NHS
Kent and Medway

Maternity Review in East Kent

East Kent Hospitals University NHS Foundation Trust (EKHUFT), Kent and Medway PCT cluster and local east Kent Clinical Commissioning Groups are working to confirm a service model solution to ensure safe, high quality maternity care for all mothers and families.

A review group comprising clinical leaders from EKHUFT, the PCT and emerging Clinical Commissioning Groups are due to meet on 22 July 2011 to consider further the available information and make a recommendation to the Trust and Kent and Medway PCT Cluster Boards as to a safe model of service. Appropriate public consultation will be undertaken in the autumn of 2011 if any service recommendation requires this.

This paper sets out the current position with regard to maintaining a safe service configuration for maternity services provided by East Kent Hospitals University Foundation Trust (EKHUFT).

Background

East Kent Hospitals University NHS Foundation Trust currently offers a wide range of choice in of place of birth within the maternity services, including:

- Home birth
- Birth in a stand alone birth centre at either Canterbury or Dover
- A co-located midwifery led unit at William Harvey Hospital
- Two consultant-led maternity units at William Harvey and Queen Elizabeth Queen Mother.

There is also a newly built co-located midwifery unit at the QEQM which has not yet opened.

In 2010, it became apparent that maintaining services in the current configuration was becoming operationally challenging to ensure a safe skill mix of staff were allocated across all services to maintain care on all sites.

The reason for this is two-fold. Firstly, a rise in births – especially in Ashford – and secondly more parents choosing to use co-located Singleton Unit at the William Harvey for the reasons of safety and reassurance.

In meeting safe staffing levels consideration must be given to the continued need to cater for more high risk births that occur at the William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital, Margate.

Engagement and consultation

Engagement with the Kent Health Overview and Scrutiny Committee (HOSC), women who have recently used these maternity services and other key stakeholders is ongoing. The initial work of the Review Board, working with the HOSC, will determine whether full and formal public consultation on any permanent change is required. Formal consultation is dependent on the scale and type of any options for change proposed. In any event the local NHS will continue to informally engage with local people and stakeholders throughout the discussions on how best to ensure the future delivery of sustainable, high quality, safe maternity services for local people.

The experience of service users is a key strand of evidence being considered in the current review of maternity services. This information has been collected:

- through a series of 93 interviews in March
- a focus group with young parents in April
- a focus group with mums with learning disabilities
- an ongoing survey of current maternity patients' experience began in May. 231 received by 7 July 2011
- an online survey of parents with recent experience of maternity services (ongoing) began in May. 91 have responded far.
- 49 staff and community members gave their views on the priorities for maternity services, based on their experience of maternity care, at a series of roadshows in June
- the Maternity Services Liaison Committee (MSLC) has a provided a record of a series of comments from the MSLC Face book page recorded in May and June
- GP clinical leads have been updating their colleagues through their locality meetings and other commissioning committees.

Two stakeholder events were planned for the last week of June to share the emerging evidence with stakeholders. However these have been postponed to ensure that we have received and analysed all available evidence and in addition are in possession of some significant national research: 'The national birth place study', which is anticipated in July 2011.

We shall continue to arrange focus groups with other seldom heard communities and intend going to other large scale community events where there will be a large numbers of families and parents such as:

- Lark in the Park – Thanet 12 to 21 August
- Teddy Bears Picnic 19 August – Dover (Crabble)
- National Play Day in Ramsgate and Canterbury - 3 August
- Hothfield fete.

Early analysis of the patients' experience:

The interviews in March were completed at venues in each district. The overwhelming majority of respondents were women. Their ages varied from 15 years to 44 years. 90% were white British, 4% were white other, 1% were Asian, 1% black British/Caribbean, The majority of those parents interviewed had a child under the age of one.

Every respondent commented on ante natal care. The vast majority were positive in their response.

'*Brilliant – I had extra scans and felt supported. I could always phone if needed.'*

However there were some comments about the lack of consistency. Some women who were being managed by a team of midwives had to repeat their circumstances to different staff, and different specific aspects of the support weren't as positive.

When asked what type of delivery service they would prefer the majority of respondents favoured the midwife-led units co-located with obstetric support:

- 42% chose midwife-led unit co -located
- 20% home birth
- 26% stand alone midwife units
- 13% obstetric-led acute services

