

MODERNISING MATERNITY SERVICES PUBLIC CONSULTATION DOCUMENT

1. INTRODUCTION

- 1.1 The purpose of this report is to seek Member approval for a response to the above consultation document.

2. BACKGROUND

- 2.1 Southampton University Hospitals Trust (SUHT) has issued a public consultation document called “Modernising Maternity Services” which is available for consultation between the 21 August and the 20 October.
- 2.2 The document concerns proposals to change the provision of the stand alone birthing centres currently based in Lymington, Hythe and Romsey. The principal proposal is to move all services onto one site.
- # 2.3 The document is attached at Appendix 1 (for Cabinet members only) or is available either on the NFDC website at newforest.gov.uk/media/adobe/e/k/ModernisingMaternityServices.pdf or at the SUHT website suht.nhs.uk/media/pdf/6/o/Maternity_Services_Review_Consultation_Document.pdf

3. CONSULTATION

- 3.1 The Housing, Health and Social Inclusion Panel received a presentation from SUHT at a special meeting on the 19th July 2006 as part of the stakeholder involvement programme before the issue of this consultation document. Members of several support groups for pregnant women, other local Members of the Council, Members of Hampshire County Council and a representative of the Patient and Public Involvement Forum (PPIF) were also in attendance at the meeting. The Portfolio Holder for Health and Social Inclusion was also present at this meeting.
- 3.2 The Panel also had the opportunity to hear a second presentation from SUHT on the 20th September relating to the formal consultation and the Chairman Cllr Cleary and Cllr McLean have visited the Birth Centres at Hythe and Lymington in order to be able to form a personal view.
- # 3.3 The Panel will be forming a view at their meeting on the 20 September to inform the response of both the Portfolio Holder and Cabinet. An extract from the minutes of the Housing, Health and Social Inclusion Review Panel is attached at Appendix 2.

4. OPTIONS

4.1 Members have four options to consider:-

- **Option 1**
Maintain birth centre services at Hythe, Romsey and Lymington
- **Option 2**
Consideration has been given to relocate birth centre services to The Fenwick Hospital, Lyndhurst however this has been discounted from the consultation
- **Option 3**
Relocate birth centre services to Snowdon House at Ashurst
- **Option 4**
Move birth centre services to Hythe Hospital

5. PORTFOLIO HOLDERS RESPONSE

5.1 To follow.

6. FINANCIAL IMPLICATIONS

6.1 None.

7. CRIME AND DISORDER IMPLICATIONS

7.1 None.

8. ENVIRONMENTAL IMPLICATIONS

8.1 None.

9. RECOMMENDATIONS

9.1 That Members consider a response to the consultation.

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Modernising Maternity Services



Public Consultation Document


2006

suht.nhs.uk

Southampton Maternity Services Review

We, the undersigned, have read the formal consultation document produced by Southampton University Hospitals NHS Trust.

We fully support the engagement and involvement process taken and give approval and support to the Trust to move to formal consultation.

Signed 
Mark Hackett
Chief Executive, SUHT

Dated 4/8/06

Signed 
John Richards
Chief Executive, SWHPCTs

Dated 8/8/06

Signed 
Brian Skinner
Chief Executive, SCPCT

Dated 1/8/06

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Modernising Maternity Services

1. Summary

Choosing where to give birth is an important decision. Understandably women want to have their baby where they feel comfortable, confident and above all safe. Every year the number of babies born within Southampton Maternity Services goes up and there is no sign that this trend will change.

In May 2005, South West Hampshire PCTs and Southampton University Hospitals NHS Trust (SUHT) conducted a review of the current provision of maternity services. They found that the three Stand Alone Birth Centres in Lymington, Hythe and Romsey were being under utilised and on average were running at 54% capacity. This was despite the implementation of a series of initiatives from the Department of Health funded Birth Place Choices project, which ran for two years ending in 2005, in which more than 700 women were asked their opinion on birthplace choice. The project aimed to increase the number of births at home and in the Birth Centres.

We are facing a difficult situation. The birth rate continues to rise, and there has only been a small increase in the use of our Stand Alone Birth Centres. The rising birth rate is bringing more women to the Princess Anne and in order to provide safe services, Southampton Maternity services needs to redistribute midwifery resources by investing in midwives and maternity care assistants, to ensure they are where women are choosing to give birth. We want to continue to offer women a choice of where to give birth and a birth centre is one of those options.

Through formal consultation (section 7), Southampton University Hospitals Trust is proposing changes to the provision of Stand Alone Birth Centres in Lymington, Hythe and Romsey. This will facilitate the development of the existing service to the requirements of the National Service Framework (2004) and deliver an improved service for women and their families that is sustainable financially, and allows additional investment in maternity staff to manage the increasing birth rate. It will

consider the relocation of Stand Alone Birth Centres from Lymington, Hythe and Romsey onto one site.

Through our extensive section 11 engagement and involvement, we have begun to seek stakeholder views on the future of maternity services across Southampton including the provision of birth centres across the New Forest and Romsey. This has informed our public consultation document. There are four options to consider:

Option 1

Maintain birth centre services at Hythe, Romsey and Lymington

Option 2

Consideration has been given to relocate birth centre services to The Fenwick Hospital, Lyndhurst however this has been discounted from the consultation

Option 3

Relocate birth centre services to Snowdon House at Ashurst

Option 4

Move birth centre services to Hythe Hospital

These proposals are now subject to a public consultation, led by Southampton University Hospitals NHS Trust, for 8 weeks between 21st August and 20th October 2006.

We are working closely with our staff, patients, user groups and other stakeholders to ensure they are fully informed and engaged in the process. No decisions have been made. The outcome of this review will be presented to the three Trust Boards of Southampton University Hospitals Trust, South West Hampshire PCTs and Southampton City PCT who will make the final decision on the preferred option.

We would be grateful if you could take the time to read this document and let us know what you think of our proposals. Your views are really important to us. Details on how to contact us can be found on page 26.

2 Background Information

2.1 Public Health Information

Southampton University Hospitals Trust provides Maternity Services to a resident population of 555,386 (South West Hampshire PCTs, 2005). Overall the population of South West Hampshire is forecast to increase by 1.8% between 2004 and 2011 with the biggest rise of 8% in the over 65 year age group. In 2004 Hampshire County Council estimated that there were 123,358 under 18 year olds in South West Hampshire and that this age group made up 22.2% of the total population. The South West of the New Forest has some of the lowest proportions of children and young people (South West Hampshire PCTs, 2005) with Lymington and Milford having the lowest number of 0-4 year olds, Totton, Marchwood and North Blackfield having the highest number. The location of the under 4s is important as it can be used to predict where the greatest number of pregnant women are likely to reside (Hampshire County Council, 2004).

2.2 Current Service Configuration

South West Hants PCTs and Southampton City PCT commission maternity services from Southampton University Hospitals Trust. Maternity services are provided from:

Princess Anne Hospital

Consultant Led Unit

3,526 births in 2005

Main Delivery Suite

13 Labour Rooms

2 bedded High Dependency Unit

2 bedded Theatre Recovery Room

24 hour epidural service

Neonatal Service

Fetal Medicine

Consultant Led Antenatal Service

Obstetric Ultrasound

Early Pregnancy Unit

Sure Start Models of Care

Young Peoples Maternity Practice

Midwife led care

Broadlands Birth Centre at the Princess Anne Hospital

6 Birth Rooms

2 Birthing pools

994 Births in 2005

134 Homebirths

Midwife led care

Romsey Birth Centre

4 beds

One birth room with birthing pool

88 Births in 2005 (*closed for 1 month in 2005*)

9 Homebirths in 2005

Midwife led care

Hythe Birth Centre

8 beds

One birth room with birthing pool

137 Births in 2005

13 Homebirths in 2005

Midwife led care

Lymington Birth Centre

7 beds

One birth room with birthing pool

133 Births in 2005

13 Home births in 2005

Midwife led care

Women living in South West Hampshire can also access birth centres at Bournemouth and Andover Hospitals. There are also Consultant led units at the Royal Hampshire Hospital, Winchester, Poole and Salisbury Hospitals who provide maternity services for women with high risk pregnancies.

