

Report of the Task and Finish Group considering the provision of Women's and Children's Services within Maidstone and Tunbridge Wells NHS Trust

1. Background

a. In December 2004 the KCC Joint Select Committee of the East Sussex and Kent County Councils' Health Overview and Scrutiny Committees (HOSCs) voted to support the proposals for the reconfiguration of the Women's and Children's Services in Maidstone and Tunbridge Wells NHS Trust (MTW Trust), who run hospitals in Maidstone, Pembury and Tunbridge Wells. The KCC Health and Overview Scrutiny Committee had already agreed to receive an update in respect of the service redesign at MTW NHS Trust. Following the meeting of the committee on November 27th 2009 and a Councillor Call For Action at Maidstone Borough Council a Task and Finish Group was established to review in depth the Women's and Children's Service at Maidstone Hospital and the new Pembury Hospital.

2. Introduction

a. Since the setting up of the Task and Finish group we have considered evidence from a wide variety of sources (see Appendix for details). We understand that this issue surrounding the transfer of the consultant led acute services from Maidstone Hospital is a highly complex and emotive one. Having scrutinised in great detail the wealth of information available and conducted a number of in-depth interviews with a comprehensive range of witnesses, we have produced this report with our key findings. Although the overriding issue relates to health, it is clear that a holistic approach to problem solving is key to the future planning of major projects which feature a variety of interconnecting issues.

3. Location of Services

a. The Group noted that the obstetric clinical led deliveries only are moving to Pembury Hospital but a total of six consultant led clinics will remain at Maidstone Hospital. These will cover antenatal and postnatal care including ultrasound. Presently discussions are continuing in respect of the possible retention of Gynaecology for inpatient emergency and elective gynaecological surgery which is not allied to oncology at Maidstone. These discussions are active and ongoing.

b. A midwife led Birthing Unit will be provided at Maidstone Hospital within the former nurses' home following substantial refurbishment. The criteria for women using the Birthing Unit will be as per NICE (National Institute for Health and Clinical Excellence) guidelines and the centre is intended for women who have had a straightforward and uncomplicated pregnancy. The Birthing Unit is planned to be used by up to 500 women annually.

- c. A purpose built Women's and Children's Centre will be situated at Pembury Hospital and will offer single rooms with en-suite facilities.
- d. Paediatric day care will be retained at Maidstone Hospital.
- e. The Group were advised by the MTW Trust that if ordered by the Department of Health to provide consultant led services on both sites, then they would carry out this instruction. However in the event that the service was unsustainable and ultimately found to be clinically unsafe this could lead to the subsequent closure of the maternity service at Maidstone Hospital.

4. Transfers

- a. It is apparent that not all transfers from existing Birthing Units constitute an emergency situation which requires a blue light service. Many are a precautionary measure to ensure that the pregnant woman delivers her baby safely.
- b. It must be noted that although the travelling time to Pembury is stated to be 30 minutes, the total transfer time could be 1 hour from the time of the making of initial telephone call to arrival at the destination ward of the patient.
- c. Depending on the circumstances at the time of transfer, patients can go to any hospital of their choice if it is nearer to their home and it is safe for that journey to be undertaken. Not all of the women who undertake transfers from Maidstone Birthing Unit would go to the new Pembury Hospital. Patient choice is paramount unless there is a clinical need which will override patient choice. The Task and Finish Group were advised that arrangements may be made at the William Harvey Hospital in Ashford, Medway Maritime in Gillingham, or even Darent Valley in Dartford for delivering babies.
- d. There are clear criteria (guidelines devised by NICE and the Royal Colleges, such as the Royal College of Obstetricians and Gynaecologists) for transfer in labour which will require good liaison with the ambulance services and a subsequent transfer may be to William Harvey Hospital, Medway Maritime, Darent Valley or Pembury.