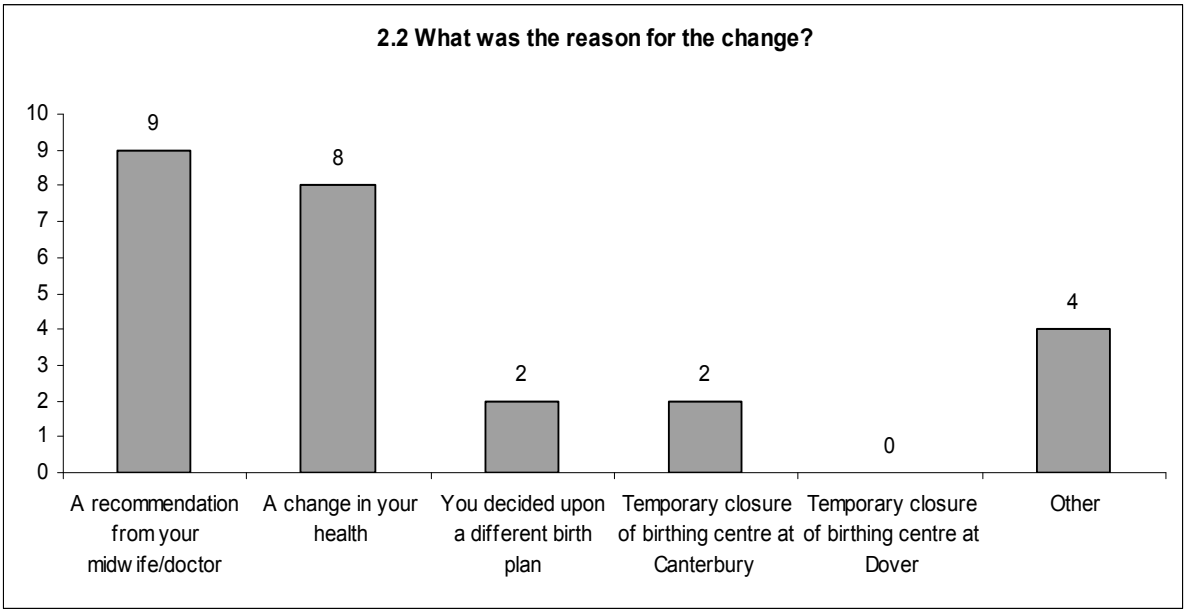
The respondents included mothers who had collectively experienced the entire range of maternity services in East Kent, from home births, to stand alone birthing centres, the co-located service and obstetric departments. There were also respondents who had experience of the services at both Medway and Maidstone hospitals.

94 surveys by current service users have been analysed to show a similar positive record for ante natal care.

The responses regarding the scans taken during ante natal care and the information given during this period are very strong:

- 93% had the dating scan explained to them
- 95% had the downs syndrome test explained
- 89% took the downs syndrome scan, 9% didn't, with 2% not answering this question
- 96% of respondents had the 20 week scan explained to them.

Fig. 1

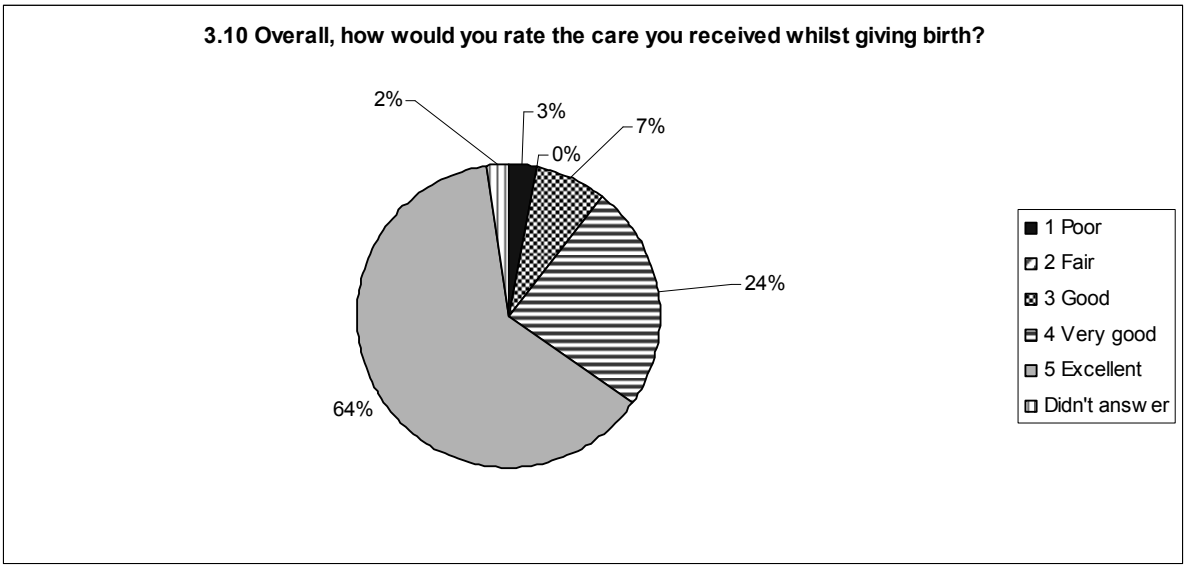


These surveys have all taken place over the last two months so we asked people whether they had had to change their birth plans: 25% of respondents changed their birth plans. The reasons varied see table Fig. 1.
Only 15% of respondents felt they had been affected by the temporary closure of the midwife-led unit at Canterbury, 37% of respondents felt they hadn't been affected and 48% didn't answer.

