less choice, according to 14% of the responses recorded.

An almost equal amount of responses (12%) mentioned travel specifically for Canterbury residents and Dover residents respectively.

8% of the responses mentioned safety, e.g. more births in transit.

Another 8% thought it would be a waste of resources, included financial issues, increase in ambulance transfers and home births.

2% of all responses indicated no disadvantages with this option. A small amount of responses (1%) talked about issues regarding relocating staff from the units that will be closed.

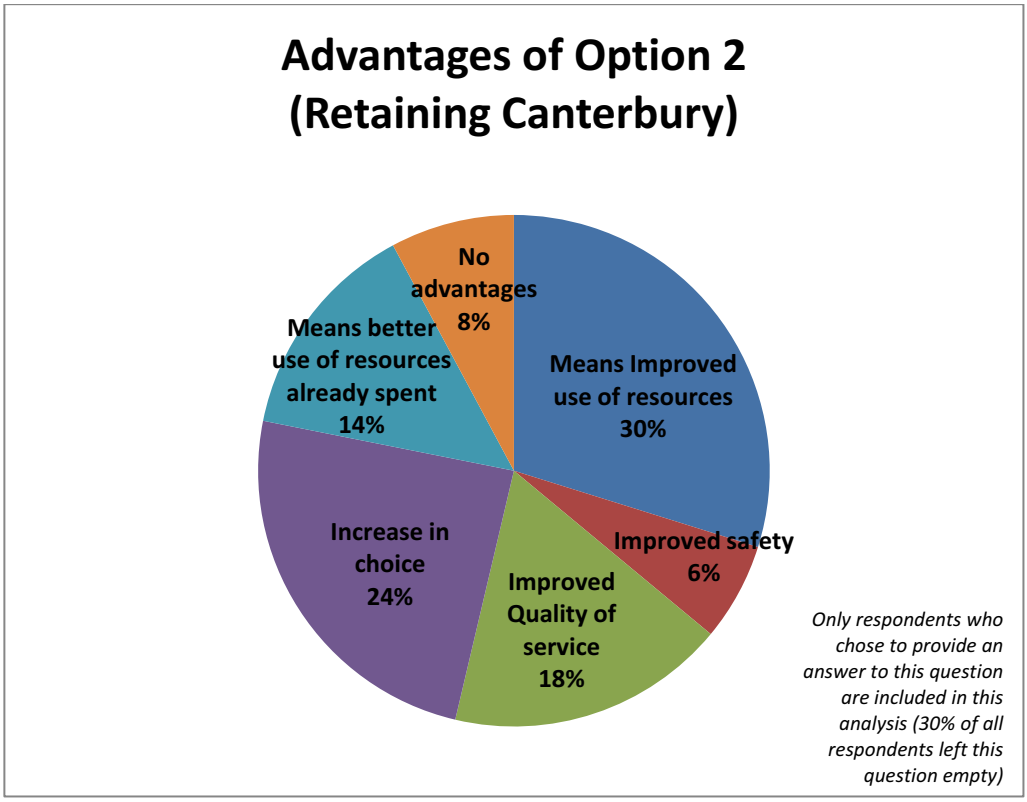


Figure 11. Advantages of Option 2 (Retaining birthing services at Canterbury)

The majority of responses for this option focused on improved use of resources, which included financial issues, staff issues and efficiency of staff and services.

> *"Maintaining birth services at Canterbury, Ashford and Margate offers local service provision to mums in those towns. Opening the midwife-led service at Margate, which the Trust has already committed massive capital investment to create without allocating sustainable resources to run would offer good local services to Thanet mums."*

24% thought that this option would lead to more choice for service users. 18 % of responses indicated that this option would lead to an improved quality of service.

> *"Nice to have baby somewhere very comfortable, relaxed environment (Canterbury) where the mother can have a loved one stay all day/night to provide much needed support"*

8% of responses stated that there were no advantages of only retaining birthing services at Canterbury (thus closing Dover birth unit).

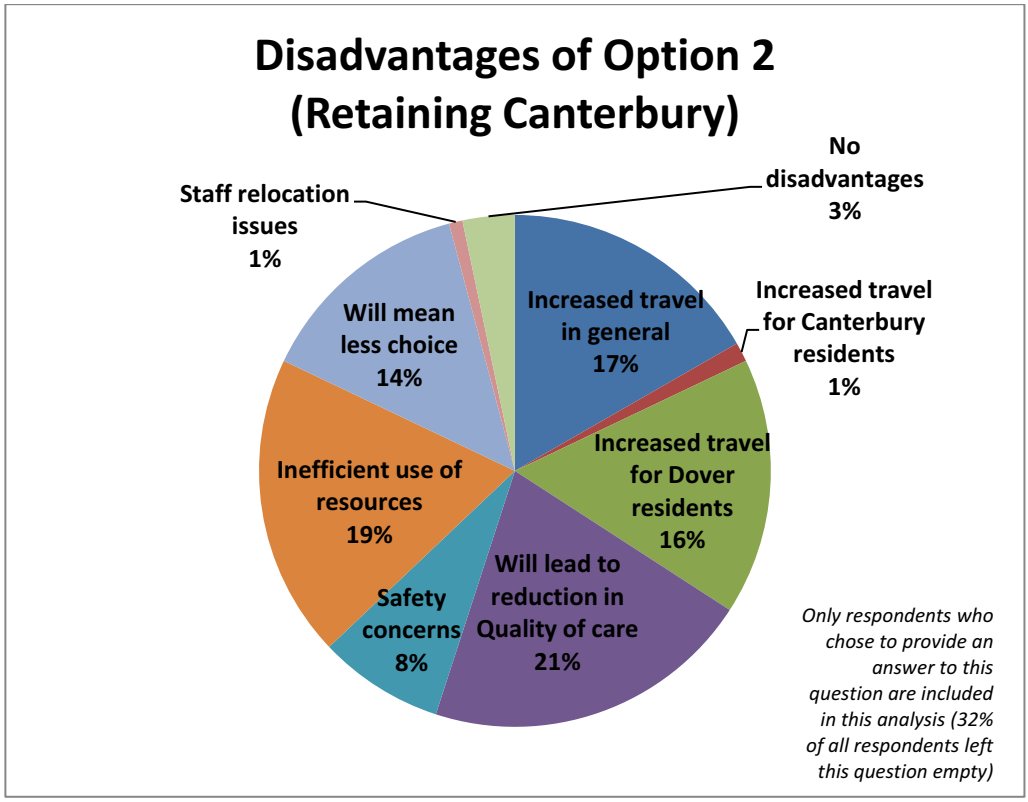


Figure 12. Disadvantages of Option 2 (Retaining birthing services at Canterbury)

The majority of all responses (21%) to the disadvantages of this option entailed a reduced quality of care. Another big category included inefficient use of resources, e.g. financial or increased home births or ambulance transfers). 16% of the responses mentioned increased travel for Dover residents. Only 3% could see no disadvantages.

"Further for people to travel, less personal time or one to one with midwife"

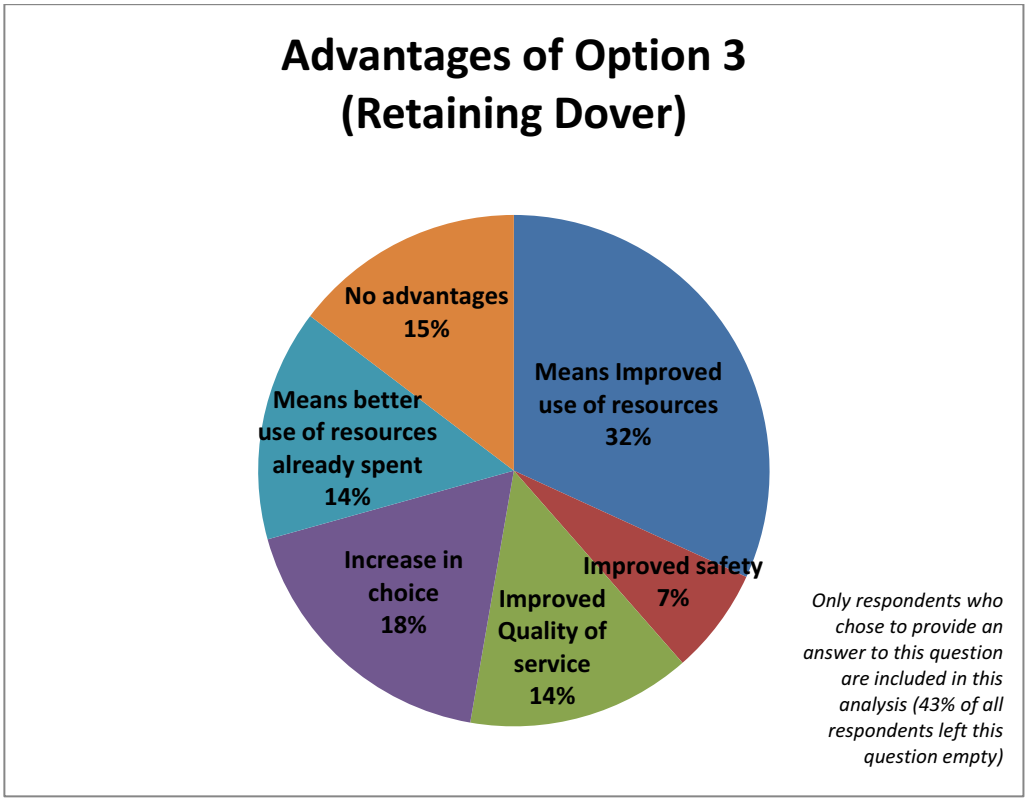


Figure 13. Advantages of Option 3 (Retaining birthing services at Dover)

The majority of responses for this option focused on improved use of resources, which included financial issues, staff issues and efficiency of staff and services. 18% thought that this option would lead to more choice for service users.

> *"Provides access to birth services within approx 30 minutes of all locations in E Kent..."*

14 % of responses indicated that this option would lead to an improved quality of service.

> *"Fathers can stay overnight with mothers - giving them more support and security at a life changing moment. Less restrictive - relatives can visit more freely - making the moment more special but with some support from midwives." (sic)*

15% of responses stated that there were no advantages of only retaining birthing services at Dover (thus closing Canterbury birth unit).

