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Maternity Review Communications and Citizen Engagement strategy

Background

East Kent Hospitals University NHS Foundation Trust currently offers a wide range of choice of maternity care for women.

- Choice for place of birth includes home birth
- Birth in a stand alone birth centre at either Canterbury or Dover (one temporary closure on safety)
- A co-located midwifery led unit at William Harvey (Singleton unit)
- Two consultant-led maternity units at William Harvey (WHH) and Queen Elizabeth Queen Mother (QEQM)

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

In 2010, it became apparent that maintaining services in this manner was becoming increasingly challenging in terms of staff resources, maintaining safety on all sites and provision of an equitable service.

The reason for this is thought to be two-fold. Firstly, a rise in the birth rate to 7,454 – with more parents choosing to use Ashford's co-located Singleton Unit at the William Harvey for the reasons of safety and reassurance, while birth rates at the stand alone midwife-led units have decreased year on year. Secondly, having the distribution of staff spread across four sites means those high risk, high volume units at the acute sites are under pressure, trying to maintain a sufficiently high level of one to one care for mothers and babies. Hence the decision was taken to temporarily cease deliveries at one stand alone MLU (first Dover and subsequently Kent and Canterbury) and reassign those staff to the WHH to focus on the unit with the highest volume of patients. The instigation of the review was to look at the way to maintain safe and effective services going forward. The PCT and Trust have formed a joint steering group to conduct the review with representation from the clinical commissioning groups, chaired by GP, Dr. Sarah Montgomery

Version: 5
Date: 29.8.2011
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NHS
Kent and Medway

Business case

Births across EKHUFT had increased year on year up to 2008/09, and showed a 1.6 per cent increase from 2009/10 to 2010/11. Coupled with the increase, there has been an overall shift in activity levels.

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

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 per cent 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 (eg further pain relief such as epidural).

To achieve the enhanced staffing levels required to maintain safe services at WHH, 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.

In January 2011 the PCT and Trust instigated a maternity review to ensure east Kent would continue to deliver safe, equitable maternity services in east Kent. The temporary closure at Dover finished and it re-opened in January, instead Canterbury MLU was temporarily closed. To prevent further confusion and risk to parents this will continue until the end of the review.

Objectives

- Enable a robust two-way dialogue between the partner organisations and their staff, patients, GPs, stakeholders and the local population. Ensuring a transparent and well informed debate about the issues faced, and that any decisions taken are informed by both local opinion and clinical/workforce evidence that meets section 242 and 244 requirements.

Objectives

- GP clinical leads, and GPs are recognised as key stakeholders and have ongoing briefings and information on maternity review and progress made on evidence, national policy and practice, any potential service changes needed for a safe, sustainable service model and the impact it will have on their localities and their patients, and so complying with David Nicholson's four tests for strategic decision making around service change.

- Enable members of the local community to become involved in, and are able to influence, the maternity review. Working with Maternity Services Liaison Committee as champions, and using contacts in children's centres and Sure Start centres or Young Active Parents' groups, to ensure conversations are had with parents where they are comfortable.

- Ensure all NHS staff have access to adequate information about the maternity plans, and feel part of the process and listened to and that maternity staff in particular are able to lead the discussion. Working closely with midwifes to ensure they are actively involved and able to lead debate and reassure parents as to the temporary measures taken.

- Reach out to quiet, seldom heard communities of interest, and use a range of mechanisms to reach as broad an audience as possible. Focus groups with YAP groups, parents of children with learning disabilities, fathers, etc.

- Robust patient experience evidence is important strand of evidence to include in the review, review evidence collected for maternity strategy 2008. Use national survey evidence 2010, collect recent patient experience from those who have used services whilst temporary closures in place to quantify impact if any. Ensure parents with recent experience of pathway have plenty of opportunities to contribute their experience and views to influence the shaping of services.

- Build close working relationships between partner organisations, patients, carers, public and stakeholders by providing information and support through established mechanisms such as Health Matters Reference Group, Virtual Panel, Foundation Trust governors, FT members and volunteers, PALS and LINKs, finding means for them to be involved.

- Ensure stakeholders such as the Strategic Health Authority, MPs and Health Overview and Scrutiny Committees and LA partners are kept up to date with maternity developments and are able to influence plans.

- Develop appropriate joint reporting, monitoring and communicating mechanism for communications and engagement activities

Objectives
with accountability to deliver on targets.

Key message
▪ This review will help us to deliver a key part of our Integrated Strategic and Operational Plan to provide better health services and outcomes for the people we serve. ▪ Our ambition for maternity and neonatal care is to ensure comprehensive, accessible and flexible services that respond to the clinical and social needs of women and their families at every stage of maternity and newborn care, and maximises the use of our skilled workforce within our fixed resources. ▪ The safety of mothers and their babies is our number one priority. The safety of the 7,000 babies born in east Kent each year will always be at the heart of any decision we make about how we design and deliver services. ▪ A rising birth rate across east Kent means the current pattern of provision is not sustainable. ▪ An increasing number of parents are choosing to give birth at William Harvey in Ashford alongside a decrease in parents choosing to give birth in Canterbury, Dover and Margate. ▪ The NHS needs to understand better the emerging pattern of choice so we can plan our services more appropriately. ▪ The review will ensure we have the right numbers and mix of teams of experienced midwives and doctors, in the right places to continue to provide a first-class and safe service for mothers and babies in east Kent. ▪ Our aim is to ensure one to one care for all mothers in established labour. ▪ No decision has been made to permanently close any of the birthing or maternity units in east Kent. ▪ The final decision will take into account local opinions alongside the latest clinical evidence, staff resources and the budget available in

NHS
Kent and Medway

Key message
these challenging economic times.

