NHS West Kent

Maidstone and Tunbridge Wells NHS Trust

Task and Finish Group

Questions and Answers

This document is issued in conjunction with information provided to Maidstone Borough Council Overview and Scrutiny Committee (MBC OSC).

Supporting documents already supplied to the Health Overview and Scrutiny Committee Task and Finish Group include:

- Questions and Answers paper to MBC OSC
- Joint health committee paper (23rd February 2005)
- Birth numbers (2006-2009)

1. What maternity services are provided, where and what times are they provided?

Answer: A full range of maternity services are provided at both Maidstone and Pembury hospitals. These include:

- Labour Ward (delivery suite), Postnatal Ward and Antenatal Ward
- Antenatal Clinics
- Midwifery Day Unit
- Fetal Assessment Unit

Maidstone Hospital has a Level 1 Special Care Baby Unit and Pembury Hospital has a Level 2 Neonatal Unit.

The Level 1 unit provides care for babies born between 32 and 37 weeks and the Level 2 unit provides care for babies born between 28 and 37 weeks.

1a What is the staffing level of these services broken down by staff type?

Answer: Please see table below.

Midwifery staff as follows:

Hospital based staff

Period of 24 hours	**Midwives**	**Support staff**
Pembury unit		
Early shift	9 (+3 for ANC & MDU)	3 (+1 for ANC + MDU)
Late	8	3
Night shift	8	3
The Midwifery staff work a variety of shifts. Early Shift 07.15 – 15.15, Late Shift 13.15 – 20.15, Long Day 07.15 – 20.15 and Night Duty 20.00 – 07.45		

Maidstone unit		
Early shift	7 (+ 4.5 for ANC/MDU/FAU)	3 (2 for ANC +MDU+FAU)
Late shift	7	3
Night Shift	7	3

- ANC = Antenatal Clinic
- MDU = Midwifery Day Unit
- FAU = Fetal Assessment Unit

Community based staff

The service has a total of nine community-based midwifery teams. Each team has one midwife on call per night to provide a homebirth service out of hours.

Team	**Numbers of staff working Monday to Friday**	**Number of staff working Saturday and Sunday**
Tunbridge Wells	4	1
Edenbridge	1	1
Sevenoaks	2	1
Paddock Wood	1	1
Tonbridge	2	1
Malling	4	1
Maidstone	4	1
Leeds	3	1
Hawkhurst	2	1

Neonatal Nurses

Maidstone Level 1 unit

Period of 24 hours	Nursing staff	Support staff
Early shift	2	1
Late	2	1
Night shift	2	1

Pembury Level 2 unit

Period of 24 hours	Nursing staff	Support staff
Early shift	5	1
Late	5	1
Night shift	5	1

1b How many women are seen by these services?

Answer: Birth numbers have been provided. The following additional information also relates to maternity services currently provided within the Maidstone and Tunbridge Wells area:

- 106 community-based midwifery-led clinics a week (49 in Tunbridge Wells and 57 in Maidstone). These will continue without change post 2011. The number of clinics run is not reflective of the scale of their use or indicative of where women give birth. For instance some clinics are larger/busier than others on different weeks etc and `Maidstone' also covers areas within Tonbridge and Malling where women have given birth at Pembury.

- Six Consultant-led clinics are held at Maidstone Hospital each week and seven Consultant-led clinics are held at Pembury Hospital each

week. Approximately 25 women are seen in each clinic. These will continue without change post 2011.

- All women have a minimum of two scans during their pregnancy which are currently undertaken at both Maidstone and Pembury hospitals. These will continue without change post 2011.

- All Women currently have access to maternity day unit and fetal assessment unit services at both Maidstone and Pembury hospitals . These will continue largely without change post 2011.

All women will continue to have antenatal appointments locally, whether they live in Maidstone or Tunbridge Wells. Women expecting their first baby with an uncomplicated pregnancy can expect to have up to 10 antenatal appointments. Should complications arise more frequent contacts will be made as necessary.

