

Outcome of Engagement on Service Changes:Community Maternity Unit Delivery Services

Recommendation:

The Board:-

- note the outcome of the public and patient engagement;
- approve developing the process to move to formal public consultation;

Background and purpose

The 2016/17 Local Delivery Plan included a proposal to transfer the delivery services from the Inverclyde and Vale Community Midwifery Units. In August 2016 the Board approved the process to inform and engage patients and the public about the proposed changes. This paper reports back on the engagement process. It is also important to confirm that the advice of the Scottish Health Council is that this service change should continue to be regarded as major means that formal consultation is required and a final decision lies with the Cabinet Secretary.

Service Change Proposal

Attachment 2 to this paper sets out the detail of the service change proposal, to summarise, the proposal is to:-

Transfer the delivery services at the Vale of Leven and Inverclyde to the RAH reflecting the long term decline in the number of women delivering at the two Midwifery Birthing Units which has continued and we anticipate the number of deliveries this year as follows:-

- IRH CMU circa 20 of 700 women delivering from the area this year.
- Vale CMU of circa 30 of 600 women delivering from the area this year.

Retain the full range of outpatient services

Midwifery Clinics

- Vale 6000 appointments
- IRH 8200 appointments

Consultant Obstetric Clinics

- 2500 appointments in each
-

Parent Education and Breast Feeding support

Day care & early pregnancy assessment

- Vale 3400 IRH 2700

Engagement process.

This section provides a brief summary of the engagement process, the full detail is included in attachment 1.

- Two Stakeholder Reference groups were established to help shape how best we inform and engage with people who may be affected by the proposal to transfer birthing services. Membership of the Stakeholder Reference Groups included current and recent service users and representatives from the Daisy Foundation West Dunbartonshire, Your Voice Inverclyde and NHS GGC staff.
- A variety of engagement methods were used to reach out to women who have or may use the services provided at the Community Maternity Units, their partners, grandparents and the wider public. These methods included: nine drop in sessions at the Community Maternity Units, two public events held in Inverclyde Royal Hospital and Vale of Leven Hospital, seven outreach sessions at mum and baby/toddler groups, play groups and parenting support groups. An information leaflet was also produced and handed out by midwives to women who are currently accessing antenatal and postnatal care in the Community Maternity Unit and in the community.
- Information on the proposal and engagement opportunities were regularly promoted on dedicated NHS GGC webpages for both Community Maternity Units and via NHS GGC's social media networks such as Facebook and Twitter. People could also get in touch with the Patient Experience Public Involvement Team via email, telephone or in writing.
- During the engagement process we heard from two hundred and twelve people from across Inverclyde and West Dunbartonshire and we received 30 emails, four telephone calls and seven letters with comments about the proposal.

Issues Emerging from Engagement

We have summarised the issues which have been highlighted in the engagement process and provided initial comments:-

Increasing out of area bookings: the view was expressed that by encouraging women who do not live in the area to access the service we could increase numbers. We do not believe this is a realistic assessment. Inviting women from outside these areas to attend for antenatal and post natal care, rather than accessing these services locally, so that they can have continuity of care to deliver in the CMUs seems counter intuitive. We will explore as part of the consultation how we assess the views of women from other areas.

Home Births: points were raised about the level of understanding about safety of home births, which is similar to the CMUs, and their availability.

Re-establishing consultant Units: The consultant obstetric units at the two hospitals were closed in 2004 as the levels of births were not sufficient to support the full range of services required to sustain such Units. We will set out in the consultation material the details of why reopening those services is not a realistic option.

Essential local services: There were strong views expressed that the delivery services at the CMUs delivery services are essential local services and change to them undermines other services. We understand this concern about the rest of the local hospitals and we do need to re emphasise that changes to these services does not impact on local services.

Sustainability: the issues we raised about sustainability and recruitment were not fully understood. One of the issues in that regard was why we can continue to deliver home births but not CMU births. Both of these points need to be more fully explained in the consultation.

Travel: the concern that women would need to travel for delivery was raised. We accept this is an issue for the small number of woman currently delivering in the CMUs but it is important to restate that the change proposed is one journey for delivery and to emphasise that all antenatal and postnatal care will continue to be delivered locally.

Marketing: there was criticism of the marketing effort which was committed to on the back of previous consideration of the future of the delivery services. While there have been a series of criticisms of aspects such as poster, media coverage and communication with GPs, the reality is

that the factors which influence woman's choices are their assessment and attitude to risk; their engagement with their midwife and advice from family and friends. This reengagement with women has not suggested that marketing would have influenced their choices. The central booking system gives women more immediate access to see a midwife rather than accessing midwifery care through their GP.

Capacity at RAH: there were concerns about the capacity for the additional deliveries at the RAH. The level of additional deliveries is around one each week and this can be accommodated without any issues.

Issues with the engagement process: there were comments about the engagement process focussing too narrowly on women of child bearing age and a call for wider public consultation. In our view we can demonstrate the breadth of the engagement work, however, given the decision on further process required there is another opportunity to address this issue.

Impact on inequalities: we have completed and EQIA of the proposal.

Conclusions and next steps

This paper has set out the engagement work which has been undertaken and the views and issues emerging. The engagement has highlighted the extent of local concerns about the wider issue of the future of local hospital services and concern about previous decisions, taken a number of years ago, to change maternity services. The engagement has not highlighted any issues specific to these services which we had not considered in developing our proposals. The engagement confirms that the impact of the choices which women make and current clinical guidance on risk mean that the delivery numbers will not increase above the current level.

The proposal is therefore to proceed with consultation which will enable the Board to make a final decision on the future of the delivery services for submission to the Cabinet Secretary.

The proposed next steps are to:-

- agree with SHC a proportionate consultation process which reflects the extensive prior process on these service changes, including option appraisal, formal public consultation and independent scrutiny;
- develop consultation material which responds to the issues raised in the engagement programme;
- To ensure strategic and local fit synchronise that consultation with the publication of the National Maternity Strategy which is due early in the New Year.