In 2005 of those women living in the South West Hampshire PCTs area and who booked with Southampton Maternity Services:

- 3.4% gave birth at home
- 16.8% gave birth in the Stand Alone Birth centres
- 13.1% gave birth in Broadlands Birth Centre
- 66.7% gave birth in the Princess Anne Hospital Consultant Led Unit

2.3 Why we need to change

A recent review (December 2005) of services provided from Romsey, Hythe and Lymington has shown that occupancy rates for birth centres within those units currently average 54%. Of the 3,000 births in the New Forest, Eastleigh and Test Valley Area in 2005, only 11% (358) took place at these Stand Alone centres. This data suggests that:

- A large number of women are not choosing to use their local birth centre for birth or post-natal care
- The units are not geographically best placed for some women and their families.
- Some women are still unaware of the choices available to them

2.4 What women have told us already

The 'Birth Places Choices Project' considered the issue of choice in place of birth. This was a two year Department of Health funded project ending in 2005, which sought to

1. identify why women made particular choices regarding place of birth
2. increase women's understanding and awareness of the range of birth choices available to them.

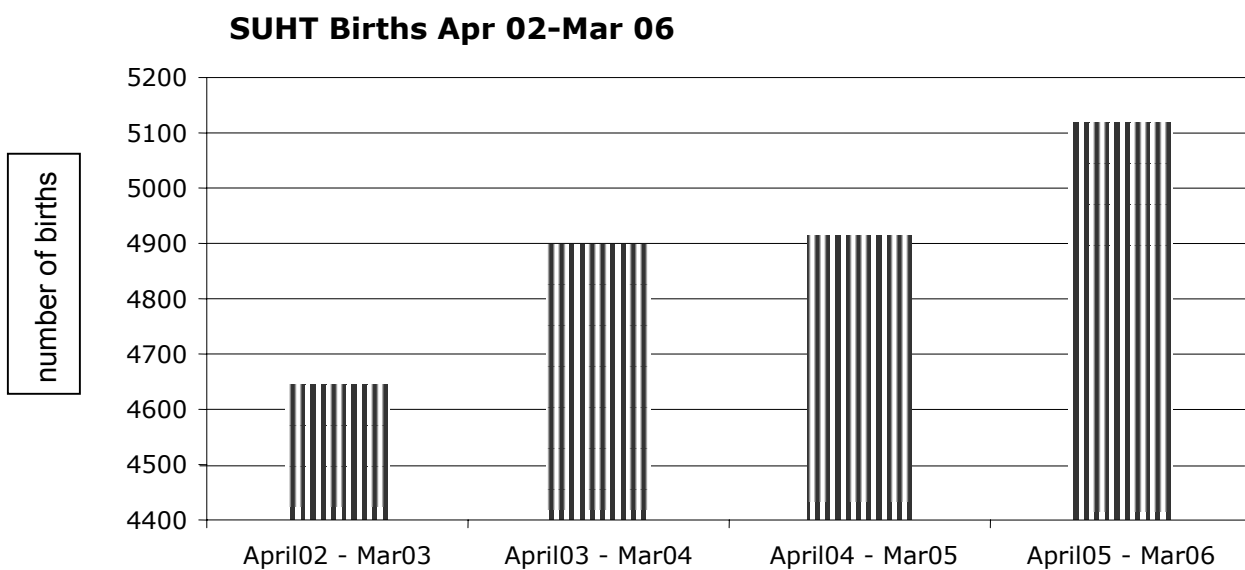
The aim was to increase births at home and in the Stand Alone Birth Centres. Key initiatives were implemented including a marketing strategy, a parent information leaflet, and focused educational activity for midwives. However this has only resulted in a small expansion in the use of our Stand Alone Birth Centres.

2.5 Birth Rate

It has been demonstrated that since 2002, there has been a year on year rise in the birth rate in Southampton and the surrounding areas. The rising birth rate is

bringing more women to the Princess Anne, not increasing the use of our Stand Alone Birth Centres. This, and the need to support the local health economy financial recovery plan, has required more creative proposals to make the best use of the resources we have.

Southampton Maternity services needs to invest in more midwives now and in the future to ensure that midwives and maternity care assistants are where women are choosing to give birth in order to provide a high quality, safe service for all women and their families.



1: Graph to show increase in birth rate Apr 02 – Mar 06

2.6 Cost of the Stand Alone Birth Centres

There are fixed individual costs for each of the birth centres regardless of the number of beds or the occupancy. These are made up of staff costs, other running costs such as equipment and a charge for the facility. Maternity Care Assistants manage the day to day running of the birth centres as well as providing breast feeding support and parenting skills, with midwives attending for births and care planning for postnatal women. This is how the costs are broken down for each year:

	WTE	£s
<u>Romsey</u>		
Pay	5.00	111,523
Midwives' travel costs		9,000
Other non-pay		11,000
Capital Charges		56,019
		----- 187,542 -----
<u>Hythe</u>		
Pay	5.35	113,790
Midwives' travel costs		7,400
Other non-pay		9,600
Capital Charges		43,242
		----- 174,032 -----
<u>Lymington</u>		
Pay	4.81	100,488
Midwives' travel costs		12,900
Other non-pay		17,100
Capital Charges		53,591
		----- 184,079 -----
TOTAL	15.16	545,654

Pay costs are based on Maternity Care Assistants on an average AFC band 3 pay scale including costs. Non-pay charges include items such as medical & surgical equipment purchases, staff travel, dressings and drugs.

2.7 Maternity Service Liaison Committee

Since May 2005, the detail of the maternity review has been reported to the South West Hampshire Maternity Services Liaison Committee (MSLC), which is made

up of clinicians, managers and lay representatives (including maternity service users) from across the area. The aim of the group is to inform commissioning as part of the planning process. The Committee has acknowledged that the existing birth centres are running significantly below capacity and that this is inefficient, not cost effective or affordable in the current financial climate. This group also commissioned a maternity service users survey in August 2005 across South West Hampshire PCT, to explore women's views on the provision of maternity services locally. Views were sought from both current and past users of maternity services through the National Childbirth Trust (NCT) and Child Health Clinics. Two hundred maternity service users responded. The key findings were:

- 64% of respondents would be prepared to travel to give birth, (an additional 25% said they might be prepared to travel). The average time that was considered acceptable was up to 24 minutes.
- 61% knew that it was just as safe to give birth at home as in a birth centre for women expecting straightforward births
- When deciding where to have their baby, the biggest factor was feeling safe. The second and third factors were pain relief options and the comfort of the environment.
- When asked about what made them feel safe whilst having their baby, the three top factors were "trusting the people around me", "feeling able to make decisions", and "being listened to"
- 84% of people surveyed said that mothers with medical complications should be given priority when accessing a consultant-led unit. 10% did not agree.

3 Future Vision for Service Provision

3.1 Developing a vision

A vision incorporating a philosophy for an integrated maternity, children and family centre has been discussed by the MSLC. The vision will:

- Match the needs of local women
- Relate to the future provision of community and acute paediatric services
- Relate to the development of Hampshire County Children's Centres
- Meet the standards in the Children, Young People and Maternity National Service Framework (2004)
- Meet the requirements of the Children Act (2004)
- Meet the priorities of the Hampshire Children & Young People's Plan (2006).
- Enable Southampton University Hospitals Trust to employ additional maternity staff.