Women who require hospitalisation for prolonged periods of care during their pregnancies will be cared for in future in the new women and children's centre at Pembury.

The vast majority of care, with the exception of the actual delivery and any inpatient antenatal care, will continue to be provided locally.

1c In particular, how many live births are there at each site, and how many of these are midwife-led deliveries and how many are consultant-led?

1d How many of these births required unexpected consultant intervention?

Answer: Over the last three years the Trust has delivered 5,232, 5,163 and 5,056 babies a year. These will be a mixture of both midwife and consultant-led deliveries.

	Maidstone	**Pembury**
2008/09	2292	2760
2007/08	2392	2771
2006/07	2441	2791

For 2006 the following breakdown of births at Maidstone and Pembury hospitals were reported by the Kent and Medway Health Observatory:

	Maidstone	**Pembury**
Normal births	1017	1147
Home births	94	135
Induction	465	502
Forceps delivery	105	125
Ventouse delivery	193	269
Elective Caesarean	225	280
Emergency Caesarean	410	378
Total	2415	2701

More recently, the following figures were reported by the Trust for 2009 for Outcomes of Hospital Labours

	PEMBURY NUMBER	**PEMBURY %**	**MAIDSTONE NUMBER**	**MAIDSTONE %**	**MTW NHS TRUST**
Total mothers	2645		2425		5070
Total babies	2710		2463		5173
Vaginal Deliveries	1563	59%	1457	60%	3020
Instrumental deliveries	362	13.6%	345	14%	707
Vaginal Breech	4	0.1%	6	0.2%	10
Elective Caesarean Section	359	13.5%	267	11%	626

Emergency Caesarean Section	257	9.6%	266	11%	523
No Labour Emergency Caesarean Section	90	3.4%	75	3%	165
All Caesarean Sections	706	26.5%	608	25%	1314 25.9%
Homebirth	146	5.4%	99	4%	245 (5%)

Note: These figures differ slightly from the 2008/09 delivery figure on page 5. One covers the calendar year for 2009, the other the financial year 2008/09 (April 2008 to March 2009)

Most importantly, women from Maidstone who give birth in hospital now will continue to have a full choice of all types of care including both midwifery and consultant-led, in the future. Women who give birth in hospital now will continue to be able to do so in the future.

Under these changes, by concentrating its specialist staff on one site, the Trust can also increase the time its obstetricians are physically present in hospital from 40 to 90 hours a week.

As a result, the Trust will be able to achieve higher standards of care for its patients and its middle-grade doctors will also be better supported. This is because its highly experienced and skilled obstetricians will be able to be in hospital for more of the time, between them, on one site, than they can currently achieve spread across two sites. They will be better able to care for more women sooner when their skills are most required. They will also be able to better support and assist their junior staff for more of the time who are on site 24/7.

Paediatric support is vitally important during labour if a baby requires additional specialist care immediately after it is born. That is when the paediatrician comes into their own and is the intrinsic link between paediatrics and obstetrics in maternity.

Under the current plans, the Trust will be better able to properly staff one bigger unit to a higher standard in the future, because it will need fewer paediatric middle grade doctors to achieve this safely 24/7 than it currently needs to run duplicate services over two sites. This is also far more sustainable into the future as the number of paediatric trainees continues to fall.

The standards of expertise and experience held by those middle grade paediatric doctors will be higher as well because the Trust will be better able to attract higher quality candidates wanting to work in the state of the art centre.

By seeing more patients in one centre, these middle grade doctors will also be exposed to a wider and more complex range of conditions. This will help improve and maintain their skills, something that cannot be as easily achieved across two sites.

Our paediatric consultants will also be able to spend more time teaching and overseeing their appropriately staffed teams of middle grade doctors, instead of having to find ways of maintaining services that rely on Locums and agency staff when they are available. The benefits to women and children are clear. They will be treated by more highly experienced and skilled middle-grade paediatric doctors who provide round the clock 24/7 hospital care.