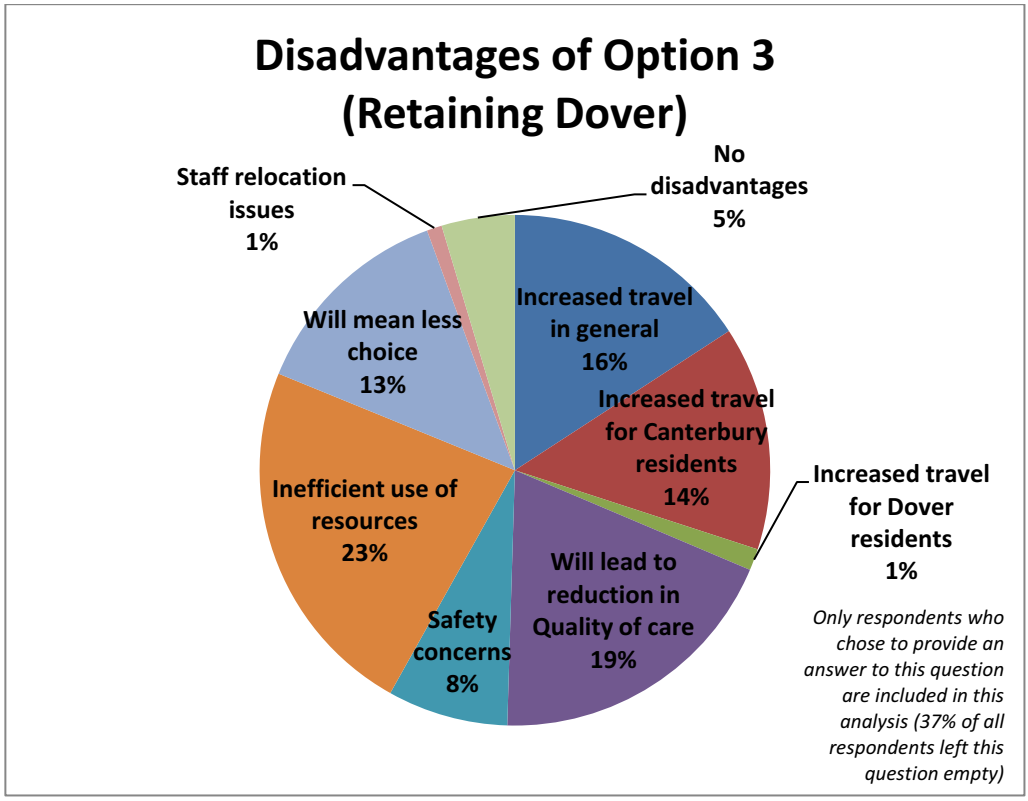


Figure 14. Disadvantages of Option 3 (Retaining birthing services at Dover)

The majority of all responses (23%) to the disadvantages of this option included inefficient use of resources, e.g. financial or increased home births or ambulance transfers.

> *"inefficiency of resources for women who need transferring with complications." (sic)*

Another big category entailed a reduced quality of care (19%).

> *"Loss of birthing facilities at Canterbury reduces choice for women – a principle the NMC is built on"*

16% of the responses mentioned increased travel for in general.

> *".....to be a city with a large population and no birthing services is wrong."*

5% could see no disadvantages.

Some respondents regretted the fact that:

> *"No baby will have Canterbury on the brith certificate." (sic)*

Respondents were asked to choose which option they preferred from the three options presented in the consultation document. The results are depicted in the graph below. The respondents who chose not to answer this question (14%) are not included in this analysis.

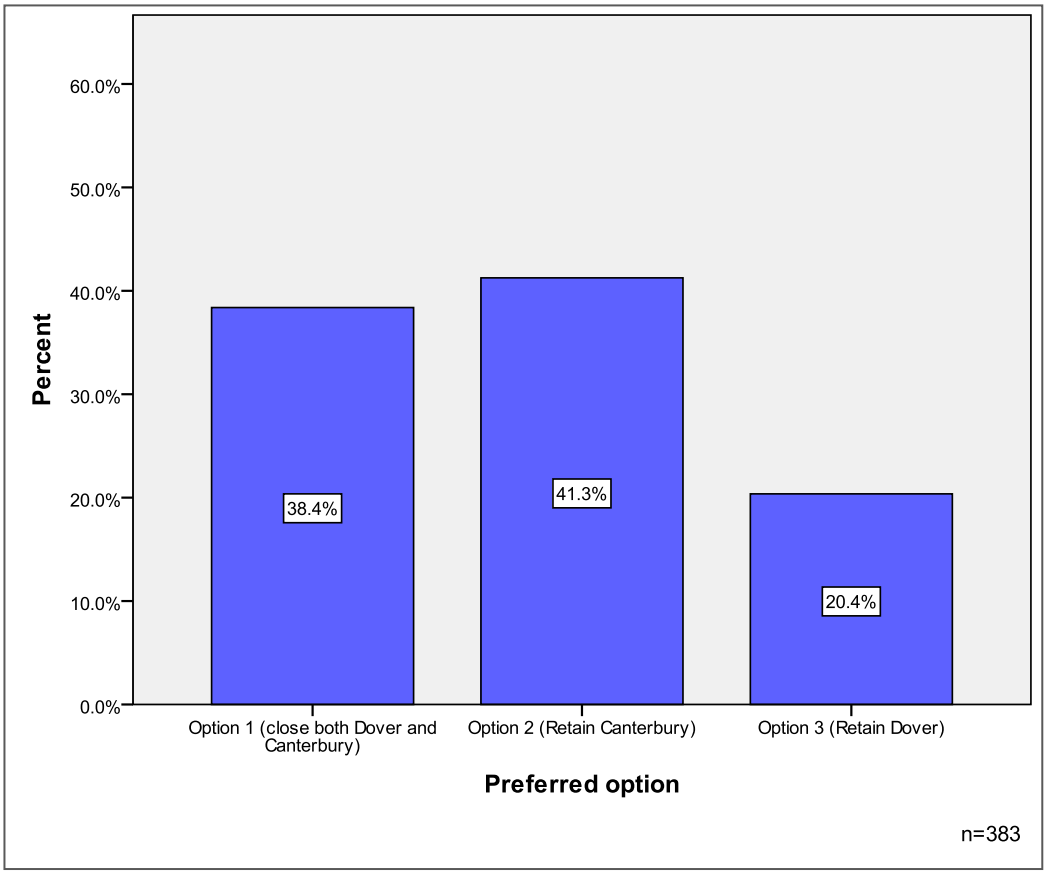


Figure 15. Preferred option

Of the 383 respondents that answered this question 41.3% chose closing of Dover and the continuation of Canterbury birth unit. The difference between this option and the suggestion of closing both birthing units is, however, quite small, only about 3%.

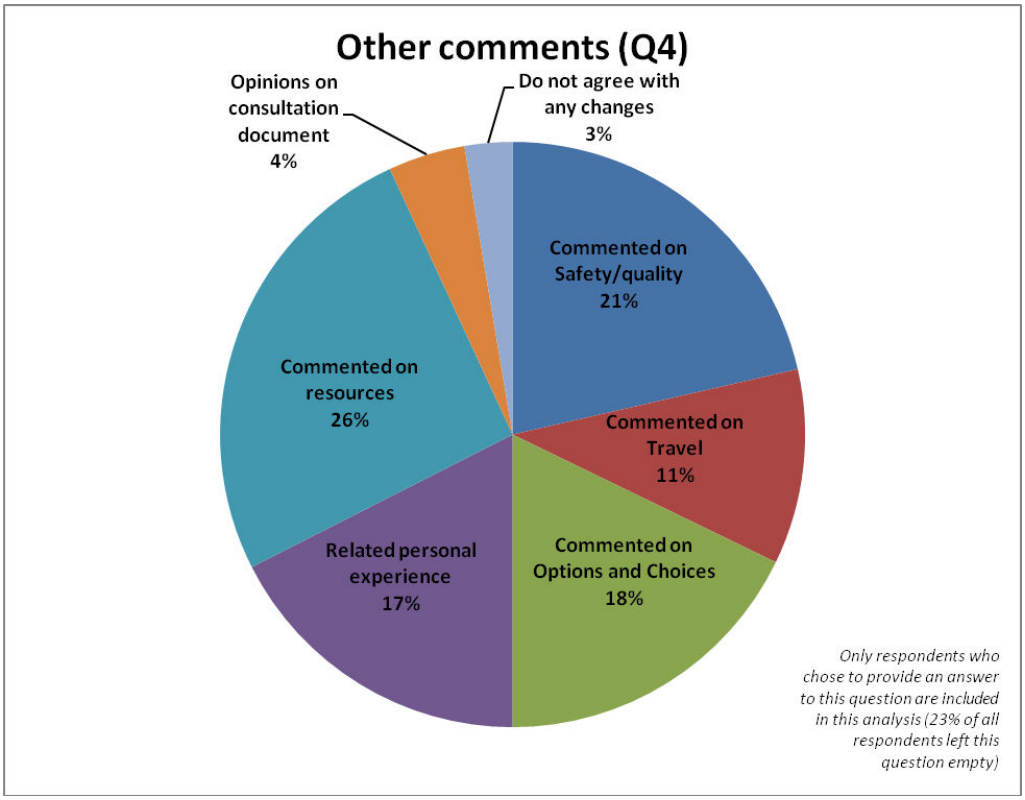


Figure 16. Any other comments?

The survey also asked the respondents for any other comments. Only a small amount of the respondents (23%) chose not to answer this question, which indicates that respondents wanted their opinions known about maternity services in general and also the proposed suggestions. The majority of responses (26%) to this open-ended question focused on resources, e.g. staffing levels.

> *"It is important to ensure that - whatever is decided - the patient's choices are binding. Where consolidation occurs it will be completely unacceptable for a patient to for example, elect a QEQM birth and then be told that "not enough staff - have to go to WH". All units should therefore be staffed sufficiently to cope with normal to above normal needs."*

21% commented on safety or quality of the service provision. 18% saw that the options themselves were limiting the choices they could make. A few responses could be placed in the category of not agreeing with any of the changes proposed in the material.

> *"I will not select a preferred option as you have not given my preferred option. …"*

> *"I think some of the questions in this consultation are confusing and perhaps leading? How can we be expected to make decisions about what is affordable or where investment should be? Surely the needs of families come first and then the investment applied as far as possible? Are we being asked to choose between having birth centres nearby OR adequate breastfeeding support? If we say strongly agree that things should be affordable or that they need to change, does this not then support the NHS in this area to make whatever changes it wants so long as they are affordable ... because, after all, X% of service users said it needs to change?"*

Section 3: Improving services

This section presents a combination of closed questions and open-ended responses. The closed questions focused on type of birth, labour care as well as resources and support for breastfeeding.

There was a strong support for all of these statements, see Figures 17-19.