These proposals have the support of the Board's clinical advisory committees. A final important point is that this further round of consultation will now take place in the context of the Board publishing the approach to transforming acute services.

Attachment 1

Transfer of Birthing Services from Community Maternity Units Informing and Engaging Report

1. Introduction

This report describes the informing and engagement process undertaken on this proposal, including the activities to inform and engage with women, their families and the wider public about the proposal, and a summary of the key themes that have been heard during the course of this process.

2. Overview of Informing and Engaging Process

The informing and engaging process on this proposal was publicly launched on 1 September 2016, continuing until 5 December 2016. Involvement and Communications plans were developed in line with the guidance in CEL 4 (2010) and with advice from two Stakeholder Reference Groups which were set up to guide the engagement process. The Involvement and Communication Plans provided an outline of how we will inform and engage with people and communities who may be potentially affected by the proposed changes to birthing services at the Community Maternity Units.

2.1 Stakeholder Reference Groups

A Stakeholder Reference Group (SRG) was established for each Community Maternity Unit to provide advice on how we inform and engage effectively with women who have or may use maternity services and the wider public on the proposed changes to birthing services. The aims of the groups were to:

- Help identify and list the people and communities who may be affected by this proposed service change and consider how best to inform and engage with them on the proposal.
- Review the options available.
- Advise on the development of information materials and events for people.
- Utilise local knowledge to help advise how best we reach out and involve key stakeholders within their community networks including social media.
- Share information on the proposal to transfer birthing services and promote engagement activities within their community and networks including via social media.
- Provide feedback on the engagement process.

Attempts were made to ensure the membership was reflective of people who would be directly affected by the proposal by doing the following:

- Midwives from the Inverclyde and the Vale of Leven Community Maternity Units made direct approaches of women currently attending for antenatal care and women who had previously used the birthing service
- Invites to participate in the Stakeholder Reference Group were sent to a number of relevant groups and organisations such as play groups, mum and baby/toddler groups with support from Your Voice Inverclyde and West Dunbartonshire Community Voluntary Service Database
- The Patient Experience Public Involvement Manager made approaches of the Daisy Foundation West Dunbartonshire, National Childbirth Trust Lomond, Daisy Foundation Inverclyde, Inverclyde Baby Sensory and Breast Feeding Network Inverclyde

The membership of the SRGs included:

- Current and recent service users

- A representative from Your Voice Inverclyde
- Class Leader from Daisy Foundation West Dunbartonshire. The Daisy Foundation provides relaxation and yoga classes and ante natal education for women during pregnancy in Dumbarton and many of these women use the Vale of Leven Community Maternity Unit
- Patient Focus Public Involvement Officer from West Dunbartonshire HSCP
- Nurse Director (Chair of Vale of Leven Community Maternity Unit)
- Chief Midwife (Chair of Inverclyde Community Maternity Unit)
- Lead Midwife
- Clinical Service Manager
- Senior Charge Midwife
- Midwife
- Head of Planning
- Patient Experience Public Involvement Manager (PEPI)

The first Stakeholder Reference Group meetings took place week beginning the 26th September and an overview of the proposal and the case for change was provided. There was also an in depth discussion led by the Chair to review the options and it was agreed that the only two options were status quo or to transfer birthing services. The reasons as to why having a Consultant Led Unit was not a viable option were explained to the group and there was agreement to discount this option. During the meetings the groups:

- Discussed the Involvement and Communications plan and agreed on who we need to engage with and what engagement activities will be used to enable people to have their say.
- Commented on the draft leaflet, agreed key messages and how this should be promoted.
- Discussed the format and content of the public event and suggested potential venues.

An officer from the Scottish Health Council (SHC) was in attendance and provided feedback about the meeting.

Participation on the group also included occasionally commenting via email or by telephone to seek views on finalising the draft leaflet, event plans and how best to share information via social media.

The second and final meetings of the Stakeholder Reference Groups took place week beginning 28 November 2016 to review the engagement activities undertaken and what we have heard. This included reviewing any alternative options that the public had suggested which included re instating a Consultant Led Unit at Inverclyde Royal Hospital and the Vale of Leven Hospital. Following further discussion, the group accepted the rationale as to why we can't reinstate a Consultant Led Unit at both hospitals. It was agreed at this meeting that there are still only two options – status quo or transfer birthing services. The Patient Experience Public Involvement Manager also led a discussion on what worked well and what didn't work so well in relation to the engagement process.

An officer from the SHC was in attendance and asked members to complete a short evaluation of the process and their involvement on the stakeholder reference group.

3. Informing and Engaging Activities

The informing and engaging activities were shaped through discussion with the SRGs and a range of methods and materials have been used to inform people about the proposal and invite feedback. This includes:

3.1 Communications

Information about the proposal and how people could get involved was available from 1 September 2016 on dedicated NHSGGC web pages for both Community Maternity Units and was subsequently referred to in all printed materials and letters. It was updated regularly to provide an ongoing account of the engagement, including an update on the Stakeholder Reference Groups, promotion of the public events and the presentation and information materials for the public events. During the engagement process, there were a total of 1047 visits to Community Maternity Unit Service Change web pages. The Corporate Communications Team regularly issued press releases throughout the engagement process and provided information about the proposal and public events in the Health News. They also used the NHSGGC Twitter account and NHSGGC Facebook page to regularly promote the website, information leaflet, public events and encourage feedback.

3.2 Letters / Mailing List

A letter to inform people about the proposal and how to have their say including contact details for the PEPI Manager were sent out to twenty three Community Councils across Inverclyde and West Dunbartonshire on 9 September 2016. The PEPI Manager also attended a meeting of the Inverkip and Wemyss Bay Community Council Meeting on 6 October 2016 to talk about the proposal. This was attended by twenty people including councillors, Community wardens and members of the public.