Only low risk women will give birth in the midwifery-led birthing unit, if that is their choice, which is equivalent to homebirth. There is evidence that these types of unit can actually significantly reduce interventions including induction of labour, augmentation of labour, use of opoid and epidural analgesia, rate of episiotomy and rate of vaginal/perineal tears and increase in spontaneous vaginal birth.

As highlighted in information shared with the HOSC separately, it is possible to examine the number of women who require transfer from midwifery-led units in East Kent and their outcomes.

East Kent has risk assessed its midwifery-led services over a long period of time and found them to offer a safe and popular choice for women. The following figures from East Kent on transfer rates have informed our assessment:

- ***The two units had approximately 300 births each in 2008-09, which represents 8% of the Trust's total births***

- ***The distance between the birthing units and the nearest acute site is approximately 20 miles and the transfer times are between 45 and 60 minutes. All transfers are by ambulance.***

- ***Between two and three out of every 10 women who arrive at the birthing units are transferred out to a consultant-led unit for medical review. The reasons for transfer are not normally due to emergency situations – no mother or baby has been lost in transfer. Transfers are normally a precautionary measure.***

- ***The outcomes for those transferred are: 84% had a vaginal birth, 6% had an instrumental delivery and 8% had a Caesarean Section. In***

comparison, of those low risk women who choose to give birth in the Trust's acute hospitals 74% had a vaginal birth, 15% had an instrumental delivery and 11% had a Caesarean Section.

- ***If 300 women or more choose to give birth at the new midwifery-led birthing unit at Maidstone, based on East Kent's experience the Trust is looking at around two transfers a week. To clarify, in East Kent's experience transfers are not normally for emergency reasons, but carried out as a precautionary measure.***

The midwifery-led birthing unit at Maidstone is for low-risk births only and is the same as a homebirth. As happens now in East Kent, if a woman requires consultant intervention, she will be transferred safely to hospital.

2. **For the last three years, broken down by borough, please provide information on where women in West Kent have their children delivered?**

Answer: Please see tables previously provided.

3. **Can you provide a breakdown of the proposed changes to maternity services and a timeline of when you intend them to take place?**

Answer: The current maternity services at Pembury Hospital move into the women and children's zone of the new hospital in January 2011.

The Labour Ward, Antenatal Ward and Postnatal Ward at Maidstone Hospital move to the new hospital six months later in July 2011.

A new midwifery led birthing unit will open in Maidstone before services move from Maidstone to Pembury.

All other related maternity services, such as antenatal clinics and ultrasound scanning as referred to in **1b**, will continue to be provided at Maidstone Hospital. Women in Maidstone will continue to have the vast majority of their care in Maidstone and will only travel to Pembury (or another hospital of their choice) to give birth or if they need more specialist antenatal care that requires an inpatient stay.

Just as importantly, other `changes' that will start to occur once the above happens include:

- Improved clinical care for more women and children with more highly skilled and expert staff available on one site

- Sustainable long-term improvement in standards of care and safety for patients in the future with skilled and experienced staff attracted to work in the women and children's centre (as is already the case)

- Enhanced experience for women and children with better facilities designed solely to meet their individual personal needs and better respect their privacy and dignity.

- Better able to attract the cream of middle grade doctors with higher levels of skill and expertise who want to work in a single centre that sees a wide range of complex cases and is led by a bigger team of specialists.

- Consultants able to sub-specialise and become highly skilled and more experienced in some complex procedures rather than generally skilled in all

- Middle grade doctors better able to enhance their own skills by being exposed to Consultants for more of the time.

- Better working environment for all staff

- Better use made of all highly skilled staff enabling the Trust to reach even higher standards of care in the future, which is not possible across two sites as services currently stand.