3.2 Consultation to date

We have tested this approach with local families, their children, and those staff working across maternity services and stakeholders through our extensive engagement and involvement (section 11 of the Health and Social Care Act, 2001). This has been undertaken through focus group discussion, display of storyboards, drop in events and feedback forms. There has also been opportunity to comment via post, email or telephone to the consultation office. (Comments made by these groups can be found in Appendix 1). The aim of the public consultation is to use the views of stakeholders to develop a high quality, safe, modern and sustainable service model that meets the requirements and which fits the vision stated above. It is the view that, any future plans should include the consideration of a similar model for the population of Southampton City PCT and Eastleigh and Test Valley PCT on the east side of the city.

4 Proposals for Service Change

4.1 The Proposal

Through formal consultation (section 7), Southampton University Hospitals Trust proposes to seek the views of stakeholders to develop a high quality, safe, modern and sustainable service model. It will consider the relocation of Stand Alone Birth Centres from Lymington, Hythe and Romsey onto one site to provide better opportunities for women and their families and make better use of our resources. This will enable Southampton Maternity Services to ensure that midwives and maternity care assistants are where women are choosing to give birth in order to provide safe services for all women.

If birth centre services were relocated, it would also enable South West Hampshire PCTs to continue to develop other community services for local people in Lymington, Hythe and Romsey.

4.2 What it will look like?

We are proposing changes to our existing provision of Stand Alone Birth Centres in Lymington, Hythe and Romsey to one site with Children and Family Services. Consolidation of existing maternity services onto one site would allow the development of a modern, high quality service that meets the requirements in the National Service Framework (2004). The intention would be to match the level of capacity in the service to the demands of the local population.

Whilst a Stand Alone Birth Centre does not replace the need for hospital-based maternity care, it may provide an alternative to home birth for some women. There is evidence that supports the idea that the place where a woman gives birth can affect how relaxed, confident and in control she feels (Newburn & Singh, 2003). We are looking to provide a modern facility where women can give birth with the support of midwives in a home from home environment. It is planned to improve on existing facilities that are currently provided in our Stand Alone Birth Centres to include ensuite shower/bathrooms and amenity rooms for those women who may want a longer stay. Women and their families will continue to have access to midwives who will be based in their local area, for antenatal, home birth, and postnatal care.

There will be a range of services offered including

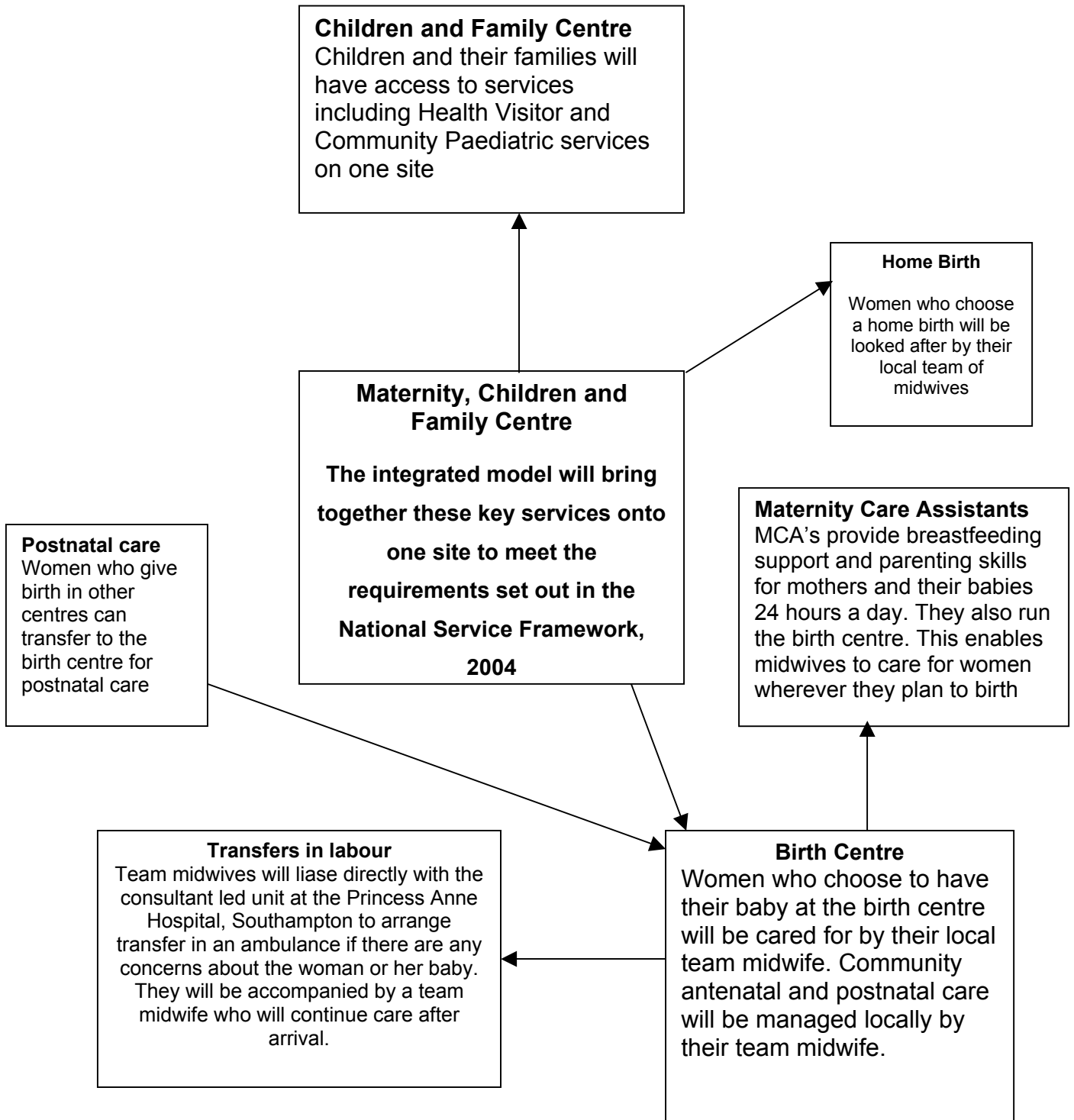
- antenatal care
- antenatal day unit facilities
- Consultant-led clinics
- Parent Education
- 24 hour advice help line
- 12/13 beds
- Birth
- postnatal care
- ensuite facilities
- amenity beds for women and their partners wishing to extend their stay

The Stand Alone Birth Centre will be midwife-led and will not have any doctors on site. The existing model of care will continue with maternity care assistants providing breastfeeding and parenting skills under the guidance of a midwife. It will not offer an epidural service, however there will be an opportunity to use water (birthing pool), massage, activity, 'gas and air' (Entonox), and pethidine. If a woman or her baby needs a doctor at any time, or if the birth is not progressing as expected, they will be transferred to the Princess Anne Hospital in an emergency ambulance.

There are positive benefits for midwives practising in this model of care, such as

- increased job satisfaction
- utilising all midwifery skills
- increased experience in decision making and support regarding straightforward birth.

4.3 Integrated Maternity, Children and Family Centre Model



4.4 How much will it cost?

WTE	£s	
	<u>Integrated Maternity Model</u>	
Pay	5.50	122,678
Pay	5.50	110,000
Non-pay (includes midwives' travel)		22,100
Locality Office base		500
Capital Charges		43,242

TOTAL	11.00	298,520
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Factored into these costs is the provision of community bases so that midwives can continue to provide local services for women and their families. Staff costs are based on Maternity Care Assistants on average AFC band 3 and Housekeepers on an average AFC band 2. Non pay cost includes staff travel.

By moving to one centre, the financial saving would be approx £247,125 pa. This money would be invested now and in the future to recruit additional midwives to look after women as the birth rate continues to rise. This will enable us to provide a safe and modern service for women and their families. There will continue to be local antenatal, homebirth, and postnatal services.