During the week beginning 14 September 2016, letters were also sent to Councillors, and organisations such as the Daisy Foundation West Dunbartonshire, Daisy Foundation Inverclyde, Breast Feeding Network Inverclyde and National Childbirth Trust Lomond.

Letters were also sent via recognised local networks in West Dunbartonshire and Inverclyde particularly focusing on mum and baby / toddler groups, nurseries and parenting support groups. For example, Your Voice Inverclyde helping to share information across their extensive network of approximately 300 individuals / organisations on their mailing list throughout the engagement process. The Community Connectors from Your Voice Inverclyde also helped to share information about the proposal and how to get involved when they were out and about at various community centres. They also helped to promote the public event by putting information on the Your Voice Inverclyde Twitter and Facebook page.

West Dunbartonshire Community Voluntary Service (CVS) also helped to share information with organisations on their database throughout the engagement process. They were also approached to promote the public event by putting information on their Twitter and Facebook page.

3.3 Information Leaflet

A leaflet was also produced in partnership with the Stakeholder Reference Groups to; help inform people about what we are proposing to change and why; clarify who will be affected; provide details of how people could get in touch to have their say.

Approximately 1200 leaflets were distributed over a five week period and included midwives handing out a copy to women attending the Community Maternity Units for antenatal and postnatal care and to women attending for midwife led appointments at GP surgeries. The PEPI Manager also handed out copies during drop in sessions, outreach activities and the Public Event. The leaflet was also available on NHSGGC's website to download and shared electronically with mailing lists held by the PEPI Manager, Your Voice Inverclyde and West Dunbartonshire CVS.

3.4 Drop-in Sessions

The PEPI Manager held a total of nine drop in sessions at the Community Maternity Units over four mornings and three afternoons to capture patients who were attending the various clinics that are

held. These clinics included booking appointments, scan clinics, midwife led clinic and consultant led clinic and also women attending the Community Maternity Units for day care. The PEPI Manager was also available on two Saturday afternoons to talk to women and their partners attending the drop in Parent Education Class held at the Community Maternity Units. During the Vale of Leven session, the Patient Experience Public Involvement Manager also had the opportunity to meet two mums who had just had their baby that morning in the Community Maternity Unit.

During each two hour drop in session, women and their partners were given the opportunity to find out more about the proposal, ask questions and tell us what they think. The PEPI Manager also asked if the proposal would affect them.

One week before the drop in sessions were held, a poster advertising them was displayed throughout the Community Maternity Units and this also included contact details and methods for alternative ways to provide feedback. During the drop in sessions, midwifery staff helped to direct patients to the PEPI Manager.

During the drop in sessions, the PEPI Manager carried out one to one chats with twenty one people at Inverclyde Community Maternity Unit and thirty four people at the Vale of Leven Community Maternity Unit. This included women who were on the green or red pathway and also some of their partners

3.5 Public Events

Two public events were held in each locality and the aim of these events was to:

- Ensure people are informed about what we are proposing.
- Ensure we explain the reasons why we are proposing this change and who would be affected.
- Ensure people understand what services are provided at Community Maternity Units and would not change.
- Provide an opportunity to hear what people think about what we are proposing and answer questions, or listen to concerns.

The target audience for the public events was those who would potentially be affected by the proposal to transfer birthing services. We therefore looked to encourage women who have, or who may use maternity services to attend along with their partners or members of their families. The event also provided an opportunity for the wider public to find out more about the proposed change to birthing services.

The event format was designed to be a drop-in event, with a rolling programme of more formal presentations. Participants could come any time between 4pm and 7pm where information stands would provide information on the current services; pregnancy pathways; and the proposal itself. Staff were on hand to talk to participants about any of these elements and answer any questions that they may have.

Additionally, three presentations were scheduled at 4.15pm; 5.15pm; and 6.30pm where the Director of Nursing provided a more formal presentation and question and answer session on the proposal.

Thirty eight people attended the Inverclyde public event which was held on Tuesday 8 November 2016 in the Dining Hall at Inverclyde Royal Hospital. These thirty eight people were made up of the following:

- 2 women and 1 man who had recent experience of birthing services at the Inverclyde CMU;

- 2 MSPs;
- 7 local councillors;
- 27 members of the public.

Eight people attended the Vale of Leven public event which was held on Monday 14 November 2016 in the Post Graduate Meeting rooms, at the Vale of Leven Hospital.

These 8 people were made up of the following:

- 1 woman who had recent experience of birthing services at the Vale of Leven CMU;
- 1 MSP;
- 6 members of the public.

An officer from the SHC was in attendance at both events to quality assure the process and carry out a participant evaluation.

3.6 Outreach Sessions

Members of the Stakeholder Reference Groups suggested it would be useful for the PEPI Manager to attend mum and baby/toddler groups, play groups and parenting support groups to provide women who have recently used maternity services the opportunity to find out more about the proposal and give their views. Seven outreach sessions were undertaken at the following locations across Inverclyde and West Dunbartonshire:

- Aqua natal class at Waterfront Greenock run jointly by NHS GGC Physiotherapy and Midwifery staff;
- Book Bug, Rainbow Family Centre, Port Glasgow;
- Happy Tots run by voluntary organisation, Inverclyde
- Evening relaxation class run by Daisy Foundation, Dumbarton;
- Baby Sensory Class, Balloch;
- Breast Feeding Support Group run by West Dunbartonshire HSCP at Dumbarton Library;
- Baby Yoga run by West Dunbartonshire Council at Dumbarton Library.

During these sessions, the PEPI Manager spoke to a total of fifty six people which included women who have a recent experience of maternity services and some grandparents.

