NHS Grampian

Formal Consultation on

Proposed Changes to the

Maternity Service in Grampian

Full Consultation Paper

Consultation Period:

9 December 2011 – 22 March 2012

Do you have difficulty understanding the English language?
If you have a problem reading or understanding the English language, this document is available in a language of your choice. Please ask an English speaking friend or relative to phone, write or email Nigel Firth, Equality and Diversity Manager, NHS Grampian. His contact details are:

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Telephone Aberdeen (01224) 550950 Email: nhsg.consult@nhs.net

Do you have a visual impairment?

This document is also available in large print, and in other formats, upon request.

How to have your say

NHS Grampian is planning to make changes to its maternity service. We would like you to tell us what you think about the proposed changes which are outlined in this paper. Your comments will help inform the NHS Grampian Board's discussion planned for its meeting in April 2012 or at a suitable Board meeting thereafter.

Although this paper sets out a *preferred option*, NHS Grampian will consider alternative suggestions that are put forward during the consultation.

Once you have read the consultation paper, please give your comments by **22 March 2012**, using one of the following ways:

- **Electronic –** go to www.nhsgrampian.org/maternityreview and complete the online feedback questionnaire, or email your comments to nhsg.consult@nhs.net

- **By post –** please complete the feedback questionnaire and return it in the Freepost envelope provided, or send it to Freepost, NHS Grampian.

- **By coming to one of the open meetings being held in communities across Grampian in January and February 2012.**

  The meetings are open to members of the public and will offer an opportunity to find out more about, and give views on, the proposals. Meetings will be held in **Aberdeen, Aboyne, Banff, Elgin, Fraserburgh, Huntly, Inverurie, Peterhead and Stonehaven**.

  Details for the meetings will be finalised before Christmas and be available at www.nhsgrampian.org/maternityreview or, on request, by emailing nhsg.consult@nhs.net or phoning 01224 550950 giving your name, telephone number and which meeting you would like to attend.

  Although the meetings are open, it would be helpful for us to have your contact details if you plan to attend. This means we can contact you if we have to cancel at short notice (e.g. bad weather). Please register your attendance (leaving your name and telephone number) on 01224 550950 or nhsg.consult@nhs.net

- **By coming to one of the open meetings being held for staff across Grampian.** If you have not received details directly, please speak to your line manager.

We will also consult with:

- **Women with current or recent experiences of maternity services,** by organising visits to groups or classes that women attend across Grampian.

- **Key NHS Grampian groups and committees,** by attending meetings due to take place during the consultation period.

If you need more copies of the consultation paper or questionnaire, please phone (leaving your name and address) 01224 550950 or nhsg.consult@nhs.net

Introduction to Consultation Paper

This paper describes a different way of delivering the maternity service in Grampian. The proposed changes (proposals) were developed by a group of staff and members of the public who took part in an Option Appraisal process. The Option Appraisal is *one* part of an ongoing, wider review of the NHS Grampian maternity service.

This consultation paper outlines:

1. The main differences between the current service and proposals (pages 4-7)

2. Why and how the proposals were developed (pages 8-11)

3. A detailed description of the current maternity service (pages 12-17)

4. A detailed description of the proposals (pages 18-26)

5. Estimated costs of the proposals (pages 27-28)

6. Suggested timetable for the proposals (pages 29-31)

7. A range of supporting information (pages 32-39)

This paper was written by the NHS Grampian Maternity Review Core Group:

Elinor Smith	Director of Nursing and Quality
Jenny McNicol	Head of Midwifery
Peter Danielian	Consultant Obstetrician
Tracy Humphrey	Consultant Midwife
Jane Knott	Aberdeenshire Midwifery Manager
Lorna Campbell	Moray Midwifery Manager
Susan Fraser	Unit Operational Manager
Laura Dodds	Public Involvement Manager

It was finalised following comments from the Maternity Review Leadership Group (whose membership includes three public representatives).

Where can I find out more information?

For more information about the Option Appraisal and the wider maternity review, please go to www.nhsgrampian.org/maternityreview

Summary of Main Differences between the Current Service and the Proposals (Table 1)

The proposals aim to provide a service that is safer, more sustainable and which will better meet the needs of *all* women and families who use the maternity service in Grampian, particularly those who need extra care and support. 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.

The table below outlines the main differences between the current service and proposals, and the expected benefits of the proposals. The full package of proposals is outlined to present a complete picture of what the maternity service could look like in the future. It is important to note that only some of the elements are subject to formal consultation. Please refer to the final column to see what is provided for information and what will be subject to consultation.

	Service Element	Current Service	Proposed Service	Main Benefits of Proposals	Consultation Status
1	Management of service	• Separately managed and resourced in 3 sectors.	• One Grampian-wide maternity service.	• Ensure more consistent care and advice for women. • Improve staff communication. • Ensure a fairer distribution and more efficient and effective use of resources. • Improve learning and staff development.	Agreed at start of wider maternity service review. Not subject to consultation.
2	Community Teams (provide care during pregnancy, labour and birth, after giving birth)	• A mix of separate and integrated teams. • Provide care close to home.	• All teams are integrated. • Fuller, wider integration to provide more joined up service (e.g. closer working with GPs, obstetricians) that better meets the needs of women and families. • Increase range of care provided closer to home.	• Midwives who are confident in all aspects of care. • Timely and reliable risk assessment of women's needs. • Women and families having improved access to care. • Reduced travel and costs for women and families.	Agreed as part of Continuous Service Improvement (CSI) event held in August 2010. Participants included staff and public representatives. Not subject to consultation.

	Service Element	Current Service	Proposed Service	Main Benefits of Proposals	Consultation Status
3	Community Team Caseloads	• Wide variation across Grampian: ratio varies between 30 and 140 women per whole time equivalent community midwife, dependent on location. • Caseloads not tailored to need.	• Aim to reduce caseload numbers (60-80 women per whole time equivalent midwife) to reflect good practice, local needs and geography.	• Fairer distribution of caseloads for midwives. • Better continuity of care and carer for women. • Improved access to core services for women. • Women and families who need extra care will get this. • More manageable caseloads reduce stress for staff.	Agreed as part of CSI event held in August 2010. Not subject to consultation.
4	Number and Role of Community Unit (24 hour/ 7 day a week)	• 2 Midwife Led Units in Aberdeen and Peterhead. • Only midwife-led care and an obstetric consultant outreach clinic provided in Peterhead.	• Expand the units' roles to become Community Maternity Units, providing multi-disciplinary care to women who need it. • Increase number from 2 to 3, with third CMU in Inverurie.	• Women and families have increased access to maternity team care. • Fewer women will have to travel to Consultant Units for pregnancy care. • Services more sustainable, less service interruptions. • Staff confident in all aspects of care. • Improve one to one care during labour and birth at Aberdeen Maternity Hospital.	**This is subject to formal consultation.**

	Service Element	Current Service	Proposed Service	Main Benefits of Proposals	Consultation Status
5	Birth Units	• 2 units open in Aboyne and Fraserburgh. • 1 unit in Banff not operational.	• No labour and birth service in units, but home birth service will be available.	• A greater range of more accessible services for women and families in pregnancy and after giving birth.	**This is subject to formal consultation.**
6	Obstetric consultant outreach (consultants, from Dr Gray's Hospital and Aberdeen Maternity Hospital, go out to other parts of Grampian).	• Consultant outreach clinics delivered in 7 locations across Grampian.	Clinics delivered in 8 locations and sited to better meet population needs: • Introduce new clinic in Banchory. • Discuss and agree whether to move outreach clinic from Huntly to Inverurie. • Explore use of telehealth to assess and manage women with some pregnancy complications.	• Improved access to maternity team care. • Fewer women will have to travel to Consultant Units in Aberdeen and Elgin for pregnancy care. • Improved links between obstetricians, midwives and GPs.	A consultant outreach service will continue. **Views on the introduction of a new outreach clinic in Banchory will be sought through feedback questionnaire and meetings.** **The possible clinic relocation from Huntly to Inverurie will be explored during local meetings.**
7	Scanning and screening clinics	• Clinics delivered in 8 locations across Grampian.	Clinics delivered in 8 locations and sited to better meet population needs: • Discuss and agree whether to relocate scanning and screening service from Huntly to Inverurie.	• More women will have local access to scanning and screening services.	Scanning and screening clinics will continue. **The possible clinic relocation from Huntly to Inverurie will be explored during local meetings.**

	Service Element	Current Service	Proposed Service	Main Benefits of Proposals	Consultation Status
8	Aberdeen Maternity Hospital	• Specialised obstetric, anaesthetic and neonatal consultant, and midwifery services.	• Specialised obstetric, anaesthetic and neonatal consultant, and midwifery services. • Continuing service improvement as part of wider Maternity Review e.g. in antenatal clinics, theatre and obstetric labour wards. • Relocated Aberdeen Maternity Hospital (longer term and dependent on capital funding).*	• Improved experience for women and families. • Capacity created for reinvestment in service developments. • Improved physical environment. • Improved staff morale. • Less disruption to care. • More effective and efficient use of staff.	Agreed as part of CSI event held in August 2010. Part of continuous service improvement activity. Not subject to formal consultation. ***Relocation will be taken forward as part of Foresterhill campus discussions.**
9	Dr Gray's Hospital Consultant Unit, Elgin	• Obstetric consultant and midwifery services.	• Obstetric consultant and midwifery services. • Continuing service improvement as part of wider Maternity Review.	• Capacity created for reinvestment in service developments. • Less disruption to care. • More effective and efficient use of staff.	Agreed as part of CSI event held in August 2010. Part of continuous service improvement activity. Not subject to formal consultation.