Target audiences

Target audience

- General public including parents and parents-to-be
- Community and voluntary support groups (National Childbirth Trust etc)
- Staff at PCT and EKHUFT particularly in midwifery, obstetrics and gynae, paediatrics
- GPs
- Maternity Services Liaison Committee
- Campaign groups, for example CHEK
- MPs, HOSC, councils
- Media
- Health Matters Reference Group and Kent LINk
- FT Governors, members, league of friends, volunteers
- NHS organisations SHA, Department of Health, neighbouring PCTs and Trusts
- Local Medical Committee, Local Dental Committee etc; royal colleges

Methods

1. General public
    - Your Health magazine
    - Media through press release, letters to editor,
    - Direct mail
    - Events – community roadshows, family events/playdays etc
    - Websites – PCT and ECKHFT; Mumsnet and Netmums

Target audiences

- Social media – Facebook and Twitter
- Virtual panel
- LINk

2. Women and their families due to give birth during review
   - Advice available through NHS midwives, PALs at EKHUFT and PCT
   - Information in GP surgeries, children's and Surestart centres, Mother and baby clinics

3. Staff working in the in EKHUFT particular midwifery, obstetrics, gynae
   - Work through EKHFT and its regular mechanisms
   - staff online survey
   - focus groups/roadshows

4. Maternity Services Liaison Committee (potential champions to help test papers/questionnaires, organise discussions, publicise through Facebook)
   - Regular meeting, monthly briefing

5. Other NHS staff
   - Utilise existing mechanisms in PCT and community provider, for example intranet, GP/independent contractor website and weekly e-bulletins.

6. GPs
   - GP briefings through GP bulletin, clinical representatives briefing their Clinical Commissioning Groups, clinical leads' regular development sessions, primarily regular updates to east Kent Commissioning Committee; letter from GP chair etc
   - Protected learning events; GP trainee programme
   - Individual visits to CCG meetings; LMC etc

7. Other NHS organisations/DH/SHA
   - Monthly stakeholder briefing

Target audiences

- Individual meetings

8. MPs, KCC
   - Monthly stakeholder briefing
   - Face-to-face meetings

9. HOSC Members
   - Regular monthly meeting written briefing, clinical leads and commissioners attend to provide detail

10. Other councillors
    - Monthly stakeholder brief, district overview and scrutiny committees, stakeholder events

11. Media
    - Regular press briefings
    - Regular press releases for any new developments
    - Instant rebuttal of any factually incorrect information

12. FT governors, members, leagues of friends, volunteers
    - Via EKHUFT mechanisms, stakeholder events, roadshows etc.

13. Community and Support groups (eg National Childbirth Trust, YAPs, BME groups etc)
    - Publish stakeholder brief
    - Update via infrastructure newsletter articles/letters
    - Attending meetings to brief as invited

14. HMRG/LINK
    - Potential partnership with LINk offering assistance
    - Brief at quarterly meetings
    - Monthly update through websites, e-bulletin, LINk newsletter

NHS
Kent and Medway

Target audiences

Budget
£50,000 including independent analysis, communication materials, surveys, postage, engagement events, publicity, public meetings

Methods

- Review current evidence: maternity strategy, focus groups for integrated plan and national maternity survey
- Interview parents who have recent experience of services
- Online survey of public with recent experience of services
- Online survey/hard copy NHS staff
- Focus groups seldom heard, YAPs, parents of children with learning disabilities, fathers, Gurhka families , eastern European migrant communities
- Roadshows drop in events: wider public parents, stakeholders
- Attend meetings of voluntary and community sector to brief and discuss issues
- Attend family friendly events: teddy bear picnics, play days etc wider community who may not use other services
- Public meetings in localities to debate evidence and consider any changes with stakeholders and public
- Stakeholder workshops – option appraisal
- Film mother and midwife views to stimulate debate online and use at meetings if spokespeople not available

Key spokespeople

With clinical backgrounds

- Lindsey Stevens – Head of Midwifery at EKHUFT
- Dr Sarah Montgomery – GP clinical lead for maternity review

NHS
Kent and Medway

Methods

- Dr. Neil Martin – Medical Director, EKHUFT
- Dr. Kate Neale – Consultant Obstetrician, EKHUFT
- Dr. Anne Weatherly – C4 representation
- Dr. Chee Mah – Deal Consortium representation
- Dr. Jessica Crouch – Ashford CCG
- Jill Blackman (Practice Manager, The Surgery Sun Lane, Shepway)

NHS Kent and Medway Commissioners

- Helen Buckingham – Director Lead for Commissioning Maternity NHS Kent and Medway
- James Ransom - Lead Commissioner for Maternity ECKPCT
- Anne Judges, Project Lead

Timescales

Jan – March, plan and agree terms of partnership scope of review
April – August, pre consultation engagement, review current evidence,
Autumn formal consultation
Analysis of response, final formal evidence submission* recommend independent analysis
Decision in New Year ratified by both Boards

Evaluation

Ongoing during process of different aspects; test surveys with patients and staff,
MSLC – act as reference group and test for plans, delivery and publicising

Evaluation
Build into independent analysis briefing to assess reach of review and range of responses received.

Risks
• Border areas have recently reviewed maternity – in West Kent and East Sussex – concerning changes to maternity provision. Local campaigns may restart or cause confusion with east Kent issues • Heightened level of interest due to above, both local and national coverage e.g. recent Panorama programme on maternity care • Adversarial campaigns due to locality/site issues • Tight timescale and resources to deliver effectively • Partnership working requires additional time and planning