3.7 Equality and Accessibility

The involvement and engagement was developed to be fully accessible to all communities. Throughout, we used easy to read information, presented in easy to read formats. If required, information could be provided in alternative languages or formats. We used the internet to host papers and information to help make them accessible to a wider population or those who have difficulty in travelling. We ensured that all meeting venues for the stakeholder reference group or for public events were fully accessible. We ensured our engagement did not negatively impact on people based on age, sex, race or any other protected characteristics.

4. Reviewing Options

At various points during the engagement process, we involved those who may be potentially affected by the proposal, in reviewing and developing options which were robust, evidence-based, person-centred, sustainable and consistent with clinical standards and national policy.

4.1 The process of engaging on the options was discussed during the first SRG meetings. Following the preferred option and case for change being presented to the groups which included three service users, a representative from the Daisy Foundation and staff who provide the service,

they were asked to suggest any alternatives to what was being proposed. The service users understood the rationale behind the proposal but raised the following:

- If the birthing service was to transfer, would this impact further on being able to recruit midwives to provide antenatal and postnatal care
- It is important to explain clearly why this is our preferred option to the public as people will just think it is a money saving exercise.
- Continuity of care is important to mums to be – concern that women wouldn't know the staff at the CMU in Paisley
- Does the CMU in Paisley have capacity?
- If under the proposal, home births are still being offered, would you not still need labour and birthing skills and midwives to be on call?
- Would home births be affected by the recruitment issues at the Inverclyde Community Maternity Unit?
- Number of women from West Dunbartonshire that choose CMU at Paisley for that 'just in case' option as onsite obstetricians
- Home birthing service in Clyde is different from Glasgow's home birthing service
- Number of home births is increasing in Glasgow – perhaps women in West Dunbartonshire may not be aware of the home birthing option

The option of reinstating the Consultant Led Obstetric Unit at Inverclyde Royal Hospital and Vale of Leven Hospital was also discussed and the group understood the reasons why this was not a viable option. Reasons include:

- Consultant Obstetric Units require a 24 hour anaesthesia and analgesia service with consultant supervision (must be obstetric anaesthetists, not general), adult high dependency and access to intensive care, haematology blood transfusion and other DGH support services and an integrated obstetric and neonatal care service. (EGAMS Report, 2003)
- There must be greater numbers than deliver from these two catchment areas to justify a full consultant service, that is why the units were closed some years ago.

To ensure the safety and sustainability of the service in the future it was agreed by both Stakeholder Reference Groups that the options were limited and the only two viable options were:

- Transfer the birthing service to the Royal Alexandria Hospital, Paisley.
- Status quo – keep the birthing service at the Inverclyde Community Maternity Unit.

However it was highlighted at both SRG meetings that it is important to explain to women and the wider public the reason as to why reinstating a Consultant Led Unit in Inverclyde and at the Vale of Leven Hospital is not a current option.

4.2 During the Public Events, information was presented about the proposal and the case for change. Participants were provided with further opportunity to question, comment on the two options presented and suggest alternatives during the three talks that were held.

The options we presented and asked people to consider were:

- Status quo: Keep the birthing service at the Inverclyde and Vale of Leven Community Maternity Units
- Our proposal: Transfer birthing services
- Any other options?

Suggestions on alternative options included:

- Bring back Consultant Led Units at Inverclyde Royal Hospital and Vale of Leven Hospital
- Staff from Paisley to staff on call service
- Could GPs help provide this service in Inverclyde?
- Put in options to help increase the numbers who can give birth
- Can catchment areas be changed so that more people have to come to the Vale of Leven and so increase the numbers to make a Consultant Led Unit viable?
- Women who live in Glasgow and want the option of a normality birth do not know that the Vale of Leven Community Maternity Unit provides a midwife led birthing service

Some participants felt that not all the options had been covered and it was queried what more could be done to recruit and maintain skills.

4.3 At the second SRG Meetings, the groups heard a review of the feedback to date in relation to the proposal. Staff and the service users were asked to consider what had been heard and suggest any further options. As the majority of feedback about options had been to bring back the consultant led unit at both hospitals, the group reviewed again why it is not a viable option to re instate this. It was agreed at this meeting that there are still only two options – status quo or transfer birthing services.

5. Feedback, Comments and Concerns Heard

All feedback, comments and concerns heard throughout the engagement process were captured and collated. In total, we have heard from two hundred and twelve people across Inverclyde and West Dunbartonshire during the engagement activities.

5.1 Who we have heard from

In line with the guidance, the engagement process has reached out to: women who are currently using the services provided at the Community Maternity Units and are on either the green pathway or red pathway; women who were on the green pathway and gave birth at the Community Maternity Units; women who were on the red pathway and shared their experiences of birthing at Paisley and also their partners, grandparents and the wider public.

Below is a summary of who we have heard from:

Inverclyde Community Maternity Unit

In total we have engaged with a hundred and twenty nine people in Inverclyde about what they think about the proposal to transfer birthing services. This includes:

- Engaging with a hundred and seven patient and public representatives face to face during the engagement activities
- Comments on the proposal via eight emails, and three telephone calls.
- Out of the eight emails, one respondent supported the proposal and six were against the proposal. All three members of the public who gave their views by telephone were against the proposal.
- We also heard feedback from local politicians, groups and organisations which can be found in Appendix one via one phone call, two emails and five letters which included a letter submitted on behalf of the 5000 people who signed the petition for the 'Save Our Services Inverclyde' campaign.