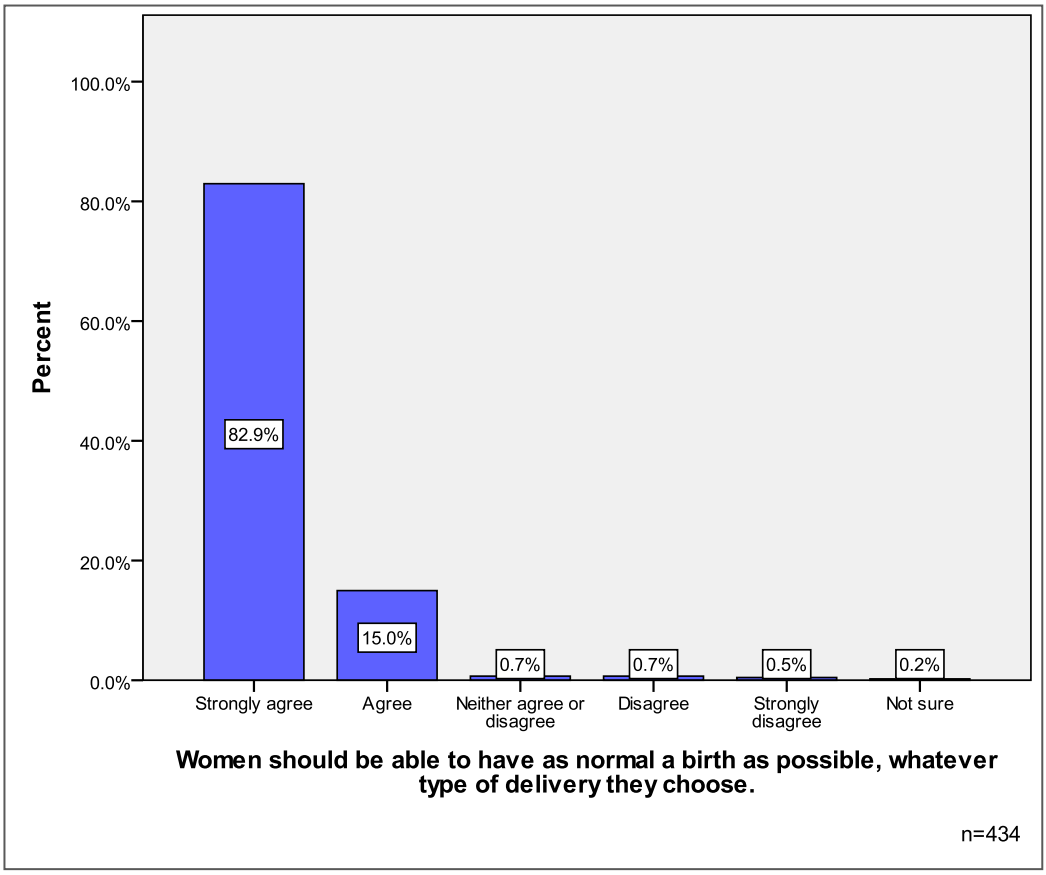


Figure 17. Women should be able to have as normal a birth as possible, whatever type of delivery they choose.

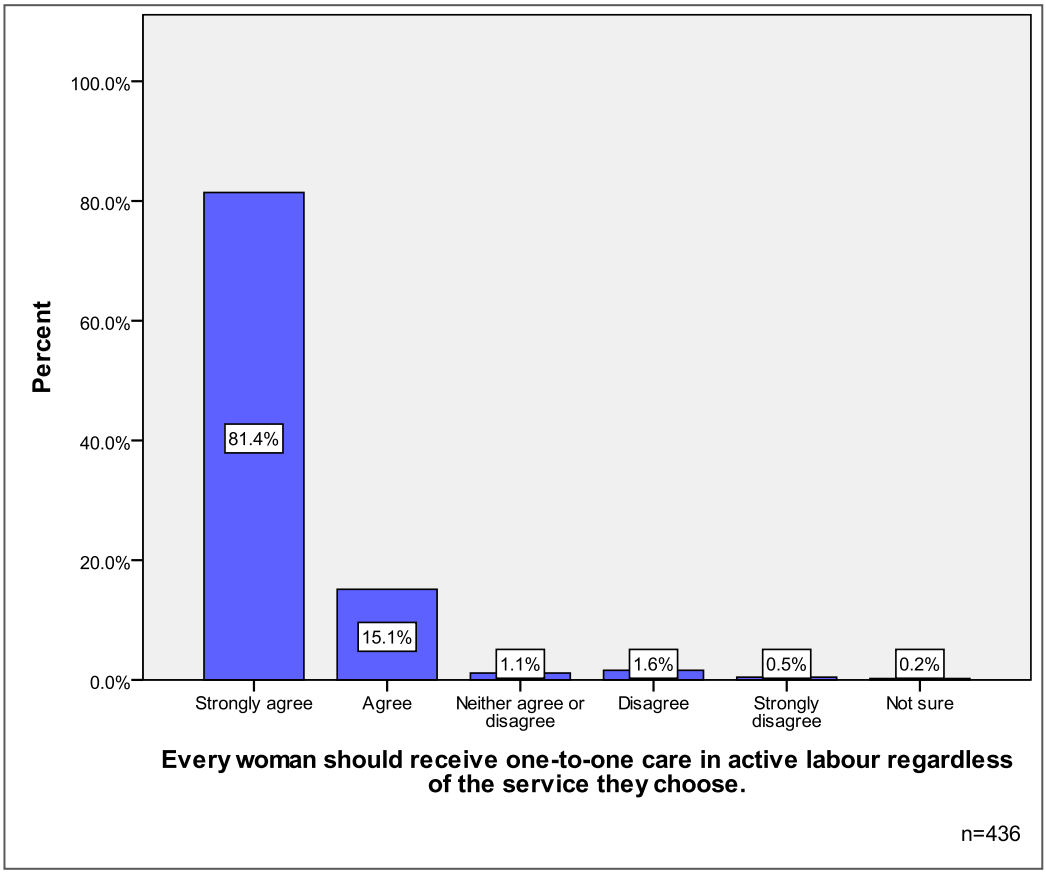


Figure 18. Every woman should receive one-to-one care in active labour regardless of the service they choose.

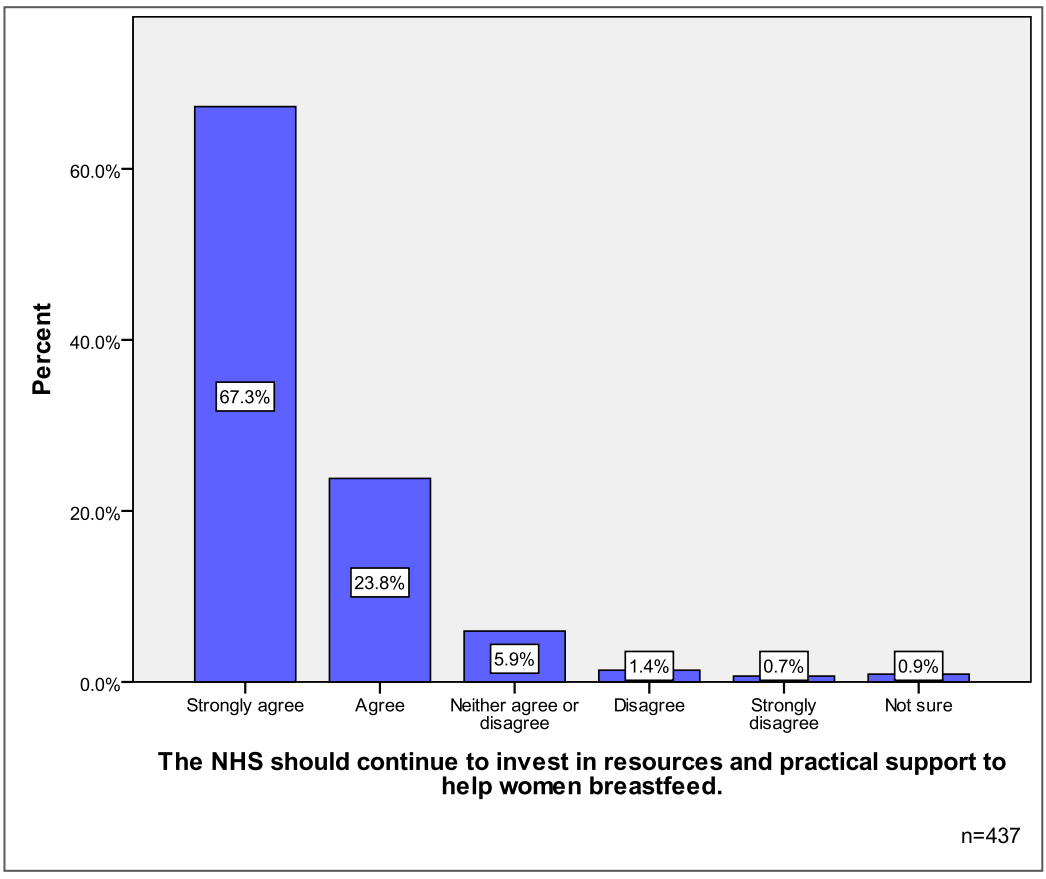


Figure 19. The NHS should continue to invest in resources and practical support to help women breastfeed.

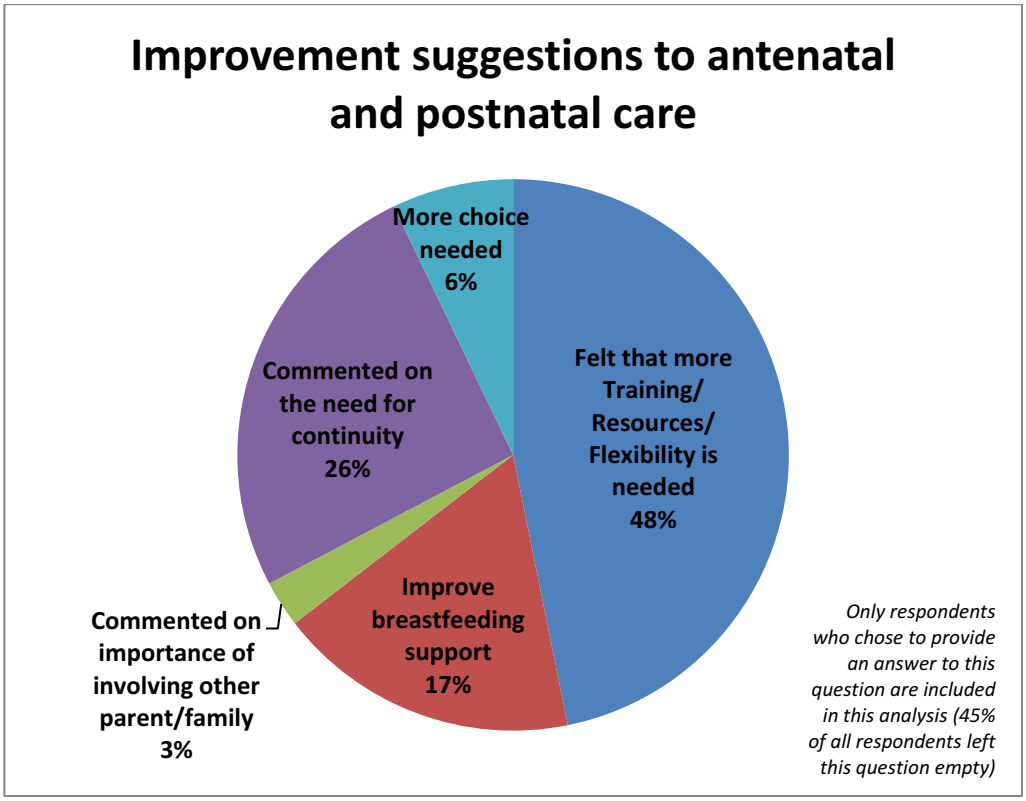


Figure 20. Improvements to antenatal and postnatal care

Of all recorded and applicable responses to the question that asked for improvement suggestions to the antenatal and postnatal care, almost half of the responses (48%) focused on the need for more training, resources or flexibility of the staff.