1. Why and how we developed the proposals

Section 1 − Main Points

- Maternity staff aim to provide excellent care to women and families every day.
- The service needs to change to cope with the challenges it faces.
- A review is underway to tackle these challenges.
- Staff and the public have been informed and involved throughout the review.
- We are consulting on the Option Appraisal proposals (one part of the review).

This section explains:

1.1 Why the maternity service needs to change.
1.2 What we aim to achieve.
1.3 What we are doing to address the challenges we face.
1.4 When a decision will be made.

1.1 Why does the maternity service need to change?

The maternity service in Grampian has many strengths and we know our staff provide high quality care and support to women and families every day. However, staff face a number of challenges that can make their jobs more difficult. The main challenges are:

a) Meeting the needs of a changing population:

- More babies are being born in Grampian each year, with the number going up steadily since 2002. This can mean that, at times, the quality of care women receive is not always as high as we would like.

- There is an increase in the number of women with more complicated health and social needs who require more support than women with a straightforward pregnancy and good support network. Without this extra support, these women and babies can often have complicated pregnancies and births, and poorer outcomes. Staff do not always have as much time as they need to provide this extra support to, for example, women who have mental health problems, are experiencing drug or alcohol problems or gender based violence (formerly called domestic abuse/violence).

b) Providing a service that is the same quality across Grampian:

- Women see their local community midwife for regular appointments during their pregnancy and after giving birth. However, the number of women a midwife has on her caseload varies from 30-60 in some areas of Grampian, to 120-140 in other areas. This difference is unfair on women and midwives.

- Women who receive one to one midwifery care during labour are more likely to have a normal birth, which is one without interventions such as a caesarean section, or a forceps/ ventouse delivery. These interventions should only be carried out when necessary. Although women in Dr Gray's Hospital, Elgin, and in

the Aberdeenshire units receive this level of care, this is not always the case at Aberdeen Maternity Hospital (AMH). This is because of staffing levels and the way services are organised.

- The maternity service aims to meet nationally and locally agreed standards to help ensure women receive care that is both safe and of a high quality. Currently we do not meet as many of these standards as we should, such as one to one midwifery care during labour and 30 minute appointments with a community midwife during pregnancy *(see pages 32-33 for list of standards)*.

c) Providing a service that is safe and sustainable:

- Only very small numbers of women give birth in the Birth Units in Aberdeenshire (*see page 16 for figures)*. Although we know that the women who use the service value it, local midwives are finding it difficult to keep up their skills and their confidence because they are delivering so few babies.

- The Aberdeenshire Birth Unit model is very difficult for the maternity service to staff because of the need for a high on-call commitment from a small number of local midwives for so few births *(see page 15 for a description).*

d) Providing care as close to home as possible, where appropriate:

- Women who may need to be assessed and monitored during their pregnancy (for example, for high blood pressure, or severe morning sickness) have to travel to a Consultant Unit in Aberdeen or Elgin.

- Although there are not enough births, staff or money to sustain a unit in every community, the current locations of our Aberdeenshire units do not provide the best possible geographical coverage for our whole population.

- The Birth Unit in Banff has been suspended since August 2009 because of staffing difficulties and a lack of local demand to reinstate this service.

- Many women who would be suitable to give birth in the Fraserburgh and Aboyne Birth Units are choosing not to give birth locally, because of the uncertainty over whether the service will be available when they go into labour.

- 25-30% of women, during labour and immediately after giving birth, are transferred (for non-emergency reasons) from the Birth Units and Peterhead Midwife Led Unit to a Consultant Unit. This is higher than the national average of 17%.

e) Providing care in suitable and pleasant surroundings:

- The building and physical facilities at some of our units, in particular Aberdeen Maternity Hospital, do not meet the standards for maternity and neonatal care in the 21st century.

- Many community midwives are based in hospitals, or units, rather than in primary care settings, such as GP Practices/Health Centres. This restricts their ability to

work in a joined up way with GPs and Health Visitors to meet the individual needs of women and families.

f) Providing a service that is managed effectively and efficiently:

- The maternity service is managed under three different sectors in NHS Grampian, rather than as one service.

- The current maternity service costs more than the current budget. All services in NHS Grampian are being asked to provide services that are not only safe, but also effective, efficient and affordable.

1.2 What do we aim to achieve?

Review of the Maternity Service
A review of the NHS Grampian maternity service started in April 2010, to support staff to continue improving the quality of care they provide to women and families and to address the challenges above.

The review aims to:
- Have a single, Grampian-wide, sustainable service that provides consistent quality of care to women and families in different locations across the area.
- Provide care and treatment which is the safest, most effective and person-centred possible, within available resources.
- Support women and babies to have consistent health outcomes, wherever they live, or whatever their social and health support needs.
- Provide care as close to home as possible, where appropriate.
- Support families to have a healthy pregnancy and normal birth in pleasant surroundings, free from unnecessary intervention whenever possible, but with high quality specialist support whenever needed.
- Support families to give their babies the best possible start, providing a firm foundation for a long and healthy life.

1.3 What has the review achieved so far?

The Maternity Review has three main parts:

a) NHS Grampian Maternity Strategy 2010-2015
We have developed and, following consultation, agreed a new maternity strategy which explains the vision and overall direction for the service for a five year period. Our vision is one 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. To read the strategy in full, go to www.nhsgrampian.org/maternityreview

Consultation: Six week public and staff consultation in Autumn 2010

b) Service improvement activities
We have agreed a range of activities that, once in place, will better meet the needs of women and families and make better use of staff time and skills. The most important activities which are already underway are:
- Introducing a single management structure for the service.

- Setting up a telephone triage system (single point of contact) for women to contact and access the maternity service.
- Improving length of stay in hospital for women after giving birth.
- Reviewing the labour ward and theatre at Aberdeen Maternity Hospital.
- Changing the way antenatal clinics (include scanning) are run.

Consultation: Activities were agreed at event involving staff and public in August 2010. See page 37 for more information.

c) Option Appraisal
In 2011 we conducted an Option Appraisal, which is a process that organisations use when looking at different ways of providing a service. At the Maternity Option Appraisal, staff and members of the public discussed and agreed the best way to set up the maternity service across Grampian: what parts of the service should be delivered, by which staff, and in which locations *(see page 34 for more information)*.

We held the Option Appraisal because we know that parts of the maternity service are currently not in the right place, or set up in the right way, to meet the aims of the review and the challenges previously outlined.

Although we looked at how and where we provide care during pregnancy and after giving birth, the main difference between the options that we considered was the type and location of service for labour and birth. We looked at home births, the number and level of Consultant Units and the number and location of Community Maternity Units across Grampian. The current service ranked only ninth out of 11 options in the final scoring. The overwhelming majority of the Option Appraisal group chose the proposals we are consulting on as their preferred option. See *pages 35-36* for a summary of the main options considered.

The Scottish Health Council, which checks whether the NHS is meeting its public involvement duties, approved the way we involved the public in the Option Appraisal.

Consultation: It is the Option Appraisal proposals (outlined on pages 18-26) that we would like your views on.

1.4 When will a decision be made?

At its meeting on 6 December 2011, the NHS Grampian Board agreed to conduct a formal consultation. Although this paper sets out a preferred option, we will consider other suggestions put forward during the consultation. We aim to present the results of the consultation and final proposals for the maternity service to the NHS Grampian Board in April 2012 or at a suitable meeting thereafter.

The proposals are considered by the Scottish Government to be major service change and, therefore, the final decision will require Government Ministerial approval[1]. No changes to where the service is delivered will be made until Ministerial approval has been received (unless required on a temporary basis due to exceptional emergency circumstances relating to patient safety).

[1] Informing, Engaging and Consulting People in Developing Health and Community Care Services CEL 4(2010)

2. Description of the current maternity service in Grampian

Section 2 – Main Points

- Midwives are the main providers of care to women throughout pregnancy, labour, birth and in the post birth period.
- Obstetricians are experts in treating complications of pregnancy and childbirth.
- Women are continually assessed to make sure they see the right professional (midwives, obstetricians and a range of other professionals) for their individual needs and circumstances.
- The maternity service provides different levels of care and treatment from a range of units and locations across Grampian.
- The service is currently not set up, or in the right place, to best meet the needs of all women and families in Grampian.

This section explains:

2.1 A woman's journey through the maternity service.
2.2 Where our current service is located and what it provides.
2.3 How many babies are born in Grampian (and other relevant figures).
2.4 How the service is currently managed.