Vale of Leven Community Maternity Unit

In total we have heard from eighty three people in relation to what they think about the proposal to transfer birthing services. This includes:

- Engaging with seventy patient and public representatives face to face during the engagement activities
- Comments on the proposal via eight emails. Out of the eight emails, two respondents supported the proposal and six were against.
- We also heard feedback from local politicians, groups and organisations which can be found in Appendix one via one email and four letters

5.2 What we have heard

Below is a summary of the key themes that were heard from people across Inverclyde and West Dunbartonshire. It is worth noting that the majority of themes we heard during the process were similar across both areas:

5.2.1 Feedback from low risk women (Green pathway)

- High praise for the birthing service and the midwives
- Both units are closer to home, local, more convenient
- Perception that the birthing environment at both units is more personalised, intimate, calmer
- Would like the option to birth here as family and friends have given birth here too
- Continuity of care/familiarity of midwives is important when birthing build up a bond, makes you feel safer during labour
- Concern that staff are 'strangers at first' at the RAH
- Concern for travelling further to Paisley while in labour – adds to stress especially during bad traffic and bad weather
- Concern for travelling to Paisley if you don't drive and relying on public transport or family and friends and added costs incurred
- Does RAH have capacity? If births increase at RAH CMU, would this impact on natural births? Would women be rushed through? Perception that RAH is overstretched and under staffed.

5.2.2 Consultant Led Units

- Strong feeling from women and the wider public to bring back Consultants – with many questioning why this is not an option?
- Many women, partners and the public feel that women should have the choice to birth at the unit but the choice was removed when the Consultant Led Unit was taken away

5.2.3 Travel and Public Transport

- Concern over additional travel and costs and concern over having to rely on public transport which is described as inadequate for both areas
- Concern that this proposal will have an impact on the Scottish Ambulance Service

5.2.4 Comments in support of the Proposal

- People were surprised at the low birthing numbers and commented that they could understand why NHS GGC are proposing this change;
- Concern over midwives keeping their skills up with low birth numbers;
- Perception that the Units are not providing good value for money and funds may be better spent elsewhere.

5.2.5 Keeping Antenatal, Day Care and Postnatal Care Local

- Women value antenatal, postnatal and day care services remaining local and want reassurance that these services will remain local
- There is a concern that the unit will face further cuts if the birthing service is transferred
- There was positive feedback in relation to these services provided at the Vale of Leven and Inverclyde Community Maternity Units and the person centred care they receive.

5.2.6 Birthing Choices

- There is a feeling among some women that the CMU is not safe without consultants – many women choose or would have chosen RAH for ‘peace of mind,’ or ‘just in case’
- Many women are ‘frightened’ about being transferred during labour, ‘scared’ if anything went wrong – Paisley has ‘everything you need’ - doctors, paediatricians, drugs – which results in them choosing to birth at Paisley
- Query if home births still offered – surely more risky than CMU births and would midwives from the units not still need to be on call?
- Perception that birthing has become over medicalised
- Perception among some women and the wider public that Consultants, GPs, midwives scare monger women into choosing Paisley as it’s a ‘safer’ option
- Women are influenced by friends and family when choosing to give birth
- Strong feeling that things can change during labour – some women don’t want to take the risk

5.2.7 Pregnancy pathways

- Perception among women and the wider public that it is hard to be low risk/fulfil the criteria
- Many women the PEPI Manager spoke with were on the red pathway due to factors such as their age, previous c section, previous medical history
- Many women shared with the PEPI manager that they had started on the green pathway but developed complications or had to be induced

5.2.8 Local Services for Local People

- A genuine sadness and anger that births may go from Inverclyde and West Dunbartonshire
- There is a feeling that women should have a choice to birth in Inverclyde and West Dunbartonshire - why should women have to go to Paisley particularly if they have healthy pregnancies and can birth at the CMU.
- Worry and concern that the transfer of birthing services would lead to a further reduction in services to the people of Inverclyde and the surrounding area.
- Local community protective of their local hospital and service.
- Comments that they have a hospital on their doorstep but it lacks the facilities so have to bypass it to go to Paisley.
- Mistrust over engagement process – seen as a tick box exercise and there is a feeling that decision has already been made and their views won’t matter

5.2.9 Local Politicians Groups and Organisations

Five MSPs, two local Councillors, Greenock South West Community Council, Silverton and Overton Community Council, Garelochhead Community Council and ‘Save our Services Inverclyde’ Campaign submitted correspondence. All five MSPs opposed this and other proposals also underway with a request that the Cabinet Secretary should make the decision.

The other issues raised reflected those previously mentioned with a focus on highlighting concerns that the proposal would lead to further services being reduced in Inverclyde and at the Vale of Leven Hospital, travel issues and accessibility to Paisley for residents of Inverclyde.

Laura Nixon

Patient Experience Public Involvement Manager

December 2016

Attachment 2

Proposed service change

Changes to delivery services in the Community Maternity Units

1. Current services

Midwife led care has been well established in CMUs since the inception of the community maternity units in 2004. Both CMUs are busy services providing a wide range of maternity care to all women in each locality with around 5000 non birth contacts in each year. These services, offer high quality local outpatient and day care which is described in further detail in the rest of this section.

Midwifery Teams: Midwives work within geographical teams providing antenatal and postnatal care to a defined caseload of women. They provide first point of contact for early booking to the maternity services and provide continuity of carer with a maximum of three midwives for scheduled visits. CMU midwives are highly skilled, working autonomously but within a multidisciplinary context across antenatal, intrapartum and postnatal care. They maintain these skills by frequent in-house updates and attendance at Scottish Maternity Multidisciplinary Development Programme (SMMDP) courses.