4. **How many women do you believe will use each of the new services in the future?**

Answer: We estimate that between 3,500 and 4,000 women will deliver at the new hospital at Pembury and that between 300 and 500 women will deliver in the new midwifery-led birthing unit at Maidstone.

The new women and children's centre being built in the new hospital at Pembury is purpose-built to deliver this many babies and more if women from other parts of Kent choose to use this service because of the unique facilities, environment and enhanced standards of medical care it will be able to provide.

5. **What work is being done around how women will be transferred from the proposed midwifery-led birthing unit at Maidstone to Pembury or other hospitals.**

Answer: A great deal of work is taking place to ensure that women are transferred as safely from Maidstone to Pembury as they currently already are from Crowborough to Pembury or from other similar units across East Kent.

South East Coast Ambulance Service is involved in the development of the birthing centre to ensure they have the appropriate resources in place, before this facility opens, to transfer women safely to Pembury, Ashford or Medway, whichever the case may be.

The Trust has set up a midwifery-led birthing unit working group that is developing, among other things, the protocols that will ensure women are transferred safely to reduce any potential risks. This has clinical involvement at many different levels.

As part of this work, the Trust is also liaising with East Kent Hospitals University Foundation NHS Trust who have been running similar midwifery-led units safely now for as long as 10 years. The unit in Maidstone will be as safe as these units. The ambulance service has a high degree of practical experience and knowledge already gained in East Kent that can also be used.

The ambulance service has also had the valuable experience of transferring women safely from the midwifery-led birthing unit in Crowborough to Pembury Hospital for the past 12 years. This is a distance of 14 miles. Pembury receives up to 70% of women transferred from Crowborough.

It has been established that transfer times between Maidstone and Pembury will be similar to those seen in East Kent. It should also be noted that some women, although not many by comparison, are already transferred safely between Maidstone and Pembury in labour.

6. How will it be decided where an expectant mother would be transferred to?

Answer: The majority of transfers carried out by midwifery-led units happen as a precautionary measure. The experience in East Kent is that 80% of women who are transferred go on to have a normal vaginal delivery.

Any transfers will be by ambulance and will go to William Harvey (Ashford), the new hospital at Pembury or Medway Maritime Hospital, depending on whichever is closer in terms of travel time at the time. If there is any issue with the roads between Maidstone and Pembury, for instance, and other routes are not available for whatever reason, Ashford and Medway provide equally safe alternatives. Pembury is seen as the main hospital to transfer women to.

The Trust would not rule out using the air ambulance if such a need ever existed, but from experience elsewhere in Kent, and when looking at the situations in which women are actually transferred, this is highly unlikely to be necessary. No mothers or babies have been lost in road transfer in East Kent in the 10 years that the service has been running there.

7. **How many women do you believe will need to be transferred from the proposed midwifery-led birthing unit at Maidstone and what are your planning assumptions about how long any transfer would take?**

Answer: Experience in other units both locally and nationally is that between 20 and 30% of women are transferred. Again, this is normally a precautionary measure. Reasons for this are varied, but generally include:

- Slow progress in labour
- Meconium staining of the liquor

According to East Kent, less common reasons include epidural anaesthesia and changes of the fetal heart patterns. Again, experience from other units suggests that emergency transfers are rare. (A NICE review of evidence indicates that transfers from midwife-led units to obstetric units ranges between 12.4% and 31%)

Based on this transfer rate of two or three women in every 10, at the very most (500 births/30% transfer rate) the Trust is looking at approximately three transfers a week. At the very least (300 births/20% transfer rate), there would be approximately one transfer a week.

The Trust expects transfers from Maidstone to Pembury to be completed within 45 minutes to an hour. This depends on clinical urgency and is not dissimilar to transfer times in East Kent. There is also the potential to transfer women, via the nearby M20, to William Harvey Hospital, Ashford, or to Medway, should that be necessary.

The ambulance service already transfer premature babies and some women (although not many) in labour safely between Maidstone and Pembury hospitals (see information provided to Maidstone Borough Council, p8/9).