4.5 Is it safe?

There has been some debate in the media about the safety of stand-alone birth centres. Recent publication of the draft NICE Guidelines (2006) for women in labour suggest that babies born in a consultant led unit may have a lower risk of perinatal mortality, than those born in a birth centre or at home. However, research has identified that birth centres have benefits for women including shorter labours, higher spontaneous birth rates, fewer medical interventions, less use of pharmacological pain relief and increased consumer satisfaction.

Our existing model of care with maternity care assistants providing 24-hour support within the birth centres, with guidance and care planning by midwives, has had a positive impact on our service. This model means that midwives are flexible and can give care to women wherever they are, without having to 'run'

the birth centres. There are increasing demands on midwives' time and a nationwide concern over recruitment and retention of experienced midwives. In order for Southampton Maternity services to develop and expand its service and continue to offer choice to women, it must invest in additional midwives to sustain that service. Offering midwives the option of working in a Birth Centre will ensure ease of recruitment and retention of experienced staff.

4.6 What will happen to the vacated buildings if services are relocated?

This query has been raised on several occasions through our section 11 engagement and involvement process. There has been a firm commitment made by our partners in South West Hampshire PCTs (Nov 2005), that none of the community hospitals will close and their role will be developed in discussion with local GPs and stakeholders. If the maternity service proposals are implemented, space would be released that could be utilised for further service expansion.

4.7 How will the best option be decided?

There are a number of factors which will inform the decision making process to ensure we have the right services in the right place. The final decision will be informed by the Joint South West Hampshire PCTs Maternity Services Liaison Committee to the three Trust Boards (SUHT, South West Hampshire PCTs and Southampton City PCT) based on the following;

- The option that best fits a safe, high quality service informed by recommendations in the National Service Framework, 2004
- The option which best fits the overall strategic vision
- The views of all stakeholders
- The most cost effective option

The time frame will depend on the decision made by the three Trust Boards. Depending on the consultation outcome, there may be a need to temporarily move birth centre services to Hythe whilst premises are vacated and refurbished to an acceptable standard. Of all the birth centres, Hythe would be the preferred temporary centre as it has the largest capacity to manage the

number of births. Women, whose choice of birth centre may no longer be available, will be offered an alternative birth centre option or home birth.

5 Options

5.1 Option 1

Maintain Existing Services at Hythe, Romsey and Lymington (Status Quo)

Consideration has been given to maintaining the status quo and continuing existing maternity services at Hythe, Romsey and Lymington. This is not a cost effective option as the birth centres are not being well used by women and money is being wasted. Resources will not be released for Southampton University Hospitals Trust to employ additional midwives to address the rising birth rate in order to provide safe services for all women.

Romsey Birth Centre

Consideration has been given to Romsey Birth Centre as an option for an integrated maternity, children and family centre. It has been discounted from the consultation for the following reasons:

- There is no opportunity to expand the centre to provide the capacity to match the demands of the population in the South West Hampshire PCTs area
- There is no potential to integrate with children and family services on one site
- Women are choosing not to use the facility
- It is not the most cost effective option

Midwives in Romsey, currently provide antenatal and postnatal care for women and their families, who are currently registered with General Practitioners in Romsey and North Baddesley and who plan to have their baby at the Royal Hampshire Hospital, Winchester. Should birth centre services be relocated, these women will still have the choice of a stand alone birth centre facility, with antenatal, home birth and postnatal services remaining local.

Lymington Birth Centre

Consideration has been given to Lymington Birth Centre as an option for an integrated maternity, children and family centre. It has been discounted from the consultation for the following reasons:

- There is no opportunity to expand the centre to provide the capacity to match the demands of the population in the South West Hampshire PCTs area
- There is no potential to integrate with children and family services on one site
- Women are choosing not to use this facility
- It is not the most cost effective option

Midwives in Lymington, currently provide antenatal and postnatal care for women and their families, who are currently registered with General Practitioners in Lymington, New Milton, Barton on Sea, Bransgore and Milford on Sea and who plan to have their baby at either Bournemouth or Poole Hospital. Should birth centre services be relocated, these women will still have the choice of a stand alone birth centre facility, with antenatal, home birth and postnatal services remaining local.

The disadvantages of not maintaining the existing birth centres would be around the closure of local facilities. We are aware, from the feedback we have received, how sensitive this issue is as there is huge local affection for existing birth centres, which may result in a lack of local support from the three areas where the birth centres are currently sited. Centralising the service will mean further to travel for some women. However, views expressed during focus group work suggest that women value a midwife led care facility for birth and postnatal support, and therefore may be prepared to travel.

5.2 Option 2

The Fenwick Hospital

The Fenwick Hospital, Lyndhurst, had been identified as another possible option, however in our initial discussions with local stakeholders it did not receive any support. This, together with the resources required to make the Fenwick suitable for purpose, has led to this option being discounted as part of the Public Consultation. The reasons sited were:

- Concerns about the seasonal traffic around Lyndhurst
- Accessibility (includes concerns from HAST)

- Financial cost
- Future plans for the hospital may not include maternity services

5.3 Option 3

Snowdon House

Snowdon House, Ashurst is currently a Neurological Rehabilitation Centre managed by Southampton City PCT. There are plans to consider the relocation of neurological services to improve access to care.

The advantages of this location would be:

- Modern Stand Alone facility which is in line with our strategic vision and philosophy which continues to offer choice to women
- Multi-purpose facility providing ante-natal services, day unit provision eg: diagnostics, consultant led clinics, birth and post natal services
- 12/13 beds
- Enables provision of cost effective services and efficient and appropriate use of resources to deliver the requirements in the National Service Framework (2004) and financial savings for the local health community with an opportunity for income generation through the provision of amenity beds
- Drive time to Princess Anne 15 minutes
- Good road links to Southampton, Hythe, Lymington, Romsey and Totton for ease of access
- Car park with sufficient capacity
- Existing facilities management service
- The potential to expand, develop and integrate with the children and family services already delivered on site
- Opportunities to work with Hampshire County Council to increase workforce integration and build capacity to meet the 'Change for Children' agenda
- Low conversion costs, in the region of £70K, to provide high quality accommodation which meets requirements of the NSF

- A more efficient and cost effective service, saving approximately £247,125 per annum.

Disadvantages

- Not in an area of high population density
- Not local for some women
- Some women will have further to travel than at present '*especially those most vulnerable and in need of a local service*' (GP, Hythe)
- There are no direct bus routes from Hythe and Romsey, and an infrequent bus service from Lymington
- Concerns about restricting choice for some women
- Support for existing local birth centre facilities
- Concerns that there may be an increase in the use of Broadlands Birth Centre due to its ease of access from some areas
- Concerns about the summer traffic in Lyndhurst increasing the journey time
- Location is important '*keep travelling times from home to centre to a minimum*' (maternity service user)

5.4 Option 4

Hythe Hospital

Consideration has been given to moving existing services to Hythe Hospital as it currently provides a Birth Centre service. It is the only existing Stand Alone Birth Centre with the ability to expand and provide the additional capacity needed for 12/13 beds.