Antenatal Care: Midwives are the first point of contact for all women as part of Keeping Childbirth Natural and Dynamic (KCND) care pathway they provide:-

- midwife led care to women on the low risk pathway
- shared care to women with an obstetrician as lead clinician
- parent education classes for women and their partners
- breast feeding support and workshops
- Preparation for labour and birth
- a home birth service for those women who meet the evidence based criteria
- care for vulnerable women supported by the Special Needs in Pregnancy Service (SNIPS)
- Liaise with other multidisciplinary agencies e.g. GPs, health visitors, social work, perinatal mental health and child protection unit
- day care assessment and early pregnancy assessment
- support high risk obstetric clinics
- Fulfil the health improvement imperatives of the public health agenda e.g. alcohol brief intervention, smoke free and carbon monoxide (CO) monitoring, breast feeding, cot death, referral to other agencies

Postnatal care: Midwives provide:-

- postnatal care to mother and baby
- detailed examination of the newborn and newborn blood spot screening
- infant feeding advice and support
- Management of jaundice within West of Scotland guidelines
- Liaison with GP and health visitor and other agencies as required
- formal handover to health visitor at day 10 or when appropriate

The Units both currently provide intrapartum services for women. These include providing:-

- telephone triage advice in early labour to support timely and appropriate admission to the CMU or Labour ward
- 1 to 1 care in labour in a freestanding midwife led birthing suite environment

- low risk care, including water birth and support for women using alternative therapies for labour and birth. Enabling women to be mobile with minimal interventions. This reduces the risk of unnecessary medical intervention and also enhances the woman's birth experience
- Importantly all midwives maintain the required knowledge and skills in dealing with obstetric and neonatal emergencies, keeping woman and baby stable until ambulance transfer to a consultant led obstetric or neonatal unit can be arranged as required

Numbers of women eligible for and opting to use those delivery services have continued to decline from the planned level of around 200 for each Unit. In the last 12 months 16 women have delivered at the IRH and 38 at the Vale. The graphs below illustrate the change.

Why do we want to make this change, Vale?

Falling Numbers

The number of pregnancies that have been booked has fallen in recent years.

- In 2009, the number was 775
- In 2015, the number dropped to 635

Low Risk or Green Pathway

The number of women assessed to be 'low risk' and suitable for the 'green' pathway has fallen more steeply due to changes in clinical guidelines and women having more complications with aspects of their health.

- In 2009, there were 392 women
- In 2015, this fell to 194 women

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Women 'Booked' and those on 'Green' Pathway



Why do we want to make this change? IRH

Falling Numbers

Women with 'Low Risk' pregnancies have the option to choose Midwife led Birthing care at the Inverclyde Community Maternity Unit.

The number of women choosing this option has fallen:

- In 2009, it was 286 women
- In 2015, only 63 women made this choice.

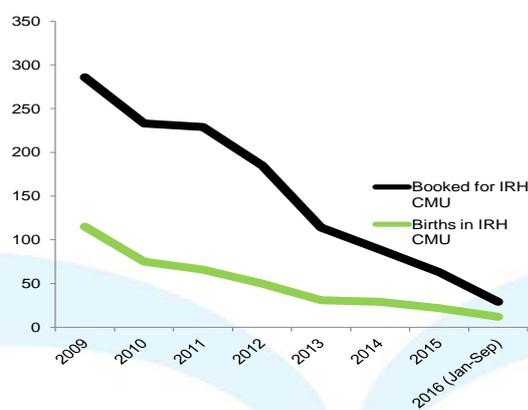
The number of births at the Community Maternity Unit has fallen:

- In 2009, it was 115 births
- In 2015, only 22 births

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Women opting for CMU birth v those who delivered at CMU



The overwhelming majority of women choose to have their ante and post natal care in the Units but opt for delivery in hospital.

Births to Greater Glasgow and Clyde residents in Inverclyde and VOL Catchments

	Place of Delivery	Year of Discharge							
		08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Residents of Inverclyde HSCP	Crosshouse Hospital	.	2	4	3	3	4	2	3
	Inverclyde Royal Hospital	94	107	67	63	42	34	26	11
	Royal Alexandra Hospital	670	655	677	668	674	673	647	629
	Royal Maternity	13	6	5	9	3	3	4	2
	Queen Elizabeth University Hospital	42	26	36	30	42	22	31	36
	Queen Mothers Maternity	15	11	.	.	.	.	.	.
	Wishaw General Hospital	1	.	.	.	.	1	1	1
	Aberdeen Maternity Hospital	.	.	.	3	.	.	.	.
	Dr Grays Hospital	.	.	.	.	1	.	.	.
	St Johns Hospital Howden	.	1	.	.	.	.	.	.
	Ninewells Hospital	.	.	.	.	.	.	.	2
	Forth Valley Royal Hospital Larbert	.	.	.	.	.	.	.	1
	Dumfries & Galloway Royal Inf.	.	.	.	.	.	1	.	.
Total		835	808	789	776	765	738	711	685
Residents of VOL Catchment Area	Crosshouse Hospital	1	.	.	.	.	.	.	.
	Borders General Hospital	.	.	.	.	.	1	.	.
	Vale of Leven Dist. Gen. Hosp.	96	112	81	103	93	77	33	35
	Inverclyde Royal Hospital	.	.	.	1	.	.	.	.
	Royal Alexandra Hospital	465	528	560	614	569	520	594	550
	Royal Maternity	17	16	14	20	14	13	13	12
	Queen Elizabeth University Hospital	21	35	85	97	83	83	99	78
	Queen Mothers Maternity	220	137	.	.	.	.	.	.
	Wishaw General Hospital	.	.	4	.	.	.	.	.
	Aberdeen Maternity Hospital	.	1	.	.	.	.	.	.
	Royal Infirmary Edinburgh	.	.	.	.	.	.	.	1
	Ninewells Hospital	1	.	.	.	.	.	.	.
	Stirling Royal Infirmary	1	.	1	1	.	.	.	.
Forth Valley Royal Hospital Larbert	.	.	.	.	2	1	1	3	
Total		822	829	745	836	761	695	740	679

Following the previous public consultation the Board agreed to undertake an extensive programme of communication to try to increase the number of women opting to use the delivery services. Midwifery staff at both CMU's have actively promoted birth within the units.