> *"Better breastfeeding support from midwives or assistants, provide more/better training for them to offer this help."*

Another large category (26%) was the mentions of the need for more continuity in the services. This included continuity for contacts within the care and continuity of the advice given.

> *"Would be nice to see the same midwife pre & post pregnancy"*

Focus on breastfeeding support was also quite large in this question (17%).

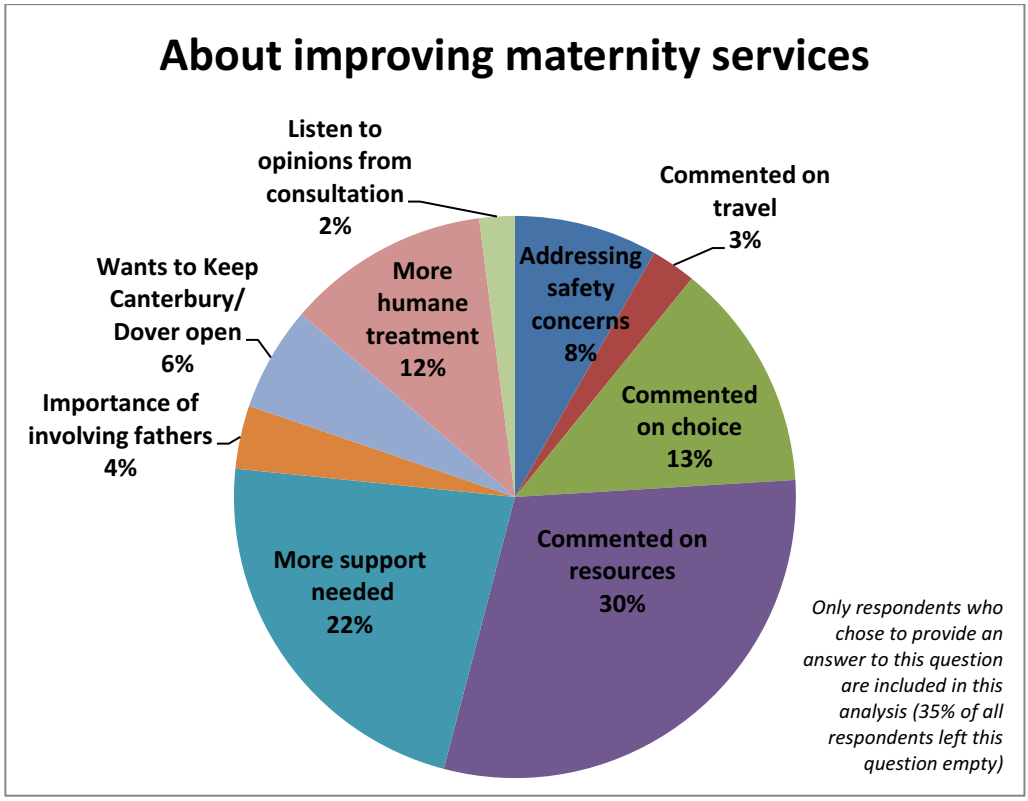


Figure 21. Improving maternity services

The responses for this question were quite diverse, hence it is the question with the most categories developed and identified. It was a question that generated a high response rate, and of all the responses the majority focused on resources (30%). This category covered e.g. mentions of more medical equipment as well as staffing and financial resources.

> *"I think that the stand alone units would really benefit from an ultrasound scan and staff in the unit as it would cut down on stressful waiting times for women when a scan is required during their pregnancy due to problems arising and would mean that the difficulties of the Early pregnancy unit and the day care units in getting an emergency scan in the main ultrasound unit would be relieved..."*

22% of all responses stated that a more supportive maternity service is needed; this included e.g. support in breastfeeding, more one-to-one care and better continuity.

> *"Involving the local breastfeeding support groups more, encouraging women to seek mother to mother support. Look at setting up better relations between the community support and ensuring that all midwives talk positively about community support. Sign posting to the children's centres and utilising them and thier skills." (sic)*

13% of the responses focused on the improvement of choices. Some of the responses (12%) also told about personal experience of poor care and treatment while using maternity services at busy and bigger hospitals.

> *"I feel a womans dignity needs to be respected at all times …" (sic)*

Another prominent category (4%) was the wish to include fathers more in the birth process and in services in general.

Cross-tabulations

In order to explore relationships between the number of respondents in different postcodes and the options they selected, we developed tables showing the options chosen by respondents in different areas.

Postcode * Preferred option Cross-tabulation

			Preferred option			Total
			Option 1 *(close both)*	Option 2 *(Retain Canterbury)*	Option 3 *(Retain Dover)*	
Postcode	Ashford	Count	14	8	2	24
		% within Postcode	58.3%	33.3%	8.3%	100.0%
	Canterbury	Count	24	47	4	75
		% within Postcode	32.0%	62.7%	5.3%	100.0%
	Dover	Count	6	3	39	48
		% within Postcode	12.5%	6.3%	81.3%	100.0%
	Shepway	Count	24	7	7	38
		% within Postcode	63.2%	18.4%	18.4%	100.0%
	Swale	Count	1	1	1	3
		% within Postcode	33.3%	33.3%	33.3%	100.0%
	Thanet	Count	19	18	7	44
		% within Postcode	43.2%	40.9%	15.9%	100.0%
	Non-attributable postcodes	Count	43	48	12	103
		% within Postcode	41.7%	46.6%	11.7%	100.0%
Total		Count	131	132	72	335
		% within Postcode	39.1%	39.4%	21.5%	100.0%

Table 3. Cross-tabulation Postcode*Preferred option

In Ashford the option most chosen was option 1 (closing both Dover and Canterbury).
In Canterbury, option 2 (Retaining birthing services at Canterbury) was most frequently selected.
In Dover, the majority of respondents chose to retain Dover (option 3).
In Shepway, the majority of respondents wanted to close Dover and Canterbury (option 1).
There were only three respondents from Swale postcodes who selected an option. These were equally spread across the options.
In Thanet, preferences were almost equally split between option 1 (closing both) and 2 (retaining birthing services at Canterbury).
Respondents in non-attributable postcode areas (who could not be assigned a specific geographical district) tended to choose option 2 (retaining birthing services at Canterbury) more often than the other options.

Postcode * Preferred option Cross-tabulation

			Preferred option			Total
			Option 1 *(close both)*	Option 2 *(Retain Canterbury)*	Option 3 *(Retain Dover)*	
Postcode	Ashford	Count	14	8	2	24
		% within Preferred option	10.7%	6.1%	2.8%	7.2%
	Canterbury	Count	24	47	4	75
		% within Preferred option	18.3%	35.6%	5.6%	22.4%
	Dover	Count	6	3	39	48
		% within Preferred option	4.6%	2.3%	54.2%	14.3%
	Shepway	Count	24	7	7	38
		% within Preferred option	18.3%	5.3%	9.7%	11.3%
	Swale	Count	1	1	1	3
		% within Preferred option	.8%	.8%	1.4%	.9%
	Thanet	Count	19	18	7	44
		% within Preferred option	14.5%	13.6%	9.7%	13.1%
	Non-attributable postcodes	Count	43	48	12	103
		% within Preferred option	32.8%	36.4%	16.7%	30.7%
Total		Count	131	132	72	335
		% within Preferred option	100.0%	100.0%	100.0%	100.0%

Table 4. Postcode*Preferred Option cross tab

The option of closing both Dover and Canterbury (option 1) was most frequently chosen in non-attributable postcode areas.
Option 2, retaining birthing services at Canterbury, was almost equally split between respondents living in Canterbury and those living in non-attributable postcode areas.
Retaining birthing services at Dover (option 3) was most frequently reported in Dover.

N.B: Only respondents who provided both their postcode and a preferred option are included in the cross-tabulation.

5.2. Public Meeting Findings

Ten public meetings to discuss the maternity service review and the options for developing the service were held in 7 locations in East Kent, in the period 14th October 2011 to 20th January2012.

The locations were Ashford (Ashford Borough Council), Canterbury (Canterbury City Council), Dover (Dover District Council), Faversham (Swale Borough Council), Folkestone (Shepway District Council), Margate (Thanet District Council) and Ramsgate (Thanet District Council).

Attendees were asked to sign in and indicate if they were service users/members of the public or from an organisation. Sign in sheets have been analysed to understand how many attendees there were at each location and whether they were service users/members of the public or from an organisation. The results are shown in the charts below:

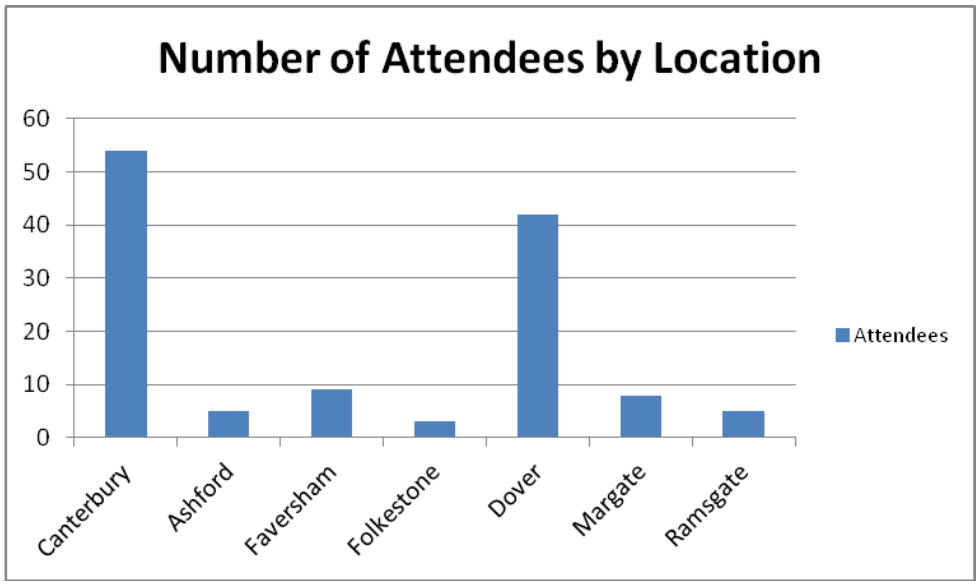


Figure 22. Public Meetings Attendance (absolute numbers)