2.1 A woman's journey through the maternity service

A woman will see different maternity service staff during her contact with the service and who she sees will depend on her individual needs, circumstances and choice *(see pages 38-39 for description of staff roles)*. The care and treatment that staff provide to women and babies must also follow nationally agreed guidelines and protocols *(see pages 32-33).* This supports the use of best practice, so that women are more likely to have a healthy pregnancy and normal birth, free from unnecessary intervention whenever possible, but also have access to high quality specialist support if they need it.

a) First contact with the maternity service

When women have confirmed their own pregnancy, they are encouraged to make an appointment directly with the midwife who is attached to their GP practice. This is called self-referral.

Women will then have two consultations with their midwife (booking appointments), ideally before they are 10-12 weeks pregnant. During these consultations, the midwife will take a full health, medical and social history. The midwife uses this information to make a risk assessment about a woman's individual needs. The midwife and the woman will then make a decision together about which pathway of care (midwife-led or obstetric- led) is both clinically appropriate and acceptable.

b) Midwife-led care

Healthy women, with no history of major complications in pregnancy or birth and no significant risk factors, are supported to have midwife-led care. Midwives are experts in normal pregnancy and birth. Midwife-led care for this group of women is safe for mother and baby. Women who receive midwife-led care during pregnancy are less likely to have

to go to hospital, more likely to have a normal birth, more likely to breastfeed, and more likely to be satisfied with their care.

c) Obstetric-led care
Women who have ongoing, significant, ill-health, previous major pregnancy or birth complications, or significant risk factors (e.g. being overweight or over the age of 40) are supported to have obstetric-led care. Midwives will continue to provide care, with others from the maternity care team, to these women during pregnancy, labour and birth, but obstetricians will be responsible for the planning of care. Obstetricians are doctors who are experts in pregnancy and birth complications and obstetric-led care for this group of women is likely to improve outcomes for women and babies.

Some of these women (e.g. women with diabetes, women misusing drugs) will need care from a range of professionals who work together in a specialist multi-disciplinary and multi-agency team that includes midwives and obstetricians with expertise in managing such conditions.

d) Making sure women see the right person at the right time
Women will be continually risk assessed and screened during their pregnancy for signs of good health or complications. This will mean that a woman will be referred to the right member of staff when changes in their risk characteristics are identified.

2.2 Where is our maternity service located and what does it provide?

The current maternity service is provided from:

- Two Consultant Units (Aberdeen Maternity Hospital and Dr Gray's Hospital)
- Two Midwife-Led Units (Aberdeen and Peterhead)
- Three Birth Units (Aboyne, Banff, Fraserburgh)
- Community settings, including GP practices, community hospitals, and women's own homes.

a) Aberdeen Maternity Hospital (Level 3 Unit)
Aberdeen Maternity Hospital (AMH) is the only 'tertiary' unit in the North of Scotland. Maternity hospitals have tertiary status if they have access to adult and neonatal intensive care and surgery, blood transfusion, obstetric and anaesthetic specialist services on their site. AMH provides this level of care to women from across Grampian, Highland, Orkney and Shetland.

As well as this very specialist care, AMH provides:

- Routine antenatal scanning and screening.
- A Midwife-Led Unit for women with low risk characteristics during labour and birth.
- Consultant clinics for pregnant women with medium/high risk characteristics.
- A Consultant obstetric labour ward for women with medium/high risk characteristics.
- Epidural service for women during labour.
- Early pregnancy services for women experiencing threatened or actual pregnancy loss.
- Antenatal assessment and monitoring of pregnancy complications and induction of labour.
- A range of specialist clinics and services to support women with complex needs, such as multiple pregnancy, medical conditions (diabetes, high blood pressure) mental health problems, or substance misuse.

- A support service for women from Orkney and Shetland with pregnancy complications.

b) Ward 3, Dr Gray's Hospital, Elgin (Level 2b Unit)
Ward 3, Dr Gray's Hospital is a Consultant-led Maternity Unit serving the population of West Grampian. All obstetric and gynaecology medical and surgical care is delivered by consultants with the support of non-specialist junior medical staff. This is different to AMH where trainee obstetrician/ gynaecologists support the service provided by consultants and other junior medical staff.

As in Aberdeen, the services provided at Dr Gray's Hospital include:
- Routine antenatal scanning and screening.
- Consultant clinics for pregnant women with medium/high risk characteristics.
- Consultant obstetric labour ward for women with medium/high risk characteristics.
- Early pregnancy services for women experiencing threatened or actual pregnancy loss.
- Antenatal assessment and monitoring of pregnancy complications and induction of labour.
- A range of locally adapted services to support women with complex needs e.g. multiple pregnancy, medical conditions (diabetes, high blood pressure) mental health problems, substance misuse.

The Labour Ward is a shared facility for women eligible for midwife-led care during labour and birth, and women who require obstetric input.

Ward 3 has a Special Care Baby Unit (SCBU) where care is provided by midwives and Consultant Paediatricians. Admission to SCBU is generally restricted to babies over 35 completed weeks of pregnancy, who do not need ventilatory support or high dependency/intensive care.

Although Dr Gray's can provide all the necessary care for most women in West Grampian, some women will occasionally have to travel to Aberdeen Maternity Hospital or Raigmore Hospital, Inverness, for specialist care during pregnancy, labour and birth or the post birth period e.g. women who are insulin dependent diabetic or have a blood disorder and for preterm labour (less than 35 weeks gestation). Women who wish an epidural for pain management in labour have to travel to Aberdeen or Inverness. Dr Gray's does not offer an epidural service because it is not feasible to provide the necessary resident anaesthetic cover.

c) The Community Midwifery Service
Community midwives work in teams and provide community-based care to all women during pregnancy and after giving birth (mainly in GP practices, community hospitals and women's homes). A core part of their role is to be the named lead healthcare professional for women who are healthy and are experiencing an uncomplicated pregnancy. They also provide care to women who have continuing ill-health or complications of pregnancy, whose care is led by obstetricians. Community midwives also provide a planned homebirth service, which requires being on-call from 37 weeks onwards.

- **Aberdeen City Community Midwifery Service**

There are two Community Midwifery Teams currently based in AMH. The teams are separate to the midwives who work in AMH.

- **Moray Community Midwifery Service**

There are two Community Midwifery Teams in Moray. One is based in Ward 3 at Dr Gray's and the second team has bases in Forres, Buckie, Keith and Speyside. The teams are separate to the midwives who work in Ward 3, Dr Gray's.

- **Aberdeenshire Community Midwifery Service**

Across central and south Aberdeenshire, there are three Community Midwifery Teams. These are not integrated with either a Birth Unit or a Midwife-Led Unit.

- **Birth Units (Aboyne, Banff, Fraserburgh)**

Community Midwifery Teams are based in Birth Units, where they co-ordinate the delivery of community-based midwifery care for women during pregnancy and after giving birth. They also provide a dedicated facility for women to labour and birth, but the units can only accommodate one woman at a time. The Banff unit labour and birth service has not operated for two years. Community midwives provide care during weekdays, and a continuous on-call service during evenings, overnight, and weekends, for women who plan to give birth in the unit, or at home. Following the birth, women and babies are routinely transferred home after a few hours. If there is a clinical need for continuing care, these women are transferred to a Consultant Unit or a Midwife led Unit.

- **Midwife-Led Unit (Peterhead)**

Peterhead Midwife-Led Unit is staffed by community midwives and assistants, 24 hours a day, seven days per week. In addition to the services provided by a Birth Unit (see above) the Midwife-Led Unit can accommodate more than one woman in labour and can provide hospital care to women and babies who are not suitable to be transferred home soon after birth. Peterhead has never transferred women to AMH due to lack of capacity.

d) Scanning & screening clinics across Grampian

Appointments for routine scanning (dating/screening scan at 11-13 weeks and detailed scan at 20 weeks) are provided in Aberdeen, Banchory, Banff, Elgin, Fraserburgh, Huntly, Peterhead, and Stonehaven, on a regular basis.

e) Consultant clinics, including community outreach across Grampian

Regular clinics for women, who need to see an obstetrician, are provided in Aberdeen, Banff, Buckie, Elgin, Fraserburgh, Huntly, Keith, Peterhead, and Stonehaven. Consultants, based in Aberdeen and Elgin, go to the other locations to provide a more accessible service for local women.

2.3 How many babies are born in Grampian?

There are more than 6,000 births in Grampian every year. Although there was a slight fall in 2010/11, the number of births each year has been steadily rising since 2002. This rise is predicted to continue for another few years, although it is difficult to be confident about what will happen in the longer term.

Table 2: Number of live births in Grampian, by location, in the last four years

Unit/ Year	2007/08	2008/09	2009/10	2010/11*
Aberdeen Maternity Hospital	4701	4863	5009	4922
Dr Gray's Hospital	1121	1164	1156	1080
Peterhead Midwife-Led Unit	171	173	190	145
Aboyne Birth Unit	64	60	66	60
Fraserburgh Birth Unit	69	28	6	55
Banff Birth Unit	10	9	0	0
Total number of Births	**6136**	**6297**	**6427**	**6262**

Sources: NHS Scotland Information Services Division and *Local Statistics 2010/11 (not yet published nationally).