Advantages

- Local reputation is good
- Well located to meet the needs of a local population including areas of social and economic deprivation '*it would be a shame if Hythe closed as it is close for people who have not got transport of their own*' (past maternity service user, Blackfield)
- Stand alone facility which is in line with our strategic vision and philosophy which continues to offer choice to local women

- Multi-purpose facility providing ante-natal services, day unit provision eg: diagnostics, consultant led clinics, birth and post natal services
- 12/13 beds
- Enables provision of cost effective services and efficient and appropriate use of resources to deliver the requirements in the NSF and financial savings for the local health community with an opportunity for income generation through the provision of amenity beds
- Existing facilities management service
- A more efficient and cost effective service, saving approximately £247,125 per annum.
- Some women would travel in order to access a stand alone midwife led facility that is *'home from home'* (past maternity service user)
- Local support *'the loss of Hythe would be catastrophic-the unit is friendly, helpful and necessary'* (current maternity service user)

Disadvantages

- Poor access due to first floor location
- Geographically not central for all maternity service users and not accessible for some vulnerable families
- There is no potential to expand, develop and integrate with the children and family services already delivered on site
- Further to travel for some women
- Support for existing local Birth Centre facilities
- Concerns that there may be an increase in the use of Broadlands Birth Centre due to its ease of access from some areas
- Car park with insufficient capacity
- High conversion costs at around £150k and potential high ongoing maintenance costs due to age of building

5.5 Travelling times/distances

	Hythe Birth Centre	Snowdon House
Princess Anne Hospital	11 miles 30 mins	5.8 miles 15 mins
Lymington	10.8 miles 25 mins	11 miles 25 mins
Hythe		7.9 miles 15 mins
Romsey	14.7 miles 30 mins	9.7 miles 20 mins

2: Distance in miles and approx journey times to suggested options

This does not take into account any seasonal variations, time of day, or weather conditions.

6 The Consultation

6.1 This is the first proposed facility to incorporate pregnancy care and children's services within the community on one site. To enable us to meet these objectives, we are proposing changes to the provision of Stand Alone Birth Centres in Lymington, Hythe and Romsey so that we can develop the existing service to the requirements of the National Service Framework (2004) and deliver an improved service for local women and their families that is sustainable financially, and allows investment in additional midwives to cope with the increasing birth rate in Southampton maternity services.

6.2 Our partners in Southampton City PCT are proposing to move Neuro Rehabilitation Services from Snowdon House at Ashurst in order to bring together general rehabilitation beds on one site. This creates an exciting opportunity for a future Maternity, Children and Family Centre on a single site at Ashurst, which allows the local NHS to meet modern quality standards set out

in the National Service Framework, 2004. There is also an opportunity to expand the existing Birth centre at Hythe Hospital to match the demand, which already has a very good local reputation.

6.3 Southampton University Hospitals Trust, through formal consultation (section 7), now intends to seek the views of local communities and stakeholders to inform the development of a high quality, modern and sustainable service model that meets the requirements of the National Service Framework, 2004. This includes seeking views on the relocation of Stand Alone Birth Centres from Lymington, Hythe and Romsey to one facility to provide better opportunities for women and their families and make better use of our resources. Should this be the case, South West Hampshire PCTs (which run other services at these sites) will develop plans to use the vacated areas. This is in line with the programme of development of community hospitals, which began after extensive public consultation last year. Existing services and community hospital beds at Hythe and Romsey Hospitals will not be affected by these proposals. Antenatal, homebirth and postnatal care services will continue to be provided for all local women and their families.

6.4 These proposals are now subject to a public consultation, led by Southampton University Hospitals NHS Trust for 8 weeks between 21st August and 20th October.

Copies of this consultation document are available from the Southampton University Hospitals Trusts Website, suht.nhs.uk or by contacting the Maternity Services Review Office on 02380796248.

6.5 Southampton University Hospitals Trust, in partnership with South West Hampshire PCTs are distributing the document during the consultation period to stakeholders in Southampton, New Forest and Eastleigh and Test valley South. Both organisations are also working closely with our staff, patients and user groups and other stakeholders to ensure they are fully informed and engaged in the process. The information will be circulated widely to:

- a) Our staff and their representatives

- b) GPs, and practice staff, practice nurses and community nurses and therapists
- c) Patients, relatives and carers
- d) Public
- e) Maternity Services Liaison Committee (MSLC)
- f) Councils, unitary, borough, district and county
- g) Education establishments, inc Southampton University
- h) Patient and Public Involvement Forums
- i) Voluntary and community organisations (e.g National Childbirth Trust, ante and post natal groups etc)
- j) Other NHS trusts and Primary Care Trusts (inc Hampshire Ambulance)
- k) The Strategic Health Authority
- l) Southampton and Hampshire Overview and Scrutiny Committees
- m) Local MP's councillors and parish councils
- n) Media – local, regional and national.

7 What decisions have been taken already?

None. The purpose of the consultation is to seek the views of stakeholders to develop a high quality, modern and sustainable service model that meets the requirements of the National Service Framework, 2004. It will also consider the relocation of Stand Alone Birth Centres from Lymington, Hythe and Romsey to an integrated community maternity and children's facility to provide a high quality, sustainable service for women and their families and make better use of our resources.

8 Your views count

We have begun to engage with local families and their children, and those staff working across children's services and stakeholders, however we would like to hear your views and receive your comments about what the changes should

be. It is important to us to make sure that our services meet your needs. We will incorporate your ideas.

9 Contact us

For general information about the consultation please see our website or alternatively please send your comments and questions to:

Sarah Marsh

Southampton University Hospitals Trust

Room E98

Princess Anne Hospital

Coxford Road

Southampton

SO16 5YA

Or via email yourviewscount@suht.swest.nhs.uk or phone 02380796248

Website suht.nhs.uk

10 Timescale

The consultation will run for 8 weeks between 21st August and 20th October. A timetable of past and future events can be found in Appendix 2.

11 Feedback

We will be grateful for all responses received and will produce the results of the consultation on our website within eight weeks of the deadline for responses. If you would like us to send you a copy of the findings directly please indicate this and provide your postal or email address when you respond.

12 Glossary of Terms

Terms	1 Definition
Acute Services	Medical and surgical interventions, both emergency and non-emergency, undertaken in hospitals rather than in a community setting. Acute means short term, as opposed to chronic which means long term
Antenatal Services	Care for women during pregnancy
National Service Framework	The Children and Young People and Maternity Services National service Framework 2004. A government document which creates a framework for the future provision of maternity services.
Neurological rehabilitation	Rehabilitation for people who have difficulties as a result of an incident or accident that has affected their nervous system. For example: multiple sclerosis, motor neurone disease; stroke.
Perinatal Mortality	All stillbirths and all baby deaths in the first week of life
Postnatal Services	Care for the women and her baby after birth
Primary Care Trust (PCT)	A statutory, locally managed, free-standing NHS organisation, responsible for improving health, commissioning and delivering health care for local residents. They also run some services and community hospitals.

Terms	1 Definition
Stakeholders	Those parties who have an interest in the future provision of Health Services
Stand Alone Birth Centre	Midwife led centre with no doctors Obstetricians, Paediatricians, or Anaesthetists on site
Strategic Health Authority	A new statutory organisation in the NHS, proposed to be the bridge between the Department of Health and local NHS services, to manage the performance of NHS Trusts and Primary Care Trusts, and to provide strategic leadership to ensure the delivery of improvements in health, well being and health services locally

References

Department of Health 2002: Health Survey for England, DH, London dh.gov.uk

Department of Health 2005: Creating a Patient-Led NHS: Delivering the NHS Improvement Plan. DH, London dh.gov.uk

Health and Social Care Act, 2001: HMSO London, opsi.gov.uk

M Newburn & D Singh, 2003: Creating a better birth environment. An audit toolkit: National Childbirth Trust, nctms.co.uk/rhp_prodshow

NICE Guidelines (Draft) 2006, Intrapartum care: management and delivery of care to women in labour. National Institute for Health and Clinical Excellence, London

ODPM, 2004: Index of Multiple Deprivation. Office of the Deputy Prime Minister, London odpm.gov.uk

National Service Framework for Children, Young People and Maternity Services 2004. Department of Health, London, dh.gov.uk

South West Hampshire Primary Care Trusts, 2005: Local Health Comparisons, South West Hampshire. southamptonhealth.nhs.uk

Appendix 1 Feedback from Focus Group work (Section 11)

