

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.

Jan 2011	MSRG	HOSC briefings	CSC briefings	Engagement	NCAT	Public consultation	Analysis
Review initiated	25.01.11	Feb 2011	Feb 2011	Service user interviews 25.03.11 to 08.04.11	SHA Board Sept 2011	14 Oct 2011 to 20 Jan 2011	MSRG
	21.03.11	June 2011	May 2011				CCG
	23.05.11	July 2011	June 2011	Patient experience survey 05.07.11			
	20.06.11	Aug working group	LMC briefing				
	22.07.11	Sept 2011		Community road shows Staff survey June 2011			
	19.08.11	Oct 2011					
	28.09.11	Feb 2012		Family events August 2011			
	Onwards monthly	May 2012 June 2012					

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 MSRSG 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 whilst 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.