The table above illustrates that Aberdeen Maternity Hospital accounts for over 75% of all births in Grampian; Dr Gray's about 18%; Peterhead about 3%; and the Birth Units combined, account for 1-2% of all births. Out of the total births at Aberdeen Maternity Hospital, about 25% (1,200) are in the Midwife-Led Unit. Although homebirths are not included in the table, the rate has remained at about 1% of all births over recent years, which is similar to the national average.

Fraserburgh Birth Unit was closed for labour and birth activity for six months (August 2009 to February 2010) due to staffing difficulties. As a result, birth numbers at the Peterhead Midwife-Led Unit went up. Banff Birth Unit was also closed to labour and birth activity due to staffing difficulties in August 2009, with agreement that any decision about the future of the unit will be made following the result of the consultation.

2.4 How is the maternity service managed?

The maternity service in Grampian employs just over 350 whole time equivalent staff and has a budget of just under £16.8 million. The service is currently managed, resourced and provided by three sectors in NHS Grampian.

Pregnancy and Birth in Grampian − Other Facts & Figures

- Pregnant women in Grampian are getting older (similar to the national trend), with an increase from 11.1% in 1998 to 17% in 2010 for women aged 35-39 and 1.9% to 3.4% for women aged 40 and over in the same period.
- Around 18% of all Grampian women, at the start of their maternity care, smoke. This rises to 30% of pregnant women living in our most deprived areas. Smoking rates in pregnancy are highest (38%) amongst pregnant teenagers.
- Some areas of Grampian (AMH) have significantly fewer normal births (more interventions) compared to other parts (Dr Grays).
- Around 32.4% of babies in Grampian are breastfed exclusively at 6-8 weeks, however, numbers vary widely with lower figures in parts of Aberdeen, North Aberdeenshire and Moray.
- Multiple births account for around 2.7% of all births in Grampian and this proportion has increased by more than 50% over the past 30 years.
- Around 8% of births in Grampian are premature and this proportion has increased by 33% over the past 30 years.
- Social deprivation is a significant risk factor for babies being born with low birth weight and prematurity.
- On average 3% of all births in Grampian are admitted to neonatal units in 2010.

Source: NHS Grampian Health Intelligence Department.

3. Description of the proposals for the maternity service

Section 3 – Main Points

- The proposals will support staff to provide a service that is safer, more sustainable and better meets the needs of women and families.
- We will have one Grampian wide service delivered across multiple locations.
- We will develop integrated maternity care teams as part of a tiered maternity service, ranging from care in GP practices to very specialist care.
- We will retain Consultant Units in Aberdeen and Elgin.
- We will continue to improve services at the two Consultant Units (including longer term plans to relocate AMH).
- We propose three Community Maternity Units that will provide a wider range of care and support to a greater number of women and families.
- About 50% of women are eligible to give birth in a unit staffed by midwives.
- 250 births a year in a unit ideally required to maintain midwife skills and confidence.
- The proposed CMU locations of Aberdeen, Peterhead and Inverurie provide the highest potential for achieving a more sustainable and accessible service.
- We will provide a range of services in areas without a CMU nearby.

This section explains:

3.1 Aim of the Proposals

We know that staff are our most important resource and that they strive to provide excellent care to women and families every day. We also know that the way the current service is set up can make this difficult for staff.

We believe that making changes to the way the service is set up will support (rather than hinder) staff to provide a service that is safer, more sustainable and better able to meet the individual needs of women and families.

3.2 Summary of the proposals:

a) One Grampian wide maternity service
We will have one Grampian wide maternity service that is delivered across multiple locations. One service, with one budget and one management structure, will improve communication between staff; lead to women receiving more consistent care and advice no matter where they live; and ensure resources are more fairly distributed and used more efficiently and effectively.

b) The main parts of the proposals are:

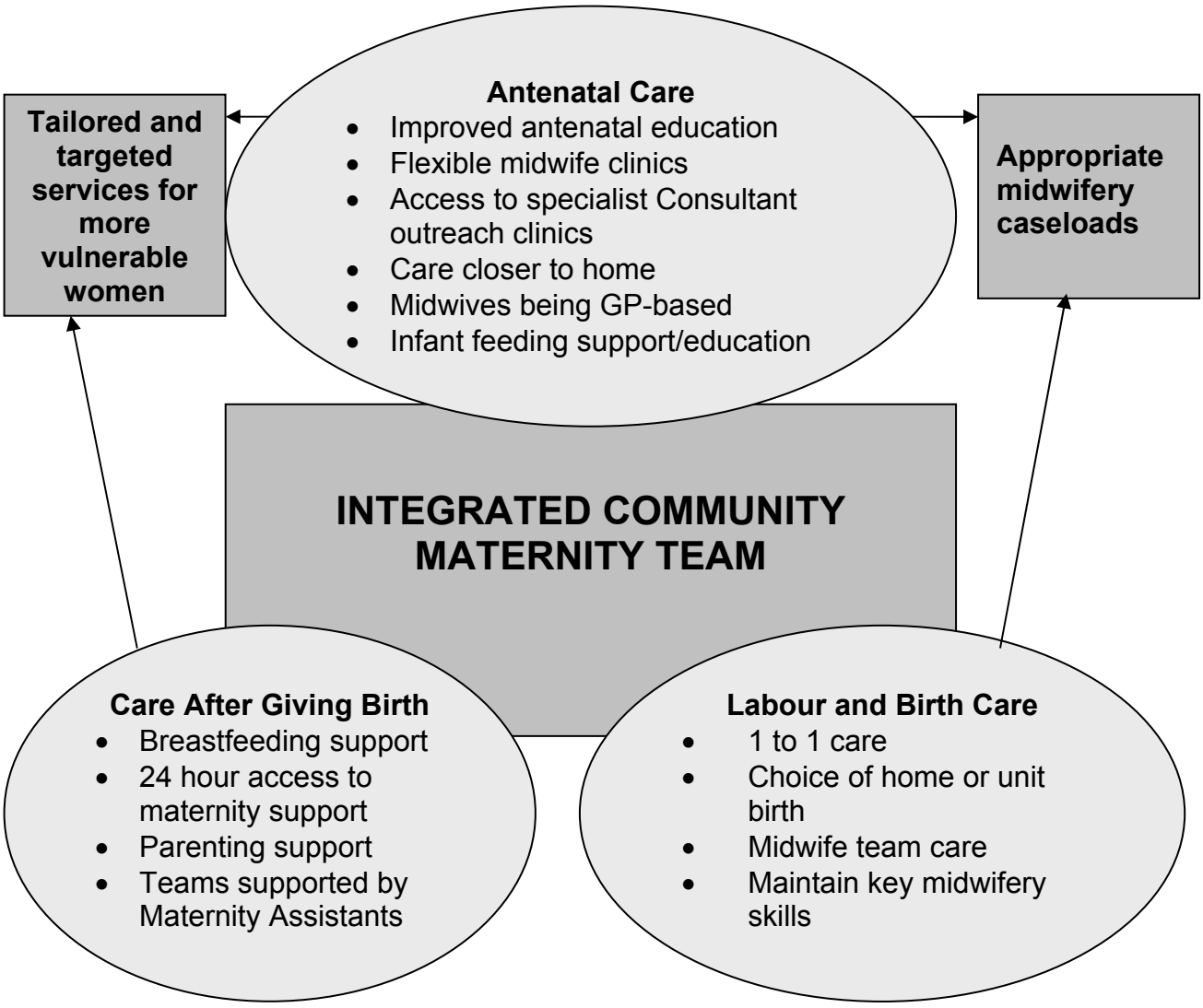
- Integrated community maternity teams across Grampian
- Three Community Maternity Units (Aberdeen, Peterhead, Inverurie)
- Home birth service across Grampian
- Two Consultant Units (Aberdeen Maternity Hospital Level 3 Unit and Dr Gray's Level 2b Unit)
- Relocation of Aberdeen Maternity Hospital

3.3 Integrated Community Maternity Teams

We will develop *integrated* community maternity teams across Grampian that will be based in, and work closely with, local communities. Members of the team will include midwives, Maternity Care Assistants (MCAs) and support staff. They will work with obstetricians, GPs and the wider health and social care team, to provide care and services to women and families.

How will the teams work?

The diagram below illustrates how the teams will work and the range of services they will provide.



- Teams will be a vital part of a tiered maternity service, ranging from care in local GP practices through to very specialist care at Aberdeen Maternity Hospital. We will aim to provide women with continuity of care and carer during pregnancy and after giving birth.

- Women and families will receive care and support to be as healthy as possible before conception e.g. working with smoking cessation services to support women of reproductive age and working with communities to promote positive sexual health.

- Midwives will have a caseload of approximately one midwife to 60-80 women, reflecting good practice, local needs and geography (the national rate is one midwife to 100 women). This will be achieved by making changes to the geographical catchment areas that teams cover.

- Midwives will become more established in local communities and pregnant women will see them as the first point of contact. Midwives will aim to provide 30 minute quality consultations for all women during pregnancy.

- Teams will provide improved antenatal and post birth education for all women by working in partnership with support staff, parents and members of local communities.

- Pregnant women with complex health and/or social issues will have local access to antenatal services through obstetric outreach clinics.

- Teams will provide tailored and targeted maternity care for more vulnerable women and families e.g. teenage pregnancy services. These will be delivered by a range of professionals and agencies working more closely together.