However there was a positive affirmation from the respondents that they had been offered alternative choices despite the temporary closure. Whilst only 6% of respondents felt the change had influenced where they had their baby in the future.

Overall 88% of respondents rated their care as very good or excellent see Fig. 2 below.

Fig. 2



The results from the responses on labour aren't as positive showing a slight deterioration, for example:

- 74% responded positively in 2011 rather than 79% in 2010.
- 78% of respondents reporting 'skin to skin contact immediately after birth' rather than 87% in 2010.
- 87% of respondents were confident they had received sufficient pain relief during labour rather than 79% in 2010.

Overall these results would seem to support the theory that there is a tendency for greater intervention during labour in the acute site and respondents receiving less of the benefits of natural birth.

This was confirmed by the comments: many respondents had caesarean sections, or were limited by monitoring of the baby, or similar instructions from staff. *'I had monitoring machines attached so could not get of the bed'.* 25% of those who commented had been restricted by monitoring required.

Staff and community views gathered from 49 participants during roadshows in June highlighted those issues which they felt it was important for the review to address:

- Staffing – the pressure on staff, their role, the number of staff, staff skills and the mix of identifiable staff.
- Pressure on the system, particularly on William Harvey Hospital by opening the Queen Elizabeth Queen Mother birthing centre as soon as possible to relieve pressure on William Harvey units.
- Promote normal birth – as the number of Caesarean sections at Queen Elizabeth the Queen Mother (QEQM) is higher than elsewhere, the review should look at reducing this, and the impact that opening QEQM's birthing unit would have. Women feel safer in hospital than at birthing units and there is a misconception that birthing units placed in hospital are safer than stand alone birthing units. Inform women of all the services available to them.
- William Harvey Hospital birthing unit and maternity ward should be looked at as separate entities. The Singleton unit has only two staff and is under pressure from acute ward.
- Demographics of local population figures, the number of births, where and when etc.
- Facilities and services – what is available, where it is, whether it is being well used and can people access it?
- Breastfeeding should be supported - mothers want expert, practical support from someone who knows what to do – leaflets aren't sufficient.
- Wrap around care including post natal support. Birthing centres provide invaluable post natal support services, but not everyone knows that they do this and that you can transfer there after giving birth in an acute setting. Dover birthing centre supports 200 births a year and should also be used for breastfeeding support and ante natal care and parenting support.
- There is disparity over what ante natal classes can be accessed and where.
- Patient notes and poor communication between hospitals, and community midwives and Health Visitors etc. The notes and information not always passed on. Hospitals charge for copies that are made.

Current Service Provision

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

Ante natal care – *Including:* • *Midwife led* • *Consultant Led* • *Foetal Medicine* • *Maternity Day care*	William Harvey Hospital Queen Elizabeth Queen Mother hospital Kent and Canterbury Hospital Buckland Hospital Royal Victoria Hospital Variety of community settings, i.e. GP surgeries and children's centres Patient's own home
Intra partum Care (Delivery)	William Harvey Hospital – Obstetric Unit and Midwifery-led Unit Queen Elizabeth the Queen Mother hospital – Obstetric Unit Kent and 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 has built and equipped 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.

Maintaining safe maternity services

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.

Suspension of services

To achieve the enhanced staffing levels, 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. Midwives were diverted to WHH. All other services provided at the centre continued as normal. This will continue until the outcome of the full review.

At both sites consultant and midwifery ante natal 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 Neonatal Intensive Care Unit is based).

Evidence to date: Birth rates

	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Total live births delivered by EKHUFT (excluding home births)	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 (excluding home births)	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 55% of the births within EKHUFT are now at the William Harvey site. Around 35% of births are taking place. This is also seen as a reflection of the need to cater for more high risk patients that would require more skilled care.

Of the births in 2010 at the William Harvey 662 were births that took place on the midwifery led unit.

National Birthrate plus directives indicate a birth to midwife ratio of 28:1. The current position in EKHUFT is 33:1 (ranging from 45:1 at WHH to 13:1 at Dover)

The above activity trend should be seen as an opportunity to maintain choice by maximising safe levels of staffing at QEQM and by so doing opening the second co-located midwife led unit.

Time frame

2010: September – December – temporary closure of Dover MLU

2011: January to present – maternity review initiated: Pre engagement and evidence collection

2011: January to present – temporary closure of Canterbury MLU for maintaining safety of services

2011: July national birth place study anticipated

2011: Autumn – formal consultation if service change required on permanent basis.