

## Briefing paper – east Kent maternity services review

A joint review of maternity services across east Kent by East Kent Hospitals University NHS Foundation Trust (EKHUFT) and NHS Eastern and Coastal Kent (ECKPCT) is being undertaken to ensure the rising number of mothers-to-be continue to receive safe, high quality care and patient choice. A briefing note in respect of this review was circulated to Members in February.

### **a. Current Service Provision (East Kent Hospitals University NHS Foundation Trust only)**

Maternity services are delivered across a variety of locations by East Kent Hospitals University NHS Foundation Trust, as detailed below:

Ante natal care – <i>Including:</i> <ul style="list-style-type: none"> <li>• <i>Midwife led</i></li> <li>• <i>Consultant Led</i></li> <li>• <i>Foetal Medicine</i></li> <li>• <i>Maternity Day care</i></li> </ul>	William Harvey Hospital Queen Elizabeth Queen Mother hospital Kent and Canterbury Hospital Buckland Hospital Royal Victoria Hospital Variety of community settings ie GP surgeries and Children Centres Patients own Home
Intra partum Care (Delivery)	William Harvey Hospital – Obstetric Unit and Midwifery-led Unit Queen Elizabeth Queen Mother hospital – Obstetric Unit Kent & Canterbury Hospital – Midwife led birth centre Buckland Hospital – Midwife led birth centre Home birth
Post Natal care	At family homes GP surgeries and children’s centres

EKHUFT have developed two new Midwifery Led Units (MLUs) on the William Harvey and QEQM sites. The William Harvey MLU opened in July 2009. The QEQM MLU has not yet opened. Unlike the current MLUs in Dover and Canterbury, the new units are co-located with obstetric units.

### **b. Birth rates**

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Total live births delivered by EKHUFT	6462	6477	6671	7080	7100	7373	7336	7454

Births across EKHUFT had increased year on year up to 2008/09, and showed a 1.6% increase from 2009/10 to 2010/11.

Total live births delivered by EKHUFT	WHH	QEQM	DFBC	KCH	TOTAL
2010-11	4208	2729	217	300	7454
2009-10	3976	2746	249	365	7336

As can be seen from the table above since the opening of the Singleton Midwifery Led unit at the William Harvey Hospital in July 2009, births on this site have increased while all other sites have decreased. More than 50% of the births within EKHUFT are now at the William Harvey site.

Of the births in 2010 at the William Harvey 662 were births that took place on the midwifery led unit. However, some women who choose the midwifery led unit for birth may require transfer to the acute unit for obstetric, medical or personal reasons (e.g. further pain relief such as epidural).

In September 2010, EKHUFT identified an increase in neonatal admissions to the William Harvey Hospital (WHH) neonatal intensive care unit (NICU) which had occurred between July and August 2010. A decision was made to investigate this increase and, as a precautionary measure, to enhance staffing levels at the high risk obstetric unit at WHH while the investigation was being carried out.

To achieve the enhanced staffing levels, births within the Dover birthing centre at Buckland Hospital were temporarily stopped and midwives were diverted to WHH. All other services provided at the centre continued as normal.

### **c. Suspension of services**

Dover Family Birth Centre suspended inpatient services on 11 October 2010 and reopened on 10 January 2011. The Canterbury Birth Centre suspended in-patient services from 10 January whilst the wider strategic review of services and staffing is undertaken. This will continue until the outcome of the full review. EKHUFT Board took this decision to ensure consistency in service delivery and avoid confusion.

At both sites consultant and midwifery antenatal clinics have continued, as have day care and parent education classes.

The suspension of services at the Birth Centres has been required to allow skilled senior midwifery staff to move to work on the labour ward at the William Harvey Hospital where the number of births has increased and where the most high risk births tend to take place (as this is where the NICU is based).

### **d. Investment to date**

As commissioners, the PCT undertook a wide consultation process two years ago to review all local maternity services against national/local targets/quality of service provision. This resulted in the Maternity Strategy being agreed which is now in year 2 of its implementation. The aim of this strategy was to streamline service provision, ensure universal safe service provision and provide women with choice.

Commissioner payment and investment for midwifery services at EKHUFT has increased since 08/09. Inpatient care is paid through PBR and in 09/10 this increased

nationally to deliver 'Maternity Matters', increasing the payment to EKHUFT by £4.7 million. In addition to PBR the PCT has a contract for £6.4 million for out of hospital care which has been enhanced locally by £1million since 2008/9 again to support an increase in midwives as part of Maternity Matters.

#### **e. Improving maternity services**

Commissioning of breastfeeding services over the last 12-18 months has improved significantly enabling the 48-hour target to be met (which historically had not been delivered). There has also been significant improvement in relation to the six-eight week target, which again historically has been at 26% but is presently at 48%.

#### **f. Midwifery staffing levels**

A nationally recognised tool for assessing midwifery numbers known as birth rate plus has been used for all South East Coast Maternity services. The recommended midwife to mother ratio in birth for EKHUFT using this tool is 1:33<sup>1</sup> which the Trust has achieved. The extra resource provided by the PCT was specifically to enable midwifery recruitment.

EKHUFT is working to improve service quality and productivity through internal initiatives to normalise birth and decrease c. section rates, and increase the number of midwife support staff (MSW) (the current ratio of midwives to MSW is higher than other trusts) to free up midwifery time.

#### **g. Long term Clinical Strategy**

The Trust has chosen to increase the settings of care through building two new units and is continuing to work to improve quality and productivity, the PCT has invested in services. However, the increasing birth rate and the change in volume of deliveries at the William Harvey have led to a need to review the maternity service provision.

EKHUFT, the PCT and local GPs are now working together to consider the Trusts longer term clinical strategy for Maternity Services.

#### **h. Engagement and consultation**

The experience of service users is a key strand of evidence being considered in the current review of maternity services. The Citizen Engagement Team have worked with children and parents coordinators from across East Kent to identify suitable groups or clinics happening within Surestart centres and Children's centres so they could easily talk to and interview 93 new parents who had recently used the maternity services in East Kent.

The interviews took place over two weeks stopping on 8.4.2011 to allow for the local elections and the onset of purdah. All geographic districts across East Kent were included, the team visited a range of services from: health visitor clinics to messy play and breast feeding support groups to ensure that a broad range of mothers and some dads could contribute. In addition a Young Adults Parent focus group was held in Canterbury.

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<sup>1</sup> Birthrate plus review 2009 LOCAL SUPERVISING AUTHORITY  
Annual Report to the Nursing and Midwifery Council

A further survey is being conducted with current service users who could be affected by the closure of the Midwife led unit at Canterbury. The questions used are based upon the Care Quality Commission maternity survey, as this will allow a direct comparison with data collected in 2010 maternity survey, allowing us to quantify any impact of the temporary closures on current service users.

Staff will also have the opportunity to complete individual surveys as well as contribute to the wider engagement and consultation processes. There will be a series of roadshows across the six districts in June culminating in two stakeholder workshops at the end of June to consider the evidence which has been gathered to date and the options going forward. These workshops will be on 28<sup>th</sup> and 30<sup>th</sup> June briefings will be sent to a wide range of stakeholders so that they can contribute. In addition information will be available on both the Trust and the PCT websites and we will be publicising all the events so that the wider community can take part in the discussion.

Should the evidence suggest the need for a sustained change of service provision a formal 13 week consultation will take place between July and October.

7<sup>th</sup> June 2011