8. **Can we receive the results of the original 2004 consultation and the Minutes of the NHS Joint Board meeting of 23 February 2005?**

Answer: Please refer to information already supplied with Maidstone Borough Council documents.

9. In what ways have your plans changed from those decided on following the NHS Joint Board meeting of 23 February 2005?

Answer: Our plans have not changed since 2005 and our equally long-standing challenges are now more apparent.

Following permissions received from the joint health overview and scrutiny committee, and subsequent NHS approvals, the Trust included plans for a women and children's centre for the whole of Maidstone and Tunbridge Wells in its new hospital development at Pembury.

The women and children's centre has now been built to the necessary size and standard within the new hospital. Members of the Task and Finish Group were able to see this during their tour and were told about the benefits it will provide patients from both Maidstone and Tunbridge Wells.

The only thing to have changed in six years since the consultation was first carried out is that what was predicted then is now a day to day reality.

The Trust does not have and cannot employ enough skilled and experienced middle grade paediatric doctors to maintain high standards of care safely on two sites. This is a national challenge. It also has similar problems, although not as acute, in obstetrics and gynaecology.

As from March, the Trust will have 6.5 (full and part-time) vacancies for middle grade paediatric doctors. This represents more than a third of its entire workforce of middle grade paediatric doctors (it should have 16 to cover Maidstone and Pembury hospitals).

At the same time, the Trust has been given special permission (called derogation) for its middle grade doctors in obstetrics and gynaecology at Pembury Hospital to temporarily work over the European limit of 48 hours a week until the new hospital opens and the challenges are resolved.

The Trust also has vacancies for five paediatric nurses, posts which have a real and significant impact on clinical services for children.

The Trust has looked at various options to meet these challenges, but is almost permanently reliant now on Locums/agency staff to fill the gaps. These are only short-term solutions that will not provide long-term sustainable improvements in standards of care and safety for patients equally and equitably throughout Maidstone and Tunbridge Wells. *See MBC OSC paper, pages 10 and 11 for additional information.*

The opportunity to work in a state of the art hospital has, however, already started to work in patient's favour. The Trust has already been able to recruit additional highly skilled and experienced consultants in women and children's care on the basis that they want to work in the new women and children's centre at Pembury when it opens.

The Trust's lead clinicians fully expect the new centre to have the same positive impact on the recruitment of middle grade doctors.

10. What was the rationale behind the original 2005 decision?

Answer: The rationale for change in 2005 was driven essentially by the European Working Time Directive, which was going to (and now has) significantly reduce doctors working hours to improve patient care.

By reducing doctors hours, however, even more doctors were required by the Trust to maintain the same services and improve patient care. This came into force at the same time as changes to junior doctors training occurred which made paediatrics a less desirable specialty to take up as a career.

As a result, the Trust was facing the start of a situation where on one hand, it would need more paediatric middle grade doctors in the future, while on the other the number of sufficiently skilled and experienced middle grade doctors to choose from was falling.

At the time of the consultation, middle grade paediatric doctors were available, but with varying levels of skill. Today, even these doctors do not exist in the numbers the Trust requires to run duplicate services on two sites.

At the same time, even if the Trust managed to recruit sufficient numbers of highly skilled middle grade paediatric doctors, they would not see enough patients with complex problems, spread across two sites, to each maintain their skills and learn new ones.

While obstetrics and gynaecology faced a similar problem, but not as acute as paediatrics, paediatrics and obstetrics are interdependent. One cannot exist safely without the other on the same site.

The creation of a single centre of expertise was seen as the best way to both maintain and raise standards of care at the time and remains the best and most viable solution to date. No other alternative solutions have been put forward that maintain and raise the standard of care for patients as significantly and convincingly as these changes will.

The Trust has asked its clinical staff for viable alternatives. Despite these efforts, it cannot find a way forward that matches the opportunities to improve patient care that these changes bring.