Organisation	Affiliation	Comments
Birth Centre Staff		<ul style="list-style-type: none"> • concerns about womens choice • Existing facilities serve the local community • Provide good quality of care • Concerns about safety with travelling to a relocated centre • Concerns of use of relocated centre • Too little saved to justify loss of valued centres • Concerns about future working practices
Bosom Pals Hythe	Support Group	<ul style="list-style-type: none"> • Travel is an issue, no public transport from Hythe to potential options • Difficult for women in Calshot/Fawley to access services • familiarity of the building is important • birth centres provide good postnatal support with personal individualised care • home birth would be an option for some • Centre provides a community focus • Would travel to a birth centre rather than PAH • Concerns that there would be an increase in BBA's • Would ambulances transport women to the options?
Bosom Pals Romsey	Support Group	
Blackfield Sure Start	Social Services	
Broadlands Birth Centre	Maternity Service Users	<ul style="list-style-type: none"> • Wouldn't use birth centres in forest as too far to travel for birth but would use for postnatal support • Some facilities need updating

		<ul style="list-style-type: none"> • Transfer to the Consultant led unit is stressful • Staff on Broadlands are very helpful even if under a lot of pressure
Broadlands Birth Centre Maternity Staff	NHS	<ul style="list-style-type: none"> •
Eastleigh and Test Valley Overview and Scrutiny Committee	Local Government	
Hampshire Ambulance Service	NHS	The Ambulance Trust overall considers that centralising of the Birthing Centre appears to be a sound decision, for both patients and the Ambulance Service. However, we would like reassurance that there will be no significant increase in ambulance transfers of patients under this new model, that will impact on care and risk to expectant mothers and affecting current ambulance service demands.
League of Friends Romsey	Voluntary Group	
Lymington Birth Centre Support Group	Voluntary Group	<ul style="list-style-type: none"> • What are the timescales involved with the 'consultation'? • Travel and transport will be an issue if we need to travel through Lyndhurst. Not all families have access to cars. • When, if Lymington is closed, will Ashurst be open? (Question from mother due to give birth in October 06 & who wishes to use the birthing centre in Lymington). • Are we consulting with GPs as they actively dissuade mothers from using birthing centre? • What are the venues for public meetings? • Concerns re travel time if in labour (esp through Lyndhurst). • Is Lymington Hospital still on the plans (for a birthing centre)? • Will there be notice of meetings in the future as the notice for this one was short? • What is the capacity at Princess Anne and Broadlands – how many were there because they'd been turned away from a birthing centre because it was full? • What was the proposed capacity of beds at Ashurst?

		<ul style="list-style-type: none"> • What options are there for east Southampton? • It would be easier to travel to Bournemouth than go through Lyndhurst. During the summer months it would be quicker to get to Bournemouth. • If the current centre isn't being used to capacity, can't it be made smaller and led by GPs and midwives? • GPs scare monger and advise mothers to travel to Southampton rather than use birthing centres. • There should be more information available to mothers re birthing centres and including offers to visit them. • Do the figures being quoted account for those turned away from birthing centres? • How many first births are there in Southampton with a second birth either in a birthing centre or at home? (This was based on some mothers saying care at Princess Ann was not good). • After care is much better at birthing centres. Staff have more time. Princess Ann is like being on a conveyor belt. • A number of messages work against giving birth outside hospital. can you do more work around getting positive messages to expectant mothers who are then more likely to use birthing centres and therefore make them more viable? • What work has been done around identifying risks if there are complications? (Question relating to the potential of having to travel via Lyndhurst). • If a birthing centre was to be included in the original plans for Lymington Hosp (new build), why can't that still go ahead? Plans still say there is provision for a birthing centre and people are still being told there could be one. (Question from a mother whose relative is working on the new Lymington Hosp project). • Where will midwives be based? • Why, if we are moving to one building, can't that be in Lymington Hospital? All the other sites are much further to the east (from Lymington) and are far more central leaving Lymington and surrounding areas with a much greater distance to travel. • We want Lymington added to the story boards as another option. • There is still the wide assumption locally that Lymington will still
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		<p>be able to have a birth centre as in the plans.</p> <ul style="list-style-type: none"> • How many mothers gave birth in Broadlands having first had an epidural in the main unit? <p>Most concern was around travel and transport esp the issues to do with the potential of having to travel via Lyndhurst – a well known bottle neck esp in the spring/summer months.</p> <p>Of equal concern are the issues around Lymington Hospital new build and why, if we are looking for one birthing centre, can't it be within the new hospital as per the plans that were widely available last year? It was noted that the options of Hythe, Romsey and Ashurst were much closer to central Southampton and therefore Lymington and surrounding areas were seen to be being disadvantaged. Opinion was strongly voiced about the need for a birthing centre to the west with a preference being Lymington.</p>
<p>National Childbirth Trust Hythe Tea Group</p>	<p>Voluntary Group</p>	<ul style="list-style-type: none"> • Travel is an issue, no public transport from Hythe to potential options • Difficult for women in Calshot/Fawley to access services • Location important relaxed family environment • birth centres provide good postnatal support with personal individualised care • home birth would be an option for some • Centre provides a community focus • Would choose birth centre over PAH as its a 'conveyor belt' • Concerns that there would be an increase in BBA's • Fragmented service antenatally for high risk women, 'midwives can't wait to get rid of you if you have a problem' • Concerns about what services would remain local
<p>National Childbirth Trust New Forest Bumps and babes</p>	<p>Voluntary Group</p>	<ul style="list-style-type: none"> • Some were unaware of the choices available • Some had been offered all choices • All had been to birth centre in pregnancy, mostly for booking • Felt that the postnatal option to transfer after birth at the consultant led unit was not widely discussed

		<ul style="list-style-type: none"> • Need more information about what birth centre offers • Postnatal support was invaluable at the birth centre for long term support and 'rest' • Knew that Bosom Pals ran weekly but if not breastfeeding felt excluded • Wanted to keep Lymington Birth Centre but if it was relocated would definately use the service • Accepted that due to location, travel was an inevitable part of accessing maternity services • Some would definately pay for good postnatal support as long as it was a reasonable cost • Concern that if beds are relocated from Lymington and the birth rate continued to increase, would the move be shortsighted • They would travel but concerned about the summer traffic in the forest • Would not go to Bournemouth • Would there be enough midwives if there was a sudden demand for home birth
National Childbirth Trust Romsey Branch	Voluntary Group	<ul style="list-style-type: none"> • Some women not aware of all choices • GP's are a barrier to offering choice • Service is important • Will reduction in capacity increase the use of the PAH • Further for women, partners, family to travel • Would women use it? • Would use for postnatal support • Home Birth would be an option • Existing facility is part of the 'community' • poor marketing of exisiting facility • Consultation should consider the retention of two birth centres not one
National Childbirth trust Southampton Bumps and babes	Voluntary Group	<ul style="list-style-type: none"> • Lack of knowledge about choices available • All choices weren't offered • 3 had used birth centres for postnatal support (2 Hythe, 1 Romsey) • None would give birth in the standalone centres as PAH so close

		<ul style="list-style-type: none"> • Would like the same service ie continuity of antenatal care as women in forest • Chose PAH MLU for safety reasons (nr medical team) • Good reputation of service may encourage women to travel • Its about the service and confidence in carers not about the buildings • Pregnant woman who had transferred care to Romsey 'had more time to discuss worries and anxieties' than previous model of care
Parents of Pennington Pre School Lymington	Past/present maternity service users	
PPIF Members Southampton, New Forest, and Eastleigh	Statutory Body	
Royal College of Midwives New Forest Branch	Union	<ul style="list-style-type: none"> • Concern over potential closures • Midwives and Maternity care assistants in the three centres give highest standard of care • Ensure good support to staff <i>'Happy staff makes a happy workplace'</i>
South West Hampshire General Practitioners	NHS	<p>'I have no problem with the maternity services across the Southampton area, being streamlined into a single Midwife led unit if it means that Romsey Hospital space could be utilised more cost effectively'</p> <p>'we could do more to support pregnant women with in - surgery maternity clinics and locality birth preparation classes if the staff did not have to give 24/7 cover to a barely used birthing unit'</p> <p>'I should like to write and register my objection to the proposed closure of Hythe Birthing Centre. As a local GP involved in Family Practice I think this would be to the detriment of local maternity services and would certainly lead to poorer care of the local population. Many of my patients would be unable to travel to</p>