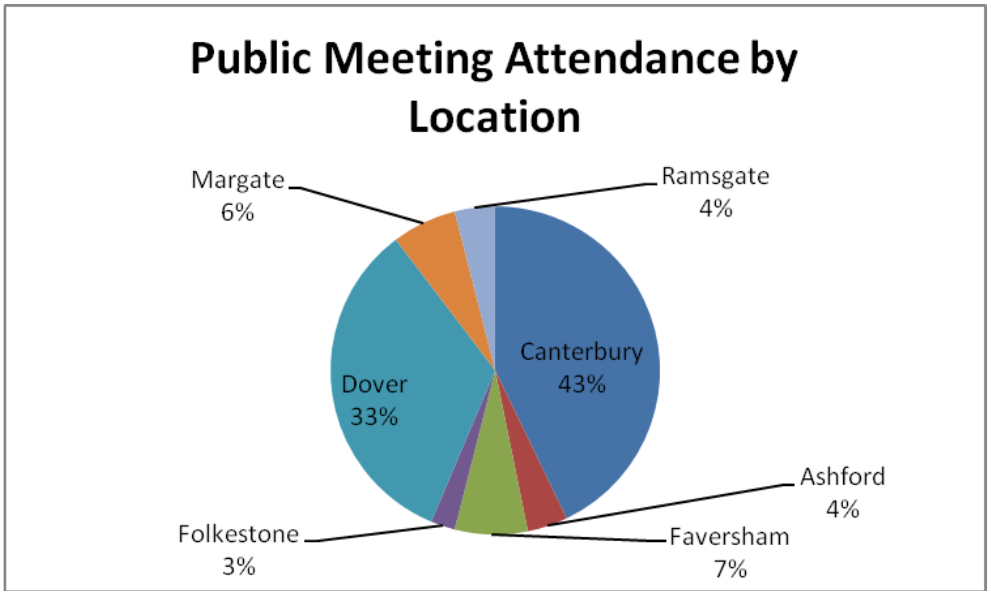


Figure 23. Public Meetings Attendance (percentage)

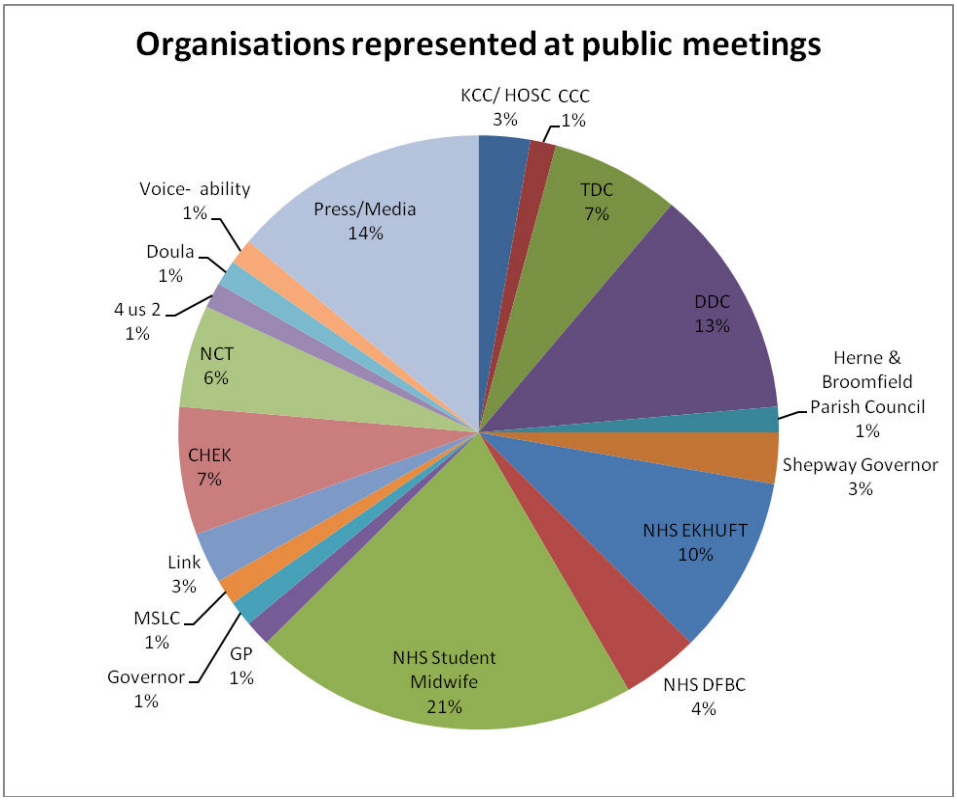


Figure 24. Organisations at public meetings

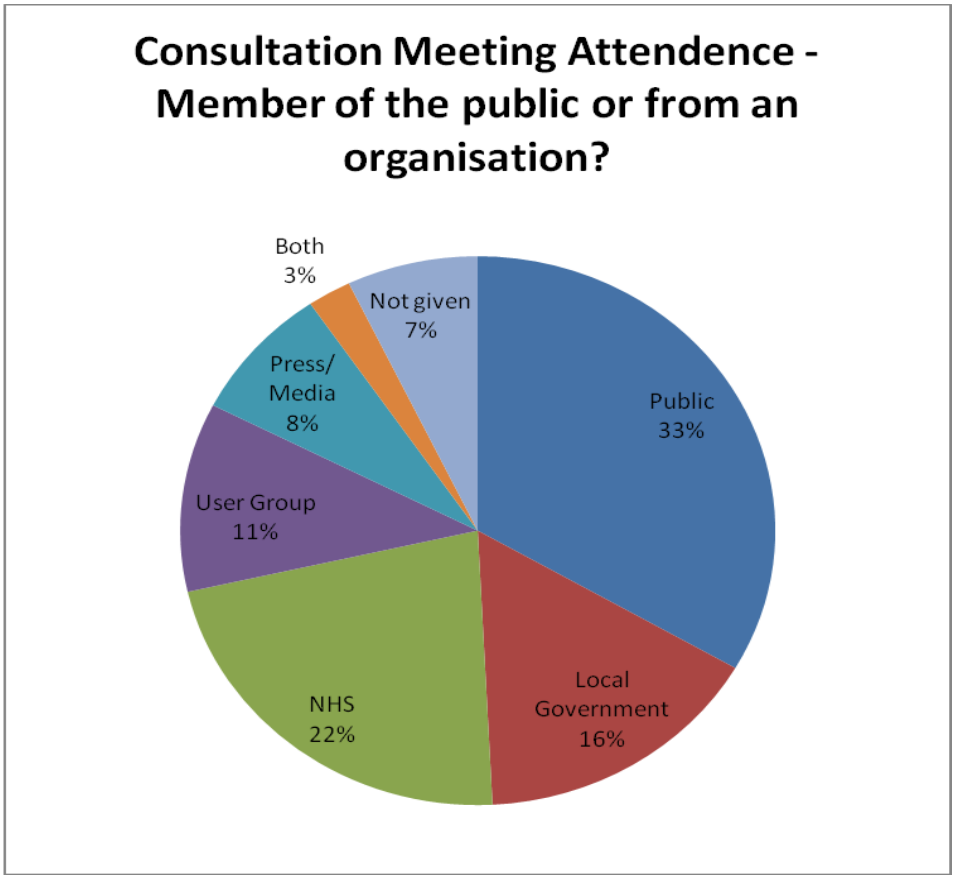


Figure 25. Public Meetings Attendance, public or organisational

5.3. Response from staff meetings

Meetings were held with staff at the William Harvey Hospital (WHH), Canterbury Birth Centre (CBC) and Dover Birthing Centre (DBC). The purpose of the meetings was to provide information to staff about the consultation and address any queries they may have. Fifteen (n=15) members of staff attended the WHH meeting (24/10/2011). Two meetings were held at CBC on 26/10/2011 by sixteen members (3; 16). Six (n=6) members of staff attended the meeting at DBC on 28/10/11. A breakdown of the professionals attending is given below:

Location	Attendees
William Harvey Hospital	1 Head of Midwifery 1 Divisional Director 13 attendees - job titles not given 15 in total
Canterbury Birth Centre	1 Head of Midwifery 1 RCM regional representative 1 RCM Head of Policy 3 in total
Canterbury Birth Centre	1 Head of Midwifery 1 Divisional Director 7 Midwife 3 Maternity Care Assistant 1 Community Midwifery Manager 13 in total
Dover Birth Centre	1 Head of Midwifery 1 Divisional Director 4 Midwife 6 in total

Table 5. Staff meetings attendance by profession

A summary of the topics discussed can be found in the table below. The data were analysed using the same themes from analytical framework used to code open ended survey responses.

Themes discussed at meetings	WHH	CB	DBC
Staff to service user ratios	•	••	
Workloads/capacity	•	•••	•
Skills mix		•	
Other: a) staff relations (e.g. btw community and acute; communication and teamwork)			•
Buildings and equipment		••	
Geographical proximity/Travel			
Other: (e.g. admin & paperwork?)			
Finances and Resources		•	
Rising Birth Rates	•		
Increasing numbers and types of services provided (e.g. triage systems)			•
Choice			
Access			
Risk		•	
Quality of care provided		•	•
Concerns with post/ante-natal care	•		
Travel/transfer/long distances of patients			••••
Consultation (documentation and process)	•	•	•
Staffing Issues (Work conditions)			•
Transition issues during Service reorganisation	•	•	••
Other (Petition):		•	

Table 6. Themes from staff meetings

WHH = William Harvey Hospital;
CBC = Canterbury Birthing Centre;
DBC= Dover Birthing Centre.

The most commonly discussed theme across the staff meetings was staff workloads and capacity; this was also the most discussed topic in the pre consultation staff survey, when staff were asked about improving the service and priorities for service provision. It was followed closely by queries relating to the details of any transition in services post-consultation. This is reflected in the earlier staff survey where respondents reported that temporary closure of the Birthing Centres had adversely impacted on staff morale. At the Dover Birthing Centre, the potential travel distances that service users could engender were a concern. At William Harvey Hospital and Canterbury Birthing Centre a key concern was staff to patient ratios which were a minor concern in the earlier staff survey.