- Teams will be integrated with their nearest Community Maternity Unit and will have a role in providing care during labour and birth for women at home or in a Community Maternity Unit.

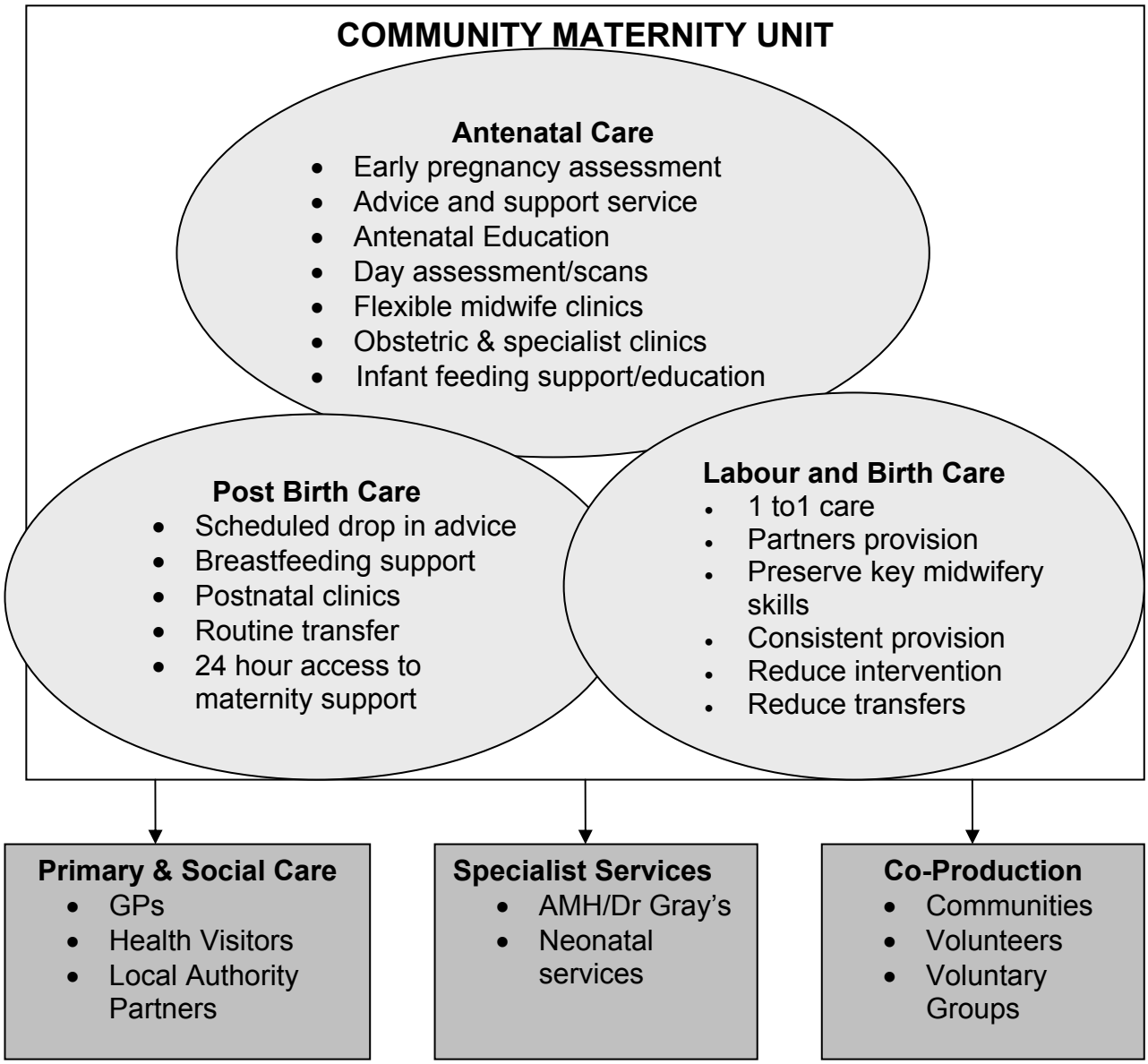
- Teams will be supported in their roles by the introduction of a formal development programme for staff.

3.4 The role of Community Maternity Units

We propose having three Community Maternity Units (CMUs) across Grampian which will be focal points of maternity care in the future. Each CMU will provide labour and birth facilities for women and families who are likely to have an uncomplicated normal birth and who choose to give birth there, but this will be just one part of their service. We see the CMU as a hub for maternity care for all women during pregnancy and after giving birth. Although some services are available now, our approach will build on this and we see the units as busy, vibrant places that offer a wider range of care and support to a greater number of women and families.

How will the CMUs work?

The diagram overleaf illustrates how CMUs will work and the wide range of services they could provide.



a) Access to range of services

- Women will be able to access the CMU service, 7 days a week, 24 hours a day.
- Midwives, Maternity Care Assistants and support workers will be on duty in the unit facilitating drop-in sessions, day assessment, and providing care for women and babies after giving birth; there will be dedicated midwives staffing the unit overnight, and an on-call provision to support home births.

b) Pregnancy care

CMUs will aim to provide a consistent core range of antenatal services including:

- Scanning and screening appointments.
- Advice and support service during pregnancy and after giving birth.
- A range of pregnancy and post birth education sessions (daytime and evening).
- Day assessment for women with some pregnancy complications e.g. high blood pressure.
- Obstetric outreach clinics for women with complex health and/or social issues.
- More specialist outreach services for women with particular needs such as mental health or substance misuse problems.

We will also explore opportunities:

- To use technologies such as telehealth to support midwives to assess and manage women with some pregnancy complications jointly with obstetricians based in Consultant Units.
- To develop early pregnancy assessment facilities for women with threatened or actual early pregnancy loss or complications such as dehydration due to excessive nausea and vomiting.

c) Labour and birth in a CMU

- Dedicated facilities for women to labour and give birth.
- An improved birth environment with the option for women to labour and birth in water.
- Family centred inpatient facilities for women and partner(s) who are not suitable for routine transfer home following birth.
- A small number of women will always need to transfer to a Consultant Unit; this is usually for non-emergency reasons. Clear arrangements are, and will remain, in place for these women and babies and, for the very rare occasion, when an obstetric or neonatal emergency happens.

d) Going home after giving birth

- Following an uncomplicated normal birth in the CMU, mothers and their babies will normally go home the same day with planned aftercare arrangements in place.
- Mother and baby will receive an examination after giving birth, and support with at least one feed before going home. Once home, women will receive an early planned visit and will have access to help and advice on a 24 hour basis. Care will be planned around the individual needs of mother and baby with initial follow up on return home and routine visits on days 1 and 2, and once between days 5 and 7 and 10 after giving birth.
- For women with specific needs, the number and frequency of visits may be more.

3.5 Location and number of CMUs

Although CMUs will provide a wide range of services, it is important that labour and birth care in the CMUs is as safe and as sustainable as possible. The location and number of CMUs is extremely important to help achieve this.

a) Number of births for a safe and sustainable CMU

Healthy women, with no history of pregnancy or birth complications and no significant risk characteristics, can give birth in a CMU. Women with a history of significant complications or risk characteristics during pregnancy or birth would be advised to give birth in a Consultant Unit. Evidence suggests that approximately 50% of pregnant women are likely to be eligible to give birth in a CMU.

Maternity professionals generally agree that, ideally, approximately 250 births a year are required to take place in a CMU for midwives to be able to maintain their skills and confidence to deliver safe and effective care to women during labour and birth. This was debated during the Option Appraisal process and the group agreed that it was reasonable to use this consensus of professional opinion to guide our proposals for the development of the service.

We know that midwives who currently provide care to women during labour and birth in the existing Birth Units provide an excellent service, and that is highly valued by local

women and NHS Grampian. However, we recognise that it is much more difficult for staff, who work in units with small birth numbers, to maintain skills to manage labour and birth compared with staff who work in units with higher birth numbers.

The table on page 16 shows that the Birth Units are well below achieving 250 births; the Midwife Led Unit in Peterhead is closer to achieving that number; and the Midwife-Led Unit at Aberdeen Maternity Hospital far exceeds that number (see paragraph below table). Although the disadvantages of the Birth Unit model contribute to these lower birth numbers, the *location* of the units is likely to be a more significant reason.

b) Identifying potential locations for CMUs

Local staff and women from across Aberdeenshire were involved in the discussions about where is best to locate CMUs. When considering where to recommend, we 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.

We looked at a number of possible locations and considered:

- Which would be most likely to achieve 250 births (based on data modelling using recent birth numbers broken down by postcode).
- Future plans that may affect potential birth numbers e.g. housing and development plans.
- How easy it is for women to get to each location e.g. road network and public transport as well as whether women are willing to travel to a CMU when the direction of travel is away from a Consultant Unit.
- Which communities are most affected by health inequalities locally and whose population could experience significant benefits from the range of services available in a CMU.

Following data analysis and discussion of all these factors, there was consensus of opinion that only a small number of locations were viewed as likely to have the potential to achieve 250 births a year. These were Aberdeen, Elgin, Peterhead, Fraserburgh, Ellon and Inverurie. There was also consensus of opinion that the other locations considered (Banff, Huntly, Westhill, Aboyne, Banchory, Stonehaven) were unlikely or less likely to achieve this number.