5. Transport / Travel

- a. The Group met with KCC officials who explained the lack of progress relating to the Colts Hill (A228) road improvement. This is a major project under Regional Transport Board priority funding control and with the current economic situation is not considered a sufficient priority to secure the necessary funding, probably until post 2014. The Group concluded that this was not within the control of the MTW Trust, however the Trust, East Sussex County Council, Kent County Council, and the relevant borough and district councils, should actively lobby the relevant bodies for the finance and stress its strategic importance.

b. When the 2004 Joint Select Committee Report was report was written it was assumed a new road scheme though Colts Hill would be progressed. Although £25M was ring fenced for this upgrade, the alteration in the road is not planned until at least 2014 at the earliest. The only prospect for any road improvement is for the extension of dual carriageway of the A21 which is due to start in 2011 /12 and could take two or more years to complete. This would assume a proper interchange at Pembury and would move any potential traffic problems issues away from the Pembury roundabout ensuring a smooth traffic flow.

c. The Group noted the existence of the current public transport situation with only one direct route linking Pembury and Maidstone. There is a potential upgrade, subject to the award of Government Kickstart funding, to the number 6 bus route from Maidstone to Tunbridge Wells via Pembury Hospital to every half hour from 6am to 6pm. Currently, there are no other links for public transport. The MTW Trust indicated that they are prepared to subsidise these routes in cooperation with the County Council.

d. The Group would wish to see an update plan implemented for patient transport services between the two hospitals.

6. Staffing

a. From the research undertaken by the Group there are systemic issues which provide substantial barriers. The European Working Time Directive (limiting junior doctors to 48 hours per week from 2009) and the difficulty of recruiting and retaining middle grade paediatricians remains the most prominent problem to solve.

b. In respect of Paediatric Training there were the following difficulties :-

- an insufficient number of applicants applying to the available posts
- a lack of critical mass of patients in the unit to offer the spread of experience necessary for career progression
- a higher number of female doctors recruited to the speciality of paediatrics who want to work part-time in order to balance family commitments
- a lack of attractiveness in the profession due to potential litigation
- national shortage of paediatricians

c. Within the birthing unit the midwives are confident of their abilities to deliver a first class service without clinical intervention. However at Birthing Units the following services would not be available:

- forceps delivery
- ventouse delivery
- administration of epidurals
- caesareans (both unplanned and elective)

d. The above constitutes about 40% of the deliveries noted in the 2006 birth figures for Maidstone Hospital.

e. The Group was asked to note by the MTW Trust that recruitment in the short term may be hampered whilst it is still unclear what any referral outcome may demand.

7. Choice – local / non local

a. There seems to be a lack of public awareness in respect of the choices which are currently available.

b. These are home births; midwife led birthing unit and a hospital only limited by clinical need.

c. Figures released by the Trust for 2006 at Maidstone Hospital, show the number of births which required clinical assistance was 1,173 which excluded elective caesareans.

d. Whatever choice is made regarding place of delivery the national clinical standards of care apply at each and every location, whether it is a midwife led birth centre, or at a consultant led facility or at a patient nominated unit outside the Trust.

e. It is essential that GP Practices give proper information to expectant mothers about the choices available to them in relation to the actual place of birth of their baby.

8. Visit to West Kent Primary Care Trust (NHS West Kent) Commissioners / views

a. The Task and Finish group engaged in a useful dialogue with the Primary Care Trust (PCT). The PCT's position is to continue with their wholehearted support of the ongoing MTW service redesign programme.

b. We were advised by the PCT Commissioners that in the event that a referral takes place, there would be a potential delay to the implementation of Women's and Children's Services located at Pembury.

9. Buckland Birthing Unit

a. The Task and Finish group visited the Buckland Birthing Unit at Dover which provides an environment for natural birth conditions with the supplement of pethadine and gas and air. There is no access to an epidural on site. With reference to transfers from this unit, only two emergency blue light transfers have been required in the ten years in which the unit has been operational. On both occasions

the outcome was favourable for both baby and mother. The midwives volunteered that 3 in 10 were transferred to other facilities e.g. William Harvey Hospital and Queen Elizabeth the Queen Mother Hospital (QEQM) in Margate as a precaution prior to any difficulties taking place.

b. The same midwife will accompany the woman to the hospital once the decision to transfer is made.

10. Communications

a. After nearly a decade the MTW NHS Trust does not present itself as an integrated workforce. There appears to be a lack of ongoing public engagement about the implementation of the redevelopment of Women's and Children's Services within MTW NHS Trust. Also we noted a lack of ability on the part of the Trust to present this implementation in a structured and positive format to members of the public.

b. During an interview with the Chief Executive of the Strategic Health Authority (SHA) it was confirmed that they were satisfied with the original 2004 consultation but they agreed that within the ongoing communication strategy there were areas which needed improvement.

11. Alternatives

a. The MTW Trust believe no practical alternative has been presented which would allow the status quo. All establishments must conform to the National Guidelines and perform at a level which will give the ability to train staff and maintain their accreditation for such training.

b. The Task and Finish Group were assured that financial resources were not the basis for the reconfiguration. The Trust has requested an alternative solution which is deliverable, workable and acceptable but this has **not** been forthcoming from any of the witnesses and stakeholders that have been interviewed by the Task and Finish Group, except possibly for an issue relating to gynaecological services which is picked up in Recommendation 1.

12. Conclusion and Recommendations

a. With the exception of the additional provisos mentioned in this report, we support the conclusion of the 2004 Joint Select Committee.

b. None of these provisos would by themselves warrant a referral to the Secretary of State for Health.

c. However there has been so much local public concern expressed about the implementation of the decision to reconfigure the Women's and Children's Services,

that in order to reach a definitive conclusion there remains only the option of referral to the Secretary of State for Health to obtain closure.

d. In addition to our conclusion, we wish to make the following recommendations:-

1. We recommend that there is an urgent resolution to the review currently under way concerning the possible retention of elective inpatient and inpatient emergency gynaecological services at Maidstone Hospital.
2. There is concern about the lack of progress in the construction of the A228 Colt's Hill road which had been highlighted in the 2004 Joint Select Committee report. We wish all stakeholders to put pressure on to the Regional Transport Board to implement this work as a matter of urgency.
3. To ensure there is adequate transport provision to serve the new development at Pembury we endorse the 2004 recommendation that the relevant County Councils, relevant Borough and District Councils and the Acute Trust identify dedicated officers, who will recognise the challenges and find solutions in partnership,
4. We endorse the 2004 recommendation that the East Kent Integrated Transport Model be extended to include West Kent with the involvement of appropriate bodies in East Sussex.
5. We endorse the 2004 recommendation that the local NHS develop and promote a communication strategy specifically for the education of the public on the service redesign.
6. It is important that GPs embed in their service provision the dissemination of quality information regarding the birthing choices open to pregnant women.

Appendix: Sources of information

Visits and Meetings

Visit to Buckland Hospital, 11 December 2009

Meeting with MASH (Maidstone Action for Services in Hospital), 18 January 2010

Meeting with NHS West Kent and SECAmb, 20 January 2010

Meeting with MTW midwives and a meeting with MTW consultants, 26 January 2010.

Visit to site of new Pembury Hospital and meeting with MTW clinicians and Executives, 28 January 2010.

Conference call with Candy Morris CBE, Chief Executive, South East Coast Strategic Health Authority, 5 February 2010.

Conference call with Dr Charles Unter, Consultant Paediatrician, Maidstone and Tunbridge Wells NHS Trust, 5 February 2010.

Meeting with Mick Sutch, Head Of Planning & Transport Strategy, Kent County Council, 5 February 2010.

Meeting with Geoff Mee, Director of Integrated Transport Strategy, Kent County Council, 9 February 2010.

Meeting with Dr Tony Robinson, 10 February 2010.

Written Information

“Excellence in care, closer to home. The future of services for women and children – a consultation document.” October 2004.

Excellence in care, closer to home. The future of services for women and children. Kent and East Sussex County Councils’ NHS Overview and Scrutiny Joint Select Committee response. December 2004.

Maternity Matters: Choice, access and continuity of care in a safe service. Department of Health, Policy Document, April 2007.

Intrapartum care. Care of healthy women and their babies during childbirth, National Institute for Health and Clinical Excellence, Sept 2007.

Safer Childbirth. Minimum Standards for the Organisation and Delivery of Care in Labour, by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives, Royal College of Anaesthetists, and Royal College of Paediatrics and Child Health. October 2007.

Various reports from the Independent Reconfiguration Panel.

Information also provided by:

Maidstone and Tunbridge Wells NHS Trust

NHS Eastern and Coastal Kent

South East Coast Ambulance NHS Trust

NHS West Kent

Maidstone Borough Council

MASH

Royal College of Paediatrics and Child Health

Individual councillors, midwives, consultants, and members of the public.