5.4. Meetings with organisations

Below is a list of meetings where there was an item on the agenda about the maternity consultation and senior staff leading the maternity consultation review process (i.e. Sara Warner, Dr Sarah Montgomery, Lindsey Stevens, Dr. Neil Martin and James Ransom) were invited to present the reasons for the review and discuss the consultation process and findings thus far:

Date	Organisation
04 10 11	Dover HOSC
06 10 11	Local Medical Committee
11 11 11	East Kent Hospitals University Foundation Trust Council of Governors
15 11 11, 10 01 12	Maternity Services Liaison Committee *(MSLC)*
24 11 11	Canterbury HOSC
24 11 11	Canterbury Health Scrutiny Committee
24 01 12	Concern for Health in East Kent meeting *(CHEK)*

Table 7. Organisational Meetings

5.5. Organisational Responses

The table below lists organisations that have formally responded to the Maternity Review with a summary of the key points of their responses. Prior to the consultation commencing East Kent Federation of Clinical Commissioning Groups, Swale Clinical Commissioning Group and C4 Clinical Commissioning Group endorsed the proposal of the preferred option to go to public consultation.

Date	Organisation	Response
14 10 11	South Kent Coast Clinical Commissioning Group	• Agree that Scenario 3 (option 1 in the consultation documents) is the most sustainable option
17 10 11	Ashford Clinical Commissioning Group	• Option 1 preferred • Recognise disadvantages to Dover Canterbury but are considering the whole of east Kent
07 12 11	The Dover Society	• Prefer Option 3 • Raised issues specific to Dover relating to deprivation, transport links and closures
07 12 11	South East Coast Ambulance Service	• Prefer option 1 • Would like to see predictions of ambulance activity so as to agree additional funding as appropriate.
13 01 12	The Council of Governors of East Kent Hospitals University NHS Foundation Trust	• endorse the preferred Option of the Maternity Review Group (Option 1) as meeting the requirements of Safety, Sustainability, Patient Choice, Fairness and Accessibility more comprehensively than the other two options(2 and 3).
17 01 12	Dover Council	• Favour option 3 - retain Dover MLU • Adverse impacts of closure of Dover MLU on Dover residents • Delay to Buckland hospital development
17 01 12	National Childbirth Trust, Canterbury and District Branch	• Prefer birthing centres to be re-opened and retained • View that proposals are outdated and out of tune with current trends and strategies in

		Maternity care
20 01 12	Royal College of Midwives	• Preference - retain birth services at both freestanding birth centres • As the above is not seen as a viable option, the RCM would strongly urge the retention of birthing services on at least one of the DFBC or KCH sites (Option 2 or 3) • Robust strategy for increasing the proportion of women at low risk that receive midwife-led care. • The opening of the full range of services at the QEQM MLU must be an absolute given in any scenario.
20 01 12	CHEK *(Concern for Health in East Kent)*	• Favours Option 2 - Retain Canterbury MLU • Would prefer to retain both stand alone MLUs but no option for this • Recommends further consultation and review

Table 8. Organisational responses

5.1. Emails, telephone calls and letters

The table below describes the number of telephone calls, letters and e-mails received during the consultation period.

Type of Communication	Number of Communications
Email	20
Letter	6
Telephone Call	1
Freedom of Information Request	1

Table 9. Communication during consultation period

5.2. Petition

One petition was received from the editor of the Kentish Gazette (local newspaper) as part of their "Save Our Baby Unit" campaign. The petition was signed by 435 individuals by text message. Accompanying the petition were printouts of messages from the Facebook campaign page. These were predominantly messages from the administrators with a few comments from the public. 522 people on Facebook clicked the 'Like' button for this page. This page was created in June 2011 and all of the comments were made outside of the consultation period, although the petition was presented to representatives of the Review Group early in the consultation period.

5.3. Hard to reach groups

An easy-read version of the survey was made available to hard to reach groups, including those with learning disabilities. Three completed easy-read surveys were received after the consultation closed. Two of the survey respondents chose option 3, one abstained from choosing an option. The main themes from the open-ended responses were that more support was needed for new mothers to breastfeed and travel times would increase where respondents had to travel further. One respondent made a comment about "making maternity services better":

> "*Midwives should have training from parents with learning difficulties who have had babies. They should listen to us.*"

6. Summary of findings

There were 446 responses to the survey. The distribution of respondents appeared to reflect the population characteristics of East Kent, but it is difficult to determine whether all areas of east Kent were covered evenly. This is mainly due to insufficient collection of information about postcodes.

There was strong support for the reasons for change amongst respondents.

Respondents reported the main advantage of option 1 to be related to increased resources and saw increased travel times as the main disadvantage. The main advantage for option 2 and 3 was reported to be the same as for option 1. Option 2 was seen to have the disadvantage of compromising the quality of care, and option 3 was seen to have a detrimental effect on resources. This concern with increasing resources was reflected where respondents were asked to make general comments about maternity services.

The preferred option amongst the respondents was Option 2 (retaining births at Canterbury) which 41.3% of the respondents chose. Option 1 (closing birthing services at both locations) closely followed this with 38.4%. Option 3 was the preferred option for 20.4% of the respondents. 14% of all respondents chose not to answer this question.

Apart from those postcodes that cannot be assigned to one district, the respondents from the districts of Canterbury and Dover (where birthing facilities could be lost) tended to choose the option which retained the facility in their area.

There was strong support for the arguments for improving services and respondents wanted more resources for antenatal and postnatal care as well as maternity services in general. The views of the public, organisations and members of staff were sought through public meetings and were broadly consistent with the findings of the survey.

SCHOOL OF HEALTH & SOCIAL CARE

UNIVERSITY of GREENWICH

East Kent Maternity Services Review

An evaluation of the public consultation by the Centre for Nursing and Healthcare Research at the University of Greenwich

Professor Elizabeth West
Val Chandler
Paul Newton
Anna Forsman

March 2012

Executive Summary

This is an evaluation of the review of the maternity services consultation in east Kent, commissioned by NHS Kent and Medway and provided by the Centre for Nursing and Healthcare Research in the School of Health and Social Care of the University of Greenwich.

This report will present an evaluation of the public consultation in both the pre-consultation engagement with the public and the formal consultation stages of the Maternity Services Review, which have been considered in other reports on the consultation.

Evidence presented by NHS Kent and Medway is compared to NHS Guidance on service reconfiguration and the four tests, the requirements under section 242 and 244 of the Public Involvement in Health Act 2007 for reporting and the HM Government Code of Practice on Consultation. The evaluation shows that the criteria have been met, although two Code of Practice criteria require further review at a later stage as they cannot be fully met at this stage.

Evidence presented by NHS Kent and Medway of the reach and range of communications about the maternity service review during the formal consultation period are described and found to be wide ranging in type and distribution as well as targeted at hard to reach groups. The consultation exercise also generated publicity in the local media. The survey questionnaire was evaluated for "lessons learned" and this exercise is also reported to inform future consultations.

This independent review of the evidence finds that the pre-processes employed in the pre-consultation and the consultation exercise met the standards recommended in current guidance and legislation that we were able to assess.

Contents

1. Introduction

This is a report on the review of maternity services in east Kent, commissioned by NHS Kent and Medway and provided by the Centre for Nursing and Healthcare Research in the School of Health and Social Care of the University of Greenwich.

This report will present an evaluation of the public consultation in both the pre-consultation engagement with the public and the formal consultation stages of the Maternity Services Review, which have been considered in other reports on the consultation.

It will include reviewing evidence presented by NHS Kent and Medway in comparison to NHS Guidance on service reconfiguration and the four tests, the requirements under section 242 and 244 of the Public Involvement in Health Act 2007 for reporting and the HM Government Code of Practice on Consultation. The reach and range of communications during the formal consultation period will also be considered. The survey questionnaire was evaluated for "lessons learned" and this exercise is also reported. This report will be submitted to the Maternity Services Review Group.

The scope of this report includes Government and NHS regulations and guidance on consulting the public. It also includes communications in any format, via any route, from NHS Kent and Medway and East Kent Hospitals University NHS Foundation Trust, which publicised the Maternity Services Review and encouraged the public to complete a survey and express their views. Publicity attracted by the Maternity Services Review and consultation, in any format, during the pre-consultation engagement January to September 2011 and the period of the public consultation, from 14th October 2011 to 20th January 2012 will be considered.

The approach includes comparing the evidence presented by NHS Kent and Medway with the relevant government legislation, code of practice and NHS guidance, to identify if criteria have been met. Communications are catalogued, classified and analysed to explore the reach and range of the consultation and compliance with the Code of Practice. A lessons learned exercise was carried out to review the survey questionnaire.

2. Pre-consultation

The NHS Kent and Medway Commissioning brief for the independent analysis of three separate reviews of services stated that;

"The purpose [of the independent analysis] is to provide external support to three complex pieces of work, and additional independence and accountability to the processes which are governed by legislative requirements under section 242 and 244 of the Public Involvement in Health Act 2007, and the recent guidance from Sir David Nicholson on service reconfiguration and the four tests."

Requirements under section 242 and 244 of the Public Involvement in Health Act 2007

These requirements relate primarily to:

- **Duty to involve users of health services**

  "...section 242(1B) provides that relevant English bodies must involve (whether by consultation or provision of information, or in other ways) users of health services in the planning of the provision of services, the development and consideration of proposals for change in the way services are provided and decisions affecting the operation of services..."

Evaluation: Based on the evidence we have received to date, reported on earlier and below, this requirement is fully met.

- **Reports on consultation**

  "This section [242] amends the 2006 Act to impose a duty on Strategic Health Authorities and Primary Care Trusts to report, at times directed by the Secretary of State on consultations they have conducted, or intend to conduct, in relation to commissioning decisions for which they are responsible."

Evaluation: At this stage (pre-issue of any of the three reports) it is not possible to evaluate this requirement fully, as earlier reports provide the main vehicle for informing interested parties of the public view of maternity services in East Kent.

NHS Reconfiguration guidance and the four tests

There are four tests, that any service reconfiguration proposal needs to pass. These are: support from GP commissioners, strengthened public and patient engagement, clarity on the clinical evidence base and consistency with current and prospective patient choice. All four criteria need to be met in order for a public consultation to proceed. This report considers the criteria "strengthening public and patient engagement".

Evaluation: Evidence was provided of strengthening public and patient engagement in an earlier report. The full consultation document describes the process used to solicit early views and what these were and how they informed the development of options. Based on all of this evidence the criterion has been met.

3. HM Government Code of Practice on Consultation

The code[1] sets out the approach the Government will take when it has decided to run a formal, written, public consultation exercise and may be adopted by any public sector organisation. It has seven consultation criteria. These are:

1 When to consult
Formal consultation should take place at a stage when there is scope to influence the policy outcome

Evaluation: The maternity service review timetable allows for reporting on the results from the public consultation to the Maternity Review Group, before their recommendations are made to the NHS Cluster board and the local hospital board who are the decision making organisations, hence there is sufficient time for the public viewpoint to be fed in to the decision making process.

The survey document stated that;

"No decisions have been taken yet and your views are important in helping us make the right decision"

Despite this, survey respondents questioned the transparency of the decision making process because of the temporary closures of birthing facilities at Canterbury and Dover. However, based on all of this evidence the criterion has been met.