The Trust fully accepts that campaigners are against change, but believes these concerns can be overcome and that change is safe. It accepts that many members of the public in Maidstone, and some of its staff at Maidstone Hospital, want services to remain as they are, but that is not possible.

As stated, even if the Trust had all the staff it needed of the highest calibre, they will still not see enough patients with the range of complex problems they need to maintain and improve their skills and experience, across two sites.

The centralisation of services solves all of these challenges by focusing these skills in one place to benefit of all as happened in East Kent.

11. What work has been undertaken to see if the assumptions underlying the original decision are still applicable and what has been the outcome of this work?

Answer: The Trust is now physically having to deal with the effects of the problems it envisaged six years ago. They are now a reality. It is now heavily reliant, for instance, on locum/agency doctors to support its paediatric services at both Maidstone and Pembury hospitals.

Whereas previously it could find middle-grade paediatric doctors to employ with varying degrees of skill, even these doctors are now not available in the numbers they once were.

If the Trust continues to run duplicate services on two sites in the future, its clinical leads for both obstetrics and paediatrics are clear that overall standards of care for women and children in both its hospitals will fall.

The Trust accepts that some of its clinical staff at Maidstone have understandably always wanted services to remain as they are, going back as far and further than the original consultation in 2004. If that were possible it would have happened. The Trust was originally asked to look at this as a possibility in 2000.

No one has been able to provide an alternative way of achieving this, however, in the last 10 years. No alternative solutions have been found that are capable of providing the same sustainable and long-term improvements in care as the centralisation of these services can.

As previously stated, the increased number of middle-grade paediatric doctors the Trust now needs to run duplicate services in two hospitals will also be disadvantaged by not seeing enough children between them, with the range of complex conditions they need to see to maintain and improve their skills.

So even if the Trust could employ all the middle-grade paediatric doctors it needs in both its hospitals, it is no guarantee of being able to provide higher standards of care in the future. This is a challenge that hospital health services in East Kent overcame with similar changes to those planned in Maidstone and Tunbridge Wells.

12. How have your staff and the public been involved in the development of these proposals since 2004?

Answer: Initially, the Trust set up a range of working groups with staff and patient representatives to help design many departments and services within the new hospital, before construction started.

More recently it has appointed key members of staff from each of its directorates (women and children's services is a directorate) to act as dedicated leads for their areas on the hospital development. This is creating more staff ownership and input into the development.

Looking at other areas within women and children's services, the midwifery-led birthing unit is being developed at Maidstone with staff input. There are now regular staff meetings to discuss this development and take it forward.

The Trust is developing a wide range of information on the changes to women and children's services. This will be distributed to all audiences to help people better understand the changes being made in 18 months time.

Separate information will go out to all service users closer to the transfer of services to ensure all patients are fully aware of the changes being made and their choices.

The Trust is happy to work with Kent County Council HOSC and local authorities on ongoing communications and public engagement.

13. What was the impact of the 2007 Department of Health "Maternity Matters" document?

Answer: The changes are entirely in keeping with Maternity Matters. The four national choice guarantees to women set out in the document are as follows:

1. Choice of how to access maternity care – When they first learn that they are pregnant, women and their partners will be able to go straight to a midwife if they

wish, or to their General Practitioner. Self-referral into the local midwifery service is a choice that will speed up and enable earlier access to maternity services.

2. Choice of type of antenatal care – Depending on their circumstances, women and their partners will be able to choose between midwifery care or care provided by a team of maternity health professionals including midwives and obstetricians. For some women, team care will be the safest option

3. Choice of place of birth - Depending on their circumstances, women and their partners will be able to choose where they wish to give birth. In making their decision, women will need to understand that their choice of place of birth will affect the choice of pain relief available to them. For example, epidural anaesthesia will only be available in hospitals where there is a 24 hour obstetric anaesthetic service. (As will be available at the new hospital)

The options for place of birth are:

• Birth supported by a midwife at home

• Birth supported by a midwife in a local midwifery facility such as a designated local midwifery unit or birth centre. These units promote a philosophy of normal and natural labour and childbirth.