In relation to where the most inequalities exist, 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.

c) Recommending locations

We then considered what would be the best *combination* of locations to provide maximum coverage to deliver services for the population of Grampian. We also considered the contribution a CMU in these locations would make to reduce the health inequalities in communities with areas of deprivation.

With the proposals recommending keeping a Consultant Unit at Dr Gray's, Elgin, the majority of women from West Grampian will continue to give birth there. As is currently the case, women will be transferred to Aberdeen or Inverness, as appropriate, if required.

Taking all of the above into account, for women in Aberdeen and the rest of Aberdeenshire, we are proposing CMUs in Aberdeen, Peterhead and Inverurie:

- 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.

Why Aberdeen?

- Aberdeen is our largest population centre and an Aberdeen based CMU will serve a large number of women in the local area.
- Aberdeen has significant pockets of deprivation and health inequalities.
- The current Midwife-Led Unit has approximately 1,200 births a year.
- There is a lack of one to one care for women in labour in the Midwife-Led Unit which the development of a CMU will help to address.

Why Peterhead?

- The locations identified with potential to serve the North Aberdeenshire population were Ellon, Peterhead and Fraserburgh.
- If there is more than one CMU in the North, the units are extremely unlikely to achieve 250 births each (see section "Number of births for a safe and sustainable CMU" on page 22).
- Peterhead has an existing Midwife-Led Unit with an established reputation and has demonstrated consistent use by women over many years, indicating that the public have confidence in the service. This mitigates many of the risks around sufficient uptake when introducing a new service.
- Peterhead has a dedicated facility with the space to accommodate an increase in births and post birth stay if required. Although the unit requires some refurbishment, it is still operationally fit for purpose in the short to medium term.
- The location of Peterhead, when compared to Fraserburgh, is likely to be accessible to a greater number of women and families from the surrounding area. There is also a recent history of women from Fraserburgh using the labour and birth facilities at Peterhead, which suggests that travelling to Peterhead is acceptable to some women and families.
- Ellon was discounted for two reasons: 1) there are more significant health inequalities in Fraserburgh and Peterhead which a CMU will help to address and 2) the costs of building *and* servicing a new facility (where there is no supporting community hospital infrastructure) is too high in the current financial climate.

Why Inverurie?

- The current population in Central Aberdeenshire, particularly around the Inverurie area, has a high potential to achieve 250 to 500 births in a local CMU. 39% of the Inverurie practice population is aged 25-44, which means there is a high potential for women and families to use the services which a CMU will offer.
- There are plans for major housebuilding in this area. Inverurie sits on one of two 'strategic growth corridors' which will account for around 75-80% of growth in Aberdeen and Aberdeenshire over the next 20 years.

- Inverurie is conveniently situated on the main A96 road with rail and bus networks; it is on the way to, rather than away from, a Consultant Unit for many women; and is reasonably accessible if a transfer to a Consultant Unit is required.
- There are small but significant areas of deprivation in Central Aberdeenshire, although not on same scale as Fraserburgh and Peterhead; and in recent years, there has been an increase in the teenage pregnancy rate, although not on the same scale as Aberdeen.
- Although Inverurie has no current birth facilities, it does have a community hospital infrastructure that could serve a CMU. Inverurie is also one of NHS Grampian's Health and Care Framework projects which is developing plans with the local community to better meet the needs of the whole population in the area. Therefore, when compared to other communities where developments are not currently being planned, Inverurie has significant potential to set up a new CMU, as funding becomes available.

Why not South Aberdeenshire?
When compared to Peterhead and Inverurie, data analysis and discussion indicated that the locations in South Aberdeenshire were highly unlikely (Aboyne and Banchory) or less likely (Stonehaven) to achieve the required number of births from the immediate vicinity and, due to the road networks, unlikely to attract sufficient numbers from slightly further away. We also know that a fourth CMU, in the current financial climate, is unaffordable. A few women from South Aberdeenshire currently give birth in the unit in Montrose and this choice will still be available.

d) Supporting women to use CMUs for labour and birth
It is important to inform and support women and families to make the most appropriate choice when deciding where to give birth. CMUs need to be promoted and allowed time to gain the confidence of local women and families, and the support of the local community. We have evidence that CMUs are successful and acceptable to women in the North East of Scotland. The units in Peterhead and Montrose have demonstrated over many years that they have the confidence of women and families and strong community support because numbers of women using these services have remained consistently higher than women choosing to use a Birth Unit facility. It is, also important to recognise that a local service is highly valued by women in Fraserburgh and Aboyne.

3.6 Services in areas without a CMU nearby

The recommended locations for CMUs have the greatest potential to provide a safer, more sustainable service and are the most accessible when considering the whole population of Grampian. Based on recent birth figures, we estimate that 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 maternity unit (Consultant or CMU). However, we recognise that some women will not have a CMU nearby.
We will continue to provide consultant obstetric outreach clinics, and antenatal scanning and screening clinics across Grampian. We also propose to introduce a new obstetric outreach clinic in Banchory, and to explore and discuss whether to relocate clinics from Huntly to Inverurie, to better meet the needs of a greater number of women across Grampian.

We will continue to provide a home birth service across Grampian.

3.7 Impact on Consultant Units

Although the most obvious differences between the current service and the proposals centre on our plans for services in the community, there will also be a positive effect on the two Consultant Units.

a) Improvements to quality and range of care
Once the integrated teams and the CMUs are established, there will be less pressure on our two Consultant Units. This will mean we can improve the provision of one to one care during labour and birth at AMH and create opportunities to develop our service further e.g. transitional neonatal care provision − where babies who need neonatal care, but not necessarily admission to a neonatal unit, can be located on a ward area with their mother e.g. low birth weight babies, or babies born to women with diabetes.

b) AMH relocation
We know that the building and physical facilities at Aberdeen Maternity Hospital do not meet the standards for maternity and neonatal care in the 21st century. The proposals recommend the relocation of AMH, but this will be considered by NHS Grampian as part of wider Foresterhill site discussions and, given limited capital funding, will be part of longer term plans.

c) Other service improvements
The wider maternity review has planned activities that will improve the care and treatment women and families receive in the Consultant Units *(see page 37).*

3.8 Why are the proposals better than the current service?

We carried out an Option Appraisal because we know that parts of the maternity service are currently not in the right place, or set up in the right way, to meet the aims of the wider maternity review and the significant challenges facing the service (see pages 8-10). At the Option Appraisal, staff and members of the public discussed and agreed what they considered to be the best way to set up the maternity service across Grampian: what should be delivered, by which staff, and in which locations. This section of the paper has explained the proposals in detail and we believe that they mark a real opportunity to improve the service for women, families and staff.

The proposals will:

- Better meet the needs of 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.
- Provide a service that is safer, more sustainable and more reliable.
- Offer more women a real choice when planning their birth.
- 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.

4. Estimated costs of proposals

Section 4 – Main Points

- One of the Option Appraisal objectives was that any proposals had to cost no more than the current service.
- The estimated costs of the proposals are within the current budget.
- The estimated costs include an increase in staff numbers and change to the staff skill mix.
- The proposals include capital costs that will be considered as part of wider NHS Grampian discussions.

This section explains:

4.1 Revenue and capital costs
4.2 The revenue costs of the current service and the proposals
4.3 The capital costs of the proposals

4.1 Costs explained

Costs are an important factor when looking at where services need to be located and how the service is delivered. There are two types of costs: the cost of keeping the service running (revenue costs) and one-off costs, such as building a new hospital (capital costs).

The maternity service budget for revenue costs is currently held by three separate sectors of NHS Grampian. To understand the costs in each of the sectors, a breakdown of all costs relating to the maternity service was produced. This included staff costs, staff numbers and 'non pay' costs e.g. medical supplies, drugs, equipment, and travel costs.

4.2 Running costs for current service and proposals

The costs shown below are the costs to keep the service running and include the budget the service has to spend; the actual costs of the service for last year (2010/11); and the estimated cost of the proposals.

Table 3: Current and proposed costs and staff numbers

	Costs	**Staff (whole time equivalent)**
Budget Revenue 2010/11	**£16,787,411**	**345.0**
Actual Revenue 2010/11	**£17,222,739**	**358.1**
Proposals	**£16,582,981**	**387.4**

The costs show that the service is currently overspent − this is mainly due to staff costs. Service budgets are based on staff on the middle of the salary range but more than 65% of our staff are between the middle and the top of their salary range. This means that the budget will always be less than the actual cost of running the service when the service is fully staffed.

One of the objectives of the Option Appraisal was that the cost of any proposals should not be more than the current service. From the table above, we can summarise:

Costs

- The actual cost of the existing service is £435,000 over the budget of £16.8million.
- The estimated cost of the proposals is within the existing budget. However, the effect of inflation and incremental pay increases is likely to reduce the difference.

Staffing

- 13.1 wte (whole time equivalent) more staff worked in 2010/11 than the budget covered.
- The proposals will provide 42.4 wte more staff than the existing budget (due to changes to staff skill mix).