2 Duration of the Consultation
Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Evaluation: The public consultation began on October 14th 2011 and ended on January 20th 2012, which allows a total of 14 weeks. Based on this evidence the criterion has been met.

3 Clarity of Scope and Impact
Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals

Evaluation: A consultation document was provided, which explained the process and proposals. It included costs and benefits for each option and gave the respondents the opportunity to comment on the advantages and disadvantages of the options proposed. Based on this evidence the criterion has been met.

[1] HM Government Code of Practice on Consultation can be found on the website: http://www.bis.gov.uk/files/file47158.pdf

4 Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach

Evaluation: This criterion is evaluated in the reach and range section of this report. See below. Based on this evidence the criterion has been met.

5 The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Evaluation: The consultation document is 28 pages in length, presented in colour with photographs as well as text. Sections include choices for birth, the reasons for change, early views, what the options are, frequently asked questions and a summary. There is also an 8 page summary document. The survey was 6 pages in length with 18 closed questions and 9 open ended questions. Several respondents commented that some questions were leading.

The survey was also available online. Other ways of the public providing feedback included emailing comments or attending public meetings. There were multiple ways of accessing information and responding. Based on this evidence the criterion has been met.

6 Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Evaluation: Consultation responses were independently analysed and reported by the University of Greenwich Centre for Nursing and Healthcare Research, to the Maternity Review Group, who will be responsible for making recommendations to NHS Kent and Medway, taking into account the public view. Based on this evidence the criterion has been met. At this stage, we are currently unable to assess the participant feedback mechanisms as this aspect of the consultation process is still pending.

7 Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

Evaluation: The consultation exercise was instigated by the Maternity Review Group and conducted by the Assistant Director of Citizen Engagement, a role which specialises in communications with the public for the NHS Kent and Medway. The original commissioning brief was also informed by the Requirements under section 242 and 244 of the Public Involvement in Health Act 2007 suggesting national guidance had been sought and followed. The brief for the independent analysis of the consultation data included making recommendations about the questionnaire design. Based on this evidence the criterion has been met.

4. Consultation - Reach and Range

446 people completed and returned the Maternity Services Review Consultation questionnaire.

Of these 446 people, 234 completed the online survey and 212 returned the paper version of the questionnaire.

3 easy read surveys were received; these have been considered separately as the questions do not exactly match those in the main survey and they were received outside the consultation period.

Of the 446 respondents:

- 399 (93%) were women
- 29 (7%) were men (3 people preferred not to answer and 15 gave no response at all)
- 44 respondents (10%) identified themselves as having a disability of some kind
- 205 respondents (47%) identified themselves as being Christian, while 102 respondents (23%) preferred not to answer this question or the response was not applicable
- Over half of the respondents (59%) were under 35 years of age

Age profile

	Frequency	%
Under 16	1	0.2
16-24	41	9.6
25-34	212	49.4
35-44	120	28.0
45-54	29	6.8
55-64	14	3.3
65-74	7	1.6
75 and over	3	0.7
Prefer not to say	2	0.5
Total	*429*	*100*

17 respondents did not provide an answer

Ethnicity

	Frequency	%
English/ Welsh/ Scottish/ Northern Irish/ British	373	86.9
Bangladeshi	3	0.7
Irish	5	1.2
Chinese	1	0.2
Any other Asian Background*	3	0.7
Any other white background*	25	5.8
Caribbean	1	0.2
White and Asian	2	0.5
Any other ethnic group*	5	1.2
Indian	1	0.2
Prefer not to say	10	2.3
Total	*429*	*100*

17 respondents did not provide an answer

* includes Filipino, British / Australian, South African Asian, Dutch, Vietnamese, Romanian, Portuguese, English/American, Polish, British/French, Turkish/English, Hungarian, Dutch/European, European

Evidence has been provided by NHS Kent and Medway that:

Consultation documents were available in different formats

Paper versions of both the full and summary consultation documents were offered in the following languages - Polish, Czech, Chinese, Nepalese, Romanian and Slovak. Accessibility was provided with Braille, easy read paper or audio versions. All of these could be obtained by telephone or email.

3 easy to read surveys were received (outside the consultation period). No surveys were received in foreign languages, Braille or audio formats. The electronic version of the survey on the website was available in the standard format. The survey document invited responses by email.

The relevant community was engaged including seldom heard groups

Visits were made by the community engagement team to a variety of community children's facilities in locations throughout east Kent, a total of 41 different groups, including those catering for the seldom heard, were visited at 51 venues, throughout the consultation period. Views were heard and individuals were encouraged to respond to the survey.

Consultation documents and paper surveys were widely distributed

The survey and consultation document were sent to e.g. the Ethnic Minority Independent Council with 10 copies of Czech, Nepalese and Chinese documents.

Paper copies of the consultation document and surveys were posted to 454 contacts including councillors, libraries, children's centres, nursery schools, GP surgeries and health centres and Gateway plus centres. These locations also received posters advertising the consultation and inviting participation.

Posters, consultation documents and surveys were also delivered by hand.

There was wide electronic distribution of consultation documents

1,684 emails containing the e-version of the consultation document were sent out to venues that service users might visit including libraries, children's centres, and GP Surgeries as well as individuals who had expressed an interest e.g. at road shows and other interested parties such as local councillors.

Publicising the consultation and survey and encouraging the public to take part

The consultation was publicised on radio and TV and ¼ page ads were taken out in papers that cover Dover, Folkestone, Canterbury, Ashford, Faversham and Thanet, twice during the consultation period

NHS Kent and Medway and/or East Kent Hospitals University Foundation NHS Trust gave 8 media releases and 13 media statements e.g. in response to questions, during the consultation period.

Taking Public Views

Public Meetings were held in all 6 council areas of east Kent, in all the main towns and city. Where attendance was likely to be higher (Canterbury and Dover) more than 1 meeting was held. Each meeting began with an explanation of the consultation and survey made by a member of the Maternity Service Review Group.

Staff meetings were held at all locations where birthing services are/have been provided including William Harvey Hospital, Dover Birthing Centre, Canterbury Birthing Centre and Queen Elizabeth the Queen Mother Hospital, and staff were updated on progress with the review and encouraged to complete a survey. There was also a meeting with the Royal College of Midwives.

All emails, letters, calls and petitions were recorded and responded to.

Other organisations

Members of the Maternity Services Review Group made presentations to organisations who are stakeholders, such as local councils to enable them to make an informed organisational response.

Organisational responses were catalogued and summarised

How the consultation was reported

The maternity service review was reported in 3 television news features and 3 radio news programs.

There were 100 press reports of the maternity review during the consultation period in the 27 different local papers covering every community in east Kent.

Learning points

A number of learning points were discovered in the process of analysing and evaluating the survey responses. These are summarised below.

Manual or Electronic Document	Finding	Learning
Electronic Survey	1 text box containing 777words	Paper survey text boxes indicate expected length of response. Capping electronic text at a similar number of words would make the two formats consistent.
Manual and Electronic Survey	Questions ordered differently in manual and electronic versions	Increased chance of data input error. Manual and electronic versions of a questionnaire should be ordered consistently
Manual and Electronic Survey	7% of the respondents to the electronic survey commented that questions were 'leading'	Wording of questions should be neutral. Ranking or a Likert Scale may obviate bias
Consultation documents in paper and electronic formats	Well presented and user friendly format	Other consultations would benefit from using a similar format
Manual and Electronic Survey	Analysis of themes provides overview of the content of all responses for each question	Detailed analysis of one specific theme in all questions or one specific aspect of care e.g. breast feeding in all questions would provide information to inform service development on that theme/care aspect
Manual and Electronic Survey	9 open ended questions- with each successive question less is written/typed.	Less open ended questions may produce a fuller response in each one
Manual and Electronic Survey	Survey design did not always accommodate research processes that followed e.g. no data coding boxes	Survey design should facilitate processes such as data cleaning, data analysis etc.
Manual and Electronic Survey	Questionnaires were not numbered prior to distribution.	Numbering questionnaires and logging destination would allow tracking and analysis of locations that produced the highest response
Manual and Electronic Survey	"Any other comments?" is a very broad question providing many different responses	Analysis of themes of the responses to "Any other comments?" may not be meaningful, as the replies are so fragmented.

5. Summary

This report considers both the pre-consultation and consultation periods of the Maternity Services Review in east Kent.

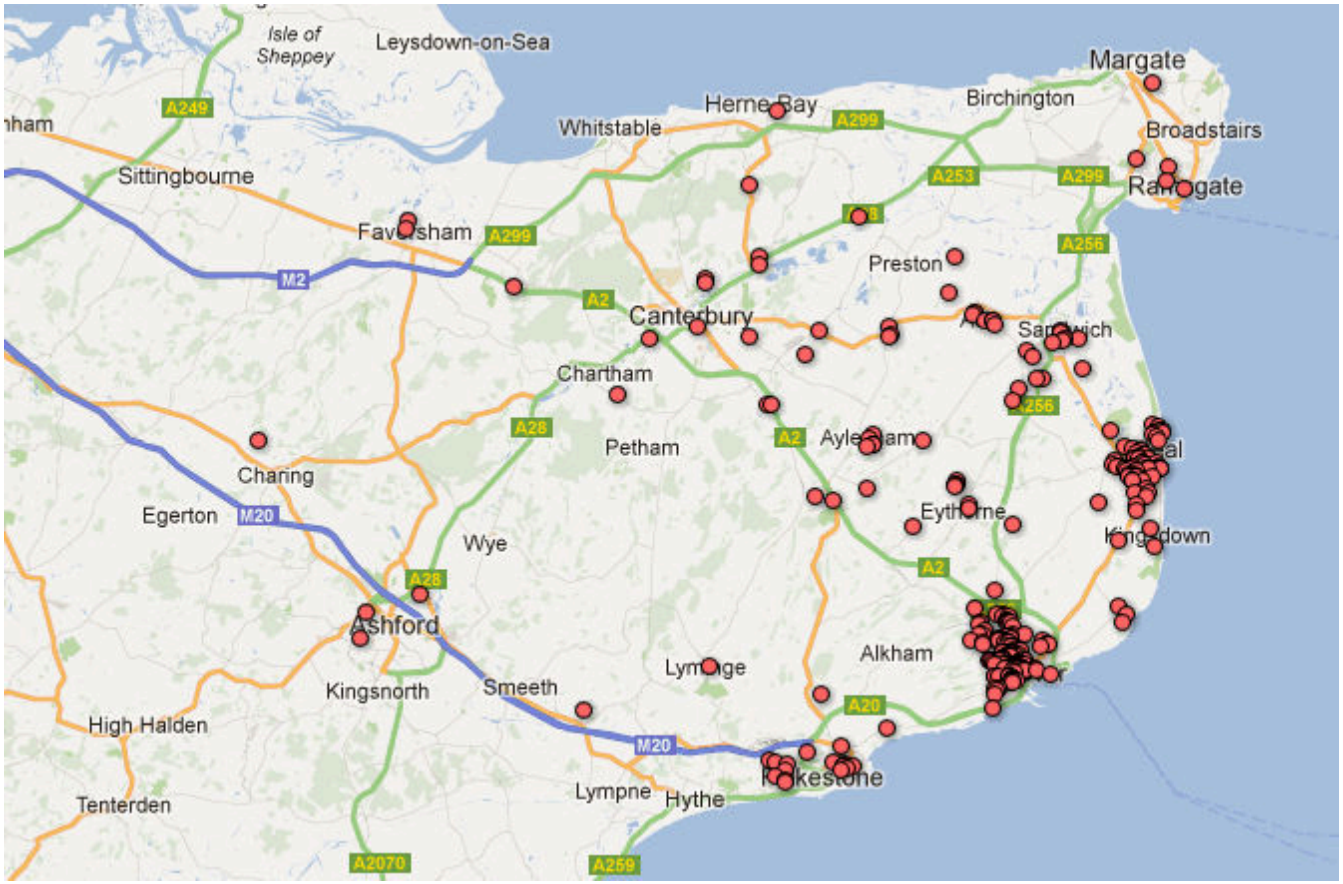
In the pre-consultation period the requirements of NHS Guidance on service reconfiguration and the four tests, the requirements under section 242 and 244 of the Public Involvement in Health Act 2007 for reporting and the HM Government Code of Practice on Consultation are considered. The evidence from NHS Kent and Medway shows that that the criteria are met in all cases. Two Code of Practice criteria require further review at a later stage as they cannot be fully evaluated at this stage.

