

**Formal Consultation on
Proposed Changes to the
Maternity Service in Grampian**

Summary Paper

Consultation Period: 9 December 2011 – 22 March 2012

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Proposed Changes to the Maternity Service in Grampian

This is a *summary* of the full consultation paper on proposed changes (proposals) to the maternity service in Grampian.

Background

A review of the NHS Grampian maternity service started in 2010, to support staff to continue to improve the quality of care they provide to women and families, both now and in the future.

Some parts of the review have already been agreed: a Maternity Strategy for 2010-15; the development of a single management structure and service improvement activities across Grampian.

However, it is recognised that this is *not enough* to cope with the challenges staff are facing and achieve the vision in the Strategy. A vision where all maternity related services, agencies and communities, work closely together to support women and families to give their children the best possible start in life.

Bigger changes to where and how our services are provided are also needed.

How were the proposals developed?

When the NHS Grampian Board approved the Maternity Strategy in December 2010, it also agreed to an Option Appraisal being conducted to consider these bigger changes.

The proposals were developed by a group of women, clinicians and managers who took part in the Option Appraisal. The group considered different ways that the service could be provided. After a comprehensive process, the overwhelming majority agreed that the proposals outlined in this summary were their preferred option.

What will the proposals mean for women and families?

The proposals aim to provide a service that is safer, more sustainable and which will better meet the needs of *all* women and families across Grampian (and women from Orkney, Shetland, Highland and Tayside who need specialist care at Aberdeen Maternity Hospital).

The changes proposed are *not* about saving money, but they aim to ensure resources (staff, budget and buildings) are used more fairly, effectively and efficiently.

Where do women currently receive their care and treatment?

Midwives are the main providers of care to women during pregnancy, labour and birth and after giving birth. Women will also see other maternity staff depending on their individual needs, circumstances and choice.

The maternity service provides care and treatment from a range of units and locations across Grampian including:

- Two Consultant Units in Aberdeen and Elgin
- Two Midwife Led Units in Aberdeen and Peterhead
- Two Birth Units in Aboyne and Fraserburgh
- A home birth service
- Community midwifery teams
- Scanning & screening services and consultant outreach clinics

Why is change needed?

We know staff aim to, and do, provide excellent care to women and families every day, but they face a number of challenges that can make this more difficult:

Meeting the needs of a changing population

- More babies are being born (there are over 6,000 births a year in Grampian with the number rising since 2002).
- An increasing number of women with more complicated health and social needs who require more care and support than they currently receive.

Providing the same quality of care and treatment

- Large differences in the number of women that community midwives have on their caseload (from 30-60 to 120-140 in different parts of Grampian), which significantly impacts on the ability of midwives to provide the best quality care and reduce health inequalities.
- Not all women in Aberdeen Maternity Hospital receive one to one care during labour, unlike other parts of Grampian. The chances of a woman having a normal birth are reduced when this is not achieved. (Around 5,000 babies are born in Aberdeen every year).

Providing a safe and sustainable service

- Local midwives find it difficult to maintain their skills and confidence (in labour and birth) because of the small numbers of women giving birth in the Aboyne and Fraserburgh Birth Units and at home. (In 2010/11, there were 60 births in Aboyne and 55 births in Fraserburgh).
- Ongoing challenge of staffing the Birth Units because of the high on-call commitment needed from small teams of midwives.
- The Birth Unit in Banff has not been operational for labour and birth for over two years.

Providing care closer to home, where appropriate

- Many women have to travel to a Consultant Unit for care, in pregnancy and after giving birth, that could be provided closer to home.
- The current locations of the Units in Aberdeenshire are not in the best place to provide safe and accessible care for as many women and families as possible.

Providing care in suitable and pleasant surroundings

- Some buildings and facilities, in particular Aberdeen Maternity Hospital, do not meet the standards for maternity and neonatal care in the 21st century.

What changes are being proposed?

The proposed service model is a Grampian wide managed service provided from a number of locations:

- Two Consultant Units in Aberdeen and Elgin
- Three Community Maternity Units (CMUs) in Aberdeen, Inverurie and Peterhead
- A home birth service across Grampian
- Integrated community teams across Grampian
- Scanning & screening services and consultant outreach clinics
- Longer term aim to relocate Aberdeen Maternity Hospital on the Foresterhill site

What is the difference between a Birth Unit, Midwife Led Unit and a Community Maternity Unit?

Birth Unit (Aboyne and Fraserburgh)

- A dedicated facility for women to labour and birth but can *only* accommodate one woman at a time.
- On-call service during evenings, overnight and weekends.
- Following the birth, women and babies routinely transfer home after a few hours.

Midwife-Led Unit (Aberdeen and Peterhead):

- A dedicated facility for several women to labour and birth
- Staffed 24 hours a day, seven days a week by midwives and assistants.
- Provides hospital care to women and babies who are not suitable to transfer home soon after birth.

Community Maternity Unit (proposed for Aberdeen, Peterhead and Inverurie)

- A dedicated facility for several women to labour and birth.
- Staffed 24 hours a day, seven days a week by a team of midwives, assistants and support workers working closely with other professionals and communities.
- Consistent core range of antenatal and postnatal services, including drop in access and clinics that would enable scans, screening and diagnostic tests to be carried out closer to women's homes.
- Provides hospital care to women and babies (and partners) who are not suitable to transfer home soon after birth.
- Potential to assess and manage some women with pregnancy complications so that they do not have to travel to a Consultant Unit.

Although some of the services that will be provided in the CMUs already exist, the proposals would build on this and see CMUs offering a wider range of support than is presently the case.

How many births are needed in a unit?