2. Proposed Change:-

2.1. The proposal is to

- Retain all ambulatory services at the CMUs with midwife led intrapartum care in RAH, PRMH and the QEUH or at home.
- Transfer the birthing element of the services to the RAH; The RAH CMU has approximately 300 births per year and has the provision to expand from 3 postnatal beds and 4 birthing rooms up to 6 postnatal beds to meet the transfer of birth activity from IRH and Vale CMU's.
- The dedicated home birth team which covers Glasgow would be extended to be a GGC home birth team. There have been no recruitment issues for staff in the homebirth team and as this is their only function they are able to maintain their intrapartum care skills.

The reasons we are proposing changes are set out in the rest of this section.

- 2.2. The demographics** of the Maternity population has changed and there are fewer women who meet low risk criteria. The reduction in numbers of women who choose to give birth in the CMU's reinforces the clinical and service challenges in sustaining CMU birth facilities. Challenges include staff recruitment, retention and skill maintenance and there have been adverse clinical incidents.
- 2.3. Maintenance of intrapartum skills** is challenging given the low number of births at IRH and Vale CMU's. Given the low numbers of CMU the midwives have to rotate into the RAH CMU to maintain intrapartum competence and skills. The IRH and VoL CMU has an on-call system for out of hour's births.
- 2.4. The challenge of maintaining an on call system** over the past five years has had a heavy toll on midwives within the CMU, and is becoming more and more difficult to sustain. This is due to a number of factors which includes the age profile of midwives, difficulty in recruiting midwives, placing a greater burden on the existing staff and an increased on-call commitment. It is also becoming difficult to recruit to the CMU's as midwives need to live within 50 minutes of the units in order to respond to a woman in labour.
- 2.5. Staffing issues** the main arguments for change are based on staffing issues – we are finding it difficult to recruit to the CMU's as you need experienced staff who live close enough to attend when a woman presents in labour out of hours (including weekends). Also due to the falling number of births, midwives are at risk of becoming deskilled in intrapartum care and must complete a rotational programme to the CMU at RAH. This rotation does affect the continuity of care for women in the antenatal and postnatal period and the benefits this provides. These issues all ultimately have an impact on the quality of care that women receive.
- 2.6. Complications** arise ensuring safe and prompt transfer of ill neonates or women in labour to the consultant units can be problematic. The Vale and IRH CMUs are free standing. If there is a requirement for medical/anaesthetic or neonatal assistance in the intrapartum and immediate postnatal period, the mum and / baby require to be transferred to the Consultant led unit at RAH. This may delay any necessary treatment and ultimately can affect care and influence morbidity. Some of the main reasons for transfer will include the requirement for epidural anaesthesia, delay in either the first or second stage of labour, concerns over fetal heart rate in labour, retained placenta requiring surgery, repair of an extensive perineal tear and transfer of the neonate for neonatal life support. These reasons also pertain to the homebirth service. All of these issues and the transfer rate are discussed with the woman at booking when she makes her choice over place of birth. Transfers do occur with our alongside CMU but the travel distance is minimal and some transfers can be avoided as medical staff are on site and can attend immediately to the CMU if required.

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Date – 13 December 2016

Transfer of Birthing Services from Community Maternity Units

Appendix one: Responses from Local Politicians, Groups and Organisations

Date	Format	Community Maternity Unit	Summary of key points
06.12.16	Correspondence	Inverclyde and Vale of Leven	<p>MSP Glasgow area</p> <ul style="list-style-type: none"> • Opposed to the five proposals set out by Greater Glasgow and Clyde Health Board including the downgrade of maternity services at the Vale of Leven Hospital and Inverclyde Royal Hospital. • These changes should be classed as major so the proposals can be put to the Cabinet Secretary for decision/withdrawal
28.11.16	Correspondence	Inverclyde and Vale of Leven	<p>MSP Glasgow area</p> <ul style="list-style-type: none"> • Opposed to the five proposals set out by Greater Glasgow and Clyde Health Board including the downgrade of maternity services at the Vale of Leven Hospital and Inverclyde Royal Hospital. • The Health Board do not have the support of the public in taking forward these proposals. • There are no good clinical reasons for any of the proposals. • Greater Glasgow and Clyde Health Board should withdraw these proposals. • These changes should be classed as major and be submitted to the Cabinet Secretary for decision
01.11.16	Correspondence	Inverclyde	<p>MSP for West Scotland</p> <ul style="list-style-type: none"> • Greatly concerned by the decision to transfer birthing services • My constituents have made it clear to me that they do not want to be referred elsewhere for treatment, nor do they want their local hospital to be stripped of its most vital services in the name of budgets cuts. • In favour of addressing how the hospital can be managed sustainably in the long term and that changes are subject to meaningful public consultation • Cabinet Secretary should share responsibility for the impact of any closure decisions on Inverclyde residents.
13.09.16	Email	Inverclyde	<p>Chair, Greenock South West Community Council</p> <ul style="list-style-type: none"> • The Community Council are opposed to the closure of the CMU at Inverclyde Royal Hospital. • Residents are concerned that the removal of the CMU would lead to a further reduction in services to the people of Inverclyde and the surrounding area. • Concern was also raised regarding recent press reports suggesting that the fabric of the building was deteriorating and required investment to bring it up to standard.
18.09.16	Email	Inverclyde	<p>Councillor/SNP Depute Leader</p> <ul style="list-style-type: none"> • Understands the problems regarding numbers of mothers choosing to have their children born at the CMU at IRH but believes the numbers have declined since the health board made the decision to close the consultant led maternity service in 2004 and centralise the service to Paisley RAH. • This proposal will take away the choice for mothers who live in Inverclyde or live in areas that are catchment to IRH and who want to give birth locally in the local hospital. • It will create travel problems for many people either having to get their partners to hospital or going to visit mothers or babies if have to stay in hospital for a day or two. Especially if they have to use public transport. Instead they would all have to travel to Glasgow or Paisley. • Concern that this proposal will lead to other services being closed at the IRH such as A&E