In the Consultation period the reach and range of communications were considered and found to be satisfactory. Given this, this independent review of the evidence finds that the pre-processes employed in the pre-consultation and the consultation exercise met the standards recommended in current guidance and legislation that we were able to assess.

Postcodes of Patients using Dover Family Birthing centre

Data Source: Euroking
Report Period: April 2011 - March 2012

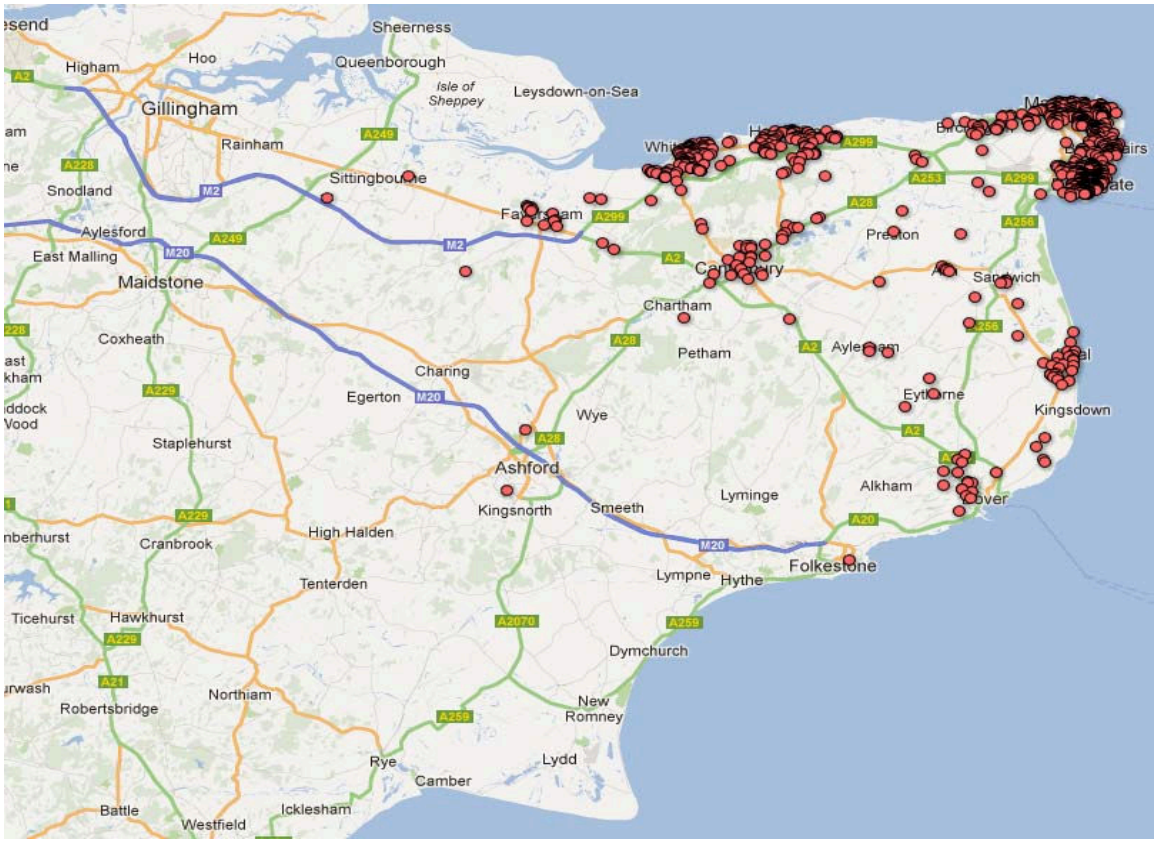
Count of Hospital Number	
Town	**Total**
Dover	133
Deal	60
Canterbury	33
Folkestone	19
Sandwich	11
Ashford	5
Ramsgate	4
Faversham	3
Herne Bay	2
Margate	1
OOA	1
N/A	1
Grand Total	**273**



Postcodes of Patients using QEQM

Data Source: Euroking
Report Period: April 2011 - March 2012

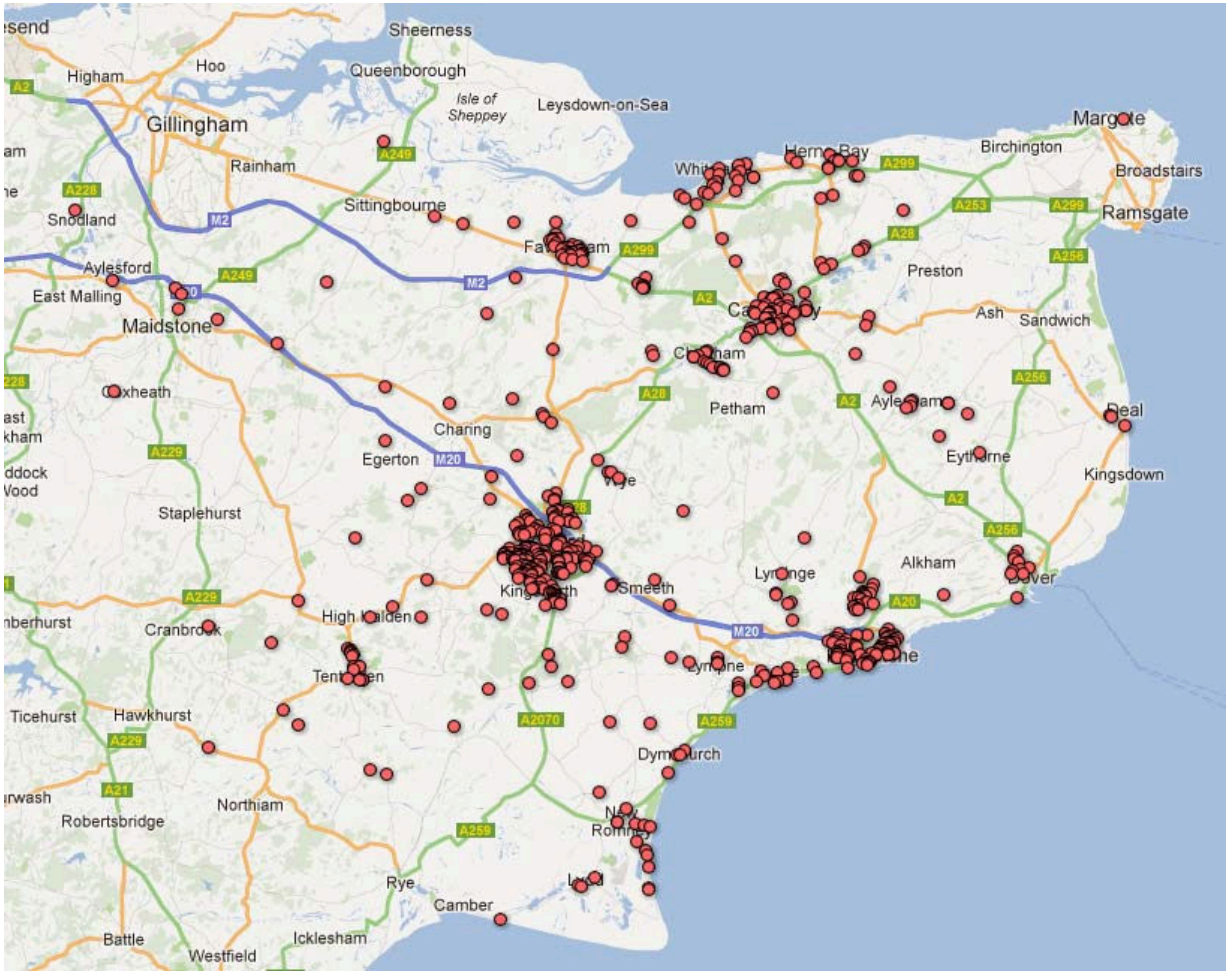
Count of Hospital Number	
Town	**Total**
Margate	700
Ramsgate	611
Herne Bay	357
Canterbury	239
Broadstairs	195
Deal	180
Whitstable	167
Birchington	92
Westgate-On-Sea	85
Dover	75
Sandwich	38
Faversham	30
OOA	18
Folkestone	8
Ashford	4
Hythe	1
Not Recorded	1
Grand Total	**2801**



Postcodes of Patients using William Harvey Hospital - Singleton Unit

Data Source: Euroking
Report Period: April 2011 - March 2012

Count of Hospital Number	
Town	**Total**
Ashford	232
Folkestone	109
Canterbury	86
Faversham	48
OOA	25
Whitstable	22
Hythe	20
Dover	17
Tenterden	15
Herne Bay	13
Romney Marsh	12
New Romney	10
Deal	3
Margate	1
Grand Total	613



Postcodes of Patients using William Harvey Hospital

Data Source: Euroking

Report Period: April 2011 - March 2012

Count of Hospital Number	
Town	**Total**
Ashford	1129
Folkestone	702
Canterbury	492
Dover	474
Faversham	207
OOA	110
Hythe	104
Whitstable	96
Romney Marsh	79
Deal	64
New Romney	55
Tenterden	49
Herne Bay	45
Ramsgate	14
Margate	9
Sandwich	8
Broadstairs	4
Birchington	3
Not Recorded	3
Chatham	2
Westgate-On-Sea	1
Grand Total	**3650**