Although the CMUs will provide a wide range of care during pregnancy and after giving birth, it is important that labour and birth care is as safe and sustainable as possible. Healthy women, with no history of pregnancy or birth complications, and no significant risk characteristics, are eligible to give birth in a unit staffed by midwives. Evidence suggests this is about 50% of pregnant women but not all of these women will choose to give birth in a local unit.

Professionals agree that, ideally, 250 births a year are required in a unit for midwives to maintain their skills and confidence. We know that midwives provide a much valued service to women in the Aboyne and Fraserburgh Birth Units. But in 2010/11, there were 60 births in Aboyne and 55 births in Fraserburgh. Although the Birth Unit model contributes to these lower numbers, the *location* of the units is likely to be a more significant reason.

Why are Aberdeen, Inverurie and Peterhead the proposed CMU locations?

The group who agreed on the proposed locations included local staff and women from across Aberdeenshire. The group had to balance the need to provide a safe and sustainable labour and birth service with the desire to have CMUs that are as accessible to as many women as possible throughout their pregnancy and after giving birth, particularly

those who need extra care and support. Possible locations were considered against the following key factors:

- Which would be most likely to achieve 250 births now and in the future
- How easy it is for women to get to each location
- Which communities are most affected by health inequalities

Following discussion and data analysis (recent birth figures by postcode and data modelling), there was consensus amongst the group that Aberdeen, Elgin, Peterhead, Fraserburgh, Ellon and Inverurie had the highest potential to achieve 250 births a year. Of those, Peterhead, Fraserburgh and Aberdeen all have areas of considerable health inequality when compared to other parts of Grampian.

Before proposing specific locations, a commitment was made to have a CMU in North Aberdeenshire. However, it was also recognised that the number of births in the area would not be able to sustain two units.

When deciding which would be the best *combination* of locations to provide safe and accessible care for as many women and families as possible, and contribute to reducing health inequalities, the following was agreed:

- The Consultant Unit in Elgin will continue to serve the West Grampian population.
- North CMU (Peterhead) will serve the North Aberdeenshire population.
- Central CMU (Inverurie) will serve the Central Aberdeenshire population.
- South & East CMU (Aberdeen) will serve the Aberdeen and South Aberdeenshire population.

A more detailed explanation of the strengths of the proposed locations, when compared to other locations, is in the full consultation paper.

What about areas without a CMU nearby?

Based on recent birth figures, it is estimated that, given the recommended locations, less than 7% of women would live more than one hour from a Consultant Unit and less than 2% would live more than one hour from any unit (consultant-led or CMU). A home birth service will continue to be available for women across Grampian.

Integrated community maternity teams will be developed across Grampian and these will be based in, and work closely with, communities. Team members will include midwives, maternity care assistants and support workers who will work with obstetricians, GPs and the wider health and social care team. This team approach will improve the care provided to women and families including 30 minute quality consultations, improved antenatal education, more continuity of care, better breastfeeding support, and tailored and targeted services for more vulnerable women.

Consultant obstetric clinics and antenatal scanning and screening clinics will continue to be provided across Grampian. Consultant obstetric clinics are held in Aberdeen, Banff, Buckie, Elgin, Fraserburgh, Huntly, Keith, Peterhead, Stonehaven. Scanning and screening clinics are held in Aberdeen, Banchory, Banff, Elgin, Fraserburgh, Huntly, Peterhead, Stonehaven.

A new consultant outreach clinic is proposed in Banchory. The possible relocation of clinics from Huntly to Inverurie will be explored and discussed during the consultation.

What will be the benefits of the proposals for women and families?

The proposals will:

- Provide a service that is safer, more sustainable and more reliable.
- Better meet the needs of all women and families, particularly those who need extra care and support.
- Make a real contribution to supporting the reduction of health inequalities.
- Provide women and families with a more consistent quality of service.
- Offer more women a real choice when planning their birth.
- Improve the provision of one to one care at Aberdeen Maternity Hospital
- Contribute to promoting normality in childbirth and reducing interventions.
- Deliver much more care closer to home for more women, where appropriate.
- Support midwives to maintain their confidence and skills in all aspects of care, particularly labour and birth.
- Help to ensure the service is managed more effectively and efficiently.
- Provide care in more suitable and pleasant surroundings.

How much will the proposals cost?

The current service has a budget of just under £16.8million and employs just over 350 whole time equivalent (wte) staff. The estimated cost for running the proposed service is just under £16.6million and would employ nearly 390 wte staff. More information on costings are in the full consultation paper.

What is being consulted on?

Although it is the full range of proposals that will deliver all the benefits above, some parts of the proposals have already been agreed as part of the ongoing, wider maternity review.

Other parts of the proposals are subject to consultation. These are the type and location of labour and birth facilities. The location of some consultant outreach and scanning and screening clinics will also be explored and discussed.

Although this summary outlines a preferred option, NHS Grampian will consider alternative suggestions that are put forward during the consultation. The consultation findings and finalised proposals will be discussed by the NHS Grampian Board at a future Board meeting and will then be subject to Government Ministerial approval.

You can give your views:

- By completing a feedback questionnaire (online or by post)
- By emailing your comments to nhsq.consult@nhs.net
- By sending your comments by post to *Freepost, NHS Grampian*.
- By coming along to one of the open meetings being held across Grampian (Aberdeen, Aboyne, Banff, Elgin, Fraserburgh, Huntly, Inverurie, Peterhead, Stonehaven).

For more information:

For the full consultation paper and feedback questionnaire or to find out details of community open meetings:

- Go to www.nhsgrampian.org/maternityreview
- Email nhsq.consult@nhs.net
- Phone 01224 550950

The closing date for all responses is 22 March 2012.