The costs associated with the proposals (and other planned service improvements) will mean:

- A greater mix of staff providing care with more efficient and effective use of registered and trained support staff. This is dependent on staff education and training.
- The service will continue to meet The Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives Standard of 1 midwife to 28 births.

4.4 Capital Costs

All locations where the maternity service is delivered should meet maternity standards (e.g. delivery rooms with en suite facilities) and the Healthcare Environment Inspectorate standards (e.g. modern, clean environment for women).

Considerable capital costs will be incurred as part of the implementation of the Option Appraisal proposals: refurbishment at Peterhead; a new CMU in Inverurie; and relocation of Aberdeen Maternity Hospital.

Where possible, upgrading existing premises or building new premises will be part of wider NHS Grampian capital planning discussions; with the Aberdeen Maternity Hospital as part of the Foresterhill Blueprint project and the Inverurie CMU as part of the Health and Care Framework Inverurie project.

5. Suggested timetable for the proposals

Section 5 – Main Points

- Changes that were agreed as part of the wider review are being introduced.
- No decision about where services are provided will be made before April 2012.
- Finalised proposals will required Government Minister approval.
- A suggested timetable for the introduction of the proposals has been developed.
- It is likely to take at least five years from approval to implement the proposals.
- If the proposals are approved, we will continue to involve women and staff.

This section explains:

5.1 When will change happen?

We are already introducing some changes that will improve care for women and families. We agreed these changes during the event in August 2010 *(see page 37).*

Our aim is for the NHS Grampian Board to discuss the consultation results at its meeting in April 2012 or a suitable meeting thereafter. These proposed changes are considered by the Scottish Government to be major service change and therefore require Ministerial approval. Decisions about where services are provided will not be made until Ministerial approval has been received.

We appreciate that people may want to know when changes could be introduced if the proposals are approved. To help answer this, a suggested timetable has been developed *(see pages 30-31)*. It is important to note that some of the suggested timescales could be affected by factors beyond the control of the maternity service.

5.2 Working together

If approval is given, we are committed to involving women, families and staff in developing and implementing a more detailed plan, and in evaluating outcomes and experiences. Only by working together will we:

- Have a single, Grampian-wide, sustainable service that provides consistent quality of care to women and families in different locations across the area.
- Provide care and treatment that is the safest, most effective and person-centred possible within the resources that are available.
- Support women and babies to have consistent health outcomes wherever they live or whatever their social and health support needs.
- Provide care as close to home as possible, where appropriate.
- Support families to have a healthy pregnancy and normal birth in pleasant surroundings, free from unnecessary intervention whenever possible, but with high quality specialist support whenever needed.
- Support families to give their babies the best possible start, providing a firm foundation for a long and healthy life.

Table 4: SUGGESTED TIMETABLE FOR PROPOSALS *(See page 29 for explanation)*

Primary Action	Start Date	Completion Date	High level actions	How will we know achieved?
Integrate Community Midwifery Teams with NHS Grampian North CMU (Peterhead).	April 2012	October 2012	▪ Integrate appropriate community teams. ▪ Remove option of giving birth in Fraserburgh and Banff Birth Units.	▪ Community midwives integrated into GP practices as their base rather than CMU. ▪ Women using service appropriately and their needs met. ▪ Evaluation of the experiences of women and families. ▪ Range of services developed in CMU. ▪ All midwives confident and competent in all aspects of community care.
Refurbish NHS Grampian North CMU.	To be agreed		▪ Outline plan (footprint) for CMU developed. ▪ Agree CMU footprint. ▪ Agree timescales for refurbishment.	▪ Refurbishment completed. ▪ Improved environment and facilities for women and staff.
Integrate Community Midwifery Teams with NHS Grampian West Unit (Dr Gray's, Consultant Unit).	July 2012	December 2012	▪ Integrate appropriate community teams in unit for low risk care	▪ Community midwives integrated into GP practices as their base rather than Unit ▪ Women using service appropriately and their needs met.
Configuration of Central Aberdeenshire Midwifery Teams before development of NHS Grampian Central CMU.	December 2012	February 2013	▪ Integrate appropriate community teams. ▪ Identify venue to host outreach clinics and scanning facilities.	▪ Community midwives integrated into GP practices as their base rather than CMU. ▪ Women using service appropriately and their needs met.

Establish Central CMU.	To be agreed		▪ Further develop links with NHSG Inverurie project. ▪ Footprint of CMU developed and agreed. ▪ Agree timescales for build.	▪ Women using service appropriately and their needs met. ▪ Evaluation of the experiences of women and families. ▪ Range of services developed in CMU. ▪ All midwives confident and competent in all aspects of community care.
Develop NHS Grampian South & East CMU (at AMH).	April 2012	September 2013	▪ Identify core staff from current labour suite team. ▪ Integrate appropriate community teams. ▪ Establish outreach consultant service in Deeside. ▪ Enhance scanning service in Deeside. ▪ Remove option of giving birth in Aboyne Birth Unit when South & East CMU established.	▪ Community midwives integrated into GP practices as their base rather than CMU. ▪ Women using service appropriately and their needs met. ▪ Evaluation of the experiences of women and families. ▪ Range of services developed in CMU. ▪ All midwives confident and competent in all aspects of community care.
Relocation of NHS Grampian Maternity Tertiary Centre (AMH).	To be agreed. Long term. Dependent on availability of funding.		▪ Continue to pursue as part of wider Foresterhill Site plans.	▪ Agreed process. ▪ Refurbishment completed. ▪ Improved environment and facilities for women and staff.

Table 5: Maternity Standards (including which the current & proposed service meet)

	Standards	Source	Current service	Proposed service
1	1 wte Midwife per 28 births.	Royal College of Midwives	✓	✓
2	Community Midwifery Caseloads (1wte) 60-80.	NHS Grampian Service Improvement Event	X	✓
3	Consultant Obstetric onsite Labour Ward Cover – 96 hours per week.	Royal College Obstetricians & Gynaecologists	X	X
4	Specialist pre-conceptual care for women with significant morbidities or risk factors.	Scottish Government (2011)	✓	✓
5	Women have direct access to maternity services (midwives as 1st point of contact).	Scottish Government (2011)	✓	✓
6	Women have appropriate lead health care professional who is responsible for planning care.	Scottish Government (2011)	✓	✓
7	Early pregnancy assessment services.	Scottish Government (2011)	✓	✓
8	Completed booking history by 12 weeks.	Scottish Government (2011)	✓	✓
9	All women are given a high quality tailored education programme to meet their individual needs during pregnancy and after giving birth.	Scottish Government (2011) Healthcare Improvement Scotland (2011)	X	✓
10	Implementation of Maternal and Neonatal screening programme (e.g. screening for down syndrome and blood disorders).	Chief Executive Letter	✓	✓
11	Implementation of the Scottish Woman's Hand Held Maternity Record (SWHMR).	Scottish Government (2011)	✓	✓
12	30 minute consultations with Community Midwives.	NHS Grampian Service Improvement Event	X	✓

	Standards	Source	Current service	Proposed service
13	Women should have continuity of carer for 80% of their pregnancy care.	NHS Grampian Service Improvement Event	X	✓
14	Implementation of pathways for midwifery led care.	Scottish Government (2011)	✓	✓
15	Women are involved in the decision about how and where to give birth.	Scottish Government (2011)	X	✓
16	Provision of a homebirth service.	Scottish Government (2011)	✓	✓
17	1 to 1 continuous midwifery support during labour/birth.	Scottish Government (2011)	X	✓
18	70% normal birth rate in Grampian.	NHS G Maternity Strategy (2010)	X	✓
19	Pool facilities for women to use during labour.		X	✓
20	Clear, evidence-based referral criteria for women to transfer between pathways of care and units.	Scottish Government (2011)	✓	✓
21	24 hr/7 days epidural service for women in Consultant Units.	Quality Improvement Scotland	X	X
22	Tertiary maternity units should have direct access to adult intensive care.	Quality Improvement Scotland	X	✓
23	46% exclusive breastfeeding rates in all areas of Grampian at 6 weeks after giving birth.	NHS G Maternity Strategy (2010)	X	✓

How people have been involved in the Option Appraisal

1. Involvement in the wider Maternity Review

We have informed and involved women, with experience of maternity services, and the public throughout the review: we have three public representatives (who are in contact with women using maternity services) on the Review Leadership Group; surveyed 200 women with recent experience of services; supported five representatives to attend the August 2010 event; received 150 responses to the maternity strategy consultation and have developed newsletters, a web page, clinic noticeboards and a virtual reference group. We have also informed and involved staff throughout the review process.

2. Involvement in the Option Appraisal

Six workshops were held in spring 2011 to discuss the different ways that services could be set up. Clinicians (doctors and midwives), managers and eight public representatives from across Grampian took part.