• Birth supported by a maternity team in a hospital. The team may include midwives, obstetricians, paediatricians and anaesthetists. For some women, this type of care will be the safest option.

4. Choice of postnatal care – After going home, women and their partners will have a choice of how and where to access postnatal care. This will be provided either at home or in a community setting.

Choice of place of birth is supported by the planned changes to services

14. What are the main current reasons for continuing with the planned relocation of services?

Answer: As previously explained, the need for change as outlined in 2004 is now an everyday reality. In 2004, the need for change was around recruiting high calibre staff in paediatrics. Today the Trust is unable to recruit enough staff of any calibre in paediatrics.

From a commissioning perspective, it is necessary to respond to the current Government commitment in Maternity Matters to a “national choice guarantee” that depending on their circumstances, women and their partners will be able to

choose where they wish to give birth: at home, in a midwifery unit or in an obstetric unit.

15. How have community midwifery services been developed since 2005?

Answer: Examples of how these services have developed since 2005 include:

- Community midwifery care is now provided in eight children's centres across the region
- Antenatal and postnatal clinics are provided at the YWCA and GP surgeries
- Antenatal clinics are now running to 7pm in some areas
- Parent education is provided at the weekends by some of the community based teams
- There are dedicated teenage pregnancy midwives
- There are midwives dedicated to healthy weight
- The majority of the teams offer postnatal clinics
- Increased homebirth rate @ 6% is well above local and national averages

16. What assessment has been made of the impact of the proposed relocation of services of recent developments concerning maternity services in neighbouring areas – specifically South East London (Queen Mary's Sidcup) and East Sussex?

Answer: The Trust has looked at and continues to look at the situation in East Sussex, where plans to centralise maternity services were strongly recommended by the NHS, but overturned.

The Trust understands the perception this may have led to here, but there are key differences between East Sussex and Maidstone and Tunbridge Wells. The Trust has spoken to NHS leads there and the very specific issues with paediatric staffing here were not at the forefront of the drivers for change in East Sussex.

As such, the Trust has seen no solutions to emerge from East Sussex that will resolve the specific challenges it faces. The Trust is also able to move forward with these changes because of the proximity of other hospitals to Maidstone that also provide acceptable, although less convenient, levels of access and choice for patients locally. This was not the case in East Sussex.

One of the fundamental reasons why women and children's services are not being centralised at Maidstone – as requested in Maidstone Borough Council OSC's Councillor Call for Action if centralisation is required – is because of this.

If the service was centralised at Maidstone, a large area south of Tunbridge Wells will face journeys in excess of half an hour to their nearest consultant-led maternity unit. Please refer to pages 16-19 of information sent to Maidstone Borough Council's OSC for further information.

The Trust has provided the Task and Finish Group and Maidstone Borough Council Overview and Scrutiny Committee with the contact details for NHS leads in East Sussex to discuss these points in more detail.

17. Has the air ambulance been factored into any of the planning assumptions?

Answer: It is clear that the air ambulance can play a vital role in helping transfer critically injured people to hospital. There is also a possible role for an air ambulance in transferring gravely ill patients if the distances are significant, well in excess of an hour's travel by road. For shorter distances, however, the time taken to transfer the patient, by road ambulance, to the air ambulance more than outweighs the benefit the air ambulance provides.

For these reasons we do not envisage the air ambulance having a role in maternity transfers from the Maidstone locality to the new hospital at Pembury, or indeed to Ashford or Medway, although it certainly could be considered in exceptional circumstances.

It is important to remember that road transfers from birthing units happen safely all around the country.

One of the main reasons why we are confident changes of this nature can happen safely to improve the standard of care for all our patients is because of the proximity of other hospitals as well as Pembury to Maidstone. In the event that an ambulance cannot reach Pembury by road, alternatives exist that are within a safe distance.