			<ul style="list-style-type: none"> • Why as one of the local community partners is NHS GCC not bringing these proposals to close the birthing services at the IRH CMU for consideration to Inverclyde Alliance? • Lack of trust among many people in Inverclyde after many services have been • There is a lack of trust among many people in Inverclyde of the health board after many services have been closed at IRH over the past 20 years.
15.09.16	Phone call	Inverclyde	<p>Councillor</p> <ul style="list-style-type: none"> • To state the unit is not closing but to remove midwives is contradictory • Dangerous for women having to travel further in an ambulance A pregnant woman can haemorrhage faster, so it is dangerous to ask them to travel further in an ambulance
22.11.16	Letter	Inverclyde	<p>MSP</p> <ul style="list-style-type: none"> • The birthing unit in the IRH provides a hugely important role in Inverclyde by offering parents flexibility and the choice to have their children delivered locally as possible. • Wants to ensure the maternity unit remains in Inverclyde
23.09.16	Email	Vale of Leven	<p>Secretary, Silverton and Overton Community Council</p> <ul style="list-style-type: none"> • Opposed in principle to this proposed closure
30.11.16	Letter	Vale of Leven	<p>Garelochhead Community Council</p> <ul style="list-style-type: none"> • Strongly object to the proposal by the NHS Greater Glasgow and Clyde Health Board to transfer births from the Vale of Leven Hospital to Paisley or Glasgow. • Concern for the many patients from the rural community who rely on public transport having to travel even further and will be extremely difficult and stressful for mother and baby • The Scottish Government and the Health Board promised in their vision for the vale that they would 'sustain and promote' the maternity unit at the Vale. • The proposal should be declared as major by the Health Secretary
09.12.16	Letter	Vale of Leven	<p>MSP for Dumbarton</p> <p>Impact on Patients and Carers</p> <ul style="list-style-type: none"> • The Board has failed to address the actual reasons why more women are not choosing to give birth at the Vale or Inverclyde. • In 2008 when similar proposals for closure were rejected following public consultation, the health board promised an extensive marketing campaign for three years to increase the numbers. This decision was incorporated into the Vision for the Vale in the case of the Vale CMU. However there is no evidence to suggest that the board made a concerted effort to promote the service. • The 2010 decision to downgrade the Vale CMU from a 24-hour staff onsite service to an 8am-8pm service, with midwives on call during the night, seriously undermined confidence in the unit among local women. • Centralising the booking system which reduced the role of local GPs has also impacted on the decline in the number of births at the CMU • West Dunbartonshire is an area with high levels of deprivation and women in the Vale catchment area are more likely to have complex health and social needs which requires the maintenance of the full range of local services.

			<p>Change in the accessibility of services</p> <ul style="list-style-type: none"> • West Dunbartonshire has lower than average car ownership rates. • The poor public access to the RAH or QEUH would be particularly difficult for the women in Argyll and Bute who live in the Vale catchment area, especially those in the rural and semi-rural communities in Lomond North. • Transport connections to the RAH and the QEUH make it difficult for women going into labour and also their visitors <p>Emergency or unscheduled care services</p> <ul style="list-style-type: none"> • It is important that the opportunity exists to give birth within the community at the local hospital. • Concern that the health board's engagement process only targeted women who are currently pregnant or who have given birth recently. • The wider population and the community should be invited to make their views known via public meetings and surveys • The health board should not be allowed to proceed with the closure on the basis of a consultation held almost a decade ago. <p>Public or Political Concern</p> <ul style="list-style-type: none"> • There is a great deal of public concern in Dumbarton, Vale of Leven, Helensburgh and Lomond regarding the reduction in services at the Vale of Leven Hospital and the increasing centralisation of services at the RAH over recent years. • This proposal should be considered as Major Service Change • In September the Lennox Herald handed a petition with 2,500 signatures to the Scottish Government. <p>Conflict with national policy</p> <ul style="list-style-type: none"> • The proposals contradict the commitment in the Vision for the Vale agreement between the Scottish Government and the health board in 2009 to 'sustain and promote' the Community Maternity Unit. • The Scottish Government's Review of Maternity and Neonatal Services has not yet publishes its findings and recommendations on the future role of CMUs. In addition, the Chief Medical Officer is looking specifically at the reasons why birth numbers at CMUs in the Greater Glasgow and Clyde health board area are lower than in other areas in Scotland. The health board should not be proposing changes to the CMUs while national policy is still under review. • The proposals also conflict with national policy in terms of the presumption against the centralisation of health services. <p>Change in the method of service delivery</p> <ul style="list-style-type: none"> • The health board has argued that closure is necessary on the grounds of clinical safety despite the fact that many free-standing midwife-led units operate successfully across Scotland, in both urban and rural settings, some of which have lower birth numbers than the Vale. • The Royal College of Midwives state that women who receive continuity of midwife throughout their pregnancy, birth and post natal care more likely to have effective care, a better experience and improved clinical outcomes. Women will not have the same level of access to a named midwife if births are transferred to Paisley or Glasgow while ante-post natal services remain at the Vale. <p>Financial implications</p> <ul style="list-style-type: none"> • Proceeding with the closure of the birthing units in order to
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			<p>meet the health board's financial savings target may be counter-productive in the long terms given that many women would require ambulances to travel to the RAH or QEUH.</p> <p>Related changes in recent years</p> <ul style="list-style-type: none"> The proposals would remove the right of women, where possible, to give birth locally and strengthen public perceptions about 'salami slicing' and the 'managed decline' of the Vale of Leven Hospital. <p>Consequences for other services</p> <ul style="list-style-type: none"> Transferring services from Inverclyde and the Vale would have an impact on the capacity of the services at the RAH. There would be a considerable impact on the RAH midwife-led unit if the number of women choosing to have natural births increases in future. The ongoing consultation on downgrading the children's ward at the RAH and centralising paediatric services at the QEUH gives rise to questions on the long-term sustainability of maternity services, including the consultant-led unit, in Paisley.
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