		<p>a more distant location to be seen, especially those most vulnerable and in need of a local service. I would favour development of the Hythe Hospital site to expand the service which I think would be perfectly feasible given the space available'</p> <p>'I think there are too many potential risks taken with many women who deliver at Lymington hospital; there are no anaesthetists or paediatricians on site, and there are no facilities for blood transfusion etc. Patients seem to be encouraged to deliver in the unit when I suspect the main reason is to "keep numbers up". However there is need for peripheral units where breast feeding can be established, especially for first-time mothers'</p>
Southampton University Midwifery Lecturers	Education	
Totton Tea Group	Past/Present Maternity Service Users	<ul style="list-style-type: none"> • Liked the social aspect of birth centre • Building is not important, service is important • 'needed for rest' • Why is travelling a problem for women? Women travel to hospital • Had intimate birth at birth centre • birth not always encouraged • Were aware of choices in place of birth • like feeling 'looked after' (in birth centre) • experienced lack of postnatal support at PAH • Support of peers 'we were all in it together' • Birth Centre was good when had scare in pregnancy • wouldn't travel to Lymington as going away from the consultant led unit and concerns over transfer times if there was a problem • Had baby at PAH as felt 'safe' near medical team but transferred to Hythe asap

Appendix 2

PPI/Communications timetable as at 06/07/06

Note: This is a working document that will be further populated during the engagement, involvement and consultation process.

Date and Time Pre Consultation (Section 11)	2 3 Action	By Whom	Process	Progress/Outcome
25 May 06	Maternity staff briefed	KB		
6 June 06	Carers Week displays	SM (with SCPCT)	Story Boards to be displayed with comments box & comments sheets	3.1.1
7 June 06	Neighbourhood Partnerships meeting	SM (with SCPCT)	Story Boards and comments sheets/boxes	
8 June 06	Bosom PALS (North Baddesley) 9.30 – 11.00	SM/PS	Story boards, info sheets, comments sheets & discussion	
9 June 06	Bosom PALS Lymington 12.30 – 2.00	SM/PS	Story boards, info sheets, comments sheets & discussion	30 present
12 June 06	Display at Walk in Centre (Shirley)	SM/PS (with SCPCT)	Story Boards to be displayed with	

			comments box & comments sheets	
12 June 06	Midwifery lecturers	SM	Briefing & discussions	
13 June 06	Ashurst & Colbury Parish Council 7.30 – 9.00	KB/AK/SM/(with SCPCT)	Story Boards and discussions	
13 June 06	Laura Taylor Test Valley BC 11.30 tbc	SM/PS	Briefing.	Info sheet & story boards already emailed. Agreed date to present at OSC meeting.
14 June 06	Display at Walk in Centre (Bitterne)	SM/PS (with SCPCT)	Story Boards to be displayed with comments box & comments sheets	
15 June 06	Soton NCT (Warren Centre, Shirley) 9.30 – 11.00	KB/SM	Story Boards and discussions	
15 June 06	Maternity Focus Group Romsey (staff) 2.00 – 4.00	SM	Story Boards and discussions	
16 June 06	Maternity Focus Group Hythe 9.30 – 11.30	SM	Story Boards and discussions	
19 June 06	PPIF Chairs/members	SM/PS	Story boards, info sheets, comments sheets & discussion	PPIF Chairs invited from all local PPIFs. HAST & HPT not represented. All other PPIFs represented.
19 June 06	New Forest NCT	SM	Story Boards and discussions	
20 June 06	Totton Tea Group 10.00 – 12.00	SM	Story boards, info sheets, comments sheets & discussion	

21 June 06	Hythe Bosom PALS focus group	SM	Story boards, info sheets, comments sheets & discussion	
21 June 06	ETVS OSCom 6.30 Beechurst, Andover	KB/SM/PS	Presentation & discussion	
22 June 06	Hythe NCT coffee morning	SM	Story boards, info sheets, comments sheets & discussion	
22 June 06	Lymington Maternity Focus Group	SM/PS	Story Boards and discussions	
22 June 06	SUHT PPIF	PS	Update and discussion	
23 June 06	Lymington Support group (Bosom PALS) 12.30 – 1.30 Catholic Church, Lymington	SM/PS/	Story boards, info sheets, comments sheets & discussion	15 present (re visit)
26 June 06	Maternity Focus Group Hythe 9.30 – 11.30	SM	Story Boards and discussions	
26 June 06	Romsey League of Friends	SM/PS	info sheets, comments sheets & discussion	9 present
27 June 06	NCT Romsey Branch 2.00 – 5.00	SM/KB/JR	Story boards, info sheets, comments sheets & discussion	
29 June 06	Maternity Focus Group Romsey 2.00 – 4.00	SM/PS		
3 July 06	Pennington Play group	SM	Story boards, info sheets, comments sheets & discussion	

5 July 06	South West Hants PCT Ref Group 2.00 – 4.30	PS/TM	Story board hand outs, info sheets, comments sheets & discussion	10 present
5 July 06	New Forest PPIF 10.00 – 12.00	SM/TM	Story boards, info sheets, comments sheets & discussion	
6 July 06	Romsey Bosom PALS	SM/PS	Story boards, info sheets, comments sheets & discussion	
8 July 06	St Mary's Festival (1.30 – 4.30)	SM/PS/midwives (with SCPCT)	Attend with story board display, comments boxes & comments sheets	
11 July 06	LSP & Well being Action Group tbc	SM/PS	Story boards, info sheets, comments sheets & discussion	
17 July - Potential start of consultation (section 7)				
19 July 06	Meeting with New Forest District Council	PS & tbc	Presentation & discussion	
24 July 06	Display at Civic centre Southampton (staffed from 11.00 – 2.00)	SM/PS	Story boards, info sheets, comments sheets & discussion	
31 July 06	Drop in event. Crossfield Hall, Romsey 11.00 – 6.00	KB/SM/AK/PS/TM/AA/PALS? (shared event with SCPCT)	Story boards, info sheets, comments sheets & discussion	(Room hire £64)
2 August 06	Drop in event. Wells	KB/SM/AK/PS/TM/AA/PALS?	Story boards, info	(Room hire £152)

	Place, Eastleigh 11.00 – 7.00	(shared event with SCPCT)	sheets, comments sheets & discussion	
8 August 06	Drop in event. Southampton Voluntary Services. 11.00 – 7.00	KB/SM/AK/PS/TM/AA/PALS? (shared event with SCPCT)	Story boards, info sheets, comments sheets & discussion	
9 August 06	Drop in event. Brockenhurst College 11.00 – 7.00	KB/SM/AK/PS/TM/AA/PALS? (shared event with SCPCT)	Story boards, info sheets, comments sheets & discussion	
12 August 06 (tbc with organisers)	Mela Festival (all day event)	SM/PS/midwives (with SCPCT)	Attend with story board display, comments boxes & comments sheets	
17 August 06	Southampton OSC	KB/SM/AK/PS	Presentation & discussion	
Date tbc	Sure Start Central			
3.1.1.1 Other Activity				
	Julian Lewis & Sandra Gidley briefed	JR	Meeting and phone call	
	Press/Media briefs & releases various	AA/KB		
	GP's briefed	Dr Balfour	Email issued with contact details, information sheet and comments form	