The group developed a list of benefits which they would like to see any option (service model) deliver and these are listed below. The group put the benefits in order of importance and then agreed how important they were in relation to each other. The level of importance is contained in brackets. A service model should be:

1. Safe (very high)
2. Sustainable (high)
3. Reduce health inequalities (medium high)
4. Improve health outcomes for women and babies (medium)
5. Accessible (medium)
6. Improve normality(medium)
7. Women and family centred (low)
8. Manage interdependencies with other services/organisations (low)
9. Improve physical environment (low)

The group went on to develop and debate a wide range of options for the way the service could be set up. Participants then scored 11 options (including the current service) against how well they met the list of benefits. The current service scored only 9th out of 11 models. Over the summer of 2011, work was done to develop and fully consider the options that scored the highest. Following this, the overwhelming majority of Option Appraisal participants chose the option outlined in this paper as their preferred option for the future of maternity services in Grampian. Other options were ruled out because they did not meet the benefits as well as the preferred option or were unaffordable. A summary of the other options and how well they scored is contained on the next 2 pages.

Table 6: Summary of Scored Options

	BENEFIT SCORE RANKING	MODEL DESCRIPTION
1	Ranked 1st **PREFERRED OPTION**	• Home births • 2 Aberdeenshire CMUs • Aberdeen alongside CMU • Elgin Consultant Unit • Specialist Unit, Aberdeen
2	Ranked 2nd Was subject to further investigation. Discounted on grounds of sustainability and cost.	• Home births • 3 Aberdeenshire CMUs • Aberdeen alongside CMU • Elgin Consultant Unit • Specialist Unit Aberdeen
3	Ranked 3rd Was subject to further investigation. Discounted on grounds of feasibility of implementing and release of minimal savings for reinvestment in service.	• Home births • 2 Aberdeenshire CMUs • Aberdeen nearby CMU • Stand alone Elgin CMU • Specialist Unit, Aberdeen
4	Ranked 4th	• Home births • 3 Aberdeenshire CMUs • Aberdeen stand alone CMU • Elgin stand alone CMU • Specialist Unit, Aberdeen
5	Ranked 5th	• Home births • 3 Aberdeenshire CMUs • Aberdeen alongside CMU • Elgin Consultant Unit (but no neonatal service) • Specialist Unit, Aberdeen
6	Ranked 6th	• Home births • 3 Aberdeenshire CMUs • Aberdeen alongside CMU • Elgin CMU (and elective day time c-sections) • Specialist Unit, Aberdeen
7	Ranked 7th	• Home births • No Aberdeenshire CMUs

		• Elgin Consultant Unit • Specialist Unit, Aberdeen (but with all women together)
8	Ranked 8th	• No home births • 2 Aberdeenshire CMUs • Elgin CMU • Aberdeen alongside CMU • Specialist Unit, Aberdeen
9	**Status Quo** **Ranked 9th**	• Home births • 1 Aberdeenshire CMU • 3 Birth Units (1 suspended) • Aberdeen alongside CMU • Elgin Consultant Unit • Specialist Unit, Aberdeen
10	Ranked 10th	• Home births • No Aberdeenshire CMUs • Aberdeen alongside CMU • Elgin Consultant Unit • Specialist Unit, Aberdeen
11	Ranked 11th	• Home births • No Aberdeenshire CMUs • No Moray CMU or Consultant Unit • Aberdeen stand alone CMU • Specialist Unit, Aberdeen

- The status quo was ranked only 9th out of 11 models.
- The model with no home birth service was ranked 8th out of 11 models.
- The models with no CMUs in Aberdeenshire did not feature in the top six models.
- Although models with three Aberdeenshire CMUs scored relatively highly, many respondents expressed concerns around sustainability, both in terms of staffing and potential use.
- Although three out of the top six models included changes to Dr Gray's Consultant Unit, further investigation demonstrated huge challenges around implementation and release of minimal savings for reinvestment in the maternity service.
- There was consensus over the positive aspects identified for ante and postnatal care. Many of these aspects have been included in the preferred option outlined in this consultation paper.

Most Important Service Improvement Activities

1. How the service is managed

Currently, the Grampian maternity service is managed separately in Aberdeen, Aberdeenshire and Moray. However, many women will use services in more than one area. Work is underway to have one Grampian-wide maternity service that is delivered across multiple locations. One service, with one budget and one management structure will improve communication between staff; lead to women receiving more consistent care and advice no matter where they live; and ensure resources are more fairly distributed and used more efficiently and effectively.

3. Setting up a Triage System

Currently, when women think they are in labour or have any concerns, they often phone the hospital; when that happens, they are not always given consistent advice and may be asked to come into hospital when they don't need to and may experience long waits when they arrive. Work is underway to set up a triage system which would mean women would phone one number which would be staffed by midwives who will ensure women receive advice, care and treatment that is appropriate to their needs.

4. Improving Length of Stay

Until recently, many women have stayed in hospital longer after giving birth than they needed. Unnecessary long stays after normal births have now been significantly reduced, and this has released beds and staff time for those women who do need to stay in hospital for longer. This process of supporting women to stay an appropriate length of time following a normal birth before going home, we have called Routine Transfer. Routine Transfer has now been introduced in all areas of Grampian.

5. Labour Ward and Theatre Review

In Aberdeen Maternity Hospital (AMH), births happen in the Labour Ward, Midwives Unit and Labour Ward Theatre. Following feedback from staff and women, this aspect of a woman's care was identified as suitable for improvement. The labour ward review aims to improve the level of one to one care offered to women and to map a woman's journey into theatre to identify delays and problems, which can be addressed to help provide a better experience during labour and birth.

6. Antenatal Clinics and Scanning

We know that some women can experience long delays in the scanning department at Aberdeen Maternity Hospital or have to attend on different days for scanning and clinic appointments. Work is underway to change the way clinics are run to reduce waiting times and reduce unnecessary journeys for women and their partners.

Who is involved in providing maternity care?

Midwives are the main providers of care to pregnant women throughout pregnancy, labour, birth and the post birth period. Midwives provide clinical care and emotional support in both community and hospital settings, and are usually the lead professional throughout pregnancy and childbirth for women who are healthy and are having uncomplicated pregnancies.

Their expertise is in normal pregnancy, birth and post birth care, and in making referrals to appropriate medical professionals and others if they have any concerns or there are complications. They also have a significant role in health education and in supporting the woman and family in the transition to parenthood.

The role of **Consultant Midwife** combines research, education and leadership functions with 50% of their time spent providing clinical care and advice.

Maternity Care Assistants (MCAs) are unregistered support workers who work specifically for maternity services. They play a vital role in supporting the maternity team to deliver quality care to women, babies and their families. MCAs do not assess mothers and babies, make clinical judgements, decisions or initiate interventions. They are appropriately trained and supervised and provide information, guidance, reassurance, assistance and support, for example, with breastfeeding or recording vital signs which improve the quality of care provided to women and families.

General Practitioners (GPs) have a responsibility for providing care to the whole family. They also have a continuing role in promoting health and treating women's existing diseases and minor complications of pregnancy.

Obstetricians have expertise in treating complications of pregnancy and childbirth, and providing specialist screening and treatment. Sub-specialist obstetricians have been trained in maternal/foetal medicine or fertility.

Women with certain risk factors and previous, or actual, major complications of pregnancy will have their care managed by an obstetrician, but shared with midwives. Other women may see obstetricians to receive specialist advice or to have access to specialist screening.

Neonatologists are paediatricians who have had specialist training in caring for newborn babies. They have a responsibility for looking after the medical needs of premature babies, babies who are ill and babies with congenital abnormalities.

Neonatologists work closely with obstetricians and midwives to plan the care of newborn babies when abnormalities have been identified prior to birth. Planning with the parents may include choosing the best time of birth, maturing a baby prior to delivery, and organising the appropriate intensive care facilities for a sick newborn baby.

Neonatologists also have a responsibility for working closely with neonatal nurses and midwives to make sure that a newborn baby is looked after with compassion and respect, and that the parents are supported throughout the stressful time while their infant is in a Neonatal Unit.

Obstetric Anaesthetists play an integral part in the team caring for women during pregnancy and childbirth. Anaesthetists usually see women for counselling and advice at the request of an obstetrician, GP or midwife. They provide routine epidural services for women during childbirth and they are skilled in administering epidural, spinal and general anaesthesia to pregnant women, and caring for them in emergency situations, including high dependency and intensive care.

Health Visitors are nurses who have specialised in family and public health. They work with midwives to provide parenting education and support during pregnancy. At the point when midwifery care ends, health visitors take on responsibility for the baby, and will often have had contact during the immediate post birth period.

They play a key role in supporting families with child development, parenting, and social and emotional issues. They have a holistic role in healthcare and health promotion, working with other agencies for all families, but particularly in supporting the most vulnerable members of the community.

A number of **non-NHS/Voluntary Organisations** provide a valuable service to women including parent education sessions, breastfeeding support, and counselling and support following bereavement, for example, the National Childbirth Trust and the Stillbirth and Neonatal Death Society.

Women will have access to specialist **ultrasonography** services, and if these are not available locally they will be referred to the closest linked unit. Women should also have access to **physiotherapy and dietetic** services during pregnancy and in the postnatal period.

The **Scottish Ambulance Service** (air and road) has an important role in the urgent and routine transfer of women and babies to maternity units by paramedics and ambulance crews trained to provide care for pregnant women and newborn babies.

Women may also require support from other services including **mental health, community pharmacists, substance misuse workers, and social workers**.