The Trust will not exclude any option that may assist in the continued wellbeing of patients, but the air ambulance, in this instance, would not be the first choice when transfers are required. In the rare event of an emergency situation arising, the Trust is confident, based on examples from other midwifery-led units, that this can also be handled safely by road ambulance.

18. In your opinion, what are the barriers to providing consultant-led maternity services at both Pembury and Maidstone?

Answer: There are a number of longstanding barriers to providing consultant-led maternity services at Maidstone. They are the same drivers for change that underpinned the original consultant in 2004, but are now a reality.

- The Trust cannot recruit sufficient levels of middle-grade paediatric doctors to run duplicate services for women and children on two sites.

- There is no indication that the situation will improve in the future. It has visibly and physically deteriorated over the last six years to the point where even middle-grade children's doctors with `varying' levels of skill are now no longer available in the numbers the Trust needs to run duplicate services on two sites.

- Obstetric and paediatric services are interlinked and interwoven. If one service falls, it affects the integrity and continuity of the whole service, in this case at Maidstone and Pembury.

- The European Working Time Directive has improved care for patients by reducing doctors' working hours. Even if the Trust could recruit enough middle-grade paediatric doctors to maintain round the clock services on two sites in the future, the additional doctors required would not see enough patients between them to maintain their experience and learn new skills.

- The Trust has managed to maintain services to this point by using Locum/agency doctors, but this is neither efficient or best practice for patients, nor does it provide the Trust with a platform for delivering future long-term sustainable improvements in patient care from.

- The Trust has been given temporary permission for some of its doctors to work longer hours than the European Working Time Directive allows, at Pembury, in Obstetrics and Gynaecology, on the understanding that this situation will be reversed with the centralisation of services in 2011. It is therefore already running some of its services on the goodwill of staff and temporary exemptions from changes established to improve patient care.

- The Trust has already been able to attract two new obstetric consultants partly because they want to work at the new hospital being built at Pembury, in 18 months time, in its state of the art women and children's centre. This is an attraction that two smaller units do not have.

- The two smaller units will not be able to reach higher standards of care in the future if they continue to standalone. They will not enable clinicians to work as a bigger team and sub-specialise, offering even higher standards in different areas of women and children's care.

- The new hospital at Pembury will be world-leading in public health services. The overall personal experience and levels of privacy and dignity patients will have in the women and children's centre at Pembury will be second to none. It was built with the intension of being the very best hospital of its kind to attract the very best staff and give patients an unparalleled experience. If the Trust continues to run two services, it cannot be ruled out that women from Maidstone will choose to have their children at Pembury because of the clear divide that will undoubtedly exist between services in Maidstone and Tunbridge Wells. If this occurs, and that is likely, it will have a further detrimental affect on the Trust's ability to maintain services at Maidstone.

- The Royal College of Obstetricians has considered the future of 'small' maternity units (those responsible for fewer than 2500 births per year as in the case of Maidstone) and concluded that models such as those proposed for West Kent are an example of a successful model of care. In cases where small obstetric units remain open, they tend to provide care for low/medium risk women which would in any case entail transfers being made to a larger unit in the case of complications. ('Maternity Services: Future of Small Units' RCOG 2008)

  Government guidance also recommends that 'most women should be offered midwife led models of care and should be encouraged to ask for this option'.

- The final point is not a physical barrier that stops duplicate services being run on two sites. If the Trust continues to run duplicate services on two sites, this will be a barrier in itself to improving patient care.

  The Trust has a clear, agreed plan, to improve standards of care that would otherwise be unattainable if services stay as they are. No alternative viable solutions have emerged in six years to solve these unrelenting challenges.

  The Trust has made changes for the better since 2008 and believes this next step, that has been long in the waiting, will enable it to continue its journey of improvement for patients in Maidstone and Tunbridge Wells alike.