	MSLC	KB/SM & MSLC group members	Briefed & updated about process	
	OSCs	KB/SM/AK/PS	Presentation at Hants OSC 30 May 06. Presentation at Soton OSC 17 August 06	
	Story Boards, information sheets & comments box on display in Princess Anne since end of May 06			

Key:

MH – Mark Hackett, Chief Executive Southampton University Hospitals Trust (SUHT)

JR – John Richards, Chief Executive South West Hants PCTs (SWHPCTs)

KB – Karen Baker, Divisional Director of Operations, Women & Children

AK – Anne Kelly, Director of services for Children and Families (SWHPCTs)

SM – Sarah Marsh, Project Manager

JR – Jane Rogers, Consultant Midwife

PS – Pam Sorensen, Head of Patient & Public Involvement (SUHT)

AA – Alison Ayres, Head of Communications

ST – Sara Tiller, Assistant Director of Communications & Corporate Services (SWHPCTs)

Maternity Consultation Document 21/08/2006

TM – Tim Moran, Head of PPI (SWHPCTs)

SWHPCTs – South West Hants Primary Care Trusts

MSLC – Maternity Services Liaison Committee

NCT – National Childbirth Trust

**EXTRACT FROM HOUSING, HEALTH AND SOCIAL INCLUSION REVIEW
PANEL – 20 SEPTEMBER 2006**

21. MATERNITY SERVICES REVIEW (REPORT A).

Mrs M Macaulay addressed those present from the Panel. Mrs Macaulay explained that she had previously made representation to Test Valley Borough Council regarding this issue. She had over 19 years experience of working with midwives within the Romsey area and had a number of concerns regarding the closures of the three birthing centres, namely Romsey, Lymington and Hythe. Mrs Macaulay fully understood the financial rationale behind the proposed closures but felt that the detrimental effects on the local community far outweighed this.

Mrs Macaulay had further concerns regarding the limited numbers of midwives present with the Test Valley/New Forest area and felt that the closures would exacerbate this problem by drawing professionals away from the area. She went on further to say that following the recent reopening of Romsey hospital, the SUHT had made reassurances to the League of Friends that the Centre was safe and would remain open, however these reassurances had been shattered.

The consultation process and advertisement of public meetings, she felt had been insufficient. Particular concerns were also raised regarding the position staff had been placed in with regards to speaking publicly on the issue, fears were further raised regarding staff morale. In summary she felt that the problems associated with the proposals such as transport, duty hours of midwives and standards of services did not justify the need for cut backs.

Ms S Roach spoke to these members present. Ms Roach had 20 years experience as a senior midwife and lecturer. Ms Roach spoke with great sadness at the proposed reduction in facilities. She also felt that the method of the consultation had been poor, as joint meetings had not taken place with staff and the drop in sessions had been insufficient compared to wider public meetings.

It was further felt that staff had been pressurised to remain silent during the consultation period, with threats of disciplinary action taking place should a member of staff speak out on the subject. It was the duty of a professional to advise the public on services, and therefore this approach was inadequate and demonstrated the poor management of the Trust.

The issue of travel to the proposed centre was discussed, as was the right of the community to have a local facility within easy reach. Ms Roach stressed that money should not be put as a priority before patient needs.

The proposal to move towards a single unit within Snowden House was felt to be an unwise choice, especially as it would be inconvenient and disruptive to the current residents.

In summary, Ms Roach felt that the management jargon and massaged figures from the SUHT was unsatisfactory, and strongly felt that the New Forest deserved to retain their current level of services.

The members present received an informal presentation from representatives from the SUHT namely; Mrs K Baker, Divisional Director of Operations, Women and Children's Services and Ms S Marsh, Project Manager on the Maternity Services Review Consultation. The members discussed issues prior to the formal Panel meeting.

Members were reminded of the rationale behind the proposed changes namely the impact of the increasing birth rate on staff shortages; the under usage of birthing unit facilities; and the severe constraints on finances.

The options for change included the rationalisation of the birth centres from three to a single twelve bed facility. The SUHT felt that the most viable option was Option 3 to relocate the services to Snowdon House at Ashurst.

The SUHT had undertaken wide public consultation and had taken on board the views expressed by interested parties and stakeholders and these had been referenced in the consultation document itself.

In addressing the concerns expressed by members at the special meeting on 19 July, members were advised that local facilities would be retained with ante and post natal support being continued in the localities. It was also hoped that investment would be made into the transport links to Ashurst, however members were reminded that bus and rail links were available. In the spirit of transparency members were informed that detailed data was available for inspection.

In response to the query raised at the last meeting regarding the design of the new Lymington hospital including six maternity beds, members were advised that this was not an option. A six bed facility would not be adequate enough to serve the needs of the New Forest. It was therefore felt to be an unwise investment and a single unit would be more efficient.

During discussion members raised the following comments and questions in particular regarding: -

In response to a suggestion that the facility in Lymington be retained alongside the proposed single unit, members were further advised that this was not an option, as it would not solve the financial problems facing the Trust. The Trust also felt that having a birthing centre alongside an acute hospital would create confusion for women, as the centre would not provide the obstetrics and paediatric services needed in complicated births therefore women would still have to be transferred to the Princess Anne Hospital in cases of emergencies.

Members raised further concerns regarding the positioning of the proposed unit. Especially when taking into account the needs of the most vulnerable and deprived residents, who would be unable to afford the transport costs across the forest. Members were reminded that the centres at Lymington and Hythe were underutilised, as women were not choosing to give birth in centres, but rather preferring home births or the Princess Anne Hospital.

In response to a question regarding the financial data, members were informed that costs of running the current centres and the savings made by running a single unit was clearly evidenced within the consultation document.

Two members of the Panel had each recently visited Hythe and Lymington birthing centre respectively. Both centres were high quality facilities with highly professional staff. It was felt that the centres were more able to offer mothers to be a more personal service as compared to the Princess Anne Hospital. The familiar surroundings and comfort of the birthing centres put mothers at ease. Mothers were able to receive post natal facilities such as help with breastfeeding which was not available at the hospital.

Members were advised that in 30-40% of cases of childbirth, women would have to experience an emergency transfer and would be more likely to have their baby at the Princess Anne Hospital rather than the birthing centre.

Members raised their strong concern regarding reducing local facilities, particularly because of the areas of deprivation within the New Forest and the limited public transport available. Members thought it more sensible to have two centres within the Forest. Mothers to be and their families would suffer increased difficulties when travelling to the birthing centre in Ashurst. The need for further investment into the local transport infrastructure was highlighted.

Members raised a further concern regarding the displacement of the patients already at Snowden House and hoped that their needs would be given strong consideration.

Following a short adjournment, the Panel resumed the formal meeting.

Whilst members recognised the quality and detail of the SUHT's consultation document, they felt, on balance, that Option 1 was their preferred option however they further recognised that this would not be financially viable to the Trust. They felt that the problems experienced regarding the distances of travel across the forest should have been taken into consideration, and that the needs of the residents of the Forest would be best met with two centres, as opposed to the proposed single unit. However, on balance, they considered that as it was unlikely that Option 1 would be taken forward, that Option 3 offered the most suitable alternative, by retaining a local quality facility at Hythe with some refurbishments.

RESOLVED:

That it be recommended to the Cabinet: -

- (a) That Option 1 be agreed as the option that best suits the needs of the residents of the New Forest;
- (b) That in the likelihood that the SUHT will not take this forward as a viable option, that Option 4 be agreed as the next best option; and
- (c) That a letter of thanks be sent from the Chairman of the Housing, Health and Social Inclusion Review Panel to the representatives of SUHT for their presentations held on 19 July